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Folder Title:

Consortium for Citizens with Disabilities: Health

Stack:

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Consortium for Citizens with Disabilities

Kathy McGinley (202) 785-3388

Peter Thomas (202) 466-6550

November 22, 1995

VIA TELEFAX

The Honorable William Jefferson Clinton
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Re: Disability Community's Recommendations on Medicaid and Medicare Reform

Dear President Clinton:

On behalf of the Health and Long Term Services Task Forces of the Consortium for Citizens with Disabilities (CCD), comprised of over 50 national associations interested in disability policy, we request a meeting with you and your staff to discuss the attached Medicaid and Medicare recommendations from a disability perspective. We are currently drafting a detailed analysis of the Congressional leadership's reform proposals which we intend to forward to you within the next week.

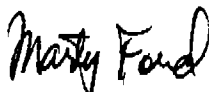
We strongly support your position that the current version of the budget bill must be vetoed in order to protect these two vital programs. We welcome the opportunity to discuss with you and your Administration substantive alternatives to the current proposals to reform these programs that will be acceptable to all Americans, particularly people with disabilities.

CCD representatives are available at any time to meet and discuss these important issues. Thank you for your consideration.

Sincerely,



Peter W. Thomas, J.D.
Health Task Force Co-Chair



Marty Ford, Ph.D.
Long Term Services Task Force Co-Chair

cc: Marilyn Yeager
Chris Jennings
Diana Fortuna

Consortium for Citizens with Disabilities

Kathy McGinley (202) 785-3388

Peter Thomas (202) 466-6550

CCD's MEDICAID AND MEDICARE RECOMMENDATIONS

I. MEDICAID RECOMMENDATIONS

Recommendation No. 1: The Consortium for Citizens with Disabilities strongly recommends maintaining the current individual federal entitlement to Medicaid and not block granting this vital program to the states. If any significant changes are made in the Medicaid program, they must be phased-in to ensure a smooth transition for Medicaid beneficiaries and must include public participation in the development, preparation, implementation and monitoring of state plans.

Recommendation No. 2: The Consortium for Citizens with Disabilities recommends a significant reduction in the level of proposed Medicaid cuts over the next seven years in order to ensure the continued vital assistance that Medicaid provides to people with disabilities.

Recommendation No. 3: To control the rate of growth in Medicaid spending, the Medicaid reforms should adopt alternatives to the current proposals such as a per capita cap on federal Medicaid dollars and the creation of incentives for home and community-based care in appropriate circumstances--and disincentives for the use of institution-based care.

Recommendation No. 4: The Consortium for Citizens with Disabilities recommends that the Medicaid reforms include specific provisions to ensure the active participation of persons with disabilities at every level of decision-making in the Medicaid program. In addition, the Medicaid reforms should include a declaration of principles regarding valued outcomes for persons with disabilities including, but not limited to, empowerment, choice, independence, self-sufficiency, and community inclusion.

Recommendation No. 5: The Consortium for Citizens with Disabilities recommends that federal oversight and minimum standards of consumer protection and quality assurance be maintained in Medicaid-funded programs such as nursing homes, ICFs-MR, community-based programs, and in all Medicaid-funded managed care. Managed care should be an "option" and not the only choice for Medicaid beneficiaries with disabilities. Any use of managed care should include strong protections for timely and appropriate access to all necessary services, supports, and providers.

Recommendation No. 6: The Consortium for Citizens with Disabilities recommends that the Medicaid reforms maintain the existing federal private right of action against states to enforce compliance with the Medicaid statute and regulations and to ensure that state Medicaid programs fully comply with the Americans with Disabilities Act of 1990 and the Rehabilitation Act of 1973.

II. MEDICARE RECOMMENDATIONS

Recommendation No. 7: The Consortium for Citizens with Disabilities recommends a significant reduction in the proposed level of spending cuts to be taken out of the Medicare program in order to maintain access and quality of health care services for people with disabilities.

Recommendation No. 8: The Consortium for Citizens with Disabilities recommends that the premium collected by Medicare managed care plans be limited to the government contribution--adjusted for the age and health status of the enrollee--for the individual beneficiary. The CCD further recommends that the Medicare reforms include provisions related to guaranteed issue and renewability of Medicare managed care plans and continue the prohibition against balance billing throughout the entire Medicare program.

Recommendation No. 9: The Consortium for Citizens with Disabilities opposes the creation of Medicare Medical Savings Accounts. If Medicare MSAs are authorized, however, the Medicare reforms should risk adjust the capitated government contribution toward MSAs and strictly limit the use of MSA funds to health, long-term care, and independent living expenses only.

Recommendation No. 10: The Consortium for Citizens with Disabilities recommends that the 30-day disenrollment provision be maintained in Medicare managed care and expanded to Medicaid managed care plans in order to ensure access, quality, and accountability to all Medicare and Medicaid beneficiaries. In addition, Medicare and Medicaid managed care plans should ensure access to out-of-network providers through an affordable point-of-service option.

Recommendation No. 11: The Consortium for Citizens with Disabilities recommends the inclusion in the Medicare and Medicaid proposals of federal standards for managed care plans. These standards should address the critical issues of access and quality of care for Medicare and Medicaid beneficiaries with disabilities and chronic illnesses who enroll in managed care plans. Without adequate quality assurance standards, managed care is likely to be discriminatory against people with disabilities in the near term and against all people in managed care over time.

Consortium for Citizens with Disabilities

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CCD's MEDICAID AND MEDICARE RECOMMENDATIONS

I. MEDICAID RECOMMENDATIONS

Recommendation No. 1: The Consortium for Citizens with Disabilities strongly recommends not block granting Medicaid and maintaining the current individual federal entitlement to Medicaid with a benefits package that reflects what is currently available. If any significant changes are made in the Medicaid program, they must be phased-in to ensure a smooth transition for Medicaid beneficiaries and must include public participation in the development, preparation, implementation and monitoring of state plans.

Recommendation No. 2: The Consortium for Citizens with Disabilities recommends a significant reduction in the level of proposed Medicaid cuts over the next seven years in order to ensure the continued vital assistance that Medicaid provides to people with disabilities.

Recommendation No. 3: To control the rate of growth in Medicaid spending, the Consortium for Citizens with Disabilities recommends that Medicaid reforms should adopt alternatives to the current block-grant proposals such as a per capita cap -- without an aggregate cap on federal Medicaid dollars -- that takes into account the significantly different costs of and number of people with disabilities receiving acute care and long term services. To manage the reduced growth in Medicaid for long term services, CCD recommends that the Medicaid reforms create incentives for the states to expand home and community-based care and disincentives to continue the use of institution-based care.

Recommendation No. 4: The Consortium for Citizens with Disabilities recommends that the Medicaid reforms include specific provisions to ensure the active participation of people with disabilities at every level of decision-making in the Medicaid program. In addition, the Medicaid reforms should include a declaration of principles regarding valued outcomes for people with disabilities including, but not limited to, empowerment, choice, independence, self-sufficiency, and community inclusion.

Recommendation No. 5: The Consortium for Citizens with Disabilities recommends that federal oversight and minimum standards of consumer protection and quality assurance be maintained in Medicaid-funded programs such as nursing homes, ICFs-MR, community-based programs, and in all Medicaid-funded managed care. Managed care should be an "option" and not the only choice for Medicaid beneficiaries with disabilities. Any use of managed care should include strong protections for timely and appropriate access to all necessary services, supports, and providers.

Recommendation No. 6: The Consortium for Citizens with Disabilities recommends that the Medicaid reforms maintain the existing federal private right of action against states to enforce compliance with the Medicaid statute and regulations and to ensure that state Medicaid programs fully comply with the Americans with Disabilities Act of 1990 and the Rehabilitation Act of 1973.

SPECIFIC MEDICAID RECOMMENDATIONS

Per Capita Cap -- Support for a per capita cap approach to reducing overall Medicaid expenditures is premised on there being no block grant or aggregate cap for the State's Medicaid program. An overall aggregate cap or per-capita cap approach which does not take into account the significantly different costs of and number of persons receiving acute care and long term services would have a negative impact on the resources available for long term services at the state level.

- A per-capita cap would be acceptable if the baseline established for the cap accurately reflects current spending by states for all Medicaid services for people with disabilities, mandated and optional.
- A per-capita cap would be acceptable only if the baseline established for the cap contains a "hold-harmless" provision for existing resources committed to optional services for persons with disabilities.
- A per-capita cap would be acceptable if one of the growth variables included in the formula was the number of people with disabilities who are currently on waiting lists for acute and long-term services (not only an increase in the Medicaid rolls due to recession or immigration, etc.).
- A per-capita cap would be acceptable if the formula recognized the disproportionate per-capita costs for long term services for a small group of recipients in relation to the weighted per-capita cap for all recipients for acute and long term services.

Minimum Federal Definition of Disability -- The definition of people with disabilities should be as in current law, including the categories of mandated coverage. States should also have the option to expand coverage. Otherwise, with minimum eligibility subject to state definition, it is possible that states will "race to the bottom" to ensure that they do not attract uncovered populations from other states.

There are provisions in current Medicaid law which require coverage of SSI-related groups of people, including those who have taken advantage of the SSI work incentive provisions and need Medicaid in order to continue to work. These provisions should be retained.

Benefits Package -- The Medicaid benefits package must reflect what is currently available to Medicaid beneficiaries -- mandated and optional benefits -- with emphasis on home and community-based services and all requirements for scope, duration, comparability, and state-wideness of services must be maintained. The use of Medicaid funds must be restricted to the provision of health, rehabilitative, and long term services and supports, including payment for early intervention under Part H of IDEA and special education related services under Part B, as in current law.

States must set payment rates to providers that are adequate to ensure that beneficiaries have reasonable access to benefits and services of adequate quality. This provision must apply to both managed care and fee-for-service. State payments must be sufficient to attract enough providers so that services and supports are available to beneficiaries at least to the extent they are available to the general population in the geographic area.

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) -- Maintain the right of children with disabilities to receive treatment for identified health, developmental, and other conditions. All of these services are critical to success of the long-term benefits of early intervention for children. EPSD without the "T" takes us back to the inadequate services provided by states which led to the "T" mandate

in OBRA '89. Appropriate and necessary services are an important part of any "prevention" initiative; maximize the benefits of early intervention; and help avoid more costly alternatives, including secondary disabilities and out-of-home placement or institutionalization. Record-keeping requirements could be adjusted to promote the most efficient use of resources.

For example, in the state of Rhode Island, the EPSDT mandate assures that services are provided for all 92 infants/children who are "assisted by medical technology" at home at a per capita cost of \$35,400 as opposed to \$185,000 in a pediatric nursing home.

- Related Services Schools rely on Medicaid to finance related services such as occupational therapy, physical therapy, speech therapy for eligible low-income children with disabilities. These therapies are essential for many students with disabilities to benefit from education, to attain their developmental potential, and to live at home with their families. Local school districts will face significant hardships if Medicaid services are reduced and the end result will be students whose education and employment opportunities are dramatically limited.
- Early Intervention, Part H of the Individuals with Disabilities Education Act States rely heavily on Medicaid to finance early intervention services for eligible infants and toddlers with disabilities and their families. Over 150,000 infants were provided services under Part H in 1994. In most states, Medicaid can account for between 40-45 percent of resources dedicated to this comprehensive statewide system of early intervention services. (In New York state for 1994-1995, 41 percent of total Part H expenditures came from Medicaid.) Access to these services has had a direct impact on number of children with disabilities who no longer must live away from their families, inappropriately placed in institutions. Moreover, children benefit from early intervention services and their need for services and supports over their lifetimes can be reduced.

Home and Community Based Services -- The current Medicaid program has a clear bias toward the provision of long term services in institutional or congregate settings rather in community-based settings or in the person's own home. This statutory preference results in higher costs for many people.

CCD supports changing the home and community-based waiver program to a state plan option to increase state flexibility to provide more appropriate, individualized services. We believe such a change should:

- permit states to decouple eligibility for home and community-based services from eligibility for ICF/MR services;
- authorize the Secretary to permit states to consolidate institutional and community-based funding from multiple sources (Medicaid; Medicare; state-only; etc.) into unified funding streams on behalf of targeted segments of the Medicaid disability population in order to improve the efficiency and effectiveness with which services are delivered;
- minimize the demand for expensive, 24-hour residential care by building a strong, consumer-centered, statewide infrastructure of home and community-based services;
- emphasize the development and implementation of person-centered plans that are tailored to the unique needs of each recipient and blend informal and formal supports into a coherent, individualized support strategy;

- shift the emphasis from clinically-driven services to person-centered supports by ensuring that individuals and their families have a broader role in determining desired outcomes and in choosing the most appropriate implementation strategies;
- allow states to use Medicaid dollars to finance employment-based supports where such assistance is likely to enhance an individual's self-sufficiency and minimize his/her long term dependency on publicly-financed services and/or income maintenance (e.g., Social Security/SSI) payments;
- grant states explicit authority to use alternative methods of paying for Medicaid-financed services/supports (i.e., in addition to vendor payments) in order to promote more efficient and consumer-centered approaches to using scarce resources (e.g., direct cash payments; vouchers; etc.);
- give states broader statutory latitude in determining the most effective distribution of interagency responsibilities for managing Medicaid-funded services, while retaining the existing requirement governing the designation of a single state Medicaid agency; and
- include strong statutory requirements governing public participation (including participation by people with disabilities, their family members and friends) in planning and implementing Medicaid-funded services for people with disabilities.

Federal Oversight and Minimum Standards of Quality -- There must continue to be a strong federal role in oversight of services which are provided with Medicaid funds. Part of that federal role should be the establishment of minimum criteria for quality assurance. Quality assurance should be based on personal satisfaction and performance-based outcomes as valid measures of quality. It is critical that the statute continue to establish a purpose for expenditures in the ICF/MR program (currently "active treatment") so that the states are not free to use Medicaid for the provision of custodial-only care. (New flexibility and appropriate outcome measures could be incorporated into the program through regulatory change, a process which HCFA has already begun.)

Based on the potential for passage of a block-grant approach to Medicaid, some states have already begun plans for the elimination of professionals in the ICF/MR program and for the provision of cheaper custodial care, including the use of board and care facilities for people currently residing in ICFs/MR. Minimum quality assurance criteria should be established for other long term services, including the services to be provided under the "waiver" option using an approach similar to that used in the Community Supported Living Arrangements program.

Private Right of Action

- Maintain the private right of action under Medicaid.
- Comprehensive protections and due process regulations for Medicaid recipients must be retained and information on these protections must be made available to all recipients and providers.

Financial Protections for People with Disabilities and their Families -- Current Medicaid law contains and President Clinton's proposal protects numerous provisions to prevent people from qualifying after they have transferred or otherwise protected assets. These provisions contain several exceptions for people with disabilities. These exceptions, including special trust provisions, were developed to allow individuals

with disabilities and their families, primarily, to set aside funds for the future needs of the individual which go beyond those that can be met by SSI and Medicaid. There are several aspects of the exceptions which contribute to preventing abuse, including a requirement that, when an individual places money in trust, any funds left at the person's death would be available to repay the state Medicaid plan. These provisions should be maintained. (The Senate version of the reconciliation bill appeared to treat these trusts as fraudulent and did not even call for grandfathering those people covered by irrevocable trusts which are legitimate under current law.)

Further, parents of adults with disabilities should not be held accountable for costs of care for their sons/daughters. In addition, adult children of people with disabilities or people with long term services needs should not be held accountable for the costs of that care. States should be prohibited from seeking reimbursement from these family members.

Medicaid Managed Care -- Quality Standards and Consumer Protections

Managed care has become one of the methods most discussed in relation to cost-savings under the Medicaid program. Because managed care has posed a number of major concerns for people with disabilities in relation to the acute care system and because it is now being discussed in relation to long term services, the CCD has included these specific recommendations.

- Many states which have made or are attempting to make the move to Medicaid managed care have initially exempted people from disabilities from their efforts. This is due to a number of reasons, including uncertainties regarding adequate service delivery and cost savings. Because of this lack of state experience with high risk populations, the CCD recommends that managed care continue to be an option and not the only choice available for Medicaid beneficiaries with disabilities.
- A shift to managed care requires federal standards to ensure access and quality. This is an especially important issue for people with disabilities and chronic health conditions. Medicaid reform must include federal oversight and quality assurance standards for managed care plans. Without adequate quality assurance standards, managed care is likely to be discriminatory against people with disabilities in the near term and against all Medicaid recipients in managed care over time.
- The Medicaid managed care standards at issue include important safeguards for consumers with disabilities -- and the providers who serve them -- including requirements that managed care plans establish and maintain consumer and provider due process standards, adequate grievance and appeals mechanisms for denials of benefits and access to specialists, and utilization management protocols to ensure informed determinations of medical necessity.
- Ensuring access to specialty care is a primary concern of people with disabilities in Medicaid managed care plans. Standards that ensure access include provisions allowing beneficiaries with disabilities and chronic illnesses to choose a specialist as a primary care "gatekeeper," allowing direct and ongoing access to specialists when medically indicated, ensuring access to centers of specialized treatment expertise, and the prohibition of physician incentive plans that reward physicians for not making appropriate referrals to specialists.
- Medicaid managed care plans should be prevented from restricting access or the provision of services on the basis of pre-existing conditions, including congenital conditions. Critical early intervention and

rehabilitation services such as occupational therapy, physical therapy, and assistive technology must be available.

- CCD recommends that managed care enrollees be able to disenroll from a managed care plan for cause within 30-days. In addition, Medicaid managed care plans, particularly closed-panel HMO's, should be required to ensure access to out-of-network providers through an affordable point-of-service option. A point-of-service option, however, must not be allowed to take pressure off the managed care plan to provide appropriate care or pay for the out-of-network referral if the managed care plan cannot provide it.
- States should be required to monitor the health outcomes associated with the same conditions at comparable levels of severity for all persons in Medicaid, Medicare, and private insurance within the state in order to ensure that Medicaid beneficiaries, especially those in Medicaid managed care, are not subjected to poorer quality care than privately insured persons. This quality assurance mechanism will counter the tendency of for-profit health care companies to discriminate against higher cost persons with disabilities in violation of the Americans with Disabilities Act (ADA) when operating under the heavy price pressures of capitation arrangements which obligate them to provide appropriate care but create intense incentives to cut costs which may affect the quality of patient care.
- This quality assurance process will focus attention on clinical and non-clinical interventions that achieve the best outcomes and expose managed care plans which achieve poorer outcomes. It is important that these quality assurance measures are created if managed care replaces the existing Medicaid policies which are supposed to promote equal access to medically necessary services through such mechanisms as freedom of choice protections and the Boren Amendment.
- The Federal government should create financial incentives for States to develop financing policies which reward managed care plans for achieving equal outcomes for the same condition at comparable levels of severity or penalizing plans for aggregate outcomes over time in which Medicaid recipients have poorer outcomes than privately insured persons.
- To avoid marketing abuses by managed care plans, states should be required to prohibit direct enrollment by plans and instead set up an independent enrollment and counseling process for Medicaid beneficiaries to explore options in choosing among plans. All such efforts must be designed to respond in a non-discriminatory manner to the varying needs and abilities of people with disabilities.
- Capitated managed care plans should be required to provide an individualized comprehensive assessment to each Medicaid recipient with disabilities within 30 days of enrollment. Plans should also be required to develop an individualized service plan which takes into account the individual's needs, preferences, and capacity for self-care. If the enrollee is not satisfied with the competence or the willingness of the plan to assess his/her needs in an appropriate manner, the individual may choose an alternative gatekeeper, appeal the decision of the plan, or disenroll. This assessment mechanism would provide important information to a health plan about the individual's need for specific preventive, acute, or long term services; assist the plan in coordinating services and supports; and clarify the process for appropriate referrals outside of the plan.

