

AGING STRATEGIC ALIGNMENT PROJECT

State Profile for

DISTRICT OF COLUMBIA

Home- and Community-based Services for Older Adults and Adults with Physical Disabilities

Background

- The District of Columbia's 60+ population was 98,977 in 2008 (16.5% of the District's total population), with 13.5% below the federal poverty level.¹
- The 60+ population is projected to be 79,912 in 2025 (17.6% of the District's total population).²
- About 20.5% of all households in 2007 had one or more persons age 65 years and older, and 37.7% of person's age 65 years and older had a disability.³
- Of the 158,179 Medicaid beneficiaries in the District in 2003, 5.4% were aged, 16.3% were blind and disabled, 12.1% were Dual Eligible, and 0.6% were HCBS waiver beneficiaries.⁴
- Medicaid expenditures for institutional long-term care were 67.4% of total long-term-care expenditures, compared to 32.6% for HCBS in fiscal year 2007.⁵

Abbreviations

| | |
|------|---|
| AAA | Area Agency on Aging |
| ADL | Activities of Daily Living |
| AoA | Administration on Aging |
| CMS | Centers for Medicare and Medicaid Services |
| HCBS | Home- and Community-based Services |
| IADL | Instrumental Activities of Daily Living |
| MRDD | Mental Retardation and Developmental Disabilities |
| OAA | Older Americans Act |
| PACE | Program of All-inclusive Care for the Elderly |
| SUA | State Unit on Aging |

¹ Department of Health and Human Services, Administration on Aging. (2009). *AGing Integrated Database (AGID): American Community Survey (ACS) demographic data 2004-2007 and state-level population estimates data 2000-2008* [Data files]. Available from <http://198.136.163.234/default.asp>

² Department of Health and Human Services, Administration on Aging. (2009). *Aging statistics: Projected future growth of the Older population; By state: 2005-2030; Aged 60 and above* [Data files]. Available from http://www.aoa.gov/AoARoot/Aging_Statistics/future_growth/future_growth.aspx.

³ Reimbursement and Research Department, American Health Care Association. (2006, August 29). *The state long-term health care sector 2005: Characteristics, utilization, and government funding*. Washington, DC: Author.

⁴ U.S. Census Bureau, 2007 American Community Survey, United States and States. *Percent of households with one or more people 65 years and over* (R1104) and *Percent of people 65 years and over with a disability* (R1803).

⁵ Burwell, B., Sredl, K., & Eiken. S. (2008, September 26). *Medicaid long term care expenditures FY 2007*. Eagan, MN: Thomson Reuters.

Government Structure to Manage HCBS

- **District Unit on Aging:** DC Office on Aging, dcoa.dc.gov/dcoa/frames.asp?doc=/dcoa/lib/dcoa/information/pdf/dcoa_whoare_2006.pdf
- **District Medicaid Agency:** DC Department of Health Care Finance, dchealth.dc.gov/doh/cwp/view,a,1370,q,574892,dohNav_GID,1787,dohNav,%7C33139%7C,.asp
- The District of Columbia does not have a consolidated agency for long-term-care programs. The Department of Health and Department of Human Services fall under the City Administrator. Medical Assistance Administration is under the Department of Health. Income Maintenance Administration is under the Department of Human Services. Office of Aging is under the Executive Office of the Mayor. Each agency is independent and headed by an Executive. There are several independent agencies, charter agencies, and district agencies involved in aging services.
- The DC Office on Aging is also the Area Agency on Aging.

Single Point of Entry (SPE)/Aging and Disability Resource Centers (ADRC)

- The District of Columbia has an ADRC that is in the process of becoming District-wide.
- Some ADRC sites have a physical (bricks and mortar) infrastructure; some ADRC sites operate under a virtual model.
- In addition to serving older adults, District of Columbia's ADRC serves those with MRDD, physical disabilities, families and children, caregivers and agencies.
- The lead agencies for aging services in the community are satellite sites where participants can get services directly. Consumers requesting information that the lead agency does not handle directly are referred to the main ADRC office. There are a number of agencies and personnel that are co-located at the main ADRC, including Income Maintenance, waiver program officers, Services for Developmental Disability, and Hous-

ing officials to provide in-house expertise on the various benefits that are available. It is intended to be a one-stop shop or “no wrong door” model where the participant is connected with an appropriate official who will coordinate services. The Office on Aging carries out the operational activities and the Medicaid agency has oversight responsibility. The ADRC is sustained and supported through the Nursing Facility Quality of Care Fund.

