

MEDICAID EXPANSION / REFORM AND IDAHOANS WITH DISABILITIES

Presented by:



Consortium for Idahoans
with Disabilities

What it would mean for Idahoans with disabilities.



What is Medicaid Expansion / Reform?

- The Affordable Care Act required states to expand Medicaid coverage to people who:
 - Have no health insurance coverage and
 - live in households at or below 138% of the Federal Poverty Level (\$15,414.60 a year for 1 person or \$31,809 a year for a family of 4).
- **However:**
 - The Supreme Court decided that forcing states to expand Medicaid or lose the whole program was unconstitutional. So...
 - **Expanding Medicaid is now optional for states.**
 - Each state may choose to expand coverage or not.



What is Medicaid Expansion / Reform?

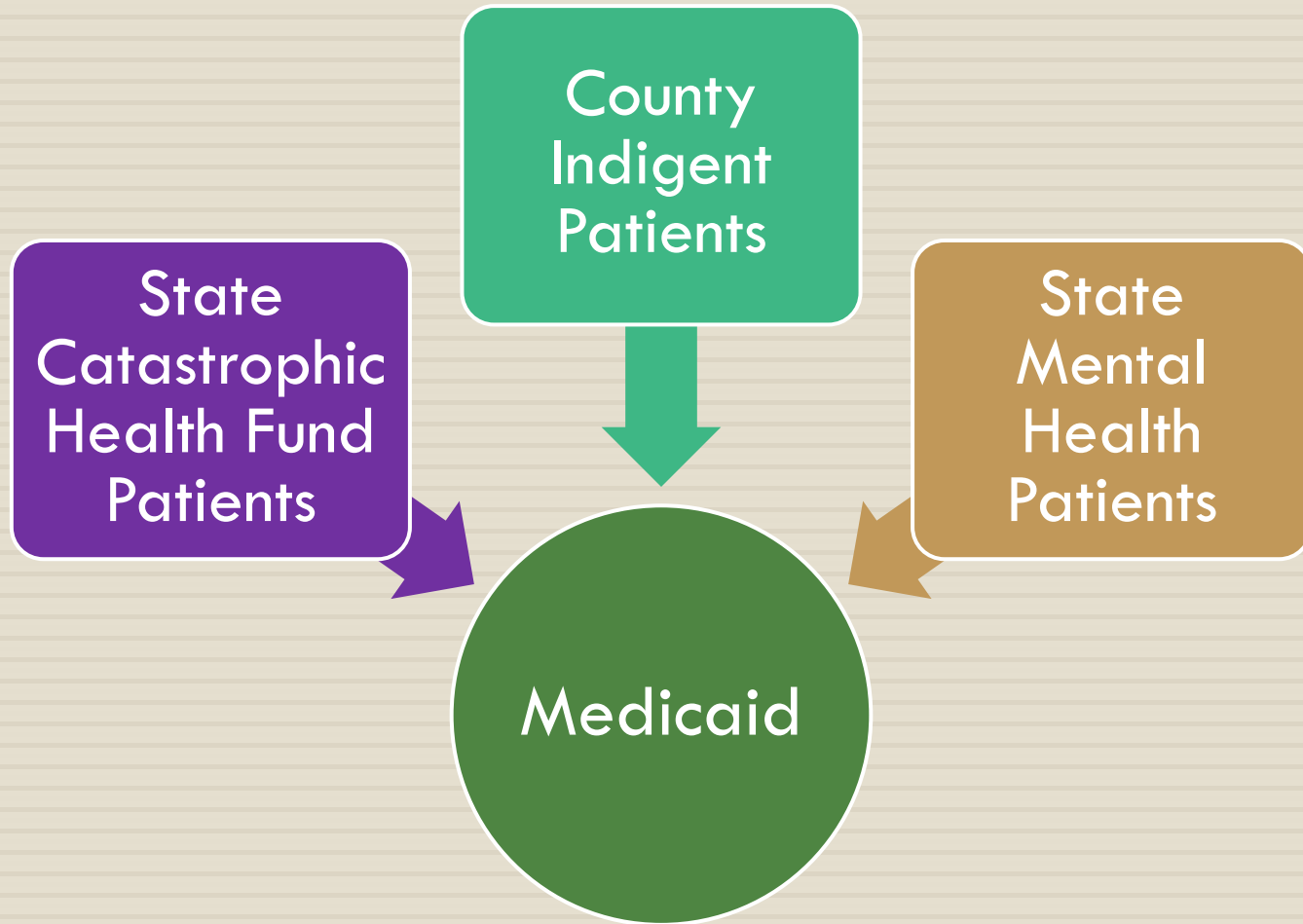
- If a state accepts the option, after 2016, the federal share gradually decreases from 100% to **90%** and the state share increases to 10% by 2020.
- **States can “opt in” or “opt out” in any year.**

