



**CONSORTIUM FOR CITIZENS
WITH DISABILITIES**

CCD Meets with Senior White House Advisors to Urge Continued Strong Support for Medicaid

July 12, 2011 Washington, DC -- The Consortium of Citizens with Disabilities (CCD), a coalition of over 100 national disability organizations, has been meeting with key members of Congress to shore up support for Medicaid and to combat drastic cuts proposed during ongoing federal budget negotiations. The House of Representatives has already passed a budget proposal (H.R. 1) that would lead to devastating cuts to Medicaid and transform the program into a block grant. Such cuts would threaten years of progress made to rebalance the long term services system to assist more people with disabilities, including those who are aging, in the community rather than in more expensive and restrictive institutions. The President has stated that he strongly objects to changing Medicaid into a dramatically underfunded block grant.

CCD maintains that Medicaid works! Medicaid is administratively efficient and provides states with considerable flexibility to meet local conditions and provide critical health care and home- and community-based services and supports to many individuals with intellectual and other disabilities and their families.

This week CCD is bringing individuals with disabilities and their families from Colorado and North Carolina to Washington, DC to meet with White House officials in an effort to share with them the importance of Medicaid programs to their families. These families are extremely worried about the impact that any cuts to Medicaid would have on their lives.



Alex Meredith

Prior to benefiting from a Medicaid funded program, the parents of Alex, a young Colorado man with autism, were working opposite shifts in order to provide him with much needed home supervision. During the time Alex was transitioning from school to adulthood, he had extremely difficult behavior issues. He physically assaulted his mother, got into fights with his father, and became destructive to the home and himself resulting in bruises, broken bones and drywall repairs. Alex's family was able to secure a few hours of support a day through the Colorado

Emergency Supported Living Services; however, it wasn't enough and his parents' physical and emotional health was negatively affected. Because of a Medicaid funded service, Alex was able to move into his own home in 2008 with highly trained care-providers and volunteers. Alex is happier now, his behaviors are more manageable and his parents are able to work full time. Alex has benefitted from a consistent schedule and supports and services tailored to his

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unique needs made possible through the Medicaid funded program. Alex's parents stated, "...if Medicaid is cut significantly, everything we've worked to put in place will fail. We are scared."

Alex's family is not alone in their struggle. Medicaid, the nation's largest health care program, serves nearly 10 million people with disabilities. Medicaid funded programs enable people with disabilities to live, work and recreate in their communities. Kelly Stuart Woodall, a 28-year old young woman from North Carolina, earned a Bachelor's degree in Psychology at St. Andrews Presbyterian College in Laurinburg, North Carolina and is currently the executive director of the only 501c3 non-profit association run by self-advocates in North Carolina. Kelly also has cerebral palsy, limited use of her right arm and uses a motorized wheelchair for most daily activities. Kelly receives 70+ hours per week of services through Community Alternatives Program (CAP) for Developmental Disabilities, a program funded through Medicaid. Kelly stated, "The CAP workers come in the mornings to help me get ready by taking me to the restroom, giving me a shower, helping me get dressed, feeding me breakfast, driving me to work and similar activities throughout the day. They help me maintain physical health by driving me to doctor appointments and administering my medication...Without these services I could not live independently and I would be forced into a nursing home. In these facilities I would not be eligible for CAP services, so I could not have the help I need to work every day. Therefore, I could not have a job, and this would limit me in being a productive member of society, paying taxes and stimulating the economy."

Not only would the loss of Medicaid funded services impact Alex and Kelly's quality of life, but due to their complex needs it may result in costly institutionalization. Institutionalization, on average, costs \$191,118 per person per year as compared to the average Home and Community Based Services (HCBS) Waiver costs of \$43,822 per person per year (Braddock, Hemp, Rizzolo, Haffer, Tanis & Wu, 2011). In an [op-ed](#) published on the website of the Capitol Hill newspaper [The Hill](#), Sen. Tom Harkin (D-IA), and Rep. Cathy McMorris Rodgers (R-WA), submit that federal and state governments should explore the reduction of Medicaid spending through an increase in the number of people with disabilities that live in community-based settings as opposed to more costly institutional facilities. They wrote, "Modernizing Medicaid's approach to supporting people with disabilities can save money and bring people a better quality of life. It would also promote compliance with the ADA and the U.S. Supreme Court *Olmstead* decision. If Medicaid cuts are not done in a thoughtful manner, however, they will have disastrous consequences and will lead to systemic civil rights violations."

Our nation's current economic situation demands leadership as well as thoughtful and balanced action. Taking health and long term care away from millions of America's children, seniors, and people with disabilities is neither. For decades, Congress has taken important steps to secure the rights of citizens to live the American dream - to fulfill their academic potential, engage in productive employment, participate in civic life and enjoy full inclusion in society. All of these are premised on good health. While capping Medicaid through the use of block grants or restructuring the Federal-state partnership match system through which states receive reimbursement for services may seem like a logical cost-saving mechanism, this approach is far more likely to shift the cost of services to already cash strapped states. This, in turn, will leave states with three unpleasant choices - sharply restricting enrollment, eliminating benefits, or raising taxes to pay for the program. Any changes to Medicaid must

recognize the unique populations enrolled in the program and the essential role it plays in providing health care and long-term services for millions of Americans. Legislators must consider the consequences that budget negotiations have on the poorest and most vulnerable Americans and their families.

About CCD

The [Consortium for Citizens with Disabilities](#) is a coalition of approximately 100 national disability organizations working together to advocate for national public policy that ensures the self-determination, independence, empowerment, integration and inclusion of children and adults with disabilities in all aspects of society. Kim Musheno is the Director of Legislative Affairs of the [Association of University Centers on Disabilities](#), co-chair of CCD's Fiscal Policy Task Force and member of the Coalition's Board of Directors.