Day on the Hill 2017 Fact Sheet





LONG –TERM SUPPORTS AND SERVICES ISSUE MEDICAID

THE ISSUE

Medicaid provides health care services and long-term services and supports that maintain the health, function, independence, and well-being of 10 million enrollees living with disabilities and, often, their families. For many people with disabilities, their lives literally depend on being able to access needed health care. Block grants or per capita caps will inevitably cut what is already a lean program and force states to make service and eligibility cuts that put the health and wellbeing of people with disabilities at significant risk. Without access to critical and sometimes life-saving preventive and everyday care, it will cause health outcomes and higher costs to our health care system in the long-term.

Medicaid program federal funding could possibly be cut by a third in ten years—leaving the states to make up the difference or gut their own service systems. This would certainly lead to individuals becoming uninsured, which would compound current problems related to lack of coverage, overflowing emergency rooms, and increased

Tony's Medicaid Story

Tony is a 17-year-old with autism who lives with his aging mother. His mother finds it increasingly difficult to meet his day-to-day needs because she is a single mom and Tony is significantly impacted by autism. Tony's older sister Wanda lives in the house as well; however, she too is barely making ends meet with two teenagers of her own. Wanda coordinates supports for Tony, who remains on his state's waiver waiting list. When Wanda reaches out for help for her family, she is told her brother is not eligible for most services, and she will have to continue to wait for services. Three generations of one family headed toward a crisis.

health care costs in an overburdened system. Such reductions could also exacerbate already long waiting lists and wait times that individuals experience when they attempt to access services provided through Medicaid waivers. While Medicaid is a jointly funded program with matching state and federal funds, the federal government has committed to helping states cover costs, and in turn states provide specific benefits and protections to eligible individuals. Its costs per beneficiary are substantially lower and are growing more slowly than per-beneficiary costs under private employer coverage. Between 1987 and 2014, Medicaid spending per beneficiary rose 4.2% versus 7% for private insurance.

Block Grant: Block grant is a funding structure that provides states with a set amount of federal money to fund its Medicaid program. A block grant would effectively end the flexible state and federal partnership. States would be responsible for covering the costs beyond the federal allotment. Deep cuts in federal spending on Medicaid and block grants would be a cost shift to already cash-strapped states. This may force states to reduce eligibility, limit services and supports, cut reimbursements to providers or cause substantial conflict as groups with diverse needs compete for scarce dollars.

Per capita Cap: Due to the limited number of people who can get services through states' waiver programs, there are currently over 300,000 people with disabilities on waiting lists for home and

community-based long-term services and supports across the country. The wait can be as long as 8-10 years. This crisis results in unnecessary, unwanted and costly institutional care; family members being forced to quit jobs or take on second jobs to help care for their loved one; and having to leave their loved ones unattended or in the care of unqualified persons.

Medicaid Structure: Any change to the structure of or cuts in funding to the Medicaid program would significantly impact individuals with autism. Medicaid provides a comprehensive set of benefits designed to meet the complex needs of people with disabilities. All state Medicaid programs must provide the following services that are of utmost importance to people with disabilities: physician and hospital services; Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services for children with disabilities; and home health care services. In addition, state-run Medicaid programs have the flexibility to provide other services that are critical to people with disabilities including but not limited to: prescription drug coverage; rehabilitative and habilitative services; personal care services; durable medical equipment like wheelchairs, prosthetics, orthotics, and communication devices; and intensive community-based mental health services.

LEGISLATIVE RECOMMENDATIONS

- Protect Medicaid from drastic cuts and structural changes, such as efforts to block grant or cap
 the program, and create a full Medicaid expansion. Cuts to an already lean program will force
 states to make services and eligibility cuts that put the health and well-being of people with
 autism at significant risk.
- Promote the development of legislation consistent with the goals of personal choice, personal responsibility, integration, and independence.
- Protect Medicaid because deconstruction or any moves to provide states with flexibility that
 eliminates basic protections for eligible individuals with developmental disabilities would be
 devastating to the community. States would likely consider limiting services and supports,
 and/or cutting reimbursement to providers to save money.
- Protect the entitlement to the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program and support sanctions against states that fail to properly implement it
- Improve Medicaid so that benefits are portable from state to state and so that beneficiaries and families are not disadvantaged or deprived by moving from one state to another and that states have current authority to facilitate portability.

<u>AUTISM SOCIETY ASKS</u>

- Work in a bipartisan matter to protect Medicaid from drastic cuts and structural changes.
- Ensure Medicaid is not block granted or no per capita caps that will open the door to federal budget cuts and allows states to change Medicaid funding and reduce eligibility and benefits.

FOR MORE INFORMATION

For more information, please contact Tonia Ferguson at tferguson@autism-society.org or Wainie Youn at wyoun@autism-society.org.