



## Retain Essential Medicaid Services

**DON'T CUT OUR  
LIFELINE**

Courtesy of The Arc of the United States | www.thearc.org

Washington State has been experiencing a budget crisis for the last few years. Although things are improving, it is happening at a much slower rate than expected. The Governor and legislators are looking for additional ways to save money and reduce their spending without increasing revenue. Programs and services have been reduced so badly that more cuts mean elimination of programs and leaving people who depend on the little our state provides them with no options other than emergency rooms.

Changing eligibility for Medicaid Personal Care (MPC) is one of the options that has been considered as a way to save money. This would mean that clients of the Division of Developmental Disabilities (DDD) that are already assessed as needing services, would lose their services, even though there has been no change in the disabilities that they receive the services for. People who may have mobility challenges and must have help to get up from their bed, get to a shower and bathe, use the toilet, get dressed, get breakfast and be ready to go out from their homes to a job or other activity, would no longer get ANY assistance. It would not be a matter of just losing some of their hours for personal care, they would lose them ALL! Unless you qualified for Nursing Home Level Of Care, you would abruptly lose all your services.

One home care worker described this client's life from the last cut in hours to MPC:

The client is unable to get herself out of bed, toilet or bathe herself, get dressed, eat, or any other necessary activities of daily living. Because her hours have been reduced, she only had a care provider from 9 am until 3 pm each day. This meant that the client had to lie in bed from 3:00 in the afternoon until 9 am the next morning. If she had to use the bathroom during the time when no provider was there, she had to lie in her own waste until 9 am the next morning.

Home and Community Based Services (HCBS) waivers were created in the Medicaid program as an option for people who are assessed as eligible for care in an Intermediate Care Facility (ICF), but "waive" that entitlement and choose instead to receive their services in a community setting. This is a huge savings for the state, as you can see below:

Fircrest (ICF) per day = **\$557** Supported Living (adult) per day = **\$262** Staffed Residential (children) = **\$353**

If eligibility changes take effect, 330 people would abruptly lose their waiver services and some people would be evicted from their home.

Some Medicaid services are considered "optional", meaning that the state is not required to provide them, but has done so for those in need in our state. Pharmacy coverage is one of those optional services. People with DD often have severe health issues that require medication for their survival. People with DD who live on a small income from social security don't have extra money to pay for costly medications. The service may be optional, people going without their medication is not. Many of the optional services such as eye-glasses and hearing aides, have already been eliminated. We are down to core services needed to survive.

### **Medicaid Services Cost the State LESS Than Emergency Services and Lawsuits**

**Retain HCBS Waiver eligibility, Medicaid Personal Care eligibility,  
Prescription Drug coverage and Dental Services for DD**