MEDICARE RECOMMENDATIONS

Recommendation No. 1: The Consortium for Citizens with Disabilities recommends a significant reduction in the proposed level of spending cuts to be taken out of the Medicare program in order to maintain access and quality of health care services for people with disabilities.

Recommendation No. 2: The Consortium for Citizens with Disabilities recommends that the premium collected by Medicare managed care plans be limited to the government contribution --adjusted for the age and health status of the enrollee-- for the individual beneficiary. The CCD further recommends that the Medicare reforms include provisions related to guaranteed issue and renewability of Medicare managed care plans and continue the prohibition against balance billing throughout the entire Medicare program.

Recommendation No. 3: The Consortium for Citizens with Disabilities opposes the creation of Medicare Medical Savings Accounts. If Medicare MSAs are authorized, however, the Medicare reforms should risk adjust the capitated government contribution toward MSAs and strictly limit the use of MSA funds to health, long-term care, and independent living expenses only.

Recommendation No. 4: The Consortium for Citizens with Disabilities recommends that the 30-day disenrollment provision be maintained in Medicare managed care. In addition, Medicare and Medicaid managed care plans should ensure access to out-of-network providers through an affordable point-of-service option.

Recommendation No. 5: The Consortium for Citizens with Disabilities recommends the inclusion in the Medicare proposal of federal standards for managed care plans. These standards should address the critical issues of access and quality of care for Medicare beneficiaries with disabilities and chronic illness who enroll in managed care plans. Without adequate quality assurance standards, managed care is likely to be discriminatory against people with disabilities in the near term and against all people in managed care over time.

SPECIFIC MEDICARE RECOMMENDATIONS

- The Republican budget bill will allow managed care plans which serve Medicare beneficiaries to charge the beneficiary the difference between the government contribution for a beneficiary's premium and the cost of a medically underwritten policy for that individual. If this is not prohibited, many Medicare beneficiaries with disabilities and chronic illnesses will be effectively priced out of the managed care market and have no choice but to remain in the Medicare fee-for-service system.
- If medical underwriting is permitted in Medicare managed care plans, significant "adverse selection" may occur and result in program cost increases to the fee-for-service Medicare sector as relatively young and healthy beneficiaries move to Medicare managed care plans, leaving beneficiaries with the greatest health care needs in the fee-for-service system.
- The Republican budget bill contains provisions that guarantee issue and renewability of managed care policies to Medicare beneficiaries so that young and healthy enrollees will be less apt to be "cherry picked" by managed care plans. The bill also provides for risk adjustments to the Medicare managed care premium paid to managed care plans based on the beneficiary's age and other factors, potentially

accounting for health status and disability in the amount of the premium paid by Medicare. These provisions must be maintained in order to further deter adverse selection.

- CCD recommends the inclusion in Medicare reforms of federal oversight and quality assurance standards for managed care plans. These standards should address the critical issues of access and quality of care for Medicare beneficiaries with disabilities and chronic illnesses who enroll in managed care plans. Without adequate quality assurance standards, managed care is likely to be discriminatory against people with disabilities in the near term and against all people in managed care over time.
- Anecdotal and empirical data show that many managed care plans do not adequately meet the needs of high users of health care services. Many beneficiaries with significant health conditions, therefore, will likely opt to remain in the fee-for-service Medicare program which ensures access to appropriate specialty care and avoids the potential danger of underservice which often occurs when people with disabilities are served by managed care plans, particularly capitated systems. Federal oversight and minimum standards for managed care plans would significantly decrease adverse selection in the Medicare programs.
- The Medicare managed care standards at issue include important safeguards for consumers with disabilities--and the providers who serve them -- including requirements that managed care plans establish and maintain consumer and provider due process standards, adequate grievance and appeals mechanisms for denials of benefits and access to specialists, and utilization management protocols to ensure informed determinations of medical necessity.
- Ensuring access to specialty care is a primary concern of people with disabilities in managed care plans. Standards that ensure access include provisions allowing beneficiaries with disabilities and chronic illnesses to choose a specialist as a primary care "gatekeeper," allowing direct and ongoing access to specialists when medically indicated, ensuring access to centers of specialized treatment expertise, and the prohibition of physician incentive plans that reward physicians for not making appropriate referrals to specialists.
- CCD recommends that a 30-day disenrollment provision be maintained in Medicare managed care in order to ensure access, quality, and accountability to all beneficiaries. In addition, Medicare managed care plans, particularly closed-panel HMO's should be required to ensure access to out-of-network providers through an affordable point-of-service option. A point-of-service option, however, must not be allowed to take pressure off the managed care plan to provide appropriate care or pay for the out-of-network referral if the managed care plan cannot provide it.

HEALTH CARE REFORM INITIATIVES

The CCD strongly supports the inclusion of a number of a number of health care reform initiatives -- not specific to Medicaid and Medicare -- in the Administration's budget proposal. We are strongly supportive of such things as: limiting pre-existing condition exclusions (although we believe 12 months is too long); requiring guaranteed issue; and the prohibition on insurers and self-insured employer plans from imposing caps on benefits for specific diseases or medical conditions or lifetime caps on total benefit payments.

CCD mtg - 12-19

- ① point of service issue
- ② Managed care issue (Medicare/Medicaid)

- 30 day continued disenrollment (we have in our Medicare)
- we need help on Medicaid on how we draft the language.
- point of service option on Medicare.
- Brown bill - some good provisions

③ Flexibility issues

Standards - Debbie Chang
call Cathy King regarding CCD folks coming in.

Medicaid -

- adjustment in our per capita cap for the higher cost of long term care for the disabled.
- either a set aside, or look back, or hold harmless!

EPSDT - has helped to allow children to stay at home.

**PRESIDENT CLINTON STANDS UP FOR AMERICA'S CHILDREN:
ANY BALANCED BUDGET AGREEMENT MUST PROTECT AMERICA'S VALUES**

December 18, 1995

President Clinton will make the cuts we need to balance the budget, but he refuses to make cuts into our fundamental American values. He will fight the efforts of some Republicans to blackmail America by shutting down the government right before Christmas just to get their way. Our values point us toward:

- Balancing the Budget to lift the burden of debt off our children.
- Protecting Medicaid and Medicare so that we honor our commitment to America's elderly, people with disabilities, and children.
- Investing in Education and Training, so America's families can thrive in the new economy.
- Protecting the Environment and Public Health, so our children grow up in a clean and safe world.
- Rewarding Work over welfare and providing tax relief for middle class families.

"America's children would bear the most pain from the sharp cuts proposed by the Republican Congress. If the Republican plan becomes law, millions of children would be denied basics they need -- health care they now have, schooling they can count on...a safe place to live, or air and water we can be sure is safe to breathe and to drink."

*-President Clinton
December 16, 1995*

For the Republican Congress to shut down the government to force big cuts in Medicare, Medicaid, education and the environment is just wrong. The President has made a specific compromise offer to finish this year's budget so we can get the government back to work for the American people. Then we can resolve our larger differences over how best to balance the budget consistent with our values. We owe it to our children, and their children, to do both these things.

Now that the President has shown that you can balance the budget in 7 years using conservative economic assumptions while protecting these fundamental priorities, the onus is on the Republicans to explain why they insist on an extreme budget that unnecessarily disregards America's priorities and values.

**PRESIDENT CLINTON IS FIGHTING TO PROTECT OUR CHILDREN --
Here's What the Republican Plan Would Do for Our Children:**

- ⇒ Deny 180,000 pre-school children a Head Start in 2002.
- ⇒ Deny 2 to 4 million children meaningful Medicaid Health benefits.
- ⇒ Cut our efforts to keep drugs and violence out of our schools.
- ⇒ Undermine our efforts to help schools meet national standards of excellence for the first time.
- ⇒ Kill the AmeriCorps national service program.
- ⇒ Deny scholarships to more than 350,000 deserving college students next year.
- ⇒ Take away the best student loan program available to young people.
- ⇒ Cut our efforts to clean up hazardous waste by 45%. More than 10 million children under the age of 12 live within four miles of a hazardous waste site.

None of these cuts are necessary to balance the budget in 7 years.

President Clinton will fight them all to protect our families, our children, and our values.

Consortium for Citizens with Disabilities

TASK FORCE ON FISCAL POLICY

STATEMENT ON THE FY 1996 FEDERAL BUDGET

The Consortium for Citizens with Disabilities (CCD) is a working coalition comprised of consumer, advocacy, provider and professional organizations that are concerned about the quality of life for all Americans, including those who experience physical and mental disabilities and their families. More than 125 national organizations are participating members of the Consortium. The CCD objective is to advance the independence of the 49 million people in this country who experience disabilities.

Children and adults with disabilities comprise an estimated 15 to 20 percent of the U.S. population. Some individuals are born with a disability. Others develop a disability due to environmental factors, accidents, illnesses or war. Still others develop age-related disabilities. Disability is not set apart by demographics. It crosses all income, age and ethnic groups. *Individuals with disabilities are indeed the one minority for which anyone is potentially eligible.*

The CCD Fiscal Policy Task Force, which provides leadership to the Consortium on issues of fiscal policy, is cognizant of the serious economic problems facing this nation. We, too, are concerned with the deficit and an enlarging federal debt which threatens to burden Americans, including Americans with disabilities, for generations to come. We understand the critical need to reduce the federal debt. However, we strongly caution against decisions in the name of fiscal responsibility that reverse the progress this nation has made in removing the shackles of dependency and unproductive segregation for individuals in this nation with disabilities and which will *ultimately cost the public more in basic maintenance costs. We must guard against steps that, while they might be scored as budget savings, actually represent costs that we can ill afford to incur economically or socially in this nation.*

The Federal Government has been largely responsible for the gains that individuals with disabilities have made in escaping the "forced dependency" of outmoded public policies and practices at the state and local levels. Specifically, the following federally initiated services are now among those available to eligible persons with disabilities:

- Lifesaving medical care for individuals who cannot otherwise obtain private health insurance due to preexisting conditions or income level
- Early intervention supports and services for infants and toddlers, young children and their families, which remediate and prevent future developmental problems
- Special education and related services to prepare young people with disabilities for adult life
- Rehabilitation and job training to foster productive and economic independence

- The availability of decent, safe, affordable housing permits people with disabilities to live independent and productive lives in the community.
- Accessible transportation allows individuals to achieve greater personal independence, mobility, employment and meaningful community integration.
- Cash assistance to individuals and families of children with disabilities to ameliorate the high cost of disability and keep families together

For many individuals with disabilities, access to these services is the linchpin to self-determination and participation in the mainstream of American life. Many of the services stand alone, while others are provided as a part of larger networks which coordinate activities and facilitate access to supports that would otherwise be unavailable. Significant losses in one program would result in significant hardship. Losses across a spectrum of services would have a multiplier effect on individuals who rely on a combination of federally supported programs for their independence.

Federal leadership and commitment to these services and supports have economic implications that go beyond an individual with a disability. In case after case, research as well as common sense suggest that disability-related supports offer hidden federal budget savings and, alternatively, cuts in these programs contain hidden costs. In most cases, the short and long term costs heavily outweigh any immediate gain from significant reductions in funding for these services. For example, it is demonstrated that for every dollar in support for appropriate early intervention services for infants with disabilities, savings from between \$3 and \$7 in future educational and health services can be realized. By providing modest cash assistance (up to \$ 458 per individual per month) the Supplemental Security Income (SSI) program helps very low income families meet that additional costs associated with a disability and remain intact. Without this support, responsible families would be forced to place their loved ones in an expensive institutional setting. Data collected in Pennsylvania reflect that the costs of institutionalization for one person ranges from \$50,000 to \$100,000. These figures are similar to cost differentials in other states.

Unfortunately, while we have made great progress over the past twenty years, we have only begun the work. The current level of funding doesn't yet cover minimal services and supports for many people with disabilities. The ability to live full lives and participate in society in economic activities is already limited by funding constraints.

- School systems are already clearly strapped for funding across multiple programs. A loss in special education funding would only exacerbate an already very serious problem. Far too many young adults are leaving school without the necessary skills to successfully enter the work force. Data reflects a graduation rate among students with disabilities of 56.2%. Thirty-six out of every 100 students with disabilities drop out of school before graduation. Only 52.2% of youth with disabilities are employed two years after exiting school.
- Inadequate educational services and supports for students with disabilities now will mean significant costs later in their lifetimes. Reductions would have a negative impact on education with regard to preparing students with disabilities for competitive employment and

- independent living. This would, in turn, result in expenditures in the adult system which would be the next step for skills training or supports for those who remain unemployed.
- Only a small percentage of eligible individuals receive vocational rehabilitation services to learn or re-learn job skills. The state vocational rehabilitation systems currently have the resources to serve only one in twenty individuals who are determined to be eligible for their services. The result is that people who are anxious to work are instead added to the rolls of those who are economically dependent. A loss in employment supports would only increase the numbers of individuals who are locked out of real work.
- Additional social and economic costs occur when family members are required to leave jobs to make up for the lack of adequate social supports. For example, families with members who require intense daily assistance face incredible challenges when they do not have access to adequate health care, personal assistance and other services, or when there are no income supports, such as SSI, available to assist them in securing their own services. Families are often faced with only two costlier alternatives: remain home to care for their family members or place their son or daughter in an institution.

Spending reductions at the federal level will mean a shift of fiscal burdens from the federal to the state and local levels. Without a strategy to avoid the trap of simply rearranging cost of human services from one level of government to others or to families and private charities that are not equipped to replace lost federal revenues, there will be no over-all economic gain in cost containment strategies. There must be truth in cost-containment with conclusive demonstrations that proposed cost containment strategies would control overall costs over the long run without shifting the responsibility to a different sector of the economy or resulting in harm to the affected individuals.

There are immediate costs associated with the reduction in many disability-related services, with the impact felt in the same fiscal year as the programmatic cuts. Substantial, longer range costs also come about through the dismantling of a professional infrastructure that is essential to the service-delivery system. Like cuts in our educational infrastructure, substantial cuts in the "disability services" infrastructure can wreak serious and lasting damage on a system of knowledge and practice that has been successful in adding value, income and tax revenues to our society.

As our nation struggles to redefine the federal role and to address the deficit reduction, we remind federal lawmakers that the level of supports needed by people with disabilities does not disappear when federal funding is reduced.

Accompanying this document is a series of descriptions of the working task forces within the coalition which highlight issues of importance to individuals with disabilities. The CCD eagerly looks forward to working with the leaders of the 104th Congress in seeking fiscally responsible strategies to ensure that our nation continues to serve the basic human needs, support economic independence and protect the fundamental rights of people with disabilities.

CONSORTIUM FOR CITIZENS WITH DISABILITIES
LABOR/HHS/EDUCATION APPROPRIATIONS TABLE, FY 1996
(in millions)

	FY 95 Approp	FY 96 CCD Rec
DEPARTMENT OF LABOR		
Job Training Partnership Act - Grants to States		
Adult	1054.8	1085.4
Youth	598.7	616.1
Summer Youth	871.5	896.8
Pilots and Demonstrations	35.5	36.5
School to Work	125.0	128.6
Promoting the Employment of People with Disabilities (PCEPD)	4.4	4.6

DEPARTMENT OF HEALTH AND HUMAN SERVICES		
Developmental Disabilities		
Developmental Disabilities Basic Grant Program	70.4	72.4
Developmental Disabilities Protection & Advocacy	26.7	27.5
Developmental Disabilities Univ. Affiliated Programs	19.0	19.6
Developmental Disabilities Projects of Nat'l Significance	5.7	5.9
Maternal and Child Health Block Grant	684.0	704.0
CDC Programs		
CDC Immunization Program	465.6	479.1
CDC Vaccines for Children	424.3	436.6
CDC Lead Poisoning Prevention	36.4	37.5
CDC Disability Prevention	13.0	13.4
CDC Prevention Programs:	11.7	12.0
Fetal Alcohol Syndrome Prevention		
CDC Spina Bifida and Anencephaly Prevention		
CDC Birth Defects Surveillance		
Project Begin: Poverty Associated Mental Retardation		
National Institutes of Health		
National Institute of Child Health and Human Development	513.4	550.5
National Institute on Deafness and Other Communication Dis.	166.9	175.9
National Institute of Neurological Disorders and Stroke	628.3	657.2
Protection and Advocacy for Individuals with Mental Illness	21.9	22.6
Title XX Social Services Block Grant	2800.0	2800.0
Head Start	3534.4	3934.7
Temporary Child Care Crisis Nurseries	11.8	12.1

CONSORTIUM FOR CITIZENS WITH DISABILITIES
LABOR/HHS/EDUCATION APPROPRIATIONS TABLE, FY 1996
(in millions)

	FY 95 Appro	FY 96 CCD Rec
DEPARTMENT OF EDUCATION		
Individuals with Disabilities Education Act		
State and Local Grant Programs (incl. former PL 89-313)	2322.9	2399.6
Preschool Grants (incl. former PL 89-313)	360.3	399.9
Early Intervention Program-Pt H (incl. former PL 89-313)	315.6	350.3
Early Childhood Education	25.2	25.9
Centers and Services for Deaf-Blind Children	12.8	13.2
Secondary Education and Transitional Services	24.0	24.7
Postsecondary Education Programs	8.8	9.1
Special Education Personnel Development	91.3	93.9
Parent Training Centers	13.5	13.9
Special Education Technology	10.8	11.1
Programs for Children with Severe Disabilities	10.0	10.3
Special Studies Program	4.1	4.2
Programs for Children/Youth with Severe Emotional Dis.	4.1	4.2
Family Support		10.0
Vocational Education		
Carl D. Perkins Vocational and Applied Tech. Educ. Act	1170.9	1204.9
School-to-Work	125.0	128.6
Goals 2000	371.9	382.7
Rehabilitation Act		
Vocational Rehabilitation State Grants	2054.1	2118.8
Supported Employment State Grants	36.5	38.2
Rehabilitation Training	39.6	40.7
Independence Living Services-Part B	21.5	22.1
Centers for Independent Living	40.5	41.7
Independent Living Svcs. for Older Ind. who are Blind	8.9	9.2
Protection and Advocacy for Individual Rights	7.5	7.7
Client Assistance Program	9.8	10.1
Innovation and Expansion Grants	9.0	
Projects with Industry	22.0	22.6
National Institute on Disability and Rehab. Research	70.0	72.0
Special Demonstration Projects (incl. Supported Employ.)	34.2	35.2
Special Recreation Programs	2.6	2.7
Special Demonstrations and Training Activities - Title 8		5.0
Technical Assistance for Community Rehabilitation Programs		1.0
National Council on Disability	1.79	1.83
Technology Related Assistance Grants	39.2	40.3

GLOSSARY OF FEDERAL DISABILITY PROGRAMS LISTED IN CCD LABOR/HHS/EDUCATION FY 1996 RECOMMENDATIONS TABLE

Job Training Partnership Act - Grants to States - administered at the state and local level by Private Industry Councils (PICs) which plan, fund, and administer job training programs for individuals experiencing difficulties in the labor market. PL 102-367 targets longer and more comprehensive education, training and employment services to low income individuals with barriers to employment, including individuals with disabilities.

