



July 2012

MEDICAID PROGRAM

- **Retain Medicaid Entitlement and Maintenance of Effort Requirement**
- **Oppose Block Granting of the Medicaid Program**
- **Support Increased Funding for Home and Community-Based Services**

ACCSES members are disability service providers that work to enhance home and community-based health, employment, and independent living opportunities for individuals with disabilities. Our organizations receive Medicaid funding to provide many of these services, which are critical to the independence and well being of people with disabilities.

ACCSES OPPOSES PROPOSALS THAT WOULD

- **Convert Medicaid from an entitlement program to a fixed federal payment (Block Grant) program** with reduced federal payments, **shifting Medicaid costs to states** already struggling with increased budget deficits;
- Apply arbitrary, global or other **spending caps** well below current spending levels; and
- **Repeal the “Maintenance of Effort” requirements** that would allow States to reduce Medicaid enrollment and eligibility.

These harmful proposals would shift care costs to beneficiaries, health care providers, private insurers, small businesses, localities, and states ill-prepared to assume the additional financial burden; and would place greater economic and health care burdens on informal family caregivers, risking greater jeopardy to their health.

While Medicaid is currently protected from physician payment rate cuts and other threats of sequestration, the risk of significant across-the-board cuts still exists in the President’s (\$50 billion over 10 years) and Congress’ (\$810 billion over 10 years; block grant) budget proposals.

ACCSES SUPPORTS MEDICAID REFORMS THAT WOULD

- Eliminate the institutional bias in Medicaid, rebalancing services to favor home and community-based long term services and supports which are generally less costly;
- Promote adoption of the State Balancing Incentives Program;
- Take greater advantage of the popular “Money Follows the Person” demonstration grants to move eligible Medicaid beneficiaries from inpatient facilities into community-based settings;
- Improve care coordination for dual eligibles with multiple chronic conditions;
- Increase access to assistive technologies and devices that provide greater beneficiary independence, help avoid institutionalization and prevent costly secondary conditions; and
- Involve stakeholders at the state and local levels in the Medicaid reform discussion.

CONTACT

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