ANALYSIS OF OCCUPATIONAL THERAPY SERVICES IN MEDICAID HOME AND COMMUNITY BASED SERVICE (HCBS) WAIVER PROGRAMS ACROSS THE UNITED STATES

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INTRODUCTION

Through the work of advocates, amendments to Medicaid, and rulings such as Olmstead v. L.C. (1999) the individual with disabilities and other state-level barriers to Medicaid eligibility began to change. In response to these changes, occupational therapy (OT) practitioners began working with people with disabilities in the community rather than the institution. However, Medicaid (Medicaid) is a complex system, and while many states have made changes, others have not. This study aims to describe and analyze occupational therapy services in Medicaid Home and Community Based Services (HCBS) waivers for people with intellectual and developmental disabilities (I/DD). The waiver program was created to support people with disabilities who need services outside of traditional clinical settings, such as in the community and participant homes.

METHODS

Data from the fiscal year 2015 for all states that had a Medicaid-funded HCBS waiver program were included in this study. Data were collected through a retrospective analysis of service utilization and program costs for services provided under the Medicaid program. Data were aggregated at the state level for all waivers with the primary purpose of analyzing the impact of OT services on the lives of people with I/DD.

RESULTS

In FY 2015, a total of $14.13 million was projected for OT services for approximately 1,900 participants. While the average waiver projected operating $227,896 (median = $305,000), the total projected spending varied widely across states. The median was $1,344. Projected spending per participant ranged from $414 to $6,107. A total of 1,513 participants were included in the analysis, out of which 73% were adults, 13% were between 61 and 70, 13% were between 71 and 80, and 6% were between 81 and 90.

DISCUSSION

Future Research: Effectiveness of Waiver Services

Future research should also evaluate OT maintenance care waiver services because of the high rate of rehospitalization (40-50%) for people with I/DD. In fact, long-term care, rather than the immediate care provided in state plans (n = 31) may better support people with I/DD in achieving community integration. Comparisons across states begin to examine these findings of this study can be used to help identify 'best practices' and advocate for the development/planning of long-term care in community-based settings. Future research should also evaluate OT maintenance care waiver services because of the high rate of rehospitalization for people with I/DD.

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