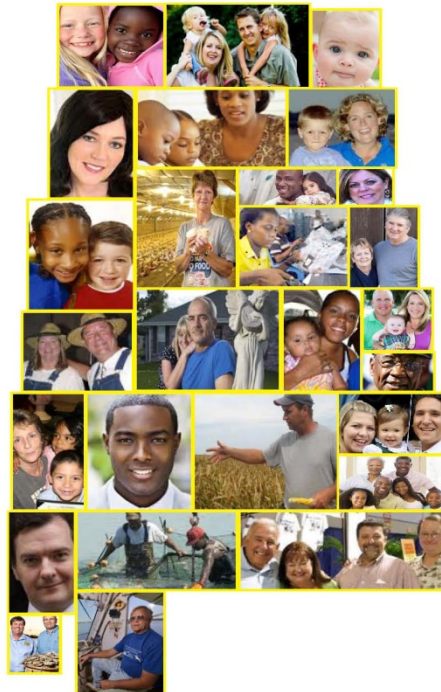


“Reframing” Alabama Medicaid



Jim Carnes
Policy Director
Alabama Arise

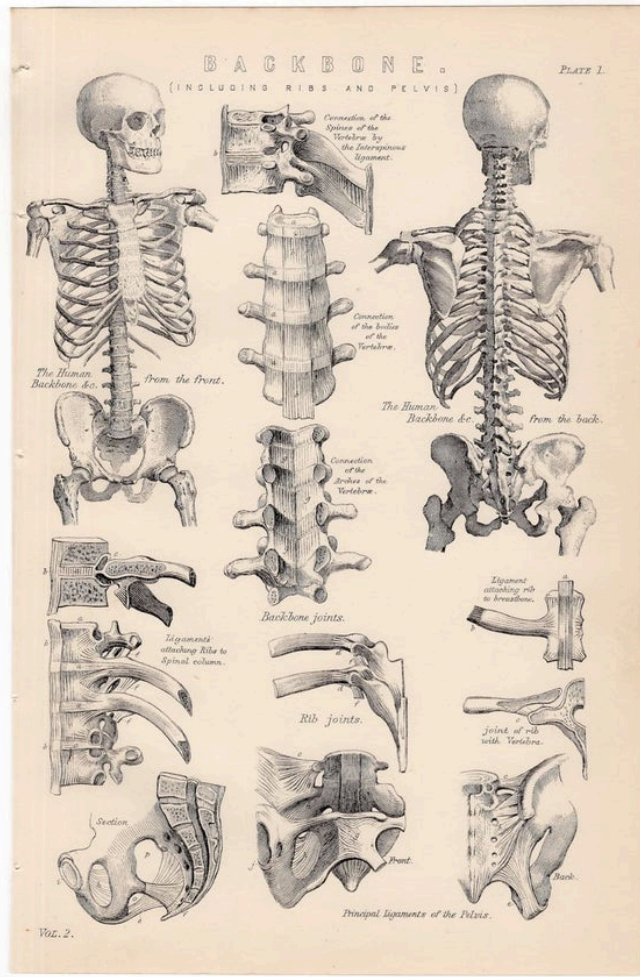
Alabama disABILITY Conference
Sept. 10, 2019
Hoover

Dr. Eric Peebles
Executive Director
Accessible Alabama



Community context

Medicaid is the backbone of our health care system.



- Mostly invisible.
- Supports all functions.
- Connects to everything.
- Requires care.
- If it's weak, system fails.

Political context

Pressure to shrink state budgets

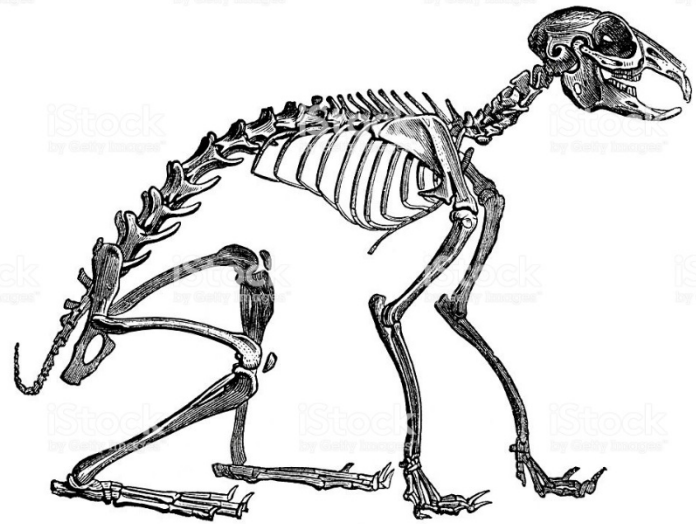


Their goal: Cut public benefits

Historical context

Alabama Medicaid is a “bare-bones” program.