What is Medicaid Expansion / Reform?

- Idaho Medicaid Expansion / Reform:
 1. **Accept the federal Medicaid Coverage**
 2. **Eliminate the County Indigent Programs**
 3. **Eliminate the State Catastrophic Care Fund**
 4. **Add requirements to encourage more consumer responsibility**
 5. **Significantly reduce need for state funded Mental Health Treatment.**



What is Idaho Medicaid Expansion / Reform?





Many Idahoans With Disabilities Are Not Covered

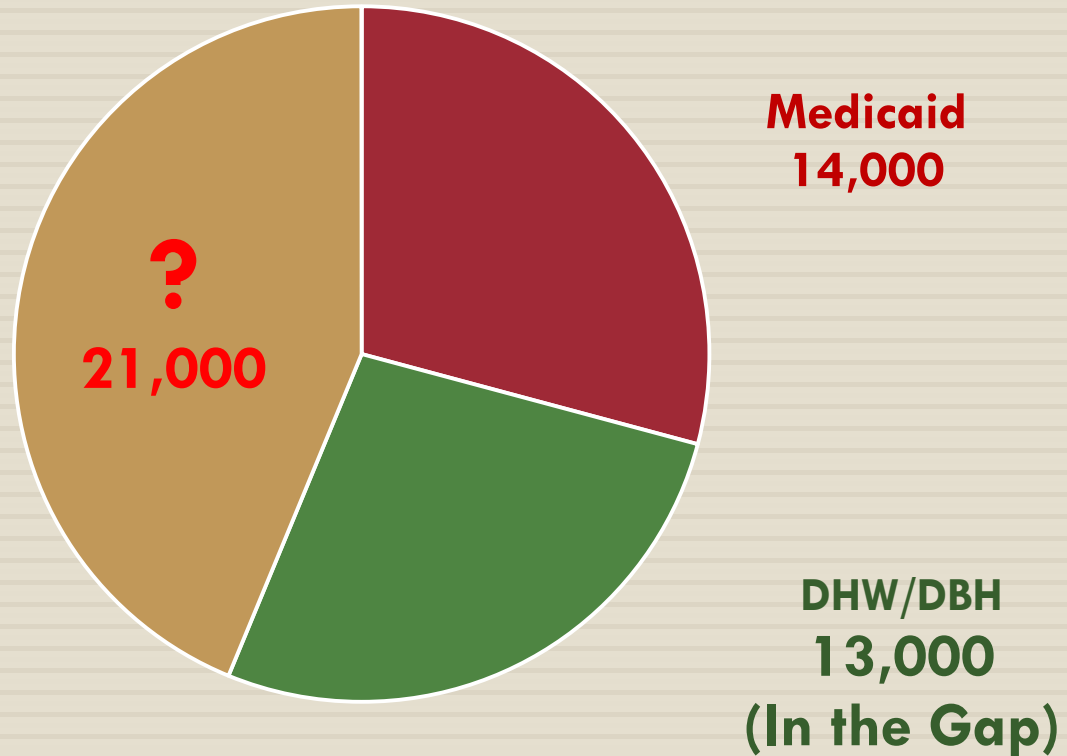
- **Uninsured households with income below 138% of the Federal Poverty Level includes :**
 - ▣ Most adults with severe mental illness
 - ▣ Many low income people with disabilities and chronic health conditions
 - ▣ People with recent disabilities in the waiting period for Medicare (2years).

