

Prepare to Advocate - Medicaid 101 and Talking Points

As you prepare to meet with Members of the House and Senate, here is some information to review about who Medicaid serves and how it works, and how it helps people with intellectual and developmental disabilities (I/DD).

Following this explanation, you will find some basic talking points for your interactions with Members of Congress and their staff over the phone, at town hall meetings, or during in-person meetings. You can also use this information to guide writing your letter to the editor.

Who Does Medicaid Serve?

Medicaid is the nation's primary health insurance program for persons with disabilities and low-income populations. The program currently covers nearly 67 million Americans, including more than 11 million people with disabilities and nearly 6 million seniors.

What are Medicaid's Most Critical Services?

- **Acute care** - including hospital care, physician services, and laboratory and x-ray services. These acute care services are mandatory which means they must be provided to everyone who is eligible. States also have the option to offer prescription drugs, dental, physical therapy, speech therapy, prosthetic devices and other services—and most states currently do offer these services.
- **Long term services and supports** - including help getting dressed, taking medication, preparing meals, managing money, and getting in and out of bed. States are required to provide services in nursing homes for people who need that level of care and they have the option of providing services in home and community based settings.

How Does Medicaid Work?

Medicaid is paid for by states and the federal government. The federal share of Medicaid ranges from 50% to 77% of costs. The federal government sets minimum eligibility levels for coverage and then states have the option to expand eligibility.

Why is Medicaid Good for States?

Revenue. For every dollar a state spends on Medicaid, the federal government contributes between \$1.00 and \$3.17.

Efficiency. Medicaid has very low administrative costs.

Flexibility. After meeting basic federal requirements, states have substantial flexibility in deciding what services to offer and can increase eligibility within certain limits.

Local economies. Medicaid spending generates economic activity, including jobs, income and tax revenues at the state level.

What Will Happen to People with Disabilities if Medicaid is Drastically Cut?

Fewer people will get care and people will get less care. For example, they could be denied:

- prescription drugs, medical treatments, and therapies they need to be healthy
- wheelchairs and prosthetic devices they need to be mobile
- home and community based services to live in the community instead of institutions

These losses could result in increased:

- Illness, injury, and death
- Increased stress of families unable to meet family member's needs
- Increased institutionalization or out-of-home services
- Uncompensated care for costly emergency rooms
- Shifted demands on other systems of care (e.g., Veterans Administration)

For more information, including state by state impacts of Medicaid cuts, see:

<http://www.familiesusa.org/resources/publications/reports/cutting-medicaid-findings.html>

Basic Talking Points – Don't Cut Our Lifeline

Think about what Medicaid means to you. What services or supports have you received and what does it mean in your life? What would happen if you lose that service or support or if you had never received it—where would you be now? Members of Congress need to know the real life cost and consequences of deep cuts. Would it affect where you live, if you work, your parents or siblings? What if you didn't have health care—could you afford medications or wheelchairs?

Whether you reach your Senators or Member of the House of Representatives by phone, at a town hall meeting, or in a face-to-face meeting, the message is clear – Don't Cut Our Lifeline!

For people with I/DD, their family members, and caregivers:

- The budget cannot be balanced on the backs of people with intellectual and developmental disabilities.
- Deep cuts in Medicaid cannot be tolerated – including block grants and spending caps that impact Medicaid.
- Medicaid and programs that serve low-income people must be exempt from deficit reduction plans.
- Share your story! There is nothing more powerful than sharing your personal experience, so please tell your elected official about your support service needs.

What if you are asked about how to cut our nation's deficit?

- The budget cannot be balanced on spending cuts alone—raising revenues must be part of the solution. Deficit reduction must be fair and balanced.

What if you are asked about acceptable Medicaid cuts?

- Medicaid is not meeting all current needs. Many states have waiting lists for home and community based services.
- Make community services the basis of the services system, not institutions. Require waivers for institutional services.

For service providers of people with I/DD:

- The budget cannot be balanced on the backs of people with intellectual and developmental disabilities and the professionals that support them.
- Deep cuts in Medicaid cannot be tolerated – including block grants and spending caps that impact Medicaid.
- Medicaid and programs that serve low-income people must be exempt from deficit reduction plans.
- It is already very difficult for people using Medicaid to find doctors and other health care providers willing to accept the low payment rates, particularly specialists. Share an example.
- If states cut the amount they pay doctors and other providers, professionals like me may quit serving people under Medicaid making the problem even worse.

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What if you are asked about acceptable Medicaid cuts?

- Medicaid is not meeting all current needs. Many states have waiting lists for home and community based services.
- We have supported changes in Medicaid and other programs that may save money including:
 - Implementing the CLASS Act and the Community First Choice Option in Medicaid
 - Promoting better care coordination for people who receive Medicaid and Medicare
 - Expanding health care coverage through Medicaid and private insurance.
 - Ending discrimination against people with disabilities in private health insurance.
 - Make community services the basis of the system, with institutions the exception requiring a waiver.