- Low eligibility limits
- Few optional services
- Low provider payments



Squelette de lapin.

Bottom line: There's nowhere left to cut!

Some lawmakers want to reframe Medicaid rules.



- Work requirements (*active proposal*)
- Block grant (*federal guidance pending*)
- Premiums and cost-sharing (*a few states*)

Their goal: Shrink Medicaid by keeping people out.

Defense strategy

- Public education – inform members, allies, community
- Administrative advocacy – 1,800+ public comments on Medicaid work requirement
- Legislative advocacy – call, write, email, visit your lawmakers!
- Executive advocacy – call, write, email the governor!



Our goal: Slow down or block harmful reframing.

Quality context:

Medicaid reform can improve cost & health outcomes.

- Gov. Bentley used reform to delay expansion.
- Gov. Ivey scrapped Bentley plan.
- Advocates promote “triple aim”:
 - Better care
 - Better outcomes
 - Lower cost
- Ivey plan highlights quality improvement.



Our goal: Strong consumer voice at Medicaid table

Plan starting Oct. 1 reframes Medicaid's structure.



Alabama Coordinated Health Networks (ACHNs)

700K



Primary Care



Populations included in ACHNs & ICN

- **ACHNs – 7 regions, 700,000 Medicaid members**
 - Children on low-income Medicaid
 - Current & former foster children/youth
 - Blind/disabled adults & children
 - Breast & cervical cancer program participants
 - Adults covered under parent/caregiver program
- **Integrated Care Network (ICN) – statewide, 25,000 members**
 - Medicaid members in nursing facilities
 - People covered by two HCBS waivers (E&D and ACT)
 - (Note: Most of these members are dually eligible for Medicaid and Medicare.)

In focus

Children & youth with special health care needs

Alabama Medicaid covers more than 80,000 children with identified disabilities:

3-5	7,150
6-10	30,027
11-15	29,704
16-21	15,474
Total	82,829

Special category: Supplemental Security Income (SSI)

Within the larger population of children with disabilities, nearly 30,000 receive Supplemental Security Income (SSI).

- A child receiving SSI has a medically determinable physical or mental impairment including emotional or learning problems that results in marked and severe functional limitations and has lasted or can be expected to last for a continuous period of not less than 12 months.

Students with disabilities in special education

93,500 Alabama students (13% of total enrollment)

Some school systems serving these children bill Medicaid for physical, occupational and speech therapy.



The challenge of providing care

Children with special health care needs:

- Experience chronic physical, developmental, emotional and behavioral conditions that require more health and related services than their peers.
- Face challenges in accessing specialty care, with as many as 1 in 4 children having difficulty seeing a specialist.
- May require family members to take more time off from work for medical appointments and spend more money on medications, medical care and specialized education and/or child care.
- May need specialized food and formulas, which are often expensive and difficult to find.

Related challenges

When compared to other families, those of children with special health care needs have high rates of:

- Household food insecurity
- Child food insecurity
- Frequent moves
- Threatened utility shut-offs
- Actual utility shut-offs or use of cooking stove to heat their home

Big test for Medicaid

Transition to adult service provider

Youth with special health care needs must receive the services necessary to make transition to all aspects of adult life, including adult health care, work and independence.



