Medi-Cal and People with Disabilities

August 2017 California Association of Health Plans Seminar Series

Disability Rights Education & Defense Fund

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General Copyright Disability Rights Education & Defense Fund, Inc. (DREDF)
The Disability Rights Education and Defense Fund (DREDF), founded in 1979, is a leading national civil rights law and policy center directed by individuals with disabilities and parents who have children with disabilities. We work across a range of topics that affect the lives of people with disabilities, from education to healthcare, transportation to housing, and the core federal and California disability civil rights laws that have advanced equality for the disability community since passage of Section 504 of the Rehabilitation Act of 1973.
Pathways to Coverage for PWD

1) Traditional categories of low-income seniors, PWD, children and families on certain public benefit programs, individuals in specific circumstances (e.g., foster youth, receiving particular treatment) (Non MAGI income determination)

2) Medicaid expansion adults, caretaker relatives, pregnant women and children (Modified Adjusted Gross Income or MAGI rules)

3) State Waivers

4) Medically Needy, created federal buy-ins or options
Facts and Figures

- Seniors and Persons with Disabilities: 1,998,289 or 15%
- Long-term Care (LTC): 54,129, less than 1%
- ACA Expansion Adult – Ages 19 to 64: 3,827,940 or 28%
- Adoption/Foster Care: 162,161 or 1%
- Parent/Caretaker Relative & Child: 5,352,525 or 40%
- Dual Eligible: 1,411,196 or 10%

- MCO Enrollment: 70-90% of total Medi-Cal enrollment
  - along with 18 other states, including DC. Ten states have greater MCO enrollment.
- MCO Spending (FY 2016): close to 40 billion, or 48.3% of Medi-Cal total spending (range is from 0% to 88% among states)
Facts and Figures
Per enrollee spending

State spending per enrollee on children with disabilities and non-elderly adults with disabilities varies widely. In FY 2011,

- **Children with disabilities:** between $6000 and $54,000
  - CA and 13 other states in range of $20,000 and $25,000
  - The U.S. average is $16,758
- **Non-elderly adults with disabilities:** between $9000 and $38,000
  - CA and 25 other states in range of $15,000 and $20,000
  - The U.S. average is $18,912
- **Seniors (enrolled as a senior):** between $10,000 and $33,000
  - CA and 11 other states in range of $10,000 and $15,000
  - The U.S. average is $17,522
Facts and Figures
Home and Community-Based Services

State spending per capita on Home and Community-Based Services also varies widely among states. In FY 2012

- Range among states: <$10,000 (5 states) to >$30,000 (4 states)
- California spent between $10,000 and $19,000
- The national average: $17,151
- National spending on HCBS as a percentage of LTSS has almost tripled between 18% in 1995 to 53% in 2014.
- Medicaid is, by far, the largest payer of LTSS in the states, providing over half of LTC services in the U.S. in 2015. Private insurance covered only 11% of LTSS, and 17% paid out-of-pocket. Other public and private sources covered only 20%.
Institutional Bias

- When the Medicaid program was first conceived and operated after 1965, society and medical professionals generally accepted that institutional care was the only way to take care of PWD and many seniors. LTSS essentially was institutional care, once the resources of home and family were exhausted. In more recent decades, home and community-based services (HCBS) have become both increasingly desired and available over time. But the basic State Medicaid program rule remains: state plans required to cover nursing facility services, while most HCBS are provided at state option. This fact is what the disability community refers to as “institutional bias.”

- Key DREDF videos on Medicaid and HCBS: https://dredf.org/2017/04/26/why-medicaid-matters/

Key Needs

- Long-Term Services and Supports, and especially Home and Community-Based Services (HCBS)
- Care Coordination
- Integrated Care: mental and physical, medical and LTSS
- Patient-centered Care
- Flexibility in approach and over time
- Fully-accessible care: barrier removal and reasonable accommodations
Questions? Contact DREDF

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