Assessment Process

Medicaid

- For Medicaid applicants, in determining functional eligibility for nursing home pre-admission, the District of Columbia requires an in-person assessment by someone other than nursing home staff. The assessment is conducted by a non-profit organization (other than AAA or Center for Independent Living).
- Delmarva Foundation (the nonprofit Quality Improvement Organization referred to above) does the eligibility assessment for level of care and the Income Maintenance Administration does the financial eligibility determination.

Non-Medicaid

- For non-Medicaid applicants in the District of Columbia, nursing home pre-admission assessment is not performed by someone other than nursing home staff.

State Medicaid Plan

- **PACE:** District of Columbia does not have a PACE site.

Medicaid Waivers

- The District of Columbia has one waiver that provides HCBS to older adults and/or adults with physical disabilities. The program is Elderly and Persons with Physical Disabilities.
- **Elderly and Persons with Physical Disabilities:** This program serves physically disabled adults with income of 300% of Supplemental Security Income (SSI) and who need assistance with ADLs. A case manager

assesses the applicant's needs and preferences, and completes the waiver documents (i.e., Beneficiary Freedom of Choice form, Level of Care, Health History, Individual Service Plan, and Medicaid application). If the applicant is financially eligible at 300% of SSI, the case manager would develop and review the Individual Service Plan and get input from the applicant regarding the service providers he or she chooses based on needs. The case manager submits the waiver application for review and approval by the Medical Assistance Administration. The Delmarva Foundation assesses eligibility for level of care. The Income Maintenance Administration has to approve the financial eligibility and then the Medical Assistance Administration sends a prior authorization for the selected provider.

- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered under each program.

CMS-funded Programs and Grants

- The District of Columbia has one CMS-funded program and grant that provides HCBS to older adults and/or adults with physical disabilities. The program is Money Follows the Person.
- **Money Follows the Person:** This program serves adults age 60 years and older, those with MRDD, physical disabilities, and mental illness. The program is attempting to transition roughly 1,100 individuals into the community. This program involves collaborations with many agencies, such as the Office on Aging, Department of Human Services, Income Maintenance Administration, Department of Mental Health, and Housing offices. The operational protocol for this program has not yet been approved and finalized; therefore, applicants are not yet receiving services.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

State-funded HCBS Programs

- The District of Columbia has one state-funded HCBS program that provides HCBS to older adults and/or

adults with physical disabilities. The program is Community Based Services.

- **Community Based Services:** This program serves persons age 60 years and older. District funding for the program is supplemented with federal funds available through OAA. This program includes Wellness Centers that are entirely funded through District funds. Additionally, a few training programs and employment programs are funded fully by the District. There is a training curriculum focused on training professionals in aging services in partnership with Howard University. There are also training programs at the University of the District of Columbia (i.e., employment-related, training for home health aides, computer training for senior employment, and exercise courses). The University of DC also provides senior respite aides.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

Locally Funded HCBS Programs

- The District of Columbia does not use local funds for HCBS for older adults and/or adults with physical disabilities. Because it is a unique entity, District-funded programs are described under "State-funded HCBS Programs" instead.

OAA-funded Programs and Grants

- The District of Columbia does not use cost-sharing mechanisms or sliding fee scales in the delivery of Title III services.
- Refer to Table 1 for services provided through Title III of the OAA.
- The District of Columbia has one other OAA-funded program and grant that provides HCBS to older adults and/or adults with physical disabilities. The program is Alzheimer's Disease Demonstration Grants to States.
- **Alzheimer's Disease Demonstration Grant:** This program partners with an agency that provides home-maker services. It is a one-year grant providing Sunday

respite. The grant also provides a flexible account for respite care, supplies and case management.

Social Service Block Grants (SSBG) and Community Service Block Grants (CSBG) for HCBS

- The District of Columbia uses SSBG to provide HCBS for older adults and/or adults with physical disabilities.
- The District of Columbia uses CSBG to provide HCBS for older adults and/or adults with physical disabilities.

