



Spring 2012: What to Know About Medicaid Reform Advocacy

Housing Action Illinois Webinar
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Presenter: Amber Smock
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Access Living




About Access Living (AL)

- Focus: independent living, advocacy and legal services to empower people with disabilities to live in the community
- The Center for Independent Living for the metropolitan Chicago area
- Local, state and national advocacy in a variety of sectors, including housing



AL Housing Work Since 1988

- Fair Housing Testing Program and Fair Housing Cases
- Community Integration for People Leaving Nursing Homes: Assessing, Locating, Moving
- Housing policy advocacy
- Grassroots housing organizing: Disability Rights Action Coalition for Housing (DRACH)



The Illinois Medicaid program provides life-saving health coverage to nearly 2.7 million low-income children, parents, seniors, and people with disabilities and behavioral health needs, including addiction and mental illness.

However, the program faces a \$2.7 billion deficit this year. Legislators are exploring a range of solutions.

We all need to ask: How much does each of these “solutions” actually cost us in health and long-term care outcomes and state funds?

Who Exactly is Covered by Medicaid?

Mandatory Populations

- Children below federal minimum income levels
- Adults in families with children (Section 1931 and TMA)
- Pregnant women \leq 133% FPL
- Disabled SSI beneficiaries
- Certain working disabled
- Elderly SSI beneficiaries
- Medicare Buy-In groups (QMB, SLMB, QI-1, QI-2)

Optional Populations

- Children above federal minimum income levels
- Adults in families with children (above Section 1931 minimums)
- Pregnant women $>$ 133% FPL
- Disabled (above SSI levels)
- Disabled (under HCBS waiver)
- Certain working disabled ($>$ SSI levels)
- Elderly ($>$ SSI; SSP-only recipients)
- Elderly nursing home residents ($>$ SSI levels)
- Medically needy



Types of Mandatory Medicaid Services

- Nursing home care
 - Doctors' services
 - Nurse midwife services
 - Inpatient and outpatient hospital services
 - Lab and x-ray services
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Types of Optional Medicaid Services: Examples

- Dental Care
- Kidney Dialysis
- Durable Medical Equipment
- Transplants
- Prosthetics
- Eyeglasses
- Case management
- Physical and behavioral therapy
- Respiratory services for people who are ventilator dependent



Important to Know

- 67% of Medicaid spending nationwide goes towards acute and long term care for people who are disabled and/or elderly.
- We believe that examining how to spend less on institutional settings and more on community-based services to people in their own homes would be more cost effective.
- In addition, people need to have opportunities to live in affordable, accessible, integrated housing for that rebalancing of spending to happen.



Considerations

- Delayed payments to providers
 - Liability costs
 - Increased number of people needing Medicaid
 - Focus of spending (institutional vs. community-based)
 - Need to find new revenue
 - Avenues to deal with fraud
 - Eligibility reviews
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THE KEEP ILLINOIS MEDICAID STRONG PRINCIPLES





Principle #1

Solutions such as cutting prescription drug coverage, eligibility, or optional services are unacceptable and will drive up long-term state costs.

The services people on Medicaid receive now reduce future state health spending by providing prevention services and early intervention.



Principle #2

Transformative Medicaid reforms are being implemented but need time to work.

To improve the health and lives of Medicaid recipients while reducing costs, Illinois is contracting with commercial managed care companies and networks of providers to implement robust care coordination models. However, these programs cannot be in place overnight.



Principle #3

The General Assembly and Governor have underfunded Medicaid for 20 years; a multi-year solution is needed to balance the program budget.

Medicaid reforms enacted in 2011 already establish a decade-long glide path to pay old bills, and this plan should be followed.



Principle #4

The Medicaid budget cannot be balanced with Medicaid cuts alone. New revenue and savings from legislative changes in other budget areas must be applied to Medicaid.

Medicaid cannot be firewalled from the rest of the state budget; it is an economic engine that supports families, creates jobs, and helps children learn.



Sign your organization on...

- To sign your organization on to support the principles, contact John Peller at the Aids Foundation of Chicago at jpeller@aidschicago.org.

WHO HAS THE POWER OVER ILLINOIS MEDICAID REFORM?





State Administration

- Pat Quinn, Governor
- Michael Gelder, Senior Advisor for Health Care and Human Services
- Julie Hamos, Secretary for the Department of Health and Family Services (HFS)



General Assembly Medicaid Reform Committee

- Senator Heather Steans
 - Senator Dale Righter
 - Representative Patti Bellock
 - Representative Sara Feigenholtz
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- This committee was tasked by the Governor to issue a report on Medicaid reform by April 17, but talks have stalled.



General Assembly Leadership

- Senate President John Cullerton
- Senate Minority Leader Christine Radogno
- Speaker of the House Michael Madigan
- House Minority Leader Tom Cross
- Full Senate leadership list:
[http://www.ilga.gov/senate/
97GA_Senate_Leadership.pdf](http://www.ilga.gov/senate/97GA_Senate_Leadership.pdf)
- Full House leadership list:

Who Has Ideas for Reform?

- **Governor's Medicaid Proposal:**
<http://www.illinois.gov/PressReleases/ShowPressRelease.cfm?SubjectID=2&RecNum=10183>
- **Illinois Chamber of Commerce Medicaid Proposal:**
<http://ilchamber.org/wp-content/uploads/2011/09/ICC-Medicaid-Release-2012-FINAL-2.pdf>
- **Illinois Hospital Association Medicaid Proposal:** <http://www.ihatoday.org/News-and-Reports/News-and-Memos/Content/Governor-Releases-Medicaid-Proposal/134.aspx>

More Ideas...

- **Families USA Medicaid Study:**
<http://www.cbhconline.org/wp-content/uploads/2012/04/Illinois-Medicaid-Cuts.pdf>
- **Center for Tax and Budget Accountability Study on Human Service Cuts:**
http://www.ctbaonline.org/New_Folder/Human%20Services/IPHS_Private_Impact_Public_Cuts_Full_FINAL_revised.pdf
- **Illinois Policy Institute Medicaid Proposal:**
<http://www.illinoispolicy.org/news/article.asp?ArticleSource=4468>
- **Testimony and Studies on Facility Closures:** <http://ilga.gov/commission/cgfa2006/Resource.aspx?id=7>



What Does This Mean For You?

- People needing affordable housing will be more likely to experience more major life crises due to lack of access to health care
- They may miss opportunities for housing, or have to leave housing due to health crises, with no fallback housing options



What Can We Do?

- Consider whether the people you serve are served by Medicaid, and whether that will change their housing need or status.
- Know your numbers. How many people do you serve, and how many of those people use Medicaid services?



Talk to the General Assembly

- Get in touch with state legislators **THIS WEEK** to explain how cuts in Medicaid will affect the people you serve.
- Consider making appointments with legislators one on one
- Consider attending lobby days for your own group or in coalition groups to talk to legislators and be seen at the capitol



Talk to the State

- Make sure the State knows what you do, and whether you have access to housing options for people who need affordable housing
- Urge the State to use this current economic crisis as the impetus to develop a long range state plan to expand affordable housing options



Talk to the Media

- Get in touch with your local papers, TV and radio to talk about how people who need affordable housing will be especially affected by Medicaid cuts.
- Personal stories are good for human interest. Ask people who use affordable housing and are on Medicaid to speak out and tell their stories.
- Send any news media you generate to your legislators.

Getting in Touch...

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- (312) 640-2191
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- www.accessliving.org
- To join Access Living's advocacy alerts, send Amber your email address