



Community Living

FACT SHEET

2012 DISABILITY POLICY SEMINAR

The Arc | UCP | AUCD | AAIDD | NACDD | SABE

Background

Medicaid and Medicare: The federal/state Medicaid program is the major - sometimes the *only* - source of funding for long term services and supports that people with intellectual and developmental disabilities (I/DD) need to live in the community. About 3 million people under 65 with I/DD also are covered by the federal Medicare program which provides their health insurance. Combined, these two programs are a lifeline for people with I/DD.

In many states, there are long waiting lists for Medicaid-funded community-based services and supports. People with I/DD are living much longer and their parents are aging which will increase the need for long-term services and supports.

Housing: Medicaid and Medicare provide essential services and supports, but by law typically cannot pay for a person's rent or mortgage payment. Programs operated by the Department of Housing and Urban Development (HUD) help make housing affordable (through rent subsidies) and help create new affordable, accessible housing. These include HUD's Section 811 Supportive Housing for Persons with Disabilities program and Housing Choice Voucher program. Despite these programs, the need for affordable, accessible housing for people with disabilities is far greater than the availability. Housing is one of the top barriers as states seek to implement Olmstead plans, Money Follows the Person grants, and other initiatives to help people with disabilities live in the community.

Key Issues

Deficit Reduction: There are proposals to put global caps on federal expenditures for Medicare and Medicaid spending. If such caps were imposed, they would likely put pressure on these programs to move away from an individual entitlement.

Some proposals call for turning Medicaid into a block grant which could cause substantial conflict as groups with diverse needs have to compete for scarce dollars. A Medicaid block grant would not control the cost of health care which continues to rise as people get older and use more health care services and as the general cost of all health care increases. It would shift costs to the states and likely the individual.

There also are proposals to replace Medicare with health care vouchers, and increase cost-sharing for Medicare beneficiaries. Some proposals would require people who are eligible for Medicaid and Medicare to go into managed care, even though there is little to no evidence that it would work for people with I/DD.

All of these proposals are a fundamental shift in our health and long term services and supports system from services mostly based on eligibility to services based on a fixed budget.

Additionally, many deficit reduction proposals would significantly cut the budgets of important discretionary programs including HUD's affordable housing programs. Major cuts could halt production of much-needed new affordable housing and put existing affordable housing at risk.

Recommendations

- Congress should protect our lifeline!
- Congress should protect the individual entitlement to Medicaid and Medicare.
- Congress should allow people who are dually eligible for Medicare and Medicaid to choose whether or not to go into managed care.
- Congress should ensure that cost savings proposals such as reducing Medicaid spending and raising Medicare cost-sharing do not have a disproportionate impact on people with disabilities.
- Congress should provide at least level funding of \$165 million for HUD's Section 811 program in FY 2013.
- Congress should provide full funding for the Housing Choice Voucher program in FY 2013 to ensure that all Housing Choice Vouchers can be renewed and that no tenants are displaced.

Relevant Committees

House & Senate Appropriations Committees
House and Senate Budget Committees
House Ways and Means Committee
House Energy and Commerce
House Financial Services Committee
Senate Finance Committee
Senate Banking Committee

For more information, please contact The Arc at (202) 783-2229, United Cerebral Palsy at (202) 776-0406, Association of University Centers on Disability at (301) 588-8252, American Association on Intellectual and Developmental Disabilities at (202) 387-1968, National Association of Councils on Developmental Disabilities at (202) 506-5813, or Self-Advocates Becoming Empowered at SABEnation@gmail.com

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