

## Governor's Proposed Budget Cuts

Governor Greiten's proposed budget that requires the elderly and disabled to meet a higher point count on the assessment tool will have significant human, financial and social consequences to the State of MO.

### Talking Points:

- ☐ This change in policy will result in the elimination of home and community based services to over 16,000 elderly and disabled citizens or, 26% of the caseload.
- ☐ Increasing the point count from 21 to 27 will not save the state money but only shift the need to higher cost services (*example: will see an increase in Emergency Room visits, hospital stays and hospital readmissions*)
- ☐ Communicate the value and cost-effectiveness of home and community based services. It is the most cost effective option for Missouri seniors and disabled. (*FY17 estimate annual cost: HCBS = \$12,482; Nursing Home = \$38,772*)
- ☐ Discuss significant services these individuals will lose (*see examples on back or use specific client/consumer stories. Clarify the need for service (not just house cleaning)*)
- ☐ It's not all about the money - Seniors have worked all their lives and deserve the right to live and receive care in the least restrictive setting
- ☐ Unnecessary ER visits and Hospital readmissions is a nationwide epidemic. HCBS providers are sought out by hospitals to help alleviate this costly issue.
- ☐ Most have no family support. Who will help them?

The Governors budget further cuts the home and community based programs with a 3% reduction in provider rates. This will have a devastating effect on providers and their employees.

Current Medicaid reimbursement rates do not cover the actual cost of providing care to people in their homes. Providers are already stretched and hardly able to hire quality staff. Agencies are struggling to pay livable wages, not to mention taxes, workers' compensation and liability insurance, health insurance and benefits and training. These cuts will result in providers having to make tough choices including laying off staff or closing. Providers already have a staffing crisis and cannot afford to pay overtime, resulting in reduced services available to our most vulnerable citizens.

### Talking Points:

By taking back the 3% received last year puts providers in an additional financial crisis. Providers used that increase to:

- ☐ increase direct caregiver wages;
- ☐ help to offset the unfunded EVV (telephony) mandate implemented in 2015;

- assist in paying travel time and overtime due to the repeal of the companionship exemption
- cover normal inflationary costs (business insurance, workers comp, etc)

The Governor also proposes capping services delivered through the CDS program. This equates to a drastic reduction in services for many disabled citizens, very likely resulting in that person not being able to live independently.

---

### **Example results of loss of services:**

- Medication Assistance
  - Example – complex medication needs – many elderly and disabled require multiple medications. Many need assistance in taking meds properly, even some require a lock box and need assistance taking as ordered by physician. Without this service, many will either not take meds appropriately, not take at all, or apt to overdose resulting in ER visits and hospitalizations or death.
- Activities of Daily Living
  - Example - bathing – without assistance many elderly and disabled are a fall risk. A fall getting into the bath could result in a broken hip costing the Medicaid program an enormous expense (*surgery, hospital stay, rehab in the nursing home, decline in health resulting in meeting the 27 points and remaining in nursing home care*).
- Nutrition
  - Example – nutrition is a key component in staying healthy. HCBS provides assistance with shopping, cooking and feeding. Without these services, many are not able to get to the grocery store, cook a nutritious meal or even remember to eat. Decline in health will be rapid and result in ER visits, hospital admissions and/or end up in nursing home sooner

### **Hospitalization**

- Seniors ultimately cut from services will still need care to live independently. Ineligible for home and community based services or skilled facility based care people will be admitted to hospital care. Hospital dischargers will find themselves unable to place these people with services and therefore unable to discharge them from care. This creates unnecessary and significantly more costly care than where the person is allowed to remain on services in their own home, where they wanted to remain in the first place.