



OPPOSE MEDICAID CUTS THAT WOULD SERIOUSLY DIMINISH COVERAGE FOR PEOPLE WITH DISABILITIES

Medicaid services and supports are critical to the health, independence, and well being of people with disabilities and chronic conditions. **Deep cuts to Medicaid cannot be tolerated by those who consider Medicaid services a lifeline. CCD urges Congress to pass a fair and balanced deficit reduction program. Block grants or spending caps in the Medicaid program will put the health and safety of individuals with disabilities at risk.**

We urge you to reject the following damaging proposals:

1. **Converting Medicaid from an entitlement program to a fixed federal payment (Block Grant)** program with reduced federal payments that will disenfranchise those in need of services.
2. Applying arbitrary, global, per person, or other **spending caps**.
3. **Repealing the “Maintenance of Effort” Requirements** that would allow States to reduce Medicaid Enrollment and Eligibility.
4. **Adopting any proposal that directly or indirectly negatively impacts or harms people with disabilities under Medicaid.**

What’s at stake?

- ❖ Medicaid is the federal/state partnership that provides the principal source of **health and long-term services for more than 62 million older Americans, people with disabilities, parents and children**. The proposed changes (listed above) would:
 - Shift care costs to beneficiaries, their families, health care providers, small businesses, localities, and states that are ill-prepared to assume additional financial burdens;
 - Add significantly to gaps in coverage and the nation’s uninsured as affordable options are beyond the reach of many more Americans;
 - Place greater economic and health care burdens on informal family caregivers, risking greater jeopardy to their health;
 - Dramatically reduce enrollment, eligibility, and benefits to those most in need of services; and,
 - Place arbitrary, additional restrictions on Medicaid funding, dissuading more providers from participating in Medicaid and causing job loss in multiple sectors across the states.
- ❖ The Medicaid program is a lifeline and **particularly vital to 9 million enrollees living with disabilities**; the proposed changes would reduce access to services and supports they need.
- ❖ **Medicaid is the nation’s health care safety net that is a constant, especially in difficult economic times**, and has operated for years as it was intended. Its growth in spending is largely attributable to the addition of 7 million beneficiaries since the start of the most recent recession. The proposed changes would ignore the fact that Medicaid spending per enrollee has consistently risen more slowly than employer sponsored health insurance premiums.

There are fairer, more effective ways to address the Medicaid program. The following are several alternative proposals that Congress and the Administration should consider:

SHIFT MEDICAID'S LONG TERM CARE EMPHASIS TO HOME AND COMMUNITY-BASED SERVICES

- Move away from the bias of Medicaid to place people in institutions and rebalance Medicaid to favor home and community-based long term services and supports which are on average less costly.
- Promote adoption of the state Balancing Incentives Program.
- Implement strong home and community-based services which are economically prudent such as the Community First Choice Option and the improved Section 1915(i) state plan option.
- Take greater advantage of the popular “Money Follows the Person” demonstration grants to defray costs of moving eligible Medicaid beneficiaries from inpatient facilities into community-based settings where their medical and daily function needs can be met.
- Expand programs that promote person-centered healthcare services and care coordination, such as the Partnership for Patients, the Independence at Home Program and the Care Transitions program.
- Promote consumer direction and choice of paid caregivers.

INCREASE EFFORTS TO ROOT OUT FRAUD AND ABUSE

- Invest in fraud and abuse prevention programs to reduce costs and improve efficiencies. As a potential model for Medicaid, Medicare’s Project Integrity has seen considerable returns on investment through such oversight.
- Expand the use of appropriate credentialing (i.e., state licensure, accreditation and certification) to improve quality and ensure programs meet government standards.

ENGAGE STAKEHOLDERS TO DISCUSS CONSENSUS-DRIVEN IMPROVEMENTS TO MEDICAID

- People receiving services are uniquely qualified in knowing where bureaucracy can be reduced and how services can be streamlined.
- Federal and state policy makers should convene stakeholder groups to foster broader thinking and consensus to improve Medicaid.