Consumer Direction

- The District of Columbia does not offer consumer-directed options. The Elderly and Persons with Physical Disabilities Waiver includes consumer direction but the District of Columbia has not yet implemented these provisions pending infrastructure development activities. The following information is pending implementation of these rules.
- Those permitted to provide services under consumer direction in the District are: family members, excluding the nuclear family. The District is looking at the requirements for becoming a personal care aide to potentially accommodate immediate family.
- Under the Aging Services Programs, most consumer-directed options are through caregiver programming. There are flex accounts for family caregivers, which provide reimbursement for specific supplies or services that benefit the caregiver.
- Consumer-directed attendant care through the Elderly and Physically Disabled waiver has been approved, but not yet implemented.
- The District of Columbia uses one fiscal intermediary service in connection with consumer direction.

Managed Care

- The District of Columbia does not have HCBS programs run by managed care health plans.

Major Accomplishments and Initiatives

- From the Office on Aging's point of view, having a new Mayor has put the District on a different course in terms of stimulating a lot of intra- and interagency collaboration. Grants, in general, are now requiring collaboration and partnership to work together efficiently and effectively. This has been demonstrated by the link between the Administration on Aging and CMS; their relationship has been evolving over the past few years.
- The District of Columbia's waivers have received approval to be extended for another five years, and the number of participants in the programs has doubled in the last two years. The Elderly and Persons with Physical Disabilities Waiver, which served 900 participants in the past, has been expanded to 1,800 participants.
- Another positive initiative is the Wellness facilities that the District operates; they strive to keep people healthy and in the community.
- The Office on Aging has been developing some smaller Challenge Grants to stimulate aging services, including the Villages Model, a cooperative of older adults who pay a membership fee to a member-governed 501(c)(3) to coordinate and deliver services. There are five operating Villages in DC.

Table 1: Types of Home- and Community-based Services Provided Under the District of Columbia's Programs for Older Adults and Adults with Physical Disabilities

| Types of Services | Program Type / Funding Source | | | | |
|---|--|--------------------------------|--------------------------|---------------------|---------------|
| | Medicaid Waivers | CMS-funded Programs and Grants | State-funded Programs | | |
| | Elderly and Persons with Physical Disabilities | Money Follows the Person | Community-Based services | State Medicaid Plan | OAA Title III |
| Adult Day Care / Adult Day Health | | | X | X | X |
| Assisted Living | | | | | |
| Caregiver Services / Respite / Education | X | | X | | |
| Case Management / Care Coordination | X | X | X | | X |
| Chore / Homemaking | X | | X | | X |
| Companion Services / Socialization Activities | | | X | | |
| Employment | | | X | | |
| Equipment / Supplies / Modifications / Assistive Technology | X | X | | X | |
| Health Promotion Activities | | | X | | |
| Home Health / Personal Care | X | X | | X | |
| Information / Assistance / Referral | | X | X | | X |
| Legal Assistance / Financial Advice | | | X | | X |
| Medical / Dental / Medication Care | | | | X | |
| Mental and Behavioral Health Services | | | | | |
| Nursing | | X | | X | |
| Nutrition / Meals | | | X | | X |
| Personal Supports for Community Living / Transitioning | | X | X | | |
| Rehabilitation / Therapy | | X | | | |
| Residential Services | | | X | X | |
| Transportation | | X | X | X | X |
| Other/Unspecified HCBS | X | | | | |

Table 2: Selected HCBS Programs for Older Adults and Adults with Physical Disabilities in the District of Columbia

| Program Type / Funding Source | Program Name | Ages Served | Nursing Home Level of Care Required | Entity Responsible for Functional Assessment | Entity Responsible for Financial Assessment | Entity Responsible for Case Management | Waiting List (Number) | Consumer Direction Option |
|--------------------------------|--|--|-------------------------------------|--|---|--|--|---------------------------|
| Medicaid Waivers | Elderly and Persons with Physical Disabilities | 18-64 with physical disability and 65+ | Yes | Non-profit (other than AAA or CIL) | State agency: Office of Income Maintenance | Provider agencies | No | No |
| CMS-funded Programs and Grants | Money Follows the Person | 18 - 64 with physical disability and 65+ | Yes | Non-profit (other than AAA or CIL) | State agency: Office of Income Maintenance | Provider agencies | No | No |
| State-funded Programs | Community based services | 60+ | Information not reported | Information not reported | Information not reported | Information not reported | Yes (Varies monthly most waiting lists are for home-maker and respite services or for home-delivered meals due to transportation restrictions) | Information not reported |