People with Serious Mental Illness

- 75,000 Idahoans experienced a serious mental illness in the last year.
- 48,000 have a persistent and recurring serious mental illness that impairs their ability to function in society.
- About 27,000 of these Idahoans receive treatment through the Department of Health and Welfare for these illnesses each year.
- **Only about 14,000 of them are currently covered by Medicaid, about 13,000 are NOT.**

Idahoans with SPMI

Idahoans with Serious Persistent Mental Illness



Fixing Idaho's Mental Health System

- Idaho's current mental health system is in crisis and does not meet the needs of Idahoans with serious mental illness.
- Medicaid expansion / reform would provide a range of community based mental health services to nearly all Idahoans with a serious and persistent mental illness.
- Medicaid expansion / reform could fix much of what is wrong with Idaho's current mental health system using federal dollars.



Health and Welfare Estimated General Fund Savings

- The majority of adults in the Adult Mental Health (AMH) and Substance Use Disorder (SUD) programs will be a part of the newly eligible population.

This would save about:

- \$6.8 million of the current AMH appropriation.
- \$1.7 million in Substance Abuse Treatment
- \$1.7 million in Community Hospitalization

**Total Behavioral Health General Funds Savings =
\$10.25 million per year.**

Low income People with Disabilities and Chronic Health Problems

- Medicaid does not currently cover all low income Idahoans with disabilities .
- For the majority of people with income over \$754/month, Medicaid is available only for those who meet Nursing Home level of care and other eligibility requirements
- People with disabilities can be disqualified because of Disability Benefits, part time work etc.

People with recent disabilities in the waiting period for Medicare

- When people meet the criteria for Social Security Disability Insurance Benefits (SSDI), They must wait 2 years to qualify for Medicare.
- During this time, few people have access to health insurance. If their SSDI payments are more than \$724 / month they cannot get Medicaid.
- This group includes people with cancer, severe arthritis, heart disease, brain injuries, lung diseases etc.

People with recent disabilities in the waiting period for Medicare.

- In a random sample of people using the County Indigent and State Catastrophic Care programs, Dr. Doug Dammrose found that:
 - ▣ **42 %** met Social Security Disability (SSDI) criteria but had no health coverage.

Medicaid vs. Private Insurance

- Medicaid Covers services needed by people with disabilities, not generally covered by Private insurance:
- Long Term Care Facilities
- In Home Personal Assistance
- Community Supports for Developmental Disabilities
- Community Mental Health Services

Long Term Care Facilities

- Skilled Nursing Facilities
- Intermediate Care Facilities for People with Intellectual Disabilities (ICF/ID)
- Residential and Assisted Living Facilities (care services).

In Home Personal Assistance

- In-Home Personal Care / Assistance Services
- Chore Services
- Companion Services
- Home Health Services
- Home delivered meals

These services allow people with disabilities to stay in their homes and avoid or delay admission to long term, and acute care facilities. They also make it possible for families to provide care.

Community Supports for Developmental Disabilities

- Supported Living
- Certified Family Homes
- Developmental Therapy
- Service Coordination
- Assistive Technology

Community Mental Health Services

- Psychiatric Rehabilitation
- Case Management
- Partial Hospitalization
- Intensive Outpatient Services
- Peer Supports

Medicaid Managed Mental Health Care

- ALL Medicaid community mental health services are provided through Managed Care Contracts
 - Blue Cross of Idaho Manages Dual Eligible (Medicare/Medicaid) services.
 - Optum Idaho Manages all other community Medicaid mental health services.
- Both are full risk contracts for the covered services.
- Only Inpatient Hospitals are fee for service

People with Disabilities Need Medicaid Coverage

- Everyone needs health care coverage. For most people the coverage provided by private policies is adequate.
- People with disabilities often need long term home and community based supports to avoid costly institutionalization and acute medical \
- Medicaid provides these services with an administrative cost of only 3% vs. 15-20% in exchange plans.

Alternatives

- It may be possible to “carve in” people with disabilities to an ACA Medicaid waiver, while providing Exchange policy coverage to other people over 100% of FPL.
- If done well this could help to solve the problem, but will add unnecessary complexity, cost and bureaucracy.