Kitchener, M., Nag, T. (2008) Medicaid home and community-based services for the elderly: Trends in programs and policies. {Journal of Applied Gerontology, 26}(3), 305-324. NARIC Accession Number: J54342. Project Number: H133B031102. Abstract: This project assesses the impact of Medicare-D on younger beneficiaries in four distinct but interrelated studies: (1) quantitative analysis of access and utilization rates among beneficiaries under age 65, using successive panels of the Medicare Current Beneficiary Survey; (2) qualitative research on the impact of Medicare benefits on employment and continuity of care for Medicare Advantage and Prescription Drug Plans in Washington State; and (3) ongoing policy analysis of legislative and regulatory changes in Medicare and Medicaid. Although younger beneficiaries comprise only 14.1 percent of the total Medicare population, they account for about 17 percent ($71.6 billion) of total program expenditures. Through dissemination of research findings, this project enhances awareness in the research and policy community of the unique Medicare-D concerns of younger beneficiaries with disabilities, consistent with the ultimate goal of improving access to affordable health services for people with disabilities.

Lakin, K., Prouty, R. (2008) Trends and milestones: Twenty-five years of Medicaid home and community-based services (HCBS): Significant milestones reached in 2007. {Intelectual and Developmental Disabilities (formerly Mental Retardation), 49}(4), 325-328. NARIC Accession Number: J55055. Project Number: H133G010023. Abstract: Study examined state-level factors that are associated with the provision of community-based care to people living with HIV/AIDS through Medicaid 1915(c) waivers. States with Democratic governors were more likely to offer waiver services and were found to have higher rates of use and greater expenditures and to devote a larger share of long-term care dollars to waiver participants.

Miller, N., Elder, K. (2008) Assistive technology in Medicaid home- and community-based waiver programs. {The Gerontologist, 48}(2), 181-189. NARIC Accession Number: J54392. Project Number: H133B031102. Abstract: Article presents national assistive technology (AT) expenditure and participation trends for Medicaid 1915(c) waivers, the largest Medicaid home and community-based services program. A descriptive analysis examined trends in national participation and expenditures, interstate variations in participation and expenditures, and differences in provision between elderly adults and people with developmental disabilities. In addition to reporting the growing number of states that provide AT to Medicaid waiver participants, the results showed an increasing number of AT participants and expenditures. However, there has been much slower participant growth compared with the broader waiver program, and there is wide interstate variation in waiver AT provision. Not only do most waivers with AT serve people with developmental disabilities, AT spending for that group is nearly twice that for elderly or disabled waiver participants.

NARIC is operated by HeiTech Services, Inc., for the National Institute on Disability and Rehabilitation Research under contract number ED-08-CC-0095.
Prospects for what would become Medicare and Medicaid were submitted to the House and Senate in January of 1965. The Mills Bill, which included Social Security improvements and an unprecedented package of health benefits, passed the House in March. President Lyndon Johnson signed it into law on July 30th and presented the first card to former President Harry Truman who proposed the idea of national healthcare in a message to Congress 20 years earlier.

Current Literature - Selections from REHABDATA


Abstract: Report describes the emergence of innovative managed care programs, referred to as disability care coordination organizations (DCCOs), that integrate health and social services for Medicaid beneficiaries with disabilities. The authors outline seven key recommendations for states to consider as they design and implement DCCOs for adults with disabilities: (1) ensure that DCCOs are grounded in the infrastructure of the community served; (2) develop mechanisms for formal input by beneficiaries into governance; (3) design fully integrated programs; (4) not allocate partially capitate and ensure that DCCOs can financially benefit from care coordination savings; (4) allow DCCOs to compile all data on carved-out services, such as mental health or pharmacy expenditures; (5) ensure that DCCOs have a sophisticated management information system; (6) track quality of life outcomes, in addition to satisfaction, clinical utilization, and financial outcomes; and (7) track utilization and pay for care coordination services.

This document is available online at www.chcs.org/usr_doc/DCCOs.pdf


Abstract: Paper provides an introduction to the development of Medicaid managed long-term care (MLTC) programs that deliver home and community-based services (HCBS). The first section reviews the (typically longer-standing) Medicaid MLTC programs that provide at least some, HCBS. The second section discusses Medicaid MLTC programs that have been developed specifically to provide HCBS.

This document is available online at naric.com


Abstract: Surveys were conducted at four rehabilitation hospitals to measure the effects of the Medicare prospective payment system (PPS) on patient satisfaction with care. Analysis also examined the influence of the following patient characteristics on satisfaction relative to respondent type (patient or proxy), age, gender, functional gain as measured by the motor and cognitive Functional Independence Measure (FIM) subscores, and discharge destination. Results showed that satisfaction increased after implementation of PPS, despite shorter lengths of stay and reduced functional gains. Motor FIM gain, discharge status, and respondent type were significantly associated with patient satisfaction.


Abstract: Study provides an estimate of the expense of a mandatory personal assistance services (PAS) benefit under Medicaid home and community-based services for people with low incomes, low assets, and significant disabilities, as proposed under the Medicaid Community-Based Attendant Services and Supports Act (MCASSA). Data from the 2003 Survey of Income and Program Participation was used to estimate the number of people living in households who would be eligible for the services and combined with additional survey data on annual expenditures under Medicaid programs providing PAS. New expenditures for PAS are estimated to be $1.4 to $3.7 billion per