GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance
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Ivy Brown v. District of Columbia Semi-Annual Report – August 2026

Overview

This report provides detailed performance metrics related to nursing facility residents and home- and community-based long-term care services (HCBS) provided under the District of Columbia Medicaid program. It includes data on resident preferences for community living, transitions facilitated by the District, and cost comparisons for the provision of services in the community and in nursing facilities.

Metric 1: Nursing Facility Residents Who Do Not Oppose Living in the Community

Reporting Periods: For this status report the District derived data from the Department of Aging and Community Living (DACL) Community Transition Program (CTP) for two Reporting Periods: October 1, 2025, to March 31, 2026, and April 1, 2026, to June 30, 2026. The District chose the Reporting Period of October 1, 2025, through March 31, 2026, to align with other public reporting and the March 1 to June 30, 2026 Reporting Period to provide more comprehensive and more timely information to the public.

Methodology: The data reported in both Reporting Periods excludes DC-Medicaid-funded nursing facility residents to whom DACL conducted outreach during either Reporting Period who opposed living in the community or who were unable to decide whether they wished to transition to the community at that time. The data for both Reporting Periods also excludes individuals who transitioned to the community during either Reporting Period because including such individuals would inappropriately count the individual in metrics 1 and 2 of this report.

For Reporting Period October 1, 2025 to March 31, 2026: The District identified DC-Medicaid-funded nursing facility residents who do not oppose living in the community by identifying 1) individuals who indicated to DACL Outreach Coordinators during the Reporting Period that they want to transition to the community and 2) individuals with cases with a DACL Transition Care Specialist open during the Reporting Period, even if the intake was received prior to the Reporting Period.

For Reporting Period April 1, 2026 to June 30, 2026: The District identified DC-Medicaid-funded nursing facility residents who do not oppose living in the community by identifying only DC Medicaid-funded nursing facility residents who indicated to DACL Outreach Coordinators during the Reporting Period that they wished to transition to the community. The April 1 to June 30, 2026 Reporting Period data does not include individuals who had cases with DACL prior to the Reporting Period as doing so would inappropriately count individuals in both Reporting Periods.

Result:

Reporting Period October 1, 2025 to March 31, 2026: 475 DC-Medicaid-funded residents of nursing facilities do not oppose living in the community.

Reporting Period April 1, 2026 to June 30, 2026: 62 DC-Medicaid-funded residents of nursing facilities newly report they do not oppose living in the community.

Metric 2: Community Transitions

Reporting Periods: The District is using the same reporting periods, October 1, 2025, to March 31, 2026 and April 1 to June 30, 2026 for this metric.

Methodology: The District identified DC-Medicaid-funded nursing facility residents who transitioned to the community during the relevant Reporting Periods using data from DACL CTP. The data includes individuals who transitioned with support from the following programs: Money Follows the Person, the EPD Waiver, and State Plan services as shown in the tables below.

Result:

Reporting Period October 1, 2025, to March 31, 2026: 53 DC-Medicaid-funded residents of nursing facilities transitioned to the community.

Program Type	Number of Individuals Transitioned Oct. 1, 2025, to Mar. 31, 2026
EPD Waiver	**1**
MFP	**51**
State Plan	**1**
Total	**53**

Reporting Period April 1, 2026, to June 30, 2026: 35 DC-Medicaid-funded residents of nursing facilities transitioned to the community.

Program Type	Number of Individuals Transitioned Apr. 1, 2026, to June 30, 2026
EPD Waiver	**2**
MFP	**32**
State Plan	**1**
Total	**35**

Metric 3: Comparative Cost of Services

In Calendar Year 2024, the District spent $505,763,107.45 to serve 6,035 beneficiaries through the EPD Waiver ($83,798 per capita) and $357,026,424.13 to serve 3,661 beneficiaries in nursing facilities ($97,523 per capita). Aggregate totals are not directly comparable given the disparate population sizes (6,035 vs. 3,661). Although the per-capita figures show community-based care costing less on average, per-capita averages alone cannot establish cost-effectiveness, since the total EPD Waiver and nursing facility populations are not acuity-matched and nursing facilities generally serve a majority of higher-acuity beneficiaries with more intensive care needs. Proper fiscal comparison requires acuity-adjusted or risk-stratified cost segmentation rather than either aggregate totals or unadjusted per-capita averages. Overall, the District does not achieve any net savings by transitioning more beneficiaries to the community.

Methodology: The District provides HCBS for Medicaid beneficiaries who meet the nursing-facility level of care through the EPD Waiver program. Waiver cost neutrality is a federally mandated benchmark, with set methodology, to ensure that HCBS costs do not exceed the cost of institutional, facility-based care. Within that methodology, Factor D covers specific waiver services like Personal Care Assistance, and Factor D' accounts for other medical costs (hospitalizations, pharmacy) incurred in the community. Factor G represents the cost of an institutional bed (e.g., services in a nursing facility), and Factor G' covers all other ancillary medical costs for residents within those facilities. The numbers below are drawn from the actual cost analysis for services provided to beneficiaries in the community and those in nursing facilities in Calendar Year 2024 developed in connection with cost-neutrality analysis.

2024 Data Summary

Description	Member Count & Expenditure
Total persons served in the community through EPD Waiver	6,035
Actual costs to serve EPD Waiver enrollees in community (Factors D & D')	$505,763,107.45
Total persons served in nursing facilities	3,661
Actual costs to serve enrollees in nursing facilities (Factors G & G')	$357,026,424.13