



DON'T CUT OUR LIFELINE

Community Living Fact Sheet

Key Message to Congress

Congress must preserve Medicaid, Medicare, Social Security, SSI, and other vital programs for people with disabilities.

Background

Medicaid is the largest and most robust funder of services for people with disabilities, including acute and primary health care and long-term supports and services. Medicaid covers 68 million Americans, including 39 million children and 10 million adults with disabilities. Most Medicaid beneficiaries have very low incomes. Medicaid covers a wide range of benefits with strong protections against out-of-pocket costs. Medicaid also provides comprehensive benefits for children with disabilities through the Early and Periodic Screening, Diagnosis, and Treatment coverage which ensures access to early intervention services.

Long Term Supports and Services: The federal/state Medicaid program is the major – sometimes the only – source of funding for long term supports and services (LTSS) that many people with intellectual and developmental disabilities (I/DD) rely on to live in the community. Nationwide, state and federal Medicaid together provides over 77.7% of the funding for supports and services for people with intellectual and/or developmental disabilities (I/DD). This effective and cost efficient program is a lifeline for people with I/DD, making it possible for them to live and work among their neighbors.

Many states, however, have long waiting lists for participation in such Medicaid-funded community-based supports and services. Due to medical and technological advances, people have longer life expectancies and often live with aging parents. As the population ages, the need for LTSS will increase for both people with I/DD and their caregivers. It is estimated that 863,314 people with I/DD are living with aging caregivers.

Key Issues

Medicaid Per Capita Caps: There are proposals to place per capita caps on Medicaid federal spending. Such caps would put pressure on programs to reduce costs by cutting services and threaten states' ability to support or expand community-based options. These proposals could cause substantial

conflict between groups with diverse needs which would have to compete for scarce dollars.

Medicaid Block Grant or Flexible State

Allotments: A Medicaid block grant will not control health care costs which will continue to rise as people get older, use more health care services, and as the general cost of all health care increases. Block grants or flexible state allotments would only shift costs to the states and increase out of pocket health expenses for individuals.

Fundamental Changes: Changes to the Medicaid program to accommodate per capita caps or block grants/flexible state allotments would require fundamental restructuring of the basic Medicaid program and endanger eligibility, the individual entitlement to services, and the states' rights to federal reimbursements based on allowable expenditures.

Medicaid Managed LTSS: The rush to Medicaid managed LTSS continues even though there is little to no evidence that it provides better services to people with I/DD. These efforts are a fundamental shift in our health and LTSS system from services mostly based on need to services based on a reduced budget.

LTSS Crisis: Much more needs to be done to address the looming need for an affordable and accessible system of LTSS that complements the Medicaid program. People should not have to become impoverished in order to become eligible to receive needed LTSS.

Recommendations

- Congress must understand that Medicaid is a lifeline to people who have I/DD and their families!
- Congress should protect the individual entitlement to Medicaid and Medicare.
- Congress should reject Medicaid reductions, caps, block grants, or flexible state allotments.
- Congress should address the nation's need for an affordable, accessible system of long term supports and services.



For people with intellectual and developmental disabilities

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