



Intellectual and Developmental Disabilities (I/DD) Service Systems are Medicaid Systems

National Association of State Directors of Developmental Disabilities Services

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People with I/DD, which includes conditions such as Down Syndrome, cerebral palsy, and autism, live in all parts of our country and are in families from all walks of life. Most people with I/DD live in their own homes or family homes.



How does Medicaid support people with I/DD?

- Medicaid is an essential source of **healthcare** for people with I/DD.
- Medicaid is the only federal source for home and community-based services (HCBS) that **enables people with I/DD to live in and contribute to their communities**.
- Medicaid services also **allow families to remain in the workforce**, through personal assistance and employment supports for their loved ones, as well as respite for in-home caregivers.



Who is supported in state I/DD systems?

- State I/DD agencies serve more than **1.5 million children and adults annually**.
- State agencies supporting people with I/DD **oversee three-quarters of the nation's HCBS**, reflecting both the lifelong nature and levels of support I/DD requires.



What are the potential implications of federal adjustments to Medicaid?

Medicaid is a state and federal partnership. States fund services with their general revenue which is matched by the federal government. The federal government's share of spending varies by state and is called the federal medical assistance percentage (FMAP).

There are three main ways states can manage Medicaid spending:

1-eligibility (who is served) **2**-services (what is provided) **3**-rates/payments (what it costs)

In order to participate in Medicaid, states are required to include certain services in their programs; these are known as mandatory services. Other services are optional. **Many of the most cost-effective services that are necessary to support people with I/DD and their families, including home and community-based services (HCBS), are optional services.**

When federal resources shrink, **states must make decisions** about how to respond. Often, their response is to reduce optional services like HCBS.

States may significantly:

- limit how many people they serve (waitlists)
- cut services
- reduce provider rates
- increase use of institutional care which is generally more costly



This affects:

- people's ability to live and work in their communities
- families' opportunity to receive respite support and to remain in the workforce

Mark's Story: "My name is Mark and I have an intellectual disability. I am 28 years old and live at home with my parents. I am a Medicaid recipient and receive HCBS supports to live in my community and work at the local hardware store. Without HCBS, my family would have to leave the workforce to provide my care or maybe even move me to an institution. My Medicaid is very important to me, because it assures I have good healthcare and provides supports that make it possible for me to earn money, pay taxes, and contribute to my community."

