

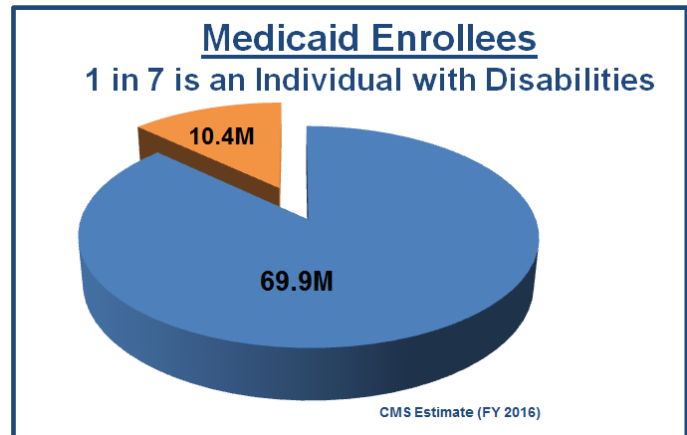
WHAT IS MEDICAID?

Medicaid provides critical, often life-saving, health care, long-term services and community supports to millions of children and adults living with disabilities. Created in 1965, Medicaid is jointly funded by states and the federal government. States design their Medicaid programs to provide federally mandated services in addition to services or special populations that are a priority in the state. Federally-mandated services are directed to both children and adults based on specific eligibility criteria and include hospital services, home health care, laboratory and x-ray services, and nursing home care. States must also provide Early, Periodic, Screening, Diagnosis and Treatment services for eligible children. States may also offer optional services, including prescription drugs, dental care, hearing aids, and physical and other therapy services which are particularly important to eligible individuals with disabilities. Medicaid covered nearly 70 million Americans during 2016, including children, pregnant women, individuals with disabilities and low income seniors.

WHY IS MEDICAID SO IMPORTANT FOR INDIVIDUALS WITH DISABILITIES?

Individuals with disabilities, especially those with chronic health conditions, can require medical and long-term care to maintain their health, independence and well-being. Medicaid is the largest payer for long-term care for all Americans and, often, the sole source of health and long-term care for many individuals with disabilities. One in seven Medicaid enrollees (or about 10.4 million Americans) is an individual with disabilities.

Medicaid services such as attendant care, home health, adult day and prevocational services help individuals with disabilities remain in their home and communities and live productive lives. Some states offer Medicaid Buy-In programs that allow individuals with disabilities who are working to retain their needed health care coverage while earning above the regular Medicaid income limits. Prior to the Affordable Care Act, Medicaid was the only available insurance program that included the benefits that people with disabilities needed to support their health.



HOW DO MEDICAID SERVICES HELP RAIN AND OTHER CHILDREN WITH DISABILITIES?



Millions of individuals with disabilities, like Rain, benefit from health care and community-based supports available through Medicaid. This is Rain. He is a happy, five-year-old on the Autism spectrum. His mother first noticed, at 18 months, that he wasn't reaching milestones, so she sought help. Rain depends on his Medicaid services for Personal Care (through Medicaid's Early and Periodic Screening, Diagnostic and Treatment) Applied Behavior Analysis (ABA) therapy, and even the Pull-ups he wears because he isn't yet potty-trained. Rain and his mother are thankful and dependent on these services, as well as the speech and occupational therapy he received in the past. It is important that Rain, and children like him, are able to receive these services to further their development, which will allow them to be functional citizens.

HOW DO MEDICAID INVESTMENTS IMPACT LOUISIANA RESIDENTS WITH DISABILITIES?

In Louisiana, 18% of Louisiana Medicaid enrollees (or 237,300) are individuals with disabilities. Louisiana provides home and community-based services through a Medicaid waiver program that provides eligible Louisiana residents with disabilities with access to services to help them remain in their home and community rather than higher-cost, less-favorable institutional care. Louisiana received an estimated \$5.7 billion in fiscal year 2017 in return for providing specific benefits and protections to eligible Louisiana residents, including individuals with disabilities. The Louisiana Department of Health provides essential services and supports to individuals with disabilities through a network of community providers, including Easterseals Louisiana.



HOW DO BLOCK GRANT & PER CAPITA PROPOSALS JEOPARDIZE CRITICAL SERVICES?

Congressional proposals to convert Medicaid financing from an entitlement program into a state block grant or per capita allotment program would dramatically alter the program and negatively impact individuals with disabilities who meet the program's eligibility. The current Medicaid structure entitles eligible individuals to core services and, in turn, guarantees states to federal matching payments with no cap to meet program needs of eligible residents.

- The **block grant proposal** would shift Medicaid program costs to states and put Medicaid beneficiaries, including individuals with disabilities, at risk for services. Under a block grant, federal Medicaid funding to states would be capped, eliminating the current entitlement structure that allows federal funding to respond to changing program needs, such as recessions, epidemics or disasters. This lack of federal funding flexibility would be passed on to states, who—based on their own financial restrictions—may be forced to limit or end current services to reduce costs. A block grant would also likely end the federal core service components that are required in turn for the federal match.
- The **per capita proposal** would limit the federal government's reimbursement to states based on a per-enrollee amount. If state Medicaid costs per enrollee increase, due to health care inflation, epidemic or other health circumstance, these costs would shift solely to states given the federal reimbursement is capped. Reductions in critical services to individuals with disabilities and other Medicaid beneficiaries or higher program premiums would be likely cost-reduction strategies, especially for states that have limited revenue flexibility.

EASTERSEALS POSITION ON MEDICAID REFORM:

Easterseals respectfully asks Congress to protect Medicaid for people with disabilities by:

- ✓ ***Opposing proposals that remove Medicaid's guarantee of services to eligible populations;***
- ✓ ***Opposing proposals that convert Medicaid to block grant or per capita financing;***
- ✓ ***Maintaining Medicaid's current structure that guarantees states a federal funding formula match, based on eligibility costs, without a federal cap;***
- ✓ ***Ensuring Medicaid reform doesn't shift costs to individuals or reduce services; and***
- ✓ ***Advancing policies that allow more Medicaid services to be delivered in home and community-based settings.***