

FY 2006: Medicaid Expenditures for Institutions versus Community-Based Services, Information Bulletin # 216 (8/07).

Medicaid data for FY 2006 provides extremely helpful information to analyze and compare how your State distributes and allocates its Medicaid Long Term Care expenditures between its institutional versus community-based services.

Nationally, for all disabilities, 60.6 % of MA's long term care expenditures went to institutions, i.e., both to nursing homes (for disabled persons of all ages, "PD/A," physical disabilities/aged) and to intermediate care facilities (for persons with "MR/DD," mental retardation/ development disabilities). In contrast, 39.4% of all MA's long term care expenditures went for community services, i.e., for waivers (i.e., both PD/A and MR/DD), personal care option, and home health services in the community.

To understand the balance or ratio, think of a scale, with nursing homes and ICF MR/DD on the side, representing institutional expenditures, and, on the other side of the scale, with waivers, personal care and home health services, representing the community-side expenditures.

To have a clearer or more accurate picture of the scale, it's necessary to break down and compare specific institutions with specific community services.

When disabilities are broken down by MR/DD and PD/A, a dramatic difference exists in the 60.6 % national long term care distribution.

For persons receiving MR/DD services, nationally only 39.3% went for institutions (ICF-MRs) and 60.7% was spent for community-based services. That's correct: less Medicaid funds go to institutionalize persons with MR/DD in the institutions than goes to provide community-based services.

In dollars, \$ 12.5 b was spent on MR/DD institutions versus \$ 19.3 b spent for community-based services. While it's still much too much for MR/DD institutionalization, it's a significantly better balanced than for persons with disabilities.

For persons with PD/A (regardless of their age), 71.4 % was expended on nursing facility institutional services and 28.6% on community-based services. In dollars, nursing homes received \$ 47.7 b to institutionalize persons with PD/A versus \$ 19.2 b was spent for community-based services.

In dollar amounts that we can identify with, for people with PD/A, \$2.48 was spent on nursing homes for every \$1.00 in the community. Compare that with MR/DD, where "0.65 was spent on the ICF/MR institutions for every \$1.00 spent in the community."

Quite a difference. Why the lopsided distribution based on type of disability?

Have advocates for persons with PD/A devoted as much effort as advocates for persons with MR/DD to eliminate the state's institutional bias?

Are the MR/DD advocates better organized than the PD/A advocates? More aggressive? Better at the political process?

Do MR/DD advocates have more clout at the State level than PD/A advocates?

Why hasn't there been a public discussion on the lopsided MR/DD versus PD/A distributions?

Surely, people with MR/DD or with PD/A are equally valuable and important, and they deserve the same opportunity to reside in the community.

Let's look at the differences in each State. The following chart provides two columns - the first for MR/DD and the second for PD. For each, we provide the ratio of expenditures, i.e., the amount of institutional expenditures for each \$1 of community expenditures.

How does your State compare?

Ratio of expenditures for institutional versus community; that is, how much MA funds were spent in institutions for each MA \$1 spent in the community?

MR/DD Institution vs. PD Community

Alabama	"0.15 to \$1	\$7.94 to \$1
Alaska	\$0 to \$1	0.94 to \$1
Arizona*	n/a	\$1.53 to \$1
Arkansas	\$1.42 to \$ 1	\$2.84 to \$1
California	0.53 to \$1	\$1.07 to \$1
Colorado	0.19 to \$1	\$1.99 to \$1
Connecticut	0.68 to \$1	\$4.02 to \$1
Delaware	0.34 to \$1	\$6.63 to \$1
D. C.	\$4.51 to 1	\$2.69 to \$1
Florida	0.40 to \$1	\$6.88 to \$1
Georgia	0.46 to \$1	\$5.16 to \$1
Hawaii	0.10 to \$1	\$4.89 to \$1
Idaho	\$1.04 to \$1	\$1.48 to \$1
Illinois	\$1.66 to \$1	\$3.88 to \$1
Indiana	\$1.50 to \$1	\$11.33 to \$1
Iowa	\$1.05 to \$1	\$3.05 to \$1
Kansas	0.28 to \$1	\$1.79 to \$1
Kentucky	0.74 to \$1	\$4.18 to \$1
Louisiana	\$2.48 to \$1	\$4.75 to \$1
Maine	0.27 to \$1	\$2.99 to \$1
Maryland	0.13 to \$1	\$5.05 to \$1
Massachusetts	0.24 to \$1	\$3.08 to \$1
Michigan	0.02 to \$1	\$5.27 to \$1

Minnesota	0.19 to \$1	\$1.33 to \$1
Mississippi*	\$253.60 to zero	\$40.50 to \$1
Missouri	0.74 to \$1	\$2.35 to \$1
Montana	0.20 to \$1	\$2.47 to \$1
Nebraska	0.43 to \$1	\$3.93 to \$1
Nevada	0.44 to \$1	\$2.10 to \$1
New Hampshire	0.02 to \$1	\$6.47 to \$1
New Jersey	0.84 to \$1	\$3.87 to \$1
New Mexico	0.11 to \$1	0.86 to \$1
New York	0.74 to \$1	\$1.77 to \$1
North Carolina	\$1.30 to \$1	\$1.32 to \$1
North Dakota	\$1 to \$1	\$16.60 to \$1
Ohio	\$1.11 to	\$3.74 to \$1
Oklahoma	0.51 to \$1	\$2.75 to \$1
Oregon	0 to \$1	.82 to \$1
Pennsylvania	0.48 to \$1	\$7.31 to \$1
Rhode Island	0.04 to \$1	\$7.60 to \$1
South Carolina	0.84 to \$1	\$3.99 to \$1
South Dakota	0.27 to \$1	\$8.51 to \$1
Tennessee	0.66 to \$1	\$87.31 to \$1
Texas	\$1.69 to \$1	\$1.19 to \$1
Utah	"0.50 to \$1	\$9.16 to \$1
Vermont	n/a	\$2.68 to \$1
Virginia	0.74 to \$1	\$3.34 to \$1
Washington	0.33 to \$1	0.87 to \$1
West Virginia	0.30 to \$1	\$3.50 to \$1
Wisconsin	0.35 to \$1	\$2.30 to \$1
Wyoming	0.22 to \$1	\$4.03 to \$1
National	0.65 to \$1	\$ to \$1

* Complete data is apparently available.

This data was computed from the CMS' MA reports from each state based on actual expenditures. The data is compiled by Thompson/Medstat, to whom we are very appreciative.

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Steve Gold, The Disability Odyssey continues

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