Job Training Partnership Act - Pilots and Demonstrations Account, Title IV, provides a limited amount of employment and training to persons with epilepsy, blindness, mental retardation and other disabilities.

School to Work Opportunities - State Grants and Local Partnerships authorizes non-competitive grants to assist states in developing comprehensive statewide plans for school-to-work opportunities. Five year implementation grants are authorized for states that have completed their planning activities.

Promoting the Employment of People with Disabilities - Presidents Committee on the Employment of People with Disabilities facilitates the communication, coordination and promotion of public and private efforts to enhance the employment of people with disabilities through the provision of information, training and technical assistance to America's business leaders, organized labor, rehabilitation and service providers, advocacy organizations, families and individuals with disabilities.

Developmental Disabilities Programs - Basic State Grant Program provides assistance to states to plan, monitor, evaluate, coordinate and advocate for the development of comprehensive services and supports for people with developmental disabilities throughout the 56 State and territorial Developmental Disabilities Councils.

Developmental Disabilities Programs - Protection and Advocacy System mandated by Congress in response to public outcry against the abuse and neglect of individuals with developmental disabilities, the system operates in 50 states and 6 territories to assure conflict free advocacy for children with developmental disabilities related to special education, child abuse and neglect and for adults with developmental disabilities related to abuse and neglect in institutions, access to community services, income benefits, transportation and housing, guardianship, employment discrimination and accessibility to public structures.

Developmental Disabilities Programs - University Affiliated Programs - a network of 61 programs located at major universities and teaching hospitals throughout the United States that provide personnel training, technical assistance and community training to state and local service providers and some direct services to support the independence, productivity and community integration for individuals with developmental disabilities and their families.

Maternal and Child Health Block Grant supports health services (Maternal and Child Health program), specialty care and support services (Children with Special Health Care Needs Program), and interdisciplinary training, research, genetic screening and counseling activities and service coordination of community-based providers (Special Projects of Regional and National Significance) to women, infants, children and adolescents.

Prevention - CDC Immunization Program provides financial support to state and local health agencies to conduct comprehensive immunization programs to eradicate preventable childhood diseases, such as poliomyelitis, rubella, measles, mumps, diphtheria, pertussis, tetanus and hemophilus influenza B infection. Funds under this program can be used for the delivery of services, expanded outreach and reminder and tracking systems.

Prevention - CDC Vaccines for Children Program - entitlement program designed to ensure that States and territories receive free vaccines to immunize children under 19 years of age who are a) eligible for Medicaid, b) American Indian/Alaskan Native, c) uninsured, or d) do not have immunization coverage under their health insurance plan.

Prevention - CDC Lead Poisoning Prevention authorizes CDC to make grants to state and local agencies that are eligible for Medicaid reimbursement under reimbursable services to a) screen infants and children for elevated blood lead levels; b) assure appropriate referral for treatment for infants and children with elevated blood levels; c) provide education about childhood lead poisoning; and d) assure environmental abatement of lead.

Prevention - CDC Disability Prevention Program provides technical assistance and short term financial support for states and communities to establish programs for the prevention of disabilities, including a) establishment of a state commission on disability prevention, b) organization of an office of disability prevention, and c) community based projects designed to prevent specific disabilities.

Prevention - CDC Fetal Alcohol Syndrome Prevention Program – CDC Spina Bifida and Anencephaly Prevention Program – CDC Birth Defects Surveillance Program – Project Begin: Poverty Associated Mental Retardation support disability prevention programs that concentrate on surveillance by CDC to establish prevalence and trends and pursue applied epidemiologic research to discover causes and develop prevention interventions, as well as education and outreach activities.

National Institute of Child Health and Human Development - primary responsibility at NIH for biomedical and behavioral research on maternal and child health, population issues, and medical rehabilitation.

National Institute on Deafness and Other Communication Disorders conducts research on the problems of deafness and communication disorders.

National Institute of Neurological Disorders and Stroke conducts and supports biomedical research on disorders of the brain and central nervous system, which is the site of more than 650 known disorders affecting the lives of millions of Americans.

Protection and Advocacy for Individuals with Mental Illness authorizes funds on a formula grant basis to existing Protection and Advocacy (P&A) Systems for Persons with Developmental Disabilities to protect and advocate for persons with mental illness and to investigate complaints of abuse and neglect in mental health facilities, including public and private hospitals, nursing homes, group homes, board and care homes, jails, prisons and other federal facilities.

Title XX Social Services Block Grant - a major source of financing for non-institutional community-based services for persons with disabilities targeted to one of the five basic goals primarily associated with self-support, self-sufficiency, and avoidance of inappropriate institutionalization.

Head Start provides a wide range of educational, social, nutritional and health services to three-to-five year old children from low income families. At least 10 percent of enrollment opportunities in each state must be made available to children with disabilities. In reauthorization legislation last year, the Congress expanded the authority to include a limited number of programs for infants and toddlers from birth through two years of age.

Temporary Child Care for Children with Disabilities and Crisis Nurseries authorizes three year grants to states for the purpose of creating an array of family support services -- respite, emergency or planned relief for care-givers and families to alleviate social, emotional and financial stress in families of children with disabilities, chronic or terminal illness or children in danger of experiencing abuse or neglect.

Individuals with Disabilities Education Act (IDEA) - State and Local Grant Program (Part B) authorizes formula grants to states to assist in guaranteeing the right of all school-aged children with disabilities to a free and appropriate education, including related services, in the least restrictive environment. States accepting funds must ensure appropriate educational services to all eligible students.

Individuals with Disabilities Education Act (IDEA) - Preschool Grants, Part B, Section 619, IDEA) authorizes formula grants to states to assist in guaranteeing the right of all preschool aged children with disabilities to a free and appropriate education in the least restrictive environment. States receiving funds must ensure appropriate educational services to all eligible preschool students.

Individuals with Disabilities Education Act (IDEA) - Early Intervention State Grants Program, Part H, authorizes grants to states to support statewide, comprehensive, family-centered early intervention systems for infants and toddlers from birth through age two and their families. States receiving funds must ensure services and supports to all eligible infants and young children and their families.

Individuals with Disabilities Education Act (IDEA) - Early Childhood Education, Part C, Section 623, discretionary supports for demonstration, outreach and research activities addressing the special problems of young children with disabilities, ages birth through eight years, and their families and assisting state and local entities in expanding and improving their early childhood programs, supports and services.

Individuals with Disabilities Education Act (IDEA) - Centers for Services for Deaf-Blind Children, Part C, Section 622 provides discretionary assistance to state and local agencies to enable them to support activities that more effectively provide appropriate services to infants, children and youth who are deaf-blind, many of whom require highly specialized assistance due to their dual sensory disabilities.

Individuals with Disabilities Education Act (IDEA) - Secondary Education and Transitional Services, Part C, Section 626, provides discretionary supports for projects which develop and improve programs and services for youth with disabilities in the transition from school to work or postsecondary education and to adult life.

Individuals with Disabilities Education Act (IDEA) - Postsecondary Education Programs, Part C, Section 625, discretionary supports for projects which enable individuals with disabilities to continue their formal education beyond high school and to widen choices of educational and vocational preparation available to them.

Individuals with Disabilities Education Act (IDEA) - Special Education Personnel Development, Part D, addresses the need for qualified special education personnel by providing discretionary grants in the following areas: (1) preparation of qualified special education, related services and early intervention personnel, (2) continuing education of practicing special education, related services and early intervention personnel, (3) training and support of parents of children with disabilities, and (4) effective preparation of regular educators to work with students with disabilities.

Individuals with Disabilities Education Act (IDEA), Parent Training Centers, Part D, Section 631(c), authorizes grants to nonprofit organizations run by parents to provide training and information to parents of children with disabilities and volunteers who work with parents to enable them to participate more effectively with professionals in meeting the educational needs of students with disabilities.

Individuals with Disabilities Education Act (IDEA), Special Education Technology, Part G, Section 661, authorizes discretionary supports for the development and advances the use of technology, media, and materials in the education of students with disabilities

Individuals with Disabilities Education Act (IDEA), Program for Children with Severe Disabilities, Part C, Section 624, provides for assistance to states and local agencies in developing innovative, best practice educational strategies for students whose disabilities are determined to be "severe", many of whom need complex and varied educational supports and services.

Individuals with Disabilities Education Act (IDEA), Special Studies Program, Part B, Section 618, authorizes activities to assess progress in the implementation of IDEA and the impact and effectiveness of state and local efforts to provide a free appropriate public education and early intervention services for children and youth with disabilities.

Individuals with Disabilities Education Act (IDEA) - Programs for Children and Youth with Serious Emotional Disturbance, Part C, Section 627, addresses the needs of children and youth with a serious emotional disturbance through discretionary grants to states and local agencies to support activities such as increasing the availability of community services for children with serious emotional disturbance and their families and bringing mental health services into the schools to support teachers in the provision of services.

Individuals with Disabilities Education Act (IDEA) - Family Support, Part I - newly authorized program under IDEA that provides competitive systems change grants to states to create comprehensive systems of support for families of children and youth with disabilities.

School to Work Opportunities - State Grants and Local Partnerships authorizes non-competitive grants to all states to assist them in developing comprehensive statewide plans for school-to-work opportunities for all students, including students with disabilities. Five year implementation grants are authorized for states upon completion of the planning phase.

Goals 2000 - educational reform federal initiative that provides the authority for state grants to support state and local educational improvement efforts to help students, including students with disabilities, reach challenging academic standards

Carl D. Perkins Vocational and Applied Technology Education Act authorizes funding for vocational-technical education programs, including a new funding formula designed to target money to school systems serving the largest numbers of disadvantaged students and students with disabilities. Guarantees access to quality vocational programs and supplementary services for students with disabilities.

Rehabilitation Act: Vocational Rehabilitation State Grants, Title I, authorizes comprehensive rehabilitation services to assist individuals with physical and mental disabilities to become gainfully employed. Services provided include vocational evaluation, counseling, mental and physical restoration, education, vocational training, work adjustment, job placement, supported employment, post-employment services. Priority is given to individuals with the most severe disabilities.

Rehabilitation Act - Supported Employment for Individuals with Severe Disabilities, Title VI-C, authorizes formula grants to states to assist in developing programs with public and nonprofit organizations to provide supported employment services for individuals with the most severe disabilities who require on-going support services to enter or retain competitive employment.

Rehabilitation Act - Rehabilitation Training, Title III, authorizes grants to states and public or non-profit agencies and organizations, including institutions of higher learning, to increase the number of skilled personnel available for employment in the field of rehabilitation.

Rehabilitation Act - Independent Living Services, Title VII, Part B, authorizes funding for independent living services intended to promote the philosophy of independent living, including a philosophy of consumer control, peer support, self-help, self-determination, equal access and individual and system advocacy in order to maximize the leadership, empowerment, independence and productivity of individuals with disabilities.

Rehabilitation Act - Centers for Independent Living, Title VII, Part C, provides authority for the establishment and operation of community-based, consumer-controlled centers for independent living, which deliver a minimum of four core services to individuals with significant disabilities: (1) peer counseling, (2) information and referral, (3) independent living skills training, and (4) individuals and systems advocacy.

Rehabilitation Act - Independent Living Services for Older Individuals Who Are Blind Title VII, Chapter 2, authorizes grants to state units to provide a program of independent living services such as low vision and other communication aids, orientation and mobility training, services to help correct blindness, training in activities of daily living, etc. for older individuals who are blind.

Rehabilitation Act - Protection and Advocacy for Individual Rights provides the authority for formula grants to protection and advocacy systems to protect the legal and human rights of individuals with severe disabilities who are ineligible for publicly supported advocacy due to the more defined target populations of the other advocacy programs.

Rehabilitation Act - Client Assistance Program authorizes formula grants to states to provide assistance in informing and advising clients and applicants of all available benefits available under the Rehabilitation Act and, if requested, to assist them in their relationships with the programs, projects and community rehabilitation programs funded under the Act, including legal or administrative remedies to ensure the protection of their rights as outlined in the Act.

Rehabilitation Act - Innovation and Expansion Grants, Section 120 - the Rehabilitation Act Amendments of 1992 require that a minimum of 1.5 percent of a state's allotment for Section 110 be used for innovation and expansion, i.e. developing and using innovative approaches for achieving long-term success in expanding and improving vocational rehabilitation services.

Rehabilitation Act - Projects with Industry, Title VI, Part B, supports cooperative arrangements for rehabilitation organizations and private employers to develop job placement programs, providing for competitive employment and career advancement for persons with disabilities.

Rehabilitation Act - National Institute on Disability and Rehabilitation Research (Title II) established to coordinate the administration and conduct of research and demonstration projects, training, information dissemination, and related activities concerning the vocational, social, and medical rehabilitation of persons with disabilities. The Institute awards discretionary grants to support research and training centers serving geographic or disability-specific concerns, rehabilitation engineering centers, individual field-initiated research grants, fellowships and demonstrations projects.

Rehabilitation Act - Special Demonstration Projects, including Supported Employment Projects, Title III, provides discretionary authority for grants to develop innovative methods and comprehensive service programs to assist individuals with disabilities achieve their employment goals, including grants targeted to supported employment for individuals with severe disabilities.

Rehabilitation Act - Special Recreation Programs, Section 316, provides authority for grants to states, public agencies, and nonprofit organizations to support projects that initiate recreational opportunities such as specialized leisure activities and related experiences to aid in the mobility, socialization, independence, and community integration for persons with disabilities.

Rehabilitation Act - Special Demonstration and Training Activities, Section 803, Title VII, authorizes the following training activities in addition to those authorized in Title III: distance learning through telecommunications; braille training projects; parent and consumer information and training programs; training for impartial hearing officers; recruitment and retention of professionals in urban areas.

Rehabilitation Act - Technical Assistance for Community Rehabilitation Programs, Section 302(g), provides the authority for technical assistance to state rehabilitation agencies and Community Rehabilitation Programs, directly or through contracts with state vocational rehabilitation agencies or nonprofit organizations.

National Council on Disability - composed of 15 members appointed by the President and confirmed by the Senate. Established under the Rehabilitation Act of 1973, as amended, the Council is responsible for reviewing all laws, regulations, policies and programs of the federal government affecting individuals with disabilities. The Council also provides advice to the Director of the National Institute on Disability and Rehabilitation Research and to the Interagency Disability Coordinating Council. It also gathers information about the implementation, effectiveness of the Americans with Disabilities Act of 1990.

Technology Related Assistance Grants, PL 100-407, authorizes grants to states to support systems change and advocacy activities designed to develop and implement consumer-responsive comprehensive statewide programs of technology-related assistance for individuals of all ages with disabilities.

Consortium for Citizens with Disabilities

AMERICANS WITH DISABILITIES ACT - TECHNICAL ASSISTANCE AND ENFORCEMENT

When the Americans with Disabilities Act (ADA) was signed into law on July 26, 1990, it instantly became the single most important piece of civil rights legislation since the Civil Rights Act of 1964. This landmark law prohibits discrimination on the basis of disability in private sector employment, public accommodations, transportation, state and local government operations and telecommunications. The ADA recognizes the need to educate the public about their rights and responsibilities under the law. Section 506 of the ADA calls for the federal agencies with implementation responsibilities [the Department of Justice (DOJ), Equal Employment Opportunity Commission (EEOC), Department of Transportation (DOT), Federal Communications Commission (FCC), and the Architectural and Transportation Barriers Compliance Board (ATBCB)], to render technical assistance to both covered entities and individuals with disabilities.

In the four and one half years since the Act became law, these agencies, in conjunction with the Department of Justice, have developed technical assistance programs and have begun to provide technical assistance to covered entities and persons with disabilities. To date, millions of technical assistance documents have been distributed, including the ADA handbook and, as required by statute, the technical assistance manuals for titles I, II and III. In addition, the over four million businesses and institutions covered by the ADA have been informed of their obligations and tens of thousands of the pursuant inquiries have been satisfied.

But, despite all this time and these extensive efforts, many entities affected by the ADA and its regulations still have a less than adequate understanding of just what they must do to comply with this Act, and there is a growing misinterpretation of their requirements under the law. It is increasingly clear that to remedy this situation, we must commit additional resources to the development and implementation of broad-based public education and technical assistance programs -- programs that will help all Americans understand, meet and fulfill the challenges and objectives of the Americans with Disabilities Act.

Because virtually every article of the ADA is now enforceable by law, it is essential that additional resources and personnel be allocated and assigned to the Department of Justice and the Equal Employment Opportunity Commission so that they can fulfill the vital enforcement powers they were granted in the Act. Clearly, the current caseload of both of these entities illustrates that they are presently under-staffed, and as such are unable to meet their Americans with Disabilities Act enforcement responsibilities. It is clear that the Clinton Administration and the 104th Congress must channel additional resources, and in

so doing demonstrate its true commitment to upholding the ideals of the ADA.

The CCD recommends adequate funding during FY 1996 to support technical assistance activities to be performed by the relevant agencies in accordance with the priorities developed by the Department of Justice in coordination with the participatory agencies. The Department of Justice should also work to accomplish the objectives of the ADA in coordination with local enforcement entities, such as the protection and advocacy systems, to avoid inconsistencies and duplication of efforts.

These resources will be used to continue technical assistance programs already underway and to focus new efforts on concerns that are not currently being addressed. For example, several highly successful grants currently underway need to be continued to complete work already in process. Other grants should be awarded to organizations representing businesses and facilities not targeted by existing programs. In addition, grants might be provided to reach populations of persons with disabilities who may have been passed over during the first three years of funding. And finally, it is essential to coordinate and fund production of accurate and useful technical material in alternate formats (e.g. electronic, braille, large print, etc.) to the business and disability community.

The Consortium for Citizens with Disabilities recommends that the FY 1996 appropriations process give careful consideration to the needs of the following agencies in their ADA enforcement obligations and provide adequate funding to carry out these responsibilities:

- Department of Justice
- Equal Employment Opportunity Commission
- Department of Transportation
- Federal Communications Commission
- Department of Education/OSERS: NIDRR, RSA and PAIR
- President's Committee on the Employment of Persons with Disabilities
- Architectural and Transportation Barriers Compliance Board
- National Council on Disability

In addition to programmatic funding, CCD especially recommends that salaries and expense accounts in the Department of Justice and Equal Opportunity Commission need to be increased to enable qualified personnel to adequately meet those agencies' enforcement mandates regarding the ADA.

Consortium for Citizens with Disabilities

March 8, 1995

Dear Member of the 104th Congress,

On behalf of the Consortium for Citizens with Disabilities (CCD), I wish to welcome you as a Member of the 104th Congress. The CCD is a Washington, D.C.-based working coalition comprised of more than 125 national consumer, advocacy, provider and professional organizations which advocate on behalf of people of all ages with physical and mental disabilities and their families. Our main objective is to assure that 49 million Americans with disabilities are fully integrated into our society. With the enactment and implementation of the Americans with Disabilities Act, the nation has made a commitment to dismantle the barriers to full integration of people with disabilities into the social, economic and political life of America.

