

Community Living

FACT SHEET



2014 DISABILITY POLICY SEMINAR
— APRIL 7-9, 2014 —

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

Background

Medicaid and Medicare: The federal/state Medicaid program is the major - sometimes the *only* - source of funding for long term supports and services that many people with intellectual and developmental disabilities (I/DD) need to live in the community. Over 700,000 people under age 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 supports and services. People with I/DD are living much longer and their parents are aging, which will increase the need for long-term supports and services.

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

Medicaid and Medicare work well and are cost efficient: There are proposals to put global caps on federal spending for Medicare and Medicaid. If such caps were imposed, they would likely put pressure on these programs to cut services.

These proposals could cause substantial conflict as groups with diverse needs compete for scarce dollars. A Medicaid block grant or Medicare vouchers would do nothing to control health care costs which continue to rise as people get older, use more health care services, and as the general cost of all health care increases. Block grants would shift costs to the states and vouchers would increase health care costs for individuals.

The rush to managed long term supports and services in Medicaid continues even though there is little to no evidence that it will work for people with I/DD.

Key Message to Congress

Congress must preserve Medicaid, Medicare, Social Security, SSI and other vital programs for people with disabilities.

All of these proposals would create fundamental shifts in our health and long term supports and services system from services mostly based on what a person needs to services based on a reduced and fixed budget.

Additionally, the ongoing effects of deficit reduction and sequestration continue to pressure HUD's affordable housing programs, limiting production of much-needed new affordable housing and put existing affordable housing at risk.

We are facing a crisis in long term supports and services (LTSS) in this country. Much more needs to be done to address the looming need for an affordable and accessible system of long term supports and services that compliments the Medicaid program. People should not have to become impoverished in order to receive the long term supports and services that they need. With the repeal of the Community Living Assistance Services and Supports (CLASS) program (originally enacted as part of the Affordable Care Act to provide premium-based LTSS insurance to working people), the nation has taken a step backward in meeting this need. The Long Term Care Commission issued a set of recommendations about long term care but failed to address the critical question of financing a system of long term care.

Recommendations

- Congress must understand that Medicaid is our lifeline!
- Congress should protect the individual entitlement to Medicaid and Medicare.
- Congress should reject reductions or caps to the Medicaid program.
- Congress should ensure that spending cuts and raising Medicare cost-sharing do not have a disproportionate impact on low income people with disabilities.
- Congress should address the nation's need for an affordable, accessible system of long term supports and services.
- Congress should provide at least \$235 million for HUD's Section 811 Supportive Housing for Persons with Disabilities program in FY 2015.
- Congress should provide full funding for HUD's Housing Choice Voucher program in FY 2015 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 Committee
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 Disabilities 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.