Compared to the U.S. average, Delaware allocates a greater percentage (91 percent) of its Medicaid long-term care (LTC) spending for older people and adults with physical disabilities to nursing homes, even though most people prefer to remain in their own homes and communities. In FY 2006, Delaware spent 9 percent on waiver services.

Recent Medicaid trends indicate that Delaware still has an unbalanced LTC system for older people and adults with physical disabilities. More Medicaid participants received nursing home services than received home and community-based services (HCBS). The number of participants receiving HCBS and nursing home services both increased from 1999 to 2004. Also, from FY 2001 to FY 2006, the increase in Medicaid spending on nursing homes was seven times as great as the increase in spending on HCBS.

1 This analysis separates Medicaid participation and spending data for older people and adults with physical disabilities from the population with mental retardation/developmental disabilities (MR/DD) and other LTC populations. Participants and expenditures for HCBS include all 1915(c) waivers for older people and adults with physical disabilities, and the personal care services option, if the state offers it. All participants and expenditures for nursing homes are included, regardless of the participants’ type of disability or reason for admission. Excluded are participants and expenditures for intermediate care facilities for mental retardation (ICF/MR), HCBS waivers for other populations such as MR/DD, home health, and individuals receiving LTC services through managed care programs. Participant numbers include all persons receiving services during the year, not the average number on a given day; the number of nursing home participants is greater than the number of nursing home beds in each state. The average number of Medicaid nursing home residents on any given day for each state appears in the Tables tab at the end of the full report A Balancing Act: State Long-Term Care Reform (#2008-10).
Major Initiative

Created by House Resolution 90 in 2002, the Governor’s Commission on Community-Based Alternatives for Individuals with Disabilities has organized work groups on a number of LTC issues over the years, such as housing, transportation, direct support workforce development, and community alternatives to institutionalization.

Delaware Senate Resolution 26, enacted in June 2006, established a commission subcommittee “to facilitate and complete a study of the feasibility of implementing a Money Follows the Person initiative.” Commission members helped to secure state funding for that initiative, increase state funding to eliminate waiting lists for Personal Attendant Services, and plan two conferences for direct support professionals.

Among its accomplishments, the Governor’s Commission has secured funding for Money Follows the Person and for helping to eliminate the state’s waiting lists.

In July 2007, the Governor’s Commission released a five-year strategic plan, called “A Path Forward: Building a Community-Based Plan for Delaware,” whose goals include shifting the amount of Medicaid funding for LTC services weighted toward institutional care to a greater proportion for community services; expanding consumer choice and self-directed services; transitioning at least 100 persons from nursing homes to the community; developing common assessment tools (cross-disability and cross-agency) for eligibility and care planning; and monitoring progress by establishing benchmarks. The commission plans to accomplish its goals “in increments” and plans to continue to meet to review and set priorities.

Other Developments

Money Follows the Person. The state was awarded a $5.4 million Money Follows the Person Demonstration grant in June 2007 to facilitate the transition of 100 persons from nursing homes to the community. Delaware proposed also using the funds to coordinate existing transition efforts, expand consumer direction in its HCBS programs, and implement a series of budgetary and financing strategies to allow LTC funds to move among agencies.