Children and adults with disabilities make up one of the largest minority populations in the United States. Some individuals are born with a disability. Others develop a disability due to environmental factors, accidents, illnesses, or war. Still others develop age-related disabilities. Unlike other minority groups, people with disabilities are not set apart by demographic categories. Disabilities transcend age, sex, race, cultural and socio-economic groups. Everyone is a potential member of this constituency.

Like all citizens of this nation, people with disabilities need quality health care, good nutrition, appropriate education, employment opportunities, affordable and accessible housing, adequate income, and reliable transportation and communication. For too many years, the majority of individuals with disabilities have been unable to realize those rights and opportunities which are taken for granted by other citizens. Due to the unavailability of supports and services to help them become more independent and productive, many people with disabilities become part of the statistics reflected in our economic crisis instead of being part of the solution.

Millions of citizens with disabilities depend on numerous federal programs and benefits over the course of their lives. CCD hopes the materials contained in this briefing packet will be useful to you as you face the difficult choices to reduce the deficit, invigorate the economy and protect critical programs.

Sincerely,

A handwritten signature in cursive script that reads "Paul Marchand".

Paul Marchand
Chairman

Consortium for Citizens with Disabilities

CCD CHILDREN AND FAMILIES TASK FORCE

The CCD Children and Families Task Force is comprised of 30 national consumer and provider organizations interested in assuring that national policy empowers and supports families with children with disabilities and chronic health conditions to grow up at home with their families and as valued members of their communities. The Task Force, in concert with family leaders across the country, played a major role in developing and passing the Families of Children with Disabilities Support Act of 1994, legislation declaring national family values as the law of the land and recognizing the extraordinary issues with which these families deal. The Children and Families Task Force is interested in many other programs affecting families and children such as: Medicaid, Head Start, the Individuals with Disabilities Education Act, Supplemental Security Income (S.S.I.) and Child Care. The Children and Families Task Force monitors and participates in rulemaking by the federal agencies in these and other areas.

The Children and Families Task Force recognizes that many federal and state policies contain financial disincentives to families who raise their children at home. Many policies do not support or recognize the need to include children with disabilities in community settings. Such disincentives result in the continuation of costly, segregated services for children with disabilities. Using this foundation, this Task Force will work throughout the 104th Congress to seek \$10 million to implement the Families of Children with Disabilities Support Act of 1994, to provide funds to states to empower families to create statewide policy and financing for support to families of children with disabilities. The Task Force will work to include and assure procedural safeguards for children with disabilities in all Child Care proposals. The Task Force will work to preserve family control, choice and empowerment in the children's S.S.I. Program and to prevent current programs from becoming intrusive and bureaucratic, removing control and responsibility from families. The Task Force also will work to ensure that access to and availability of pediatric and other health services for children with disabilities will be included in health care reform legislation. In addition, the Children and Families Task Force will work to eliminate the institutional bias in Medicaid and to continue the Medicaid waiver of deeming of parental income ("Katie Beckett", TEFRA 134) for children with disabilities eligible for placement in Medicaid certified institutions.

Children under the age of eighteen are 26 percent of the American population today. Approximately 7.5 million children experience a chronic illness or disability; 3 million of these children experience ongoing conditions that limit their daily activities and 650,000 children have severe activity limitations.

The members of the CCD children and Families Task Force offer themselves as a resource to all Members of Congress interested in the disability perspective on family and children issues. For more information on any issue impacting families of children with disabilities, please contact the CCD Children and Families Task Force Co-Chairs below:

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Consortium for Citizens with Disabilities

CCD COMMUNICATIONS ACCESS/TELECOMMUNICATIONS TASK FORCE

The CCD Communications Access/Telecommunications Task Force includes members from 20 national disability organizations and actively works to influence legislative proposals that impact the communications industry, such as efforts to deregulate the Communications Act of 1934. The Task Force works to ensure that there are safeguards incorporated into the legislation that will ensure that communications products and services are usable by and accessible to individuals with disabilities.

While provision for telephone relay services for those with speech and hearing disabilities, hearing aid compatibility, video description, and closed captioning will need responsible safeguards in any statutory reform, interoperability of devices and services is a critical focus for persons with disabilities. Because the new information and electronics communications technologies will transform the content and transmission of information products locally, regionally, nationally and globally, the communications accessibility needs of individuals with disabilities must be considered in employment, education and public services situations affected by these exciting new developments.

Convergences in technologies, such as among television, telephony, video programming and computer-based information services must be considered from the perspective of those with disabilities. In particular, such developments should seek to enhance opportunities for employment for individuals with disabilities as well as ensuring sharing of the benefits of the increased productivity that these technologies make possible.

This Task Force also works with communications industry entities, as well as the Federal Communications Commission, the General Services Administration, the National Telecommunications Infrastructure Administration and other pertinent stakeholders to ensure a disability perspective is incorporated into all electronic communications development.

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Consortium for Citizens with Disabilities

CCD DEVELOPMENTAL DISABILITIES TASK FORCE

The CCD Task Force on Developmental Disabilities consists of representatives of 10 national consumer, parent, and provider organizations interested in policy which affects the 3 million people with the most severe disabilities and family members of these individuals. Developmental disabilities begin at birth or early in life (before age 22), are chronic and last throughout life. People with developmental disabilities have severe limitations in three or more major life areas, including self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living and economic self-sufficiency. People with developmental disabilities need a combination and sequence of special, interdisciplinary or generic services, supports and other assistance throughout life that are individually planned and coordinated. Many federal programs have impact on the lives of children and adults with developmental disabilities, including health, education, income maintenance, housing, employment and training, transportation and civil rights. The Task Force on Developmental Disabilities works with other CCD task forces on many of these issues.

The DD Task Force focuses on the four programs authorized by the Developmental Disabilities Assistance and Bill of Rights Act: The Basic State Grant Program (DD Councils), Protection and Advocacy Systems, University Affiliated Programs, and Projects of National Significance. These four programs provide systemic planning, capacity building and leveraging (DD Councils), legal and other advocacy services (Protection and Advocacy Systems); interdisciplinary training, research and technical assistance (University Affiliated Programs) and nationally significant training and technical assistance and longitudinal research on developmental disabilities (Projects of National Significance). The CCD Task Force on Developmental Disabilities will work with the 104th Congress to enhance the effectiveness of these programs.

All members of Congress have an interest in the Developmental Disabilities Programs, since there are DD Councils, Protection and Advocacy Systems and University Affiliated Programs in every state and territory, representing and working for the millions individuals with developmental disabilities and their families. The members of the DD Task Force make themselves available as resources to all Representatives and Senators interested in policy affecting individuals with the most severe disabilities. For more information, contact:

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Consortium for Citizens with Disabilities

CCD EDUCATION TASK FORCE

The CCD Education Task Force is comprised of 60 national disability organizations committed to assuring that children with disabilities have educational opportunities to address their individual needs and assist them to reach their potential for independence and productivity. The task force has worked with Congress for many years to continue the requirements for a free and appropriate public education included in the Individuals with Disabilities Education Act (IDEA), first passed in 1975. The task force is actively involved in assuring that students with disabilities are included in other education initiatives, such as the Goals 2000 and School-to-Work programs, as well as vocational education and other education programs to promote support for students with disabilities and the goal of independence and community inclusion as students leave school and in their adult lives.

The Education Task Force will work with the 104th Congress on the reauthorization of the discretionary programs included in IDEA. Grounded in the 14th Amendment to the Constitution, IDEA guarantees that all children with disabilities have a free and appropriate public education. In school year 1994, over 6 million students, from birth to age 21, will receive special education services supported by IDEA. Access to appropriate special education and related services has resulted in an increase in the productivity and employability of young adults with disabilities, as well as a reduction in the number of students with severe disabilities who are inappropriately placed in institutions away from their homes.

The federal role in establishing the framework and providing financial assistance to states to address the educational needs of children with disabilities is of paramount importance. IDEA was first passed in 1975 as the result of the uprising of parents of children with disabilities who proved that states were not meeting the fundamental educational needs of their children. The Education Task Force supports a continued federal role to assist states and local school systems to educate children with disabilities.

The members of the CCD Education Task Force are committed to working closely with Congress on these important issues which affect the constituency of every member in the House and Senate. Please contact the Education Task Force Co-chairs listed below for additional information:

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Consortium for Citizens with Disabilities

CCD EMPLOYMENT AND TRAINING TASK FORCE

The CCD Employment and Training Task Force, which provides leadership to the consortium on issues related to employment and training programs and opportunities for individuals with all types of disabilities, is composed of approximately 30 national organizations. The Task Force has a variety of responsibilities, including: reviewing, discussing and commenting on draft legislative and regulatory language; presenting Congressional testimony addressing the needs of individuals with disabilities; participating in meetings with federal and Congressional representatives; providing input into the development of standards and indicators for the state vocational rehabilitation (VR) program; reviewing and commenting on data collection systems; etc. In all of these activities, Task Force members are representing the needs and interests of individuals with disabilities and their families.

The CCD Employment and Training Task Force is currently involved in intensive discussions concerning current Congressional efforts to consolidate federally-funded job training programs and the appropriateness of including the employment programs funded specifically for individuals with disabilities under the Rehabilitation Act. Although the Task Force supports the consolidation of many job training programs, we have strong reservations about folding the funding available for the state VR program into a block grant to fund generic job training programs. Past experiences with programs such as JTPA, Title XX Block Grants, and Vocational Education have shown that persons with disabilities seldom, if ever, get their intended share of appropriate services, benefits or supports when they are competing with other populations under "generic" systems or programs. The Task Force's goal in working with Congressional staff as this consolidation effort moves forward is to ensure that individuals with disabilities have the same opportunities for job training and employment as all other Americans. Given that the unemployment rate for individuals with disabilities who are of working age is 69 percent (according to a recent Harris Poll), the Task Force feels strongly that Congress would be remiss in supporting the creation of any system that allows the reduction of federal and/or state funds targeted for training and employment assistance for individuals with disabilities.

Members of the CCD Employment and Training Task Force would welcome the opportunity to meet with Congressional staff to discuss our ideas and concerns about consolidating federally-funded job training programs. The Task Force represents a wealth of information and expertise. For additional information on our goals, activities and position on consolidation efforts, please feel free to call one of the Task Force Co-Chairs:

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Consortium for Citizens with Disabilities

CCD FISCAL POLICY TASK FORCE

The CCD Fiscal Policy Task Force is comprised of 35 national consumer and provider organizations interested in federal budget, appropriations and other fiscal issues. Task Force members carefully follow the budget and appropriation process from the time that the President delivers his budget to Congress on the first Monday in February through the final appropriation measure adopted and signed by the President each fiscal year. The Task Force monitors all fiscal year budget and appropriation measures as well as supplemental appropriations, rescissions, reconciliations, and other measures which impact the federal funding commitments as they impact upon the lives of individuals with disabilities and their families.

The CCD Fiscal Policy Task Force is cognizant of the serious economic problems facing this nation. The Task Force members are also concerned about the deficit and a growing federal debt which threatens to burden Americans, including Americans with disabilities for generations to come. There is a critical need to reduce the federal debt. However, the Task Force strongly opposes any decisions made in the name of fiscal responsibility that reverse the progress made in removing the shackles of dependency and unproductive segregation of Americans with disabilities. The Fiscal Policy Task Force opposes fiscal policy changes that, while they might result in short term budget savings, will ultimately cost the public more in basic maintenance costs -- costs this nation can ill afford economically or socially. The President's 1996 budget proposal falls short of adequate funding for many disability-related programs. Likewise, many deficit reduction proposals in the Contract with America would wreak havoc on the lives on individuals with disabilities. Included in this document is a task force statement on the FY 1996 Budget Process, which provides an overview of the implications of federal fiscal policy on people with disabilities and their families. Additionally, task force documents make specific programmatic recommendations for the 1996 appropriations bills. CCD's recommendations address the need to maintain federal commitments to advance the independence of individuals with disabilities.

For more information on specific fiscal policy positions and recommendations, please contact the CCD Fiscal Policy Task Force Co-chairs:

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Consortium for Citizens with Disabilities

CCD HEALTH TASK FORCE

The CCD Health Task Force is composed of 65 national consumer and provider organizations interested in health policy from a disability perspective. The Health Task Force is interested in all components of health care reform, Medicare policy, and the acute care aspects of the Medicaid program. The Health Task Force is particularly concerned about the negative effect that some managed care arrangements have on the delivery of appropriate and quality health care services to people with disabilities and chronic illnesses. In addition to its legislative agenda, the Health Task Force also monitors and participates in rulemaking by the federal agencies in the area of health policy.

The lack of adequate health care coverage is a critical issue for many people with disabilities and chronic illnesses, who have experienced first-hand myriad problems with the current health care system. People with disabilities and chronic illnesses are disproportionately represented among both the uninsured and the underinsured. Given this, the Health Task Force will work throughout the 104th Congress to make private health insurance more available and affordable through the elimination of pre-existing condition exclusions, guaranteed portability, equitable premium rating, the prohibition of policy cancellation due to illness or injury, and the expansion of coverage to those not currently able to access necessary health care services. The Health Task Force will also work to improve managed care arrangements in both the private and public market through the establishment of important consumer and provider due process standards, quality standards, provisions ensuring access to specialists when medically appropriate and access to out-of-network services when desired by the health care consumer. The Health Task Force will also work to ensure that quality and access to care are not jeopardized for people with disabilities through Medicare and Medicaid reforms initiated at both the federal and state levels. Additionally we will seek to refine definitions of certain Medicare benefits that are outdated and deny important services to people with disabilities. While the Health Task Force will closely monitor and respond to proposed reforms in the acute care aspects of the Medicaid program, the CCD Long Term Services and Supports Task Force will take the lead on efforts regarding long term care issues.

Every member of Congress has a significant constituency of people with disabilities and chronic illnesses who are concerned with and affected by the issue of health care. The members of the CCD Health Task Force are available to provide you with information to address the needs of these constituents as you develop health care reform proposals. Please contact the CCD Health Task Force Co-Chairs listed below for additional information:

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Consortium for Citizens with Disabilities

CCD HOUSING TASK FORCE

The CCD Housing Task Force has a membership of 19 disabilities organizations, and focuses on the severe crisis in available housing for people with disabilities. Despite the obvious need, people with disabilities are historically the most under-served of all low and moderate income groups eligible for federal housing assistance.

In the United States today, of the 49 million individuals who have a disability, many also have extremely low incomes and are in need of decent, safe, affordable, and permanent housing. Access to housing -- the cornerstone of independence -- allows people with disabilities to focus on other aspects of independent living, including education, job-training and employment. In its recent report to Congress, Worst Case Housing Needs for Housing Assistance in the United States in 1990 and 1991, HUD documented that very low income people with disabilities face the highest incidence of acute housing problems, especially for non-elderly individuals with disabilities and documents that people with disabilities often have multiple housing problems. Despite federal laws to the contrary, including the Fair Housing Act and the Americans with Disabilities Act, the stigma associated with having a disability severely limits available housing opportunities.

CCD strongly believes in the need for federal leadership to address the ongoing housing crisis faced by people with disabilities as central to their empowerment and attainment of independence and full participation in the new opportunity society. In formulating changes to federal housing policy, Congress now has the opportunity to develop more responsive approaches based on the principles of empowerment, inclusion, and integration that underlie the disability movement nationally. These same principles must guide the use of national housing funds, and articulate the acute housing needs of people with disabilities.

Specifically, CCD supports federal housing policy which:

- Ensures that all federally funded housing activities emphasize both the civil rights and housing rights of people with disabilities consistent with the provisions of the Fair Housing Amendments of 1988, the Americans with Disabilities Act, and Section 504 of the Rehabilitation Act of 1973;
- Ensures that the framework for planning, strategy development, implementation and monitoring of federally funded housing activities includes an integral decision-making role for the disability community; and
- Ensures that all federal funding for housing activities includes a "fair share" of funding to meet the acute unmet housing needs of persons with disabilities documented in HUD's Worst Case Needs for Housing Assistance report submitted to the Congress in 1994.

For more information contact one of the co-chairs of the CCD Housing Task Force:

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Consortium for Citizens with Disabilities

CCD LONG TERM SERVICES AND SUPPORTS TASK FORCE

The Long Term Services and Supports Task Force works to promote adequate and appropriate services and supports needed by people with disabilities in order to be independent, productive and integrated members of society. The Task Force actively works to alter the bias in the Medicaid program which currently emphasizes institutional, congregate care for long term services as opposed to the preferred and more effective types of community and individual supports and services. The Task Force also monitors continuing efforts to establish long term care services outside the Medicaid program.

The Task Force will continue to monitor legislation on assuring quality services under existing Medicaid programs, promoting monitoring which addresses the critical issues related to quality outcomes rather than overly intrusive, outdated methods. The Task Force will also be promoting technical and clarifying amendments to Medicaid, consistent with the objectives of promoting services that support true independence, productivity, and integration. The Task Force will continue to monitor the implementation of nursing home reform as it affects people with developmental disabilities or mental illness who should receive noninstitutional, community supports. Extension and expansion of the Medicaid Community Supported Living Arrangement (CSLA) option is critical. The types of services authorized by CSLA focus on promoting positive lives for people with developmental disabilities and break new ground for the Medicaid program by emphasizing that people with developmental disabilities can live in their own homes if proper supports are provided. The option also provides flexibility to determine individual service requirements, providing as much or as little as an individual needs.

As part of the revamping of the health care system, long term services and supports must be included and meet the following principles: ensure eligibility of people with disabilities, regardless of age, who need long term services; and ensure that reform and expansion of long term services are based on the promotion of community and individualized services and supports which foster independence, choice and inclusion.

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Consortium for Citizens with Disabilities

CCD PREVENTION TASK FORCE

The CCD Prevention Task Force is comprised of representatives from national consumer, advocacy, provider and professional organizations. The purpose of the Prevention Task Force is to identify and support key prevention programs that provide the foundation for a comprehensive national disability prevention strategy. Unfortunately, many of these programs have not realized the level of support needed to ensure the implementation of these efforts in every state. The Prevention Task Force is interested in bringing federal attention to all areas of prevention, including prevention of primary disabling conditions and prevention of secondary conditions in persons with disabilities. Prevention programs are cost-effective and assist individuals and their families to lead more productive and independent lives. Additionally, prevention programs save our economy millions of dollars in health, labor, education and human resources by preventing the incidence of primary and secondary disabilities.

The CCD Prevention Task Force contends that preventing primary disabling conditions and preventing secondary conditions in persons with disabilities requires critical review and attention by all members of the 104th Congress. The Prevention Task Force will work diligently to educate the members of the 104th Congress about the need for a comprehensive national disability prevention strategy. There is a strong need to identify effective intervention strategies so these strategies can be effectively implemented and properly evaluated. The Prevention Task Force will continue to support the outstanding commitment and efforts by the Centers for Disease Control & Prevention (CDC), and support increased funding for the following CDC Programs: 1) Spina Bifida and Anencephaly Prevention; 2) Disabilities Prevention; 3) Fetal Alcohol Syndrome Prevention; 4) Birth Defects Surveillance; 5) Immunization and Vaccines for Children; and 6) Lead Poisoning Prevention. The Prevention Task Force will support the passage of the Birth Defects Prevention Act, the Disability Prevention Act and other key legislation to advance a national disability prevention strategy. The Prevention Task Force urges the 104th Congress to carefully assess potential negative outcomes of block granting programs to states that have limited funding. This is especially applicable to the Disability Prevention Program at the Centers for Disease Control & Prevention, which is the only program related to preventing disabling conditions in the U.S. Government. Lastly, the Prevention Task Force supports additional resources for the National Institutes of Health (NIH), including the National Institute of Child Health & Human Development and the National Center for Medical Rehabilitation & Research. In addition to its legislative agenda, the Prevention Task Force will monitor the status of emerging prevention activities.

