

ICF-MRs are more than a CHOICE for people with disabilities. They're also a NECESSITY.

So why would anyone want to eliminate them?

The Taft Administration has made its intentions clear. It plans to ask the Ohio General Assembly to eliminate Ohio's ICF-MR program and to replace it with a new Medicaid waiver program. This would effect 7,700 individuals with mental retardation or related disabilities who now receive services in private, county board and state-operated homes across Ohio.

Why? Administration officials claim that a new waiver system will give individuals with disabilities and their families more choices when it comes to care and support. They also maintain that getting rid of the ICF-MR program's federal "entitlement" will improve the state's ability to get control of rising Medicaid costs. Yet, the Administration's critics argue that eliminating this successful program without taking other important steps to control costs is akin to throwing the baby out with the bathwater.

Over the past 10 years availability of waivers has expanded dramatically in Ohio. The merits of a waiver system are widely recognized and this approach is the preferred choice for many people.

But Ohio's existing waiver program already is experiencing serious operational difficulties. The program is in a state of turmoil, yet the Taft Administration has refused numerous attempts to develop a pilot program that would responsibly test the state's ability to administer a new waiver program with replacement services that are adequate to protect individuals' health and safety.

Without appropriate planning – and until an alternative program with comparable resources has been established – elimination of the ICF-MR program could jeopardize the health and safety of individuals with MR/DD. It could cost the state more money, and it could shift the financial burden of quality care to families or County Boards of MR/DD.

For more information about this issue, or to learn more about how you can help children and adults with MR/DD by protecting choice and promoting quality care, contact:

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OUR POSITION

- As proposed by the Taft Administration, elimination of ICF-MR funding would deny individuals with MR/DD the right to live in a facility of their choice as assured by federal law.
- We oppose any effort to eliminate Ohio's ICF-MR program until a pilot program has been developed that would responsibly test the state's ability to administer a new waiver and assure that replacement services are comparable and adequate to protect individuals' health and safety.
- We support the availability of waivers and the individual's right to choose them. But we oppose the elimination of the ICF-MR program with the result that it forces an additional 7,700 people into Ohio's waiver system that already is under severe scrutiny by the federal government, which has indicated that Ohio's waiver system is grossly out of compliance with federal law.
- ICF-MRs are not only the choice of many individuals. They're also a necessity.



**Partners for
Choice and Quality Care**
Helping children & adults with MR/DD

Did you know?

QUESTION: What are ICF-MRs and what kind of services do they provide?

ANSWER: ICF-MRs are intermediate care facilities for individuals with mental retardation or related conditions. These facilities must assure “active treatment,” which means an aggressive, consistent program of training, supportive care and health services.

As of December 1, 2004, approximately 7,700 Ohioans were receiving services from private, county board or state-operated ICF-MRs.

During FY 2004, the total cost of ICF-MRs was about \$710 million. Approximately 60% of these dollars come from the federal government.

QUESTION: What’s the difference between the ICF-MR program and a Medicaid waiver program?

ANSWER: With an ICF-MR program, the federal government guarantees that individuals with disabilities will receive specific services designed to meet their identified needs. In contrast, in a waiver system, the federal government allows the state to offer a limited menu of services to a limited number of people – this gives the state a great deal of control over what services will be offered and to whom they will be available.

Waiver programs can be changed easily – they’re simply an agreement between the state and the federal government. While they can expect to receive services they are offered, there are no assurances that people will have access to all the services they NEED. There is no need for legislative action to change a waiver program.

QUESTION: How will individuals and their families be affected by a shift from the current system with a choice of ICF-MR or Medicaid waiver to a forced choice of waiver-only?

ANSWER: From a theoretical perspective, the Taft Administration says that a waiver system will give individuals with MR/DD more choices.

In reality, however, a waiver will most likely restrict choice. It will force individuals with disabilities and their families to stand in line and wait for months to get services. It will allow complex requirements that infringe on their choice, slow down their access to services, prevent them from moving from one county to another and limit their services to less than the amount they may need.

But one thing is for sure. A waiver program provides NO guarantee that individuals and families will receive the services they need – now and into the future. It doesn’t provide the kind of stability and certainty that aging parents desire for their adult children. As parents approach the end of their own lives, this can be terrifying.

QUESTION: Then why would ANYONE choose a waiver service? Are we saying that the Taft Administration would throw people out on the street?

ANSWER: Waiver services are the choice of many, and an excellent option for many. Waiver services have expanded dramatically in recent years. But just like charter schools or a retirement community, they are neither appropriate nor affordable to meet everyone’s needs.

And NO, we do not think that the Taft Administration would throw people out on the street. But it has been unwilling to make a binding commitment for adequate assurances *wherever the person resides*.

QUESTION: How will the elimination of ICF-MRs affect the funding of MR/DD services?

ANSWER: Until the waiver program is designed and approved by the federal government, this is a difficult question to answer. But based on the federal government’s decisions to date, the experiences of other states and research conducted for the Ohio Provider Resource Association, several things are clear.

- Using the most generous assumptions about the federal government’s conditions for approving a new waiver program, elimination of the ICF-MR program will cost Ohio an estimated \$63 million a year in lost federal funds. One reason for this is that the federal government has NEVER agreed to pay for room and board in such a waiver program. It is an allowable expense with an ICF-MR.
- In addition, there is a state tax on ICF-MR services based on “every day and every bed.” This tax generates a total of \$30 million a year that is used solely for waiver services. This will be lost with the elimination of Ohio’s ICF-MRs.
- Further, start-up of a new waiver program will require the state to “prime the pump” – to fund the cash flow for the start up of the program. Using the Administration’s estimate from the last budget, \$23 million would be required.

For the upcoming two-year state budget, this is \$209 million that the state would have to make up – or require county boards or families to make up – to maintain the current level of services. Right now, Ohio doesn’t have the money for such an expense.

QUESTION: Does this mean that the conversion of ICF-MRs to a waiver program should be abandoned?

ANSWER: Not necessarily, but forcing thousands of people into a waiver program that is already in turmoil – a program that the federal government says is grossly out of compliance with federal law – makes no sense.

A better approach is to:

- (1) Correct the problems identified in order to *protect* current federal funding – that is, to ensure that we don’t lose the federal funds we now receive; and
- (2) Develop a pilot program that would allow the state to test its ability to administer a new waiver and to assure that replacement services are adequate to protect individuals’ health and safety. Despite the state’s refusal in the past, NOW is the time for such a pilot.