Advocacy targeting ACHNs: progress & potential

- + Lessons learned from old (RCO) plan
- + Recruit and equip consumer representatives
- ? Quality Improvement Projects (QIP)
 - Adequate case management/care coordination
 - Clear, consumer-friendly communication



Big-picture context:

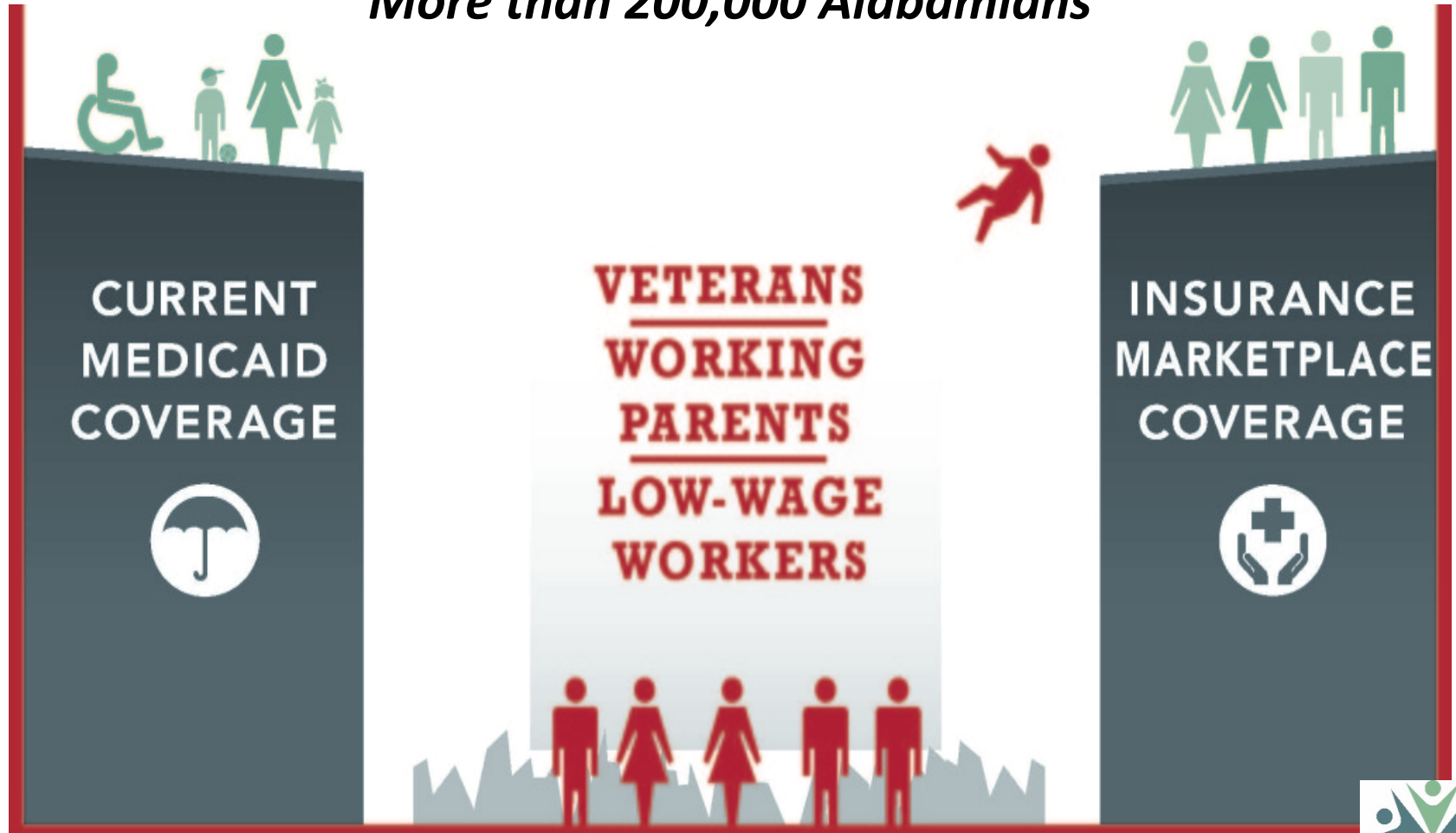
Alabama often chooses to be left behind.

- Many of our leaders still hate Obama(care).
- We've forfeited \$8 billion and counting . . .
- We've "missed the boat" on most major health measures:
 - Infant mortality
 - Maternal mortality
 - Cardiovascular disease
 - "Diabetesity"
 - Opioid prescriptions per capita
 - Etc.



Reframe Medicaid's reach: Close the Coverage Gap

More than 200,000 Alabamians



Thank you for being a strong community voice!



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