The members of the CCD Prevention Task Force offer themselves as a resource to all Congressional staff and legislators interested in the disability perspective on prevention issues. For further information, please contact the following CCD Prevention Task Force Chair below:

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Consortium for Citizens with Disabilities

CCD RIGHTS TASK FORCE

The CCD Rights Task Force is comprised of over 30 organizations of the Consortium for Citizens with Disabilities (CCD) and monitors the civil rights issues affecting persons with disabilities in the Administrative, Congressional and Judicial branches of the federal government. The Task Force monitors legislation which will expand or limit civil rights protections. The major issues facing the Rights Task force this year include the full implementation of the Americans with Disabilities Act, the Fair Housing Act and the Air Carrier Act, the reauthorization of the Individuals with Disabilities Education Act (IDEA), especially with regard to the due process protections under the Act, funding for the enforcement agencies, and maintenance of the protection and advocacy systems for persons with disabilities.

The Rights Task Force has developed relationships with the enforcement branches of the federal bureaucracy to monitor their enforcement activities, including: the Department of Justice, the Equal Employment Opportunity Commission, the Office of Civil Rights of the Department of Health and Human Services, the Department of Energy, the Department of Transportation and the Department of Housing and Urban Development.

The Task Force also reviews appointments of key administrators in the relevant agencies as well as judicial appointments. In addition, the Task Force functions as a clearinghouse for information on pending critical cases before the federal judiciary affecting people with disabilities and coordinates involvement of CCD organizations in Amicus brief participation.

If you have any questions, or would like additional information, please feel free to contact the following Rights Task Force co-Chairs:

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Consortium for Citizens with Disabilities

CCD SOCIAL SECURITY TASK FORCE

The CCD Social Security Task Force is made up of over 30 consumer and provider organizations. The Task Force reviews all proposed legislative and administrative changes related to SSI and SSDI eligibility, policy and benefits. The Task Force has long advocated sufficient funding for the Social Security Administration (SSA) to fully staff and administer all safeguards and provisions of the law.

The Task Force is vigilant regarding children with disabilities and their relationship to the SSI program. Of grave concern are proposed changes in the children's SSI program that would eliminate cash benefits for most future beneficiaries. Instead, many children would only be eligible - not entitled -- for limited services through a new state block grant that will drastically reduce federal aid to very poor children with serious disabilities. The proposed Personal Responsibility Act makes wholesale changes to a program that basically works well. Program abuses, when they occur, can be addressed without punishing all eligible children with disabilities.

The Task Force also monitors legislation which would impact on working age people with disabilities. The inclusion of people with disabilities in the Senior Citizens' Equity Act could encourage individuals who receive SSDI -- but would like to become taxpayers -- to try to enter or return to the work-force. This legislation would increase the monthly earnings level significantly for retirees. The Task Force believes that all individuals who receive Title II OASDI benefits should be allowed to attain the same earnings level before incurring financial penalties. Similarly, in Title XVI, the Substantial Gainful Activity (SGA) level and work incentives for people with disabilities should be made consistent with those of people who are blind. The current, arbitrary, \$500 SGA level for persons with disabilities creates a significant disincentive to attempting a return to the work force.

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Consortium for Citizens with Disabilities

CCD TECHNOLOGY TASK FORCE

The CCD Technology Task Force includes representatives of 13 national disability organizations concerned with the availability of assistive technology for persons with disabilities. The Task Force works to further systems change activities at the local, state and federal levels to ensure that people with disabilities have access to and secure the assistive technology they need in order to work, attend school and participate directly in their communities as full citizens.

The Task Force actively monitors and encourages technology-related developments for persons with disabilities in other legislation and across executive agencies to ensure that new and emerging technologies address the accessibility needs of individuals with disabilities. Additionally the Task Force encourages technology-related initiatives, such as alternate fiscal mechanisms, which would enhance opportunities for employment for individuals with disabilities as well as ensuring sharing of the benefits of the increased productivity that these technologies make possible.

The CCD Task Force on Technology was instrumental in strengthening the 1993 reauthorization of the "Technology-Related Assistance For Individuals With Disabilities Act" [P.L. 103-218; 29 USC 2201]. This legislation enables states to designate a lead agency to coordinate activities that would facilitate access to, provision of and funding for assistive technology devices and services for individuals with disabilities and empowers individuals to make responsible choices in securing assistive technology.

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Consortium for Citizens with Disabilities

CCD TRANSPORTATION TASK FORCE

The CCD Transportation Task Force is comprised of 12 national organizations dedicated to promoting accessible transportation. Task Force members worked with Congress to craft the transportation provisions of the Americans with Disabilities Act (ADA) and have been working cooperatively with the Department of Transportation (DOT) and transit providers to promote effective ADA implementation. The task force is also actively involved with issues affecting the rights of air travelers with disabilities under the federal Air Carrier Access Act.

For the nation's 25 million transit dependent people with disabilities, accessible transportation is the critical factor that determines if they can pursue opportunities in employment, education, housing, and recreation. The availability of accessible public transportation is the critical link to ending dependency on federal disability programs and becoming employed, productive taxpayers. Issues of major concern to the Task Force include:

ADA Implementation and Enforcement
Air Carrier Access Act Enforcement
Over-the-Road Bus Accessibility

Paratransit Services
Detectable Warnings
Project ACTION Funding

Public transportation is an important national resource for all Americans. The Task Force believes that full implementation of the ADA will make transportation accessible for all Americans. The federal government needs to provide sufficient financial resources to ensure that transit remains viable. We are particularly concerned about proposed funding reductions for operating assistance --- especially at this time when paratransit demands are increasing. Task Force members believe that transit providers need reliable sources of information on the most cost-effect methods of achieving ADA compliance. The Task Force supports Project ACTION (Accessible Transportation in Our Nation), a Congressionally-created research and demonstration project. Project ACTION, which is funded through DOT and administered by the National Easter Seal Society, is dedicated to improving transportation accessibility by providing quality information on ADA requirements and by facilitating cooperation between the disability and transit communities nationwide.

For far too many years people with disabilities have been excluded from public services available to all other citizens. Now that people with disabilities have been empowered under the ADA to gain access to public facilities including transportation we must not sacrifice these hard fought civil rights in the name of "unfunded mandates."

For more information on transportation accessibility issues, please contact the CCD Transportation Task Force Co-Chairs listed below:

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CONSORTIUM FOR CITIZENS WITH DISABILITIES (CCD)
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American Academy of Pediatrics
American Academy of Physical Medicine and Rehabilitation
American Association for Marriage & Family Therapy
American Association for Respiratory Care
American Association of Spinal Cord Injury Psychologists and Social Workers
American Association of University Affiliated Programs for Persons with Developmental Disabilities
American Association on Mental Retardation
American Association of Childrens' Residential Centers
American Congress of Rehabilitation Medicine
American Council of the Blind
American Counseling Association
American Disability Prevention and Wellness Association
American Foundation for the Blind
American Foundation for the Blind/NPA
American Horticultural Therapy Association
American Network of Community Options & Resources
American Occupational Therapy Association
American Orthotic and Prosthetic Association
American Parkinson Disease Association
American Physical Therapy Association
American Psychological Association
American Public Health Association
American Rehabilitation Association
American Speech-Language-Hearing Association
American Spinal Injury Association
American State of the Art Prosthetic Association
American Therapeutic Recreation Association
Amputee Coalition of America
Association for Education & Rehabilitation of the Blind & Visually Impaired
Association for Persons in Supported Employment
Association of Academic Psychiatrists
Association of Educators for Rehabilitation Facility Personnel
Association of Maternal and Child Health Programs
Autism National Committee
Autism Society of America
Bazelon Center for Mental Health Law
Candlelighters Childhood Cancer Foundation
Center for Law and Education
Center for the Study of Social Policy
Center on Disability and Health
Children's Defense Fund
Children and Adults with Attention Deficit Disorders
Conference of Educational Administrators Serving the Deaf
Convention of American Instructors of the Deaf

Council for Exceptional Children
Council for Organizational Representatives
Council of Schools for the Blind
Council of State Administrators of Vocational Rehabilitation
Disability Rights Education and Defense Fund
Epilepsy Foundation of America
Families USA
Federation of Families for Children's Mental Health
Goodwill Industries International, Inc.
Task Force for Health Care Parity for the Environmentally Ill
Higher Education Consortium for Special Education
Institute for Career and Leisure Development
Inter/National Association of Business, Industry & Rehabilitation
International Association of Jewish Vocational Services
International Association of Psychosocial Rehabilitation Services
International Brain Injury Association
Joseph P. Kennedy, Jr. Foundation
Learning Disabilities Association
Legal Action Center
March of Dimes
Mental Health Policy Resource Center
National Alliance for the Mentally Ill
National Association for Child Advocacy
National Association for Music Therapy
National Association of Developmental Disabilities Councils
National Association of Medical Equipment Services
National Association of People with AIDS
National Association of Private Schools for Exceptional Children
National Association of Protection and Advocacy Systems
National Association of Rehabilitation Research and Training Centers
National Association of State Boards of Education
National Association of State Directors of Developmental Disabilities Services, Inc.
National Association of State Directors of Special Education
National Association of State Mental Health Program Directors
National Association of School Psychologists
National Association of the Deaf
National Center for Learning Disabilities
National Consortium on Physical Education and Recreation for Individuals with Disabilities
National Community Mental Healthcare Council
National Council of State Agencies for the Blind
National Council of Work Centers
National Council on Independent Living
National Council on Rehabilitation Education
National Cued Speech Association
National Easter Seal Society
National Head Injury Foundation
National Health Care Council
National Health Law Program, Inc.
National Industries for the Blind
National Mental Health Association

National Multiple Sclerosis Society
National Organization for Rare Disorders
National Organization on Disability
National Organization on Fetal Alcohol Syndrome
National Parent Network on Disabilities
National Pediatric HIV Resource Center
National Recreation & Park Association
National Rehabilitation Association
National Senior Citizens Law Center
National Spinal Cord Injury Association
National Therapeutic Recreation Society
National Transplant Support Network
NISH, Creating Employment Opportunities for People with Severe Disabilities
Orton Dyslexia Society, Inc.
Paralyzed Veterans of America
Research Institute for Independent Living
RESNA
Schools Are For Everyone, Inc.
Self Help for the Hard of Hearing People
Spina Bifida Association of America
Telecommunications for the Deaf, Inc.
The Accreditation Council on Services for People with Disabilities
The Arc
United Cerebral Palsy Associations
Vocational Evaluation Work Adjustments Association
Washington Business Group on Health
World Institute on Disability

OBSERVERS

American Health Care Association
Architectural & Transportation Barriers Compliance Board
Community and Policies Studies
Disability Rights Council of Greater Washington
Dole Foundation
Federal Employees with Disabilities
Hear Our Voices
National Aeronautics and Space Administration/Goddard Space Flight Center
National Council on Disability
President's Committee on Employment of People with Disabilities
U.S. Department of Education/OSERS/NIDRR
Zero to Three/National Center for Clinical Infant Programs

OTHER GROUPS

ADAPT of Texas
ADAPT
Justin Dart
National Federation of the Blind

Consortium for Citizens with Disabilities

TASK FORCE ON FISCAL POLICY

STATEMENT ON THE FY 1996 FEDERAL BUDGET

The Consortium for Citizens with Disabilities (CCD) is a working coalition comprised of consumer, advocacy, provider and professional organizations that are concerned about the quality of life for all Americans, including those who experience physical and mental disabilities and their families. More than 125 national organizations are participating members of the Consortium. The CCD objective is to advance the independence of the 49 million people in this country who experience disabilities.

Children and adults with disabilities comprise an estimated 15 to 20 percent of the U.S. population. Some individuals are born with a disability. Others develop a disability due to environmental factors, accidents, illnesses or war. Still others develop age-related disabilities. Disability is not set apart by demographics. It crosses all income, age and ethnic groups. *Individuals with disabilities are indeed the one minority for which anyone is potentially eligible.*

The CCD Fiscal Policy Task Force, which provides leadership to the Consortium on issues of fiscal policy, is cognizant of the serious economic problems facing this nation. We, too, are concerned with the deficit and an enlarging federal debt which threatens to burden Americans, including Americans with disabilities, for generations to come. We understand the critical need to reduce the federal debt. However, we strongly caution against decisions in the name of fiscal responsibility that reverse the progress this nation has made in removing the shackles of dependency and unproductive segregation for individuals in this nation with disabilities and which will *ultimately cost the public more in basic maintenance costs. We must guard against steps that, while they might be scored as budget savings, actually represent costs that we can ill afford to incur economically or socially in this nation.*

The Federal Government has been largely responsible for the gains that individuals with disabilities have made in escaping the "forced dependency" of outmoded public policies and practices at the state and local levels. Specifically, the following federally initiated services are now among those available to eligible persons with disabilities:

- Lifesaving medical care for individuals who cannot otherwise obtain private health insurance due to preexisting conditions or income level
- Early intervention supports and services for infants and toddlers, young children and their families, which remediate and prevent future developmental problems
- Special education and related services to prepare young people with disabilities for adult life
- Rehabilitation and job training to foster productive and economic independence

CCD Fiscal Policy Task Force - Statement on the 1996 Federal Budget

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- The availability of decent, safe, affordable housing permits people with disabilities to live independent and productive lives in the community.
- Accessible transportation allows individuals to achieve greater personal independence, mobility, employment and meaningful community integration.
- Cash assistance to individuals and families of children with disabilities to ameliorate the high cost of disability and keep families together

For many individuals with disabilities, access to these services is the linchpin to self-determination and participation in the mainstream of American life. Many of the services stand alone, while others are provided as a part of larger networks which coordinate activities and facilitate access to supports that would otherwise be unavailable. Significant losses in one program would result in significant hardship. Losses across a spectrum of services would have a multiplier effect on individuals who rely on a combination of federally supported programs for their independence.

Federal leadership and commitment to these services and supports have economic implications that go beyond an individual with a disability. In case after case, research as well as common sense suggest that disability-related supports offer hidden federal budget savings and, alternatively, cuts in these programs contain hidden costs. In most cases, the short and long term costs heavily outweigh any immediate gain from significant reductions in funding for these services. For example, it is demonstrated that for every dollar in support for appropriate early intervention services for infants with disabilities, savings from between \$3 and \$7 in future educational and health services can be realized. By providing modest cash assistance (up to \$458 per individual per month) the Supplemental Security Income (SSI) program helps very low income families meet that additional costs associated with a disability and remain intact. Without this support, responsible families would be forced to place their loved ones in an expensive institutional setting. Data collected in Pennsylvania reflect that the costs of institutionalization for one person ranges from \$50,000 to \$100,000. These figures are similar to cost differentials in other states.

Unfortunately, while we have made great progress over the past twenty years, we have only begun the work. The current level of funding doesn't yet cover minimal services and supports for many people with disabilities. The ability to live full lives and participate in society in economic activities is already limited by funding constraints.

- School systems are already clearly strapped for funding across multiple programs. A loss in special education funding would only exacerbate an already very serious problem. Far too many young adults are leaving school without the necessary skills to successfully enter the work force. Data reflects a graduation rate among students with disabilities of 56.2%. Thirty-six out of every 100 students with disabilities drop out of school before graduation. Only 52.2% of youth with disabilities are employed two years after exiting school.
- Inadequate educational services and supports for students with disabilities now will mean significant costs later in their lifetimes. Reductions would have a negative impact on education with regard to preparing students with disabilities for competitive employment and

CCD Fiscal Policy Task Force - Statement on the 1996 Federal Budget
Page 3

- independent living. This would, in turn, result in expenditures in the adult system which would be the next stop for skills training or supports for those who remain unemployed.
- Only a small percentage of eligible individuals receive vocational rehabilitation services to learn or re-learn job skills. The state vocational rehabilitation systems currently have the resources to serve only one in twenty individuals who are determined to be eligible for their services. The result is that people who are anxious to work are instead added to the rolls of those who are economically dependent. A loss in employment supports would only increase the numbers of individuals who are locked out of real work.
- Additional social and economic costs occur when family members are required to leave jobs to make up for the lack of adequate social supports. For example, families with members who require intense daily assistance face incredible challenges when they do not have access to adequate health care, personal assistance and other services, or when there are no income supports, such as SSI, available to assist them in securing their own services. Families are often faced with only two costlier alternatives: remain home to care for their family members or place their son or daughter in an institution.

Spending reductions at the federal level will mean a shift of fiscal burdens from the federal to the state and local levels. Without a strategy to avoid the trap of simply rearranging cost of human services from one level of government to others or to families and private charities that are not equipped to replace lost federal revenues, there will be no over-all economic gain in cost containment strategies. There must be truth in cost-containment with conclusive demonstrations that proposed cost containment strategies would control overall costs over the long run without shifting the responsibility to a different sector of the economy or resulting in harm to the affected individuals.

There are immediate costs associated with the reduction in many disability-related services, with the impact felt in the same fiscal year as the programmatic cuts. Substantial, longer range costs also come about through the dismantling of a professional infrastructure that is essential to the service-delivery system. Like cuts in our educational infrastructure, substantial cuts in the "disability services" infrastructure can wreak serious and lasting damage on a system of knowledge and practice that has been successful in adding value, income and tax revenues to our society.

As our nation struggles to redefine the federal role and to address the deficit reduction, we remind federal lawmakers that the level of supports needed by people with disabilities does not disappear when federal funding is reduced.

Accompanying this document is a series of descriptions of the working task forces within the coalition which highlight issues of importance to individuals with disabilities. The CCD eagerly looks forward to working with the leaders of the 104th Congress in seeking fiscally responsible strategies to ensure that our nation continues to serve the basic human needs, support economic independence and protect the fundamental rights of people with disabilities.

March, 1995

CONSORTIUM FOR CITIZENS WITH DISABILITIES
LABOR/HHS/EDUCATION APPROPRIATIONS TABLE, FY 1996
(in millions)

	FY 95 Approp	FY 96 CCD Rec
DEPARTMENT OF LABOR		
Job Training Partnership Act - Grants to States		
Adult	1054.8	1085.4
Youth	598.7	616.1
Summer Youth	871.5	896.8
Filots and Demonstrations	35.5	36.5
School to Work	125.0	128.6
Promoting the Employment of People with Disabilities (PCEPD)	4.4	4.6

DEPARTMENT OF HEALTH AND HUMAN SERVICES		
Developmental Disabilities		
Developmental Disabilities Basic Grant Program	70.4	72.4
Developmental Disabilities Protection & Advocacy	26.7	27.5
Developmental Disabilities Univ. Affiliated Programs	19.0	19.6
Developmental Disabilities Projects of Nat'l Significance	5.7	5.9
Maternal and Child Health Block Grant	684.0	704.0
CDC Programs		
CDC Immunization Program	465.6	479.1
CDC Vaccines for Children	424.3	436.6
CDC Lead Poisoning Prevention	36.4	37.5
CDC Disability Prevention	13.0	13.4
CDC Prevention Programs:	11.7	12.0
Fetal Alcohol Syndrome Prevention		
CDC Spina Bifida and Anencephaly Prevention		
CDC Birth Defects Surveillance		
Project Begin: Poverty Associated Mental Retardation		
National Institutes of Health		
National Institute of Child Health and Human Development	513.4	550.5
National Institute on Deafness and Other Communication Dis.	166.9	175.9
National Institute of Neurological Disorders and Stroke	628.3	657.2
Protection and Advocacy for Individuals with Mental Illness	21.9	22.6
Title XX Social Services Block Grant	2800.0	2800.0
Head Start	3534.4	3934.7
Temporary Child Care Crisis Nurseries	11.8	12.1

CONSORTIUM FOR CITIZENS WITH DISABILITIES
LABOR/HHS/EDUCATION APPROPRIATIONS TABLE, FY 1996
(in millions)

	FY 95 Appro	FY 96 CCD Rec
DEPARTMENT OF EDUCATION		
Individuals with Disabilities Education Act		
State and Local Grant Programs (incl. former PL 89-313)	2322.9	2399.6
Preschool Grants (incl. former PL 89-313)	360.3	399.9
Early Intervention Program-Pt H (incl. former PL 89-313)	315.6	350.3
Early Childhood Education	25.2	25.9
Centers and Services for Deaf-Blind Children	12.8	13.2
Secondary Education and Transitional Services	24.0	24.7
Postsecondary Education Programs	8.8	9.1
Special Education Personnel Development	91.3	93.9
Parent Training Centers	13.5	13.9
Special Education Technology	10.8	11.1
Programs for Children with Severe Disabilities	10.0	10.3
Special Studies Program	4.1	4.2
Programs for Children/Youth with Severe Emotional Dis.	4.1	4.2
Family Support		10.0
Vocational Education		
Carl D. Perkins Vocational and Applied Tech. Educ. Act	1170.9	1204.9
School-to-Work	125.0	128.6
Goals 2000	371.9	382.7
Rehabilitation Act		
Vocational Rehabilitation State Grants	2054.1	2118.8
Supported Employment State Grants	36.5	38.2
Rehabilitation Training	39.6	40.7
Independence Living Services-Part B	21.5	22.1
Centers for Independent Living	40.5	41.7
Independent Living Svcs. for Older Ind. who are Blind	8.9	9.2
Protection and Advocacy for Individual Rights	7.5	7.7
Client Assistance Program	9.8	10.1
Innovation and Expansion Grants	9.0	
Projects with Industry	22.0	22.6
National Institute on Disability and Rehab. Research	70.0	72.0
Special Demonstration Projects (incl. Supported Employ.)	34.2	35.2
Special Recreation Programs	2.6	2.7
Special Demonstrations and Training Activities - Title 8		5.0
Technical Assistance for Community Rehabilitation Programs		1.0
National Council on Disability	1.79	1.83
Technology Related Assistance Grants	39.2	40.3

Consortium for Citizens with Disabilities

AMERICANS WITH DISABILITIES ACT - TECHNICAL ASSISTANCE AND ENFORCEMENT

When the Americans with Disabilities Act (ADA) was signed into law on July 26, 1990, it instantly became the single most important piece of civil rights legislation since the Civil Rights Act of 1964. This landmark law prohibits discrimination on the basis of disability in private sector employment, public accommodations, transportation, state and local government operations and telecommunications. The ADA recognizes the need to educate the public about their rights and responsibilities under the law. Section 506 of the ADA calls for the federal agencies with implementation responsibilities [the Department of Justice (DOJ), Equal Employment Opportunity Commission (EEOC), Department of Transportation (DOT), Federal Communications Commission (FCC), and the Architectural and Transportation Barriers Compliance Board (ATBCB)], to render technical assistance to both covered entities and individuals with disabilities.

In the four and one half years since the Act became law, these agencies, in conjunction with the Department of Justice, have developed technical assistance programs and have begun to provide technical assistance to covered entities and persons with disabilities. To date, millions of technical assistance documents have been distributed, including the ADA handbook and, as required by statute, the technical assistance manuals for titles I, II and III. In addition, the over four million businesses and institutions covered by the ADA have been informed of their obligations and tens of thousands of the pursuant inquiries have been satisfied.

But, despite all this time and these extensive efforts, many entities affected by the ADA and its regulations still have a less than adequate understanding of just what they must do to comply with this Act, and there is a growing misinterpretation of their requirements under the law. It is increasingly clear that to remedy this situation, we must commit additional resources to the development and implementation of broad-based public education and technical assistance programs — programs that will help all Americans understand, meet and fulfill the challenges and objectives of the Americans with Disabilities Act.

Because virtually every article of the ADA is now enforceable by law, it is essential that additional resources and personnel be allocated and assigned to the Department of Justice and the Equal Employment Opportunity Commission so that they can fulfill the vital enforcement powers they were granted in the Act. Clearly, the current caseload of both of these entities illustrates that they are presently under-staffed, and as such are unable to meet their Americans with Disabilities Act enforcement responsibilities. It is clear that the Clinton Administration and the 104th Congress must channel additional resources, and in

Page Two

so doing demonstrate its true commitment to upholding the ideals of the ADA.

The CCD recommends adequate funding during FY 1996 to support technical assistance activities to be performed by the relevant agencies in accordance with the priorities developed by the Department of Justice in coordination with the participatory agencies. The Department of Justice should also work to accomplish the objectives of the ADA in coordination with local enforcement entities, such as the protection and advocacy systems, to avoid inconsistencies and duplication of efforts.

These resources will be used to continue technical assistance programs already underway and to focus new efforts on concerns that are not currently being addressed. For example, several highly successful grants currently underway need to be continued to complete work already in process. Other grants should be awarded to organizations representing businesses and facilities not targeted by existing programs. In addition, grants might be provided to reach populations of persons with disabilities who may have been passed over during the first three years of funding. And finally, it is essential to coordinate and fund production of accurate and useful technical material in alternate formats (e.g. electronic, braille, large print, etc.) to the business and disability community.

The Consortium for Citizens with Disabilities recommends that the FY 1996 appropriations process give careful consideration to the needs of the following agencies in their ADA enforcement obligations and provide adequate funding to carry out these responsibilities:

- Department of Justice
- Equal Employment Opportunity Commission
- Department of Transportation
- Federal Communications Commission
- Department of Education/OSERS: NIDRR, RSA and PAIR
- President's Committee on the Employment of Persons with Disabilities
- Architectural and Transportation Barriers Compliance Board
- National Council on Disability

In addition to programmatic funding, CCD especially recommends that salaries and expense accounts in the Department of Justice and Equal Opportunity Commission need to be increased to enable qualified personnel to adequately meet those agencies' enforcement mandates regarding the ADA.

WASHINGTON WATCH

DEPENDABLE, TIMELY INFORMATION FOR AMERICA'S DISABILITY COMMUNITY

Volume 1, Issue 6

May 16, 1995

House and Senate 1996 Budget Plans Released

The House and Senate Budget Committees have introduced and passed, in short order, their respective Budget Resolutions for FY 1996. The Washington Post quoted one Democratic Senator as stating: "When I see it in writing, it is uglier than it sounded." (Washington Post, May 10, 1995)

The proposed budgets establish far-reaching spending parameters and budget policy for the next seven years. The House and Senate Committee's bills set spending targets for FY 1996 (October 1, 1995- September 30, 1996) and mandate a balanced budget by 2002. The balance is assumed through substantial reductions in Medicaid, which would be converted to a block grant for states, Medicare, and other social welfare programs, the elimination of several federal agencies, including the Departments of Education (House), Energy (House) and Commerce (Senate). Welfare reform, including the devastating hits in

the Children's SSI program as passed earlier by the House, is also assumed as a budget reducer in the House bill. Eliminations, reductions, privatization, block grants and consolidations are prevalent throughout both documents. Special Education and Head Start are targeted for level funding in the Senate bill, while funding for Education Goals 2000 programs would be eliminated in the House Bill.

The House would reduce federal spending over ten years by \$1.4 trillion while the Senate reductions would be \$1 trillion. The House plan provides for the hotly debated tax reductions while the Senate only slightly nods to the tax breaks via a special reserve fund. The fund could use "resulting fiscal dividends" to finance tax breaks once Congress passes a budget that is certified by the Congressional Budget Office to achieve balance by the

(See BUDGET, Pg. 3, Col. 1)

White House Conference on Aging Includes People with Disabilities

The 1995 White House Conference on Aging was held May 2-5 in Washington, D.C.. The purpose of the conference was for individuals to work jointly with States, public and private organizations to guide national aging policy into the 21st century. Resolutions considered corresponded with the four general issues on the conference agenda, including 1) Assuring Comprehensive Health Care Including Access to Long Term Care, 2) Promoting Economic Security, 3) Maximizing Housing and Support Services Options, and 4) Maximizing Options for a Quality Life.

A coalition of conferees representing America's aging and disability populations successfully sought policy resolutions that would provide for long term care choices. "As delegates, we were trying to figure out how to make

this White House Conference on aging fight for Medicaid and a needed look at long term health care," said Allan I. Bergman, a disability rights advocate and specialist on Medicaid and long term services for United Cerebral Palsy Associations. Delegates approved a resolution opposing block granting Medicaid and adopted resolutions calling for universal health care coverage and further development of home and community based long-term care services. These items were among 50 resolutions adopted by the conference whose delegates were selected primarily by Governors and Members of Congress.

Determining what it will take to live the "highest quality of life with the greatest degree of independence" for people with disabilities and people who are aging in America was

(See CONFERENCE Pg. 3, Col. 2)

A popular government without popular information, or the means of acquiring it, is but a prologue to a farce or a tragedy or perhaps both. Knowledge will forever govern ignorance, and a people who mean to be their own governors must arm themselves with the power which knowledge gives. James Madison, 1822

House and Senate Produce White House Conference 1996 Budget Proposals on Aging

(BUDGET, From Pg. 1)

year 2002. The Senate Budget Committee Chair Pete Domenici (NM) has stated his opposition to a tax cut in the current economic environment.

Please be aware, this is just the beginning of the budget process. The Budget Resolution is the funding blueprint with spending ceilings and suggestions about how targeted figures might be achieved. The appropriation and authorizing committees have ultimate responsibility for funding and programmatic design decisions, and are free to choose their own strategies for meeting the targets.

Once the budget resolutions have passed the House and Senate and been through conference, the appropriations committees will establish the FY 96 discretionary spending levels. This must be completed prior to the October 1 deadline. A reconciliation bill will also be developed in both bodies to address the proposed changes in Medicaid, Medicare and other entitlement programs, as well as any other authorization adjustments necessary to meet the targets established in the final Budget Resolution.

These proposals are sounding the alarm throughout the disability community. For example, the loss of Medicaid as a federally directed entitlement program is a major set back; the Children's SSI program losses would prove devastating to families.

It is important that people with disabilities contact their Senators and House Members to make clear how vital services and programs such as Children's SSI, Medicaid, Medicare and others are to our community. All Members of Congress can be reached at their Washington, DC offices through the Congressional Switchboard: 202-224-3121.

"Promises to Keep" Rally Scheduled for June

A rally will be held on the West steps of the U.S. Capitol on June 22, 1995, from 12:00 noon until 2:00 PM as a celebration and demonstration of democracy in action. Speakers will include Members of Congress, disability advocates and others speaking about the rights of people with disabilities and the need to preserve them.

Following the rally, rally participants will visit Members of Congress to share with them the realities of our lives as Americans with disabilities and our vision of the future.

For more information contact: Larry Searcy or Patti Smith at the National Parent Network on Disabilities, 1600 Prince St., Suite 115, Alexandria, VA 22314, Ph: 703-684-6763.

(CONFERENCE From Pg. 1)

also a priority for the 2,260 delegates who attended the conference. "By the year 2010, we estimate there will be over 85 million Americans who make up the population of seniors and people with disabilities in America. For the most part, we want to live our lives as independently as possible, in our homes and communities as long as possible, this will mean a new mind set and commitment to prioritizing services and Medicaid dollars," said Bergman.

According to sources from the National Coalition on Disability and Aging, there currently exists less than adequate personal assistant services and other home and community based care provisions within options for long term care. Yet, home and community supports have been proven to be more cost effective, more dignifying and can be more empowering. According to Bergman, in 1994, some 148 thousand people (with developmental disabilities) were in Medicaid financed institutional care at a cost of \$10.6 billion, while 156 thousand people (with developmental disabilities) were in Medicaid financed home and community-based services at a cost of \$4.3 billion. The Urban Institute analysis of HCFA data in 1994 indicated that 29% of all Medicaid expenditures went to institutional care while only 6% went to home health services and home and community based services.

Post-conference activities will focus on implementation of the 50 adopted resolutions and meetings will be held nationally throughout the coming year. A final conference report is due to be presented to Congress within 270 days.

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WASHINGTON WATCH

DEPENDABLE, TIMELY INFORMATION FOR AMERICA'S DISABILITY COMMUNITY

Volume 1 Issue 3

April 25, 1995

Regulatory Reforms Could Jeopardize Disability Rights Protections

Regulatory Reform measures moving through the Senate include provisions that would seriously jeopardize disability rights protections under the guise of cost-benefit analysis. There are two major anti-regulatory bills in the Senate, S.343: The Comprehensive Regulatory Reform Act of 1995 and S.291: The Regulatory Reform Act of 1995. Ultimately these two bills will be combined into one regulatory reform package for Senate floor consideration and Senate conference with the House on the previously House passed regulatory reform legislation H.R. 9 The Job Creation and Wage Enhancement Act. Most publicly funded disability programs are designed to benefit individuals whose unique circumstances result in varying levels of reliance on public supports. Regulations promulgated to implement these programs are designed to ensure protections for individuals affected. The agencies involved are required to solicit input

from the public in the development of regulations. This participatory process and the regulations which result are essential. The proposals currently before the 104th Congress would reverse this process and could undermine the progress we have made in this country towards achieving independence for individuals with disabilities. As currently written, some of the bills could derail protections included within Section 504 of the Rehabilitation Act, the ADA, Parts B and H of the Individuals with Disabilities Education Act (IDEA), and other important regulations by automatically sunseting regulations (allowing them to expire), by requiring a comparison of the "cost" of the regulation with the "benefit" achieved, and in other ways.

(See REFORMS, Pg. 3, Col. 1)

Massive Medicaid Cuts/ Block Grants Proposed

Medicaid funding represents the largest source of federal funds going to the states for services for persons with disabilities. Multiple proposals are being discussed in Congress which would terminate the individual entitlement to Medicaid and slash the current growth of Medicaid from 11-13% per year to 5% per year over the next seven years to save \$150 to \$170 billion dollars. The potential impact of the cuts on children and adults with disabilities and their families is massive. The House and Senate will begin the process of cutting Medicaid and Medicare sometime this summer once their respective FY '96 Budget Resolutions are passed.

In an effort to help educate our readers, we kick-off our coverage with some basic statistics on Medicaid. One statistic especially important to people with disabilities

and an area in which we must educate our lawmakers, is that the AFDC population (adults and children) accounts for 73% of Medicaid recipients but uses only 33% of the funds. In comparison, people with disabilities and people over 65 years of age account for 27% of the recipients but use 67% of the funds. Medicaid is not Welfare. Medicaid is essential health care to millions of children and adults with disabilities who receive SSI benefits. Medicaid offers long term services and supports for hundreds of thousands of adults and children with disabilities and their families through the IFC/MR program, home and community based waivers, personal care, rehabilitation services, clinic services etc.. The proposed cuts would disproportionately impact children and adults with disabilities.

(See MEDICAID, Pg. 2, Col. 1)

A popular government without popular information, or the means of acquiring it, is but a prologue to a farce or a tragedy or perhaps both. Knowledge will forever govern ignorance, and a people who mean to be their own governors must arm themselves with the power which knowledge gives. James Madison, 1822



UNITED
CEREBRAL
PALSY
ASSOCIATIONS

Advancing the independence of people with disabilities

TO: Debbie Fine, White House Office of Public Liaison
FROM: Celane McWhorter *celane*
DATE: May 24, 1995

Per your request, attached are several documents that might be useful to you.

1. CCD Fiscal Policy Task Force document on the FY 1996 Budget. This document was "blanket" distributed to all House and Senate offices as a part of a larger CCD packet. I will bring you a copy of the entire packet on Thursday. Additionally, task force members met with most of the Budget Committee members staff and delivered the message in person. We did not create a separate document in response to the Republican budgets -- rather we let our larger statement and personal visits stand.
2. CCD Fiscal Policy Appropriation document outlining line item recommendations for the Labor/HHS/Education Appropriations Subcommittee. Our rule of thumb was level funding plus CPI except for education and other programs that were higher in the Administration budget. We also assumed the same level of increase for Part H (Early Intervention) as the Administration did for Head Start. We have made the argument with the Administration for the past year or two (and will continue to do so) that this program has the same level of need as does Head Start.
3. An article from UCPA's weekly publication for the grassroots, WASHINGTON WATCH, on the Republican budget.

Hope these are helpful. Sorry I didn't get them to you yesterday afternoon. I was in an all day meeting and did not return to my office. If you have questions, please give me a call. Otherwise, I look forward to seeing you on Thursday afternoon.

Consortium for Citizens with Disabilities

Kathy McGinley (202) 785-3388
Janet O'Keefe (202) 336-5934
Peter Thomas (202) 466-6550

THE IMPORTANT ROLE OF MEDICAID IN THE LIVES OF CHILDREN AND ADULTS WITH DISABILITIES

Medicaid is the largest source of federal and state funds for services and supports to children and adults with disabilities and it is under attack. The effective use of Medicaid has resulted in the development of systems of services that are meeting the needs of people with disabilities, helping them become more empowered and more independent. Any efforts to change funding formulas, expenditure levels, or relationships between the federal and state governments must not place the lives of people with disabilities in jeopardy.

Background

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MAJOR CUTS IN HUMAN SERVICES PROGRAMS PENDING

Current proposals in the U.S. Congress would have a major impact on funding for programs which benefit people with disabilities in ALABAMA. Some of these changes have already been approved by the House of Representatives, others have been outlined in documents from committees or from the leadership. The cuts are substantial, and they are targeted particularly on human services programs, such as Medicaid, Supplemental Security Income, state grants for Vocational Rehabilitation, Special Education, mental health, food stamps etc.

Little attempt has been made yet, especially by the House of Representatives, to make fair reviews of the effectiveness of individual programs. Instead, major reforms are being considered, and sometimes passed, in a rush and they are too frequently based on misinformation and misunderstanding.

Expected cuts in several programs are shown in the table on the back of this page. The proposed cuts are a mix of cuts in growth and direct cuts from amounts appropriated in previous years. Cuts in rate of growth are defended on the basis that they do not result in cuts in services, but they only slow the expansion of services. However, these programs have previously received increased funding year-by-year to keep up with increased costs resulting from inflation and with increases in the number of people eligible for the program. Reductions of 20-30% in the rate of growth, which have already been proposed by the House Budget Committee and other leaders, would mean in a real cut, in services offered or people who can obtain those services, or both.

These cuts will not fall evenly across all programs--some programs will be cut more, some less, others may be zeroed out altogether. Examples of likely cuts are as follows:

- ALABAMA stands to lose \$434,705,661 in Medicaid funding in year 5 under proposals from the Congressional Leaders. This figure represents a cut in the *rate of growth* of Medicaid--however, the rate of growth reflects expected increases in numbers of eligible persons and in the cost of health care. A cut of this magnitude will be hard for the state to replace and will result in many low-income individuals and families going without health care or using expensive uncompensated community hospital services.
- Approximately \$339,000,000 in federal SSI payments for children with disabilities in ALABAMA will be lost over the next five years under legislation which has already passed the House. This will leave families without the resources necessary to meet the costs of keeping their child at home. While some of these families may manage without the disability benefit, many others will turn to the state for aid.
- Cuts in state vocational rehabilitation and supported employment funds of \$8,893,215 could occur in ALABAMA if Congress makes a 20% cut in these programs;
- Cuts in special education basic state grants of \$13,495,681 could occur in ALABAMA if Congress were to cut education programs by 30%.

Unless Congress hears from advocates that such substantial cuts are unacceptable, the state will be faced with truly major reductions in essential programs.

**PROJECTED CUTS IN PROGRAMS FOR PERSONS WITH DISABILITIES IN
ALABAMA**

I. ENTITLEMENT PROGRAMS

Program	Current Federal Spending Per Year	Projected Cuts In 5th Year
Medicaid	\$ 1,139,000,000	\$ 434,705,661 ¹
Medicare	—	1,600,000,000 ²
Supplemental Security Income (SSI)		Cumulative Reduction Over 5 Years
1) Total	451,519,000	N/A----- ³
2) Children	132,994,602	339,000,000 ⁴
Child Welfare Programs:		Cumulative Reduction Over 5 Years
Amount State will loose under new Child Protection Block Grant	169,000,000	83,000,000 ⁵

II. SELECTED DISCRETIONARY GRANT PROGRAMS FOR PERSONS WITH DISABILITIES

Program	Current Spending FY 1995
Individuals with Disabilities Education Act (IDEA)	
State Grants	\$ 40,487,044
Part H, Infants & Toddlers	3,636,547
Preschool Grants	5,840,375
Vocational Rehabilitation:	
State Grants	43,938,487
Supported Employment	527,587
Mental Health:	
State Block Grant	3,768,401
Child MH Services Program	0
Projects for Homeless (PATH)	300,000

¹ Projected cut by fifth year from what would have been spent if current law remained in effect. Percentage of cut reflects amounts proposed by Congressional leaders.

² Projected cut over five years below what would have been spent if current law remained in effect.

³ Estimate not yet available, but significant cuts are planned.

⁴ Projected cuts over a five year period, based upon welfare reform bill already approved by the House.

⁵ The house passed the welfare reform bill which combines several child welfare programs into a block grant and drastically reduces funding. This figure represents the cumulative loss over a five year period. Programs included in this block grant would be child welfare (Title IV-B, foster care, adoption assistance, independent living, child abuse and family preservation).

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These cuts will not fall evenly across all programs--some programs will be cut more, some less, others may be zeroed out altogether. Examples of likely cuts are as follows:

- ALASKA stands to lose \$78,085,052 in Medicaid funding in year 5 under proposals from the Congressional Leaders. This figure represents a cut in the *rate of growth* of Medicaid--however, the rate of growth reflects expected increases in numbers of eligible persons and in the cost of health care. A cut of this magnitude will be hard for the state to replace and will result in many low-income individuals and families going without health care or using expensive uncompensated community hospital services.
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Program	Current Federal Spending Per Year	Projected Cuts In 5th Year
Medicaid	\$ 114,000,000	\$ 78,085,052 ¹
Medicare	-----	61,000,000 ²
Supplemental Security Income (SSI)		Cumulative Reduction Over 5 Years
1) Total	17,696,000	N/A----- ³
2) Children	3,416,256	11,000,000 ⁴
Child Welfare Programs:		Cumulative Reduction Over 5 Years
Amount State will loose under new Child Protection Block Grant	82,000,000	27,000,000 ⁵

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Program	Current Spending FY 1995
Individuals with Disabilities Education Act (IDEA)	
State Grants	\$ 5,924,843
Part H, Infants & Toddlers	1,237,632
Preschool Grants	1,213,290
Vocational Rehabilitation:	
State Grants	43,938,487
Supported Employment	300,000
Mental Health:	
State Block Grant	428,914
Child MH Services Program	0
Projects for Homeless (PATH)	300,000

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Expected cuts in several programs are shown in the table on the back of this page. The proposed cuts are a mix of cuts in growth and direct cuts from amounts appropriated in previous years. Cuts in rate of growth are defended on the basis that they do not result in cuts in services, but they only slow the expansion of services. However, these programs have previously received increased funding year-by-year to keep up with increased costs resulting from inflation and with increases in the number of people eligible for the program. Reductions of 20-30% in the rate of growth, which have already been proposed by the House Budget Committee and other leaders, would mean in a real cut, in services offered or people who can obtain those services, or both.

These cuts will not fall evenly across all programs--some programs will be cut more, some less, others may be zeroed out altogether. Examples of likely cuts are as follows:

- ARIZONA stands to lose \$425,655,001 in Medicaid funding in year 5 under proposals from the Congressional Leaders. This figure represents a cut in the *rate of growth* of Medicaid--however, the rate of growth reflects expected increases in numbers of eligible persons and in the cost of health care. A cut of this magnitude will be hard for the state to replace and will result in many low-income individuals and families going without health care or using expensive uncompensated community hospital services.
- Approximately \$106,000,000 in federal SSI payments for children with disabilities in ARIZONA will be lost over the next five years under legislation which has already passed the House. This will leave families without the resources necessary to meet the costs of keeping their child at home. While some of these families may manage without the disability benefit, many others will turn to the state for aid.
- Cuts in state vocational rehabilitation and supported employment funds of \$6,337,251 could occur in ARIZONA if Congress makes a 20% cut in these programs;
- Cuts in special education basic state grants of \$9,346,213 could occur in ARIZONA if Congress were to cut education programs by 30%.

Unless Congress hears from advocates that such substantial cuts are unacceptable, the state will be faced with truly major reductions in essential programs.

PROJECTED CUTS IN PROGRAMS FOR PERSONS WITH DISABILITIES IN ARIZONA

I. ENTITLEMENT PROGRAMS

Program	Current Federal Spending Per Year	Projected Cuts In 5th Year
Medicaid	\$ 727,000,000	\$ 425,655,001 ¹
Medicare	-----	1,300,000,000 ²
Supplemental Security Income (SSI)		Cumulative Reduction Over 5 Years
1) Total	199,441,000	N/A----- ³
2) Children	51,565,734	106,000,000 ⁴
Child Welfare Programs:		Cumulative Reduction Over 5 Years
Amount State will loose under new Child Protection Block Grant	323,000,000	147,000,000 ⁵

II. SELECTED DISCRETIONARY GRANT PROGRAMS FOR PERSONS WITH DISABILITIES

Program	Current Spending FY 1995
Individuals with Disabilities Education Act (IDEA)	
State Grants	\$ 28,038,640
Part H, Infants & Toddlers	3,922,215
Preschool Grants	4,710,003
Vocational Rehabilitation:	
State Grants	31,190,296
Supported Employment	495,961
Mental Health:	
State Block Grant	3,913,478
Child MH Services Program	0
Projects for Homeless (PATH)	386,000

¹ Projected cut by fifth year from what would have been spent if current law remained in effect. Percentage of cut reflects amounts proposed by Congressional leaders.

² Projected cut over five years below what would have been spent if current law remained in effect.

³ Estimate not yet available, but significant cuts are planned.

⁴ Projected cuts over a five year period, based upon welfare reform bill already approved by the House.

⁵ The house passed the welfare reform bill which combines several child welfare programs into a block grant and drastically reduces funding. This figure represents the cumulative loss over a five year period. Programs included in this block grant would be child welfare (Title IV-B, foster care, adoption assistance, independent living, child abuse and family preservation).

MAJOR CUTS IN HUMAN SERVICES PROGRAMS PENDING

Current proposals in the U.S. Congress would have a major impact on funding for programs which benefit people with disabilities in ARKANSAS. Some of these changes have already been approved by the House of Representatives, others have been outlined in documents from committees or from the leadership. The cuts are substantial, and they are targeted particularly on human services programs, such as Medicaid, Supplemental Security Income, state grants for Vocational Rehabilitation, Special Education, mental health, food stamps etc.

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These cuts will not fall evenly across all programs--some programs will be cut more, some less, others may be zeroed out altogether. Examples of likely cuts are as follows:

- ARKANSAS stands to lose \$285,278,123 in Medicaid funding in year 5 under proposals from the Congressional Leaders. This figure represents a cut in the *rate of growth* of Medicaid--however, the rate of growth reflects expected increases in numbers of eligible persons and in the cost of health care. A cut of this magnitude will be hard for the state to replace and will result in many low-income individuals and families going without health care or using expensive uncompensated community hospital services.
- Approximately \$362,000,000 in federal SSI payments for children with disabilities in ARKANSAS will be lost over the next five years under legislation which has already passed the House. This will leave families without the resources necessary to meet the costs of keeping their child at home. While some of these families may manage without the disability benefit, many others will turn to the state for aid.
- Cuts in state vocational rehabilitation and supported employment funds of \$5,330,130 could occur in ARKANSAS if Congress makes a 20% cut in these programs;
- Cuts in special education basic state grants of \$6,859,670 could occur in ARKANSAS if Congress were to cut education programs by 30%.

Unless Congress hears from advocates that such substantial cuts are unacceptable, the state will be faced with truly major reductions in essential programs.

PROJECTED CUTS IN PROGRAMS FOR PERSONS WITH DISABILITIES IN ARKANSAS

I. ENTITLEMENT PROGRAMS

Program	Current Federal Spending Per Year	Projected Cuts In 5th Year
Medicaid	\$ 761,000,000	\$ 285,278,123 ¹
Medicare	-----	1,000,000,000 ²
Supplemental Security Income (SSI)		Cumulative Reduction Over 5 Years
1) Total	256,298,000	N/A----- ³
2) Children	91,949,316	362,000,000 ⁴
Child Welfare Programs:		Cumulative Reduction Over 5 Years
Amount State will loose under new Child Protection Block Grant	194,000,000	101,000,000 ⁵

II. SELECTED DISCRETIONARY GRANT PROGRAMS FOR PERSONS WITH DISABILITIES

Program	Current Spending FY 1995
Individuals with Disabilities Education Act (IDEA)	
State Grants	\$ 20,579,011
Part H, Infants & Toddlers	2,054,731
Preschool Grants	3,666,800
Vocational Rehabilitation:	
State Grants	26,345,212
Supported Employment	305,440
Mental Health:	
State Block Grant	2,170,903
Child MH Services Program	0
Projects for Homeless (PATH)	300,000

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³ Estimate not yet available, but significant cuts are planned.

⁴ Projected cuts over a five year period, based upon welfare reform bill already approved by the House.

⁵ The house passed the welfare reform bill which combines several child welfare programs into a block grant and drastically reduces funding. This figure represents the cumulative loss over a five year period. Programs included in this block grant would be child welfare (Title IV-B, foster care, adoption assistance, independent living, child abuse and family preservation).

MAJOR CUTS IN HUMAN SERVICES PROGRAMS PENDING

Current proposals in the U.S. Congress would have a major impact on funding for programs which benefit people with disabilities in CALIFORNIA. Some of these changes have already been approved by the House of Representatives, others have been outlined in documents from committees or from the leadership. The cuts are substantial, and they are targeted particularly on human services programs, such as Medicaid, Supplemental Security Income, state grants for Vocational Rehabilitation, Special Education, mental health, food stamps etc.

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These cuts will not fall evenly across all programs--some programs will be cut more, some less, others may be zeroed out altogether. Examples of likely cuts are as follows:

- CALIFORNIA stands to lose \$3,196,867,720 in Medicaid funding in year 5 under proposals from the Congressional Leaders. This figure represents a cut in the *rate of growth* of Medicaid--however, the rate of growth reflects expected increases in numbers of eligible persons and in the cost of health care. A cut of this magnitude will be hard for the state to replace and will result in many low-income individuals and families going without health care or using expensive uncompensated community hospital services.
- Approximately \$880,000,000 in federal SSI payments for children with disabilities in CALIFORNIA will be lost over the next five years under legislation which has already passed the House. This will leave families without the resources necessary to meet the costs of keeping their child at home. While some of these families may manage without the disability benefit, many others will turn to the state for aid.
- Cuts in state vocational rehabilitation and supported employment funds of \$38,081,595 could occur in CALIFORNIA if Congress makes a 20% cut in these programs;
- Cuts in special education basic state grants of \$72,884,084 could occur in CALIFORNIA if Congress were to cut education programs by 30%.

Unless Congress hears from advocates that such substantial cuts are unacceptable, the state will be faced with truly major reductions in essential programs.

PROJECTED CUTS IN PROGRAMS FOR PERSONS WITH DISABILITIES IN CALIFORNIA

I. ENTITLEMENT PROGRAMS

Program	Current Federal Spending Per Year	Projected Cuts In 5th Year
Medicaid	\$ 7,248,000,000	\$ 3,196,867,720 ¹
Medicare	-----	12,600,000,000 ²
Supplemental Security Income (SSI)		Cumulative Reduction Over 5 Years
1) Total	3,557,506,000	N/A----- ³
2) Children	395,163,014	880,000,000 ⁴
Child Welfare Programs:		Cumulative Reduction Over 5 Years
Amount State will loose under new Child Protection Block Grant	5,365,000	1,063,000 ⁵

II. SELECTED DISCRETIONARY GRANT PROGRAMS FOR PERSONS WITH DISABILITIES

Program	Current Spending FY 1995
Individuals with Disabilities Education Act (IDEA)	
State Grants	\$218,652,251
Part H, Infants & Toddlers	34,996,612
Preschool Grants	36,119,473
Vocational Rehabilitation:	
State Grants	186,475,191
Supported Employment	3,932,783
Mental Health:	
State Block Grant	33,243,715
Child MH Services Program	7,307,904
Projects for Homeless (PATH)	3,705,000

¹ Projected cut by fifth year from what would have been spent if current law remained in effect. Percentage of cut reflects amounts proposed by Congressional leaders.

² Projected cut over five years below what would have been spent if current law remained in effect.

³ Estimate not yet available, but significant cuts are planned.

⁴ Projected cuts over a five year period, based upon welfare reform bill already approved by the House

⁵ The house passed the welfare reform bill which combines several child welfare programs into a block grant and drastically reduces funding. This figure represents the cumulative loss over a five year period. Programs included in this block grant would be child welfare (Title IV-B, foster care, adoption assistance, independent living, child abuse and family preservation).

MAJOR CUTS IN HUMAN SERVICES PROGRAMS PENDING

Current proposals in the U.S. Congress would have a major impact on funding for programs which benefit people with disabilities in COLORADO. Some of these changes have already been approved by the House of Representatives, others have been outlined in documents from committees or from the leadership. The cuts are substantial, and they are targeted particularly on human services programs, such as Medicaid, Supplemental Security Income, state grants for Vocational Rehabilitation, Special Education, mental health, food stamps etc.

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These cuts will not fall evenly across all programs--some programs will be cut more, some less, others may be zeroed out altogether. Examples of likely cuts are as follows:

- COLORADO stands to lose \$318,642,084 in Medicaid funding in year 5 under proposals from the Congressional Leaders. This figure represents a cut in the *rate of growth* of Medicaid--however, the rate of growth reflects expected increases in numbers of eligible persons and in the cost of health care. A cut of this magnitude will be hard for the state to replace and will result in many low-income individuals and families going without health care or using expensive uncompensated community hospital services.
- Approximately \$65,000,000 in federal SSI payments for children with disabilities in COLORADO will be lost over the next five years under legislation which has already passed the House. This will leave families without the resources necessary to meet the costs of keeping their child at home. While some of these families may manage without the disability benefit, many others will turn to the state for aid.
- Cuts in state vocational rehabilitation and supported employment funds of \$5,030,807 could occur in COLORADO if Congress makes a 20% cut in these programs;
- Cuts in special education basic state grants of \$8,637,660 could occur in COLORADO if Congress were to cut education programs by 30%.

Unless Congress hears from advocates that such substantial cuts are unacceptable, the state will be faced with truly major reductions in essential programs.

**PROJECTED CUTS IN PROGRAMS FOR PERSONS WITH DISABILITIES IN
COLORADO**

I. ENTITLEMENT PROGRAMS

Program	Current Federal Spending Per Year	Projected Cuts In 5th Year
Medicaid	\$ 747,000,000	\$ 318,642,084 ¹
Medicare	-----	996,000,000 ²
Supplemental Security Income (SSI)		Cumulative Reduction Over 5 Years
1) Total	162,877,000	N/A----- ³
2) Children	41,718,113	65,000,000 ⁴
Child Welfare Programs:		Cumulative Reduction Over 5 Years
Amount State will loose under new Child Protection Block Grant	277,000,000	28,000,000 ⁵

II. SELECTED DISCRETIONARY GRANT PROGRAMS FOR PERSONS WITH DISABILITIES

Program	Current Spending FY 1995
Individuals with Disabilities Education Act (IDEA)	
State Grants	\$ 25,912,980
Part H, Infants & Toddlers	3,207,936
Preschool Grants	4,258,563
Vocational Rehabilitation:	
State Grants	24,704,697
Supported Employment	449,338
Mental Health:	
State Block Grant	3,842,131
Child MH Services Program	0
Projects for Homeless (PATH)	346,000

¹ Projected cut by fifth year from what would have been spent if current law remained in effect. Percentage of cut reflects amounts proposed by Congressional leaders.

² Projected cut over five years below what would have been spent if current law remained in effect.

³ Estimate not yet available, but significant cuts are planned.

⁴ Projected cuts over a five year period, based upon welfare reform bill already approved by the House.

⁵ The house passed the welfare reform bill which combines several child welfare programs into a block grant and drastically reduces funding. This figure represents the cumulative loss over a five year period. Programs included in this block grant would be child welfare (Title IV-B, foster care, adoption assistance, independent living, child abuse and family preservation).

MAJOR CUTS IN HUMAN SERVICES PROGRAMS PENDING

Current proposals in the U.S. Congress would have a major impact on funding for programs which benefit people with disabilities in CONNECTICUT. Some of these changes have already been approved by the House of Representatives, others have been outlined in documents from committees or from the leadership. The cuts are substantial, and they are targeted particularly on human services programs, such as Medicaid, Supplemental Security Income, state grants for Vocational Rehabilitation, Special Education, mental health, food stamps etc.

Little attempt has been made yet, especially by the House of Representatives, to make fair reviews of the effectiveness of individual programs. Instead, major reforms are being considered, and sometimes passed, in a rush and they are too frequently based on misinformation and misunderstanding.

Expected cuts in several programs are shown in the table on the back of this page. The proposed cuts are a mix of cuts in growth and direct cuts from amounts appropriated in previous years. Cuts in rate of growth are defended on the basis that they do not result in cuts in services, but they only slow the expansion of services. However, these programs have previously received increased funding year-by-year to keep up with increased costs resulting from inflation and with increases in the number of people eligible for the program. Reductions of 20-30% in the rate of growth, which have already been proposed by the House Budget Committee and other leaders, would mean in a real cut, in services offered or people who can obtain those services, or both.

These cuts will not fall evenly across all programs--some programs will be cut more, some less, others may be zeroed out altogether. Examples of likely cuts are as follows:

- CONNECTICUT stands to lose \$286,781,327 in Medicaid funding in year 5 under proposals from the Congressional Leaders. This figure represents a cut in the *rate of growth* of Medicaid--however, the rate of growth reflects expected increases in numbers of eligible persons and in the cost of health care. A cut of this magnitude will be hard for the state to replace and will result in many low-income individuals and families going without health care or using expensive uncompensated community hospital services.
- Approximately \$57,000,000 in federal SSI payments for children with disabilities in CONNECTICUT will be lost over the next five years under legislation which has already passed the House. This will leave families without the resources necessary to meet the costs of keeping their child at home. While some of these families may manage without the disability benefit, many others will turn to the state for aid.
- Cuts in state vocational rehabilitation and supported employment funds of \$3,217,907 could occur in CONNECTICUT if Congress makes a 20% cut in these programs;
- Cuts in special education basic state grants of \$9,470,361 could occur in CONNECTICUT if Congress were to cut education programs by 30%.

Unless Congress hears from advocates that such substantial cuts are unacceptable, the state will be faced with truly major reductions in essential programs.

**PROJECTED CUTS IN PROGRAMS FOR PERSONS WITH DISABILITIES IN
CONNECTICUT**

I. ENTITLEMENT PROGRAMS

Program	Current Federal Spending Per Year	Projected Cuts In 5th Year
Medicaid	\$ 736,000,000	\$ 285,781,327 ¹
Medicare	-----	15,000,000,000 ²
Supplemental Security Income (SSI)		Cumulative Reduction Over 5 Years
1) Total	127,218,000	N/A----- ³
2) Children	23,803,308	57,000,000 ⁴
Child Welfare Programs:		Cumulative Reduction Over 5 Years
Amount State will loose under new Child Protection Block Grant	364,000,000	232,000,000 ⁵

II. SELECTED DISCRETIONARY GRANT PROGRAMS FOR PERSONS WITH DISABILITIES

Program	Current Spending FY 1995
Individuals with Disabilities Education Act (IDEA)	
State Grants	\$ 28,411,084
Part H, Infants & Toddlers	2,754,255
Preschool Grants	5,537,762
Vocational Rehabilitation:	
State Grants	15,676,615
Supported Employment	412,923
Mental Health:	
State Block Grant	3,154,695
Child MH Services Program	0
Projects for Homeless (PATH)	357,000

¹ Projected cut by fifth year from what would have been spent if current law remained in effect. Percentage of cut reflects amounts proposed by Congressional leaders.

² Projected cut over five years below what would have been spent if current law remained in effect.

³ Estimate not yet available, but significant cuts are planned.

⁴ Projected cuts over a five year period, based upon welfare reform bill already approved by the House.

⁵ The house passed the welfare reform bill which combines several child welfare programs into a block grant and drastically reduces funding. This figure represents the cumulative loss over a five year period. Programs included in this block grant would be child welfare (Title IV-B, foster care, adoption assistance, independent living, child abuse and family preservation)

MAJOR CUTS IN HUMAN SERVICES PROGRAMS PENDING

Current proposals in the U.S. Congress would have a major impact on funding for programs which benefit people with disabilities in DELAWARE. Some of these changes have already been approved by the House of Representatives, others have been outlined in documents from committees or from the leadership. The cuts are substantial, and they are targeted particularly on human services programs, such as Medicaid, Supplemental Security Income, state grants for Vocational Rehabilitation, Special Education, mental health, food stamps etc.

Little attempt has been made yet, especially by the House of Representatives, to make fair reviews of the effectiveness of individual programs. Instead, major reforms are being considered, and sometimes passed, in a rush and they are too frequently based on misinformation and misunderstanding.

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These cuts will not fall evenly across all programs--some programs will be cut more, some less, others may be zeroed out altogether. Examples of likely cuts are as follows:

- DELAWARE stands to lose \$53,449,142 in Medicaid funding in year 5 under proposals from the Congressional Leaders. This figure represents a cut in the *rate of growth* of Medicaid--however, the rate of growth reflects expected increases in numbers of eligible persons and in the cost of health care. A cut of this magnitude will be hard for the state to replace and will result in many low-income individuals and families going without health care or using expensive uncompensated community hospital services.
- Approximately \$17,000,000 in federal SSI payments for children with disabilities in DELAWARE will be lost over the next five years under legislation which has already passed the House. This will leave families without the resources necessary to meet the costs of keeping their child at home. While some of these families may manage without the disability benefit, many others will turn to the state for aid.
- Cuts in state vocational rehabilitation and supported employment funds of \$1,422,583 could occur in DELAWARE if Congress makes a 20% cut in these programs;
- Cuts in special education basic state grants of \$ could occur in DELAWARE if Congress were to cut education programs by 30%.

Unless Congress hears from advocates that such substantial cuts are unacceptable, the state will be faced with truly major reductions in essential programs.

**PROJECTED CUTS IN PROGRAMS FOR PERSONS WITH DISABILITIES IN
DELAWARE**

I. ENTITLEMENT PROGRAMS

Program	Current Federal Spending Per Year	Projected Cuts In 5th Year
Medicaid	\$ 122,000,000	\$ 53,449,142 ¹
Medicare	-----	243,000,000 ²
Supplemental Security Income (SSI)		Cumulative Reduction Over 5 Years
1) Total	30,403,000	N/A----- ³
2) Children	9,898,428	17,000,000 ⁴
Child Welfare Programs:		Cumulative Reduction Over 5 Years
Amount State will loose under new Child Protection Block Grant	34,000,000	14,000,000 ⁵

II. SELECTED DISCRETIONARY GRANT PROGRAMS FOR PERSONS WITH DISABILITIES

Program	Current Spending FY 1995
Individuals with Disabilities Education Act (IDEA)	
State Grants	\$ 5,127,927
Part H, Infants & Toddlers	1,237,632
Preschool Grants	1,355,738
Vocational Rehabilitation:	
State Grants	6,812,914
Supported Employment	300,000
Mental Health:	
State Block Grant	711,436
Child MH Services Program	0
Projects for Homeless (PATH)	300,000

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³ Estimate not yet available, but significant cuts are planned.

⁴ Projected cuts over a five year period, based upon welfare reform bill already approved by the House.

⁵ The house passed the welfare reform bill which combines several child welfare programs into a block grant and drastically reduces funding. This figure represents the cumulative loss over a five year period. Programs included in this block grant would be child welfare (Title IV-B, foster care, adoption assistance, independent living, child abuse and family preservation)

MAJOR CUTS IN HUMAN SERVICES PROGRAMS PENDING

Current proposals in the U.S. Congress would have a major impact on funding for programs which benefit people with disabilities in FLORIDA. Some of these changes have already been approved by the House of Representatives, others have been outlined in documents from committees or from the leadership. The cuts are substantial, and they are targeted particularly on human services programs, such as Medicaid, Supplemental Security Income, state grants for Vocational Rehabilitation, Special Education, mental health, food stamps etc.

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These cuts will not fall evenly across all programs--some programs will be cut more, some less, others may be zeroed out altogether. Examples of likely cuts are as follows:

- FLORIDA stands to lose \$1,196,563,125 in Medicaid funding in year 5 under proposals from the Congressional Leaders. This figure represents a cut in the *rate of growth* of Medicaid--however, the rate of growth reflects expected increases in numbers of eligible persons and in the cost of health care. A cut of this magnitude will be hard for the state to replace and will result in many low-income individuals and families going without health care or using expensive uncompensated community hospital services.
- Approximately \$430,000,000 in federal SSI payments for children with disabilities in FLORIDA will be lost over the next five years under legislation which has already passed the House. This will leave families without the resources necessary to meet the costs of keeping their child at home. While some of these families may manage without the disability benefit, many others will turn to the state for aid.
- Cuts in state vocational rehabilitation and supported employment funds of \$19,446,408 could occur in FLORIDA if Congress makes a 20% cut in these programs;
- Cuts in special education basic state grants of \$37,457,387 could occur in FLORIDA if Congress were to cut education programs by 30%.

Unless Congress hears from advocates that such substantial cuts are unacceptable, the state will be faced with truly major reductions in essential programs.

PROJECTED CUTS IN PROGRAMS FOR PERSONS WITH DISABILITIES IN FLORIDA

I. ENTITLEMENT PROGRAMS

Program	Current Federal Spending Per Year	Projected Cuts In 5th Year
Medicaid	\$ 2,893,000,000	\$ 1,196,563,125 ¹
Medicare	-----	7,400,000,000 ²
Supplemental Security Income (SSI)		Cumulative Reduction Over 5 Years
1) Total	782,016,000	N/A----- ³
2) Children	254,869,838	430,000,000 ⁴
Child Welfare Programs:		Cumulative Reduction Over 5 Years
Amount State will loose under new Child Protection Block Grant	791,000,000	337,000,000 ⁵

II. SELECTED DISCRETIONARY GRANT PROGRAMS FOR PERSONS WITH DISABILITIES

Program	Current Spending FY 1995
Individuals with Disabilities Education Act (IDEA)	
State Grants	\$112,372,162
Part H, Infants & Toddlers	11,385,994
Preschool Grants	14,031,500
Vocational Rehabilitation:	
State Grants	95,508,399
Supported Employment	1,723,641
Mental Health:	
State Block Grant	11,938,565
Child MH Services Program	0
Projects for Homeless (PATH)	1,481,000

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² Projected cut over five years below what would have been spent if current law remained in effect.

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⁴ Projected cuts over a five year period, based upon welfare reform bill already approved by the House.

⁵ The house passed the welfare reform bill which combines several child welfare programs into a block grant and drastically reduces funding. This figure represents the cumulative loss over a five year period. Programs included in this block grant would be child welfare (Title IV-B, foster care, adoption assistance, independent living, child abuse and family preservation).

MAJOR CUTS IN HUMAN SERVICES PROGRAMS PENDING

Current proposals in the U.S. Congress would have a major impact on funding for programs which benefit people with disabilities in GEORGIA. Some of these changes have already been approved by the House of Representatives, others have been outlined in documents from committees or from the leadership. The cuts are substantial, and they are targeted particularly on human services programs, such as Medicaid, Supplemental Security Income, state grants for Vocational Rehabilitation, Special Education, mental health, food stamps etc.

Little attempt has been made yet, especially by the House of Representatives, to make fair reviews of the effectiveness of individual programs. Instead, major reforms are being considered, and sometimes passed, in a rush and they are too frequently based on misinformation and misunderstanding.

Expected cuts in several programs are shown in the table on the back of this page. The proposed cuts are a mix of cuts in growth and direct cuts from amounts appropriated in previous years. Cuts in rate of growth are defended on the basis that they do not result in cuts in services, but they only slow the expansion of services. However, these programs have previously received increased funding year-by-year to keep up with increased costs resulting from inflation and with increases in the number of people eligible for the program. Reductions of 20-30% in the rate of growth, which have already been proposed by the House Budget Committee and other leaders, would mean in a real cut, in services offered or people who can obtain those services, or both.

These cuts will not fall evenly across all programs--some programs will be cut more, some less, others may be zeroed out altogether. Examples of likely cuts are as follows:

- GEORGIA stands to lose \$759,172,158 in Medicaid funding in year 5 under proposals from the Congressional Leaders. This figure represents a cut in the *rate of growth* of Medicaid--however, the rate of growth reflects expected increases in numbers of eligible persons and in the cost of health care. A cut of this magnitude will be hard for the state to replace and will result in many low-income individuals and families going without health care or using expensive uncompensated community hospital services.
- Approximately \$202,000,000 in federal SSI payments for children with disabilities in GEORGIA will be lost over the next five years under legislation which has already passed the House. This will leave families without the resources necessary to meet the costs of keeping their child at home. While some of these families may manage without the disability benefit, many others will turn to the state for aid.
- Cuts in state vocational rehabilitation and supported employment funds of \$11,812,241 could occur in GEORGIA if Congress makes a 20% cut in these programs;
- Cuts in special education basic state grants of \$16,624,299 could occur in GEORGIA if Congress were to cut education programs by 30%.

Unless Congress hears from advocates that such substantial cuts are unacceptable, the state will be faced with truly major reductions in essential programs.

PROJECTED CUTS IN PROGRAMS FOR PERSONS WITH DISABILITIES IN GEORGIA

I. ENTITLEMENT PROGRAMS

Program	Current Federal Spending Per Year	Projected Cuts In 5th Year
Medicaid	\$ 1,937,000,000	\$ 759,172,158 ¹
Medicare	-----	1,900,000,000 ²
Supplemental Security Income (SSI)		Cumulative Reduction Over 5 Years
1) Total	521,883,000	N/A----- ³
2) Children	1,252,775,812	202,000,000 ⁴
Child Welfare Programs:		Cumulative Reduction Over 5 Years
Amount State will loose under new Child Protection Block Grant	320,000,000	49,000,000 ⁵

II. SELECTED DISCRETIONARY GRANT PROGRAMS FOR PERSONS WITH DISABILITIES

Program	Current Spending FY 1995
Individuals with Disabilities Education Act (IDEA)	
State Grants	\$ 49,872,897
Part H, Infants & Toddlers	6,504,198
Preschool Grants	8,113,877
Vocational Rehabilitation:	
State Grants	58,189,619
Supported Employment	871,585
Mental Health:	
State Block Grant	5,995,506
Child MH Services Program	0
Projects for Homeless (PATH)	474,000

¹ Projected cut by fifth year from what would have been spent if current law remained in effect. Percentage of cut reflects amounts proposed by Congressional leaders.

² Projected cut over five years below what would have been spent if current law remained in effect.

³ Estimate not yet available, but significant cuts are planned.

⁴ Projected cuts over a five year period, based upon welfare reform bill already approved by the House.

⁵ The house passed the welfare reform bill which combines several child welfare programs into a block grant and drastically reduces funding. This figure represents the cumulative loss over a five year period. Programs included in this block grant would be child welfare (Title IV-B, foster care, adoption assistance, independent living, child abuse and family preservation).

MAJOR CUTS IN HUMAN SERVICES PROGRAMS PENDING

Current proposals in the U.S. Congress would have a major impact on funding for programs which benefit people with disabilities in HAWAII. Some of these changes have already been approved by the House of Representatives, others have been outlined in documents from committees or from the leadership. The cuts are substantial, and they are targeted particularly on human services programs, such as Medicaid, Supplemental Security Income, state grants for Vocational Rehabilitation, Special Education, mental health, food stamps etc.

Little attempt has been made yet, especially by the House of Representatives, to make fair reviews of the effectiveness of individual programs. Instead, major reforms are being considered, and sometimes passed, in a rush and they are too frequently based on misinformation and misunderstanding.

Expected cuts in several programs are shown in the table on the back of this page. The proposed cuts are a mix of cuts in growth and direct cuts from amounts appropriated in previous years. Cuts in rate of growth are defended on the basis that they do not result in cuts in services, but they only slow the expansion of services. However, these programs have previously received increased funding year-by-year to keep up with increased costs resulting from inflation and with increases in the number of people eligible for the program. Reductions of 20-30% in the rate of growth, which have already been proposed by the House Budget Committee and other leaders, would mean in a real cut, in services offered or people who can obtain those services, or both.

These cuts will not fall evenly across all programs--some programs will be cut more, some less, others may be zeroed out altogether. Examples of likely cuts are as follows:

- HAWAII stands to lose \$92,538,066 in Medicaid funding in year 5 under proposals from the Congressional Leaders. This figure represents a cut in the *rate of growth* of Medicaid--however, the rate of growth reflects expected increases in numbers of eligible persons and in the cost of health care. A cut of this magnitude will be hard for the state to replace and will result in many low-income individuals and families going without health care or using expensive uncompensated community hospital services.
- Approximately \$202,000,000 in federal SSI payments for children with disabilities in HAWAII will be lost over the next five years under legislation which has already passed the House. This will leave families without the resources necessary to meet the costs of keeping their child at home. While some of these families may manage without the disability benefit, many others will turn to the state for aid.
- Cuts in state vocational rehabilitation and supported employment funds of \$1,484,228 could occur in HAWAII if Congress makes a 20% cut in these programs;
- Cuts in special education basic state grants of \$1,944,117 could occur in HAWAII if Congress were to cut education programs by 30%.

Unless Congress hears from advocates that such substantial cuts are unacceptable, the state will be faced with truly major reductions in essential programs.

**PROJECTED CUTS IN PROGRAMS FOR PERSONS WITH DISABILITIES IN
HAWAII**

I. ENTITLEMENT PROGRAMS

Program	Current Federal Spending Per Year	Projected Cuts In 5th Year
Medicaid	\$ 175,000,000	\$ 92,538,066 ¹
Medicare	-----	298,000,000 ²
Supplemental Security Income (SSI)		Cumulative Reduction Over 5 Years
1) Total	46,442,000	N/A----- ³
2) Children	4,309,200	202,000,000 ⁴
Child Welfare Programs:		Cumulative Reduction Over 5 Years
Amount State will loose under new Child Protection Block Grant	74,000,000	50,000,000 ⁵

II. SELECTED DISCRETIONARY GRANT PROGRAMS FOR PERSONS WITH DISABILITIES

Program	Current Spending FY 1995
Individuals with Disabilities Education Act (IDEA)	
State Grants	\$ 5,832,351
Part H, Infants & Toddlers	1,237,632
Preschool Grants	761,141
Vocational Rehabilitation:	
State Grants	7,121,138
Supported Employment	300,000
Mental Health:	
State Block Grant	1,232,765
Child MH Services Program	2,600,000
Projects for Homeless (PATH)	300,000

¹ Projected cut by fifth year from what would have been spent if current law remained in effect. Percentage of cut reflects amounts proposed by Congressional leaders.

² Projected cut over five years below what would have been spent if current law remained in effect.

³ Estimate not yet available, but significant cuts are planned

⁴ Projected cuts over a five year period, based upon welfare reform bill already approved by the House

⁵ The house passed the welfare reform bill which combines several child welfare programs into a block grant and drastically reduces funding. This figure represents the cumulative loss over a five year period. Programs included in this block grant would be child welfare (Title IV-B, foster care, adoption assistance, independent living, child abuse and family preservation).

MAJOR CUTS IN HUMAN SERVICES PROGRAMS PENDING

Current proposals in the U.S. Congress would have a major impact on funding for programs which benefit people with disabilities in IDAHO. Some of these changes have already been approved by the House of Representatives, others have been outlined in documents from committees or from the leadership. The cuts are substantial, and they are targeted particularly on human services programs, such as Medicaid, Supplemental Security Income, state grants for Vocational Rehabilitation, Special Education, mental health, food stamps etc.

Little attempt has been made yet, especially by the House of Representatives, to make fair reviews