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Position Statement on Medicaid Reform

The Idaho Council on Developmental Disabilities encourages Idaho Policy makers to implement Medicaid reforms consistent with the following principles and positions:

1. **Health Care Management.** Medicaid Services for people with disabilities include many services which are not covered or addressed in traditional health insurance models. Proper management of eligibility, authorizations, costs and availability may not be possible using general health care management methods and practices.
2. **Prescription Drugs.** Prescription drugs are of primary importance for the health of everyone, but may be of even greater significance for people with some disabilities. Access to specific drugs and in some cases, brand name drugs, can be critical to management of chronic health conditions such as epilepsy and mental health conditions. Preferred drug lists, co-pays and prior-authorization rules must not create a barrier to access to prescription drugs for people with disabilities.
3. **Medicaid Provider Rates.** Provider rates must be adequate to maintain a sufficient provider pool to serve all recipients who need the service. Rates must be sufficient to ensure that people who are more difficult or more expensive to serve, because of their condition, location or circumstances, have access to needed services. Rates and reimbursement methods should be structured so that they provide an incentive to promote integrated and effective services.
4. **HCBS Waivers.** Home and Community Based Services (HCBS) Waivers provide thousands of people with essential services. Under the Deficit Reduction Act of 2006, it is possible for states to convert some of these services to Medicaid State Plan Services. However, under current federal policies, elimination of the HCBS waivers cannot be accomplished without eliminating some essential eligibility categories (e.g. people with income in excess of SSI levels), and some services provided under HCBS waivers (e.g. assistive technology and home modifications). Adding HCBS services to the Medicaid State Plan can result in better access and more efficient provision of those services to some people with disabilities. However, HCBS waivers must be maintained until a solution can be found to maintain eligibility for all current HCBS waiver participants and provide access to HCBS services which cannot currently be added to the state plan.
5. **Residential Habilitation Services.** Residential Habilitation services to enhance independent living are essential services for the safe and healthy integration of many people with developmental disabilities into their communities. While group supports may be efficient in some circumstances, Medicaid rate structures, plan approvals and policies must allow people to have individual lives and activities. Medicaid policies should not dictate whether a person has roommates or with whom a person lives. Plans and services must allow people to engage in individual activities separate from their roommates. Rates and policies should also ensure that providers are not

discouraged from serving people with the greatest needs, people in rural locations, or people with unique circumstances.

6. **Assessment scores and formulae.** Support services for people with disabilities should not be limited by scores on assessment instruments or formulae. Individuals who can demonstrate a legitimate need for an amount or type of services must have a way to obtain approval for the service. No one should be forced into an unsafe or unhealthy situation or into an institutional setting because assessment scores or formulae fail to predict or meet their individual needs.
7. **Self Direction.** Principle of self direction for people with disabilities should be incorporated into all Medicaid services for people with disabilities. The Council supports the efforts of the IDHW in developing the “My Voice My Choice” waiver and consumer control features which have been incorporated into the Aged and Disabled (A&D) waiver. The Council also supports the Department’s continued exploration of family directed services for children with developmental disabilities.
8. **Care giver supports.** The Council supports IDHW efforts to expand Medicaid benefits to include preventive care giver supports such as respite care and other efforts to help families and others to maintain a supportive home environment for people with disabilities.
9. **Benchmark Plans.** Medicaid has divided Medicaid services into three benchmark plans. Each plan has services designed to meet the needs of a target population. It is important that people who are in need of Medicaid services are properly placed into the plan that serves their needs and that people can easily transfer from one plan to another if their needs change. Medicaid policies and implementation of these plans must ensure that people who need services which are only available in the enhanced plan can readily obtain enhanced plan coverage.
10. **Premiums and Co-Payments.** National studies have shown that co-payments, even small ones, can prevent people with very low incomes from getting access to needed medical treatments and prescription drugs. The Council opposes imposition of co-pays for Medicaid services for people with very low income. Premiums for Medicaid coverage should not be implemented when it appears that they will be a burden or a disincentive for people to obtain needed coverage or services. Premiums if used at all must be appropriate to a family’s income and circumstances and to number of recipients who must pay premiums.
11. **Preventive Health Assistance.** The Council supports preventive and wellness promoting policies, which do not penalize recipients.