



## OPPOSE MEDICAID CUTS THAT WOULD SERIOUSLY DIMINISH COVERAGE

Medicaid supports and services are critical to the independence and well being of people with disabilities. **Deep cuts to Medicaid cannot be tolerated. CCD urges Congress to pass a fair and balanced deficit reduction program. Block grants or spending caps that include the Medicaid program put the health and safety of individuals with disabilities at risk.**

Please 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 or other **spending caps** well below current spending levels.
3. **Repealing of the “Maintenance of Effort” Requirements** that would allow States to reduce Medicaid Enrollment and Eligibility.
4. **Any proposals that directly or indirectly negatively impact or threaten 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 58 million older Americans, people with disabilities, parents and children** – the proposed changes would:
  - shift care costs to beneficiaries, health care providers, private insurers, small businesses, localities, and states ill-prepared to assume the additional financial burden;
  - add significantly to gaps in coverage and the nation’s uninsured as affordable options are beyond reach to 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;
  - restrict expenditures artificially, causing job loss in multiple sectors and dissuading more providers from participating in Medicaid;
- ❖ The program is **particularly vital to 8 million enrollees living with disabilities** – the proposed changes would reduce access to services and supports needed by this population, critical benefits that now consume 42% of overall Medicaid expenditures.
- ❖ Medicaid is **the nation’s health care safety net that responds to difficult economic times**, and has operated 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 per enrollee spending has consistently risen more slowly than employer sponsored health insurance premiums.

There are fairer, more effective ways to change Medicaid and realize sizable cost savings. The following are several alternative Medicaid Savings Proposals that Congress and the Administration should consider:

### **SHIFT MEDICAID'S LONG TERM SUPPORTS EMPHASIS TO LESS COSTLY, MORE HIGHLY PREFERRED HOME AND COMMUNITY-BASED SERVICES**

- Move away from the institutional bias, rebalancing Medicaid to favor home and community-based long term services and supports which are generally 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.
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- 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.
- Promote consumer direction and choice of paid caregivers.
- Fully implement the Community Living Assistance Services and Supports (CLASS) program to take the pressure off and save funds in Medicaid.

### **IMPROVE CARE COORDINATION**

- Improve care coordination for individuals with multiple chronic conditions and individuals eligible for both Medicare and Medicaid.
- Promote the increased use of assistive technologies and telemedicine that provides greater beneficiary independence and reduces long-term reliance on more costly alternatives.

### **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 in such oversight.

### **BRING STAKEHOLDERS TO THE TABLE TO WORK OUT CHANGES 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 development when significant Medicaid changes are planned.