

Organizing, Coalition Building, and Lobbying Class
George Warren Brown School of Social Work
Washington University in Saint Louis

Testimony: Better Health Care Coverage for People with Disabilities in Missouri

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My name is Jessica Gibson. I am a graduate student at Washington University in Saint Louis and a health care advocate for people with disabilities in Missouri. As Missouri HealthNet begins to take form, it is of vital importance that we consider the health care needs of people with disabilities, especially those who require long-term care. The current system has an institutional bias that forces people into expensive institutionalized care facilities who may not be in need of such services. This not only results in higher health care costs for the taxpayer, it also diminishes the quality of life of those who would prefer to live at home but are unable to do so because of a lack of coverage of certain equipment or services.

Although people who are elderly and people with disabilities comprise only 23% of the Medicaid population, they account for 67% of the program's total expenditure, partly because of the high costs of facility-based care. Medicaid could become more cost-efficient if people who are able to live at home were transitioned out of institutions and into their communities. Information from the Missouri Foundation for Health suggests that there are many people who might benefit from such a transition. In 2005, for example, 43% of Missouri nursing home residents had NO impairment in their Activities of Daily Living, such as bathing, dressing, eating, toileting, and shopping. 29% had NO cognitive impairment, meaning that they could easily live in their own homes and communities instead of in a nursing home.

Home- and community- based care is not only less expensive than nursing home care on the surface, it also reduces other Medicaid expenditures. One recent study found that moving people from an institutionalized setting to a home-based program reduced their hospitalization costs by almost 60%. When we consider the fact that most people who enter nursing homes never leave them, we realize how important it is not only to transition people out of nursing homes, but also to prevent unnecessary institutionalization in the first place.

My recommendation, then, in order to reduce unnecessary institutionalization, is to **increase the number of waivers that are allotted for home- and community-based care**, and to expand these waivers to allow participants to have slightly higher incomes than regular Medicaid eligibility. Many people who would like to transition into the community must "spend down" large percentages of their income in order to meet the income eligibility requirements. **Increasing the income eligibility limit to 100% FPL** will help reduce spend-down amounts.

Reducing institutionalization by expanding waivers for home-based care makes financial sense for Missouri, especially since MO is one of 17 states just awarded a federal "Money Follows the

Person” grant. For every person transitioned out of an institution, Missouri will receive an enhanced federal Medicaid match for the individuals’ first year of community services. While these funds will help, some changes must be made in order to support individuals who are transitioning back into the community:

- First, **durable medical equipment** (such as wheelchairs, hearing aids, canes, catheters, walkers, breathing equipment, etc.) must be fully restored under MO HealthNet. These equipment and supplies are basic necessities of daily life for people with disabilities and are in no way “optional.”
- Second, **physical, speech, and occupational therapies** must be covered by MO HealthNet for people with disabilities who live in the community. Having access to these therapies is a crucial part of preventative care for people with disabilities. Without these services, peoples’ conditions deteriorate, decreasing their quality of life and eventually leading to costly medical procedures that could otherwise have been prevented.
- Third, coverage of **personal attendant services** should be expanded for individuals living outside of nursing homes. Currently, these services are not adequately covered, limiting individuals’ consumer choice and the number of hours of care they are eligible to receive.

Often times people who are otherwise capable of living in the community are forced into nursing homes in order to access the care they need. These individuals would prefer to live at home, and they would be able to do so if only their health insurance covered their physical therapy sessions or the new wheelchair seat they needed. Instead, they are forced to live in institutions, where the necessary services and equipment are provided. Only when these barriers are eliminated will individuals with disabilities be able to make the choices that are best for their own lives and more cost-effective for Missouri.

In sum, MO HealthNet has the potential to eliminate the current institutional bias in Medicaid, thus improving the quality of life for people with disabilities and greatly reducing health care costs in Missouri. This bias can be eliminated by expanding home-service waivers, raising the income eligibility for people with disabilities to 100% FPL, and by providing necessary medical equipment, rehabilitative therapies, and personal attendant services to individuals living in their homes and communities.

These comments were used as preparation for a lobbying day in Jefferson City, MO in which I spoke with several key legislators. If you have any comments, suggestions, or further issues that you would like to bring to the attention of legislators, please feel free to email me at: jgibson@gwbmail.wustl.edu

