

Background

This subcommittee in MCAC has been in existence for a long time. Vera Mayer, who started the DC Coalition on Long Term Care in 1996, chaired it. As with the original intent of the Coalition, the District did not have a robust program regarding home and community based services. In fact at the time there was an imbalance with many residents with chronic illnesses being admitted to nursing homes. This was at a greater cost to the District since Medicaid covered most of these clients. In fact, establishment of this Coalition coincided with the Olmstead Decision in 1999 in which the Supreme Court stated that institutional placements of people with disabilities who can live in, and benefit from, community settings perpetuates the unwarranted assumptions that persons so isolated are incapable or unworthy of participating in community life. The Supreme Court state that "recognition and unjustified institutional isolation of person with disabilities is a form of discrimination reflect[ed] two evident judgments": 1) "Institutional placements of people with disabilities who can live in, and benefit from, community settings perpetuates the unwarranted assumptions that persons so isolated are incapable or unworthy of participating in community life"; and 2) "confinement in an institution severely diminishes everyday life activities of individuals, including family relations, social contacts, work options, economic independence, educational advancement, and cultural enrichment." Olmstead, 119 S.Ct. 2176, 2179, 2187.

Subcommittee Mission

The Long Term Care Subcommittee’s mission would be to expand and improve the quality of long term care services to ensure that low-income Washington, DC residents with chronic care and/or disability needs can age in the community safely and with dignity. This subcommittee will give voice to this particular cohort.

Subcommittee Goals

The goals of the Subcommittee would be to: achieve three overarching goals in order to streamline and enhance the system of long-term care provision and enhance the quality of life for both aging and disabled DC residents and for home health care personnel. These goals are:

1. Expand access to long-term care services in home and community-based settings;
2. Improve the delivery of home care services including the quality of the home health workforce;
and
3. Decrease nursing home utilization.

Methods of Communication

Meeting in person would be preferable but conference call sessions would also be acceptable when necessary.

MCAC Feedback

- These goals are fairly broad, but are an excellent starting point. Further clarification could drill down more on specifics. Otherwise I certainly think there are measurable goals and it's a highly relevant topic.
- Item iii is a "negative" goal. It should be eliminated. We do not know whether Decreasing Nursing Home Utilization is an absolute good or not. There may be economic and scalability or growth issues that benefit maintaining or increasing nursing home utilization.
- Are these things MCAC can actually deliver on? Maybe saying "research" and "monitor" instead of expand, improve and decrease.
- None of these are SMART goals. I don't know enough about aims to quantify. I recommend adding at the end of each goal "as evidenced by ..."
- Improve process for qualifying for LTC
- I believe this sub-committee should be removed. There should not be standing sub-committees focused on the special needs of individual populations.
- Due to LTCSS rule implementation, I believe it would be best to focus fewer goals at this time. The topics listed seem an appropriate starting point.
- Specificity as relates to observed needs or issues is important so efforts can be concentrated. This applies to all groups. Overall, these appear to be broad goals, therefore it is the objectives that should be SMART as objectives may evolve over time but overall goals remain the same. I think these objectives can be worked out within the committees in concert with DHCF's specific needs.
- Achieve better alignment between DHCF and DOH on policy goals for long-term care i.e, CON.
- Evaluate access issues and resources for language minorities. Examine policies and practices regarding real property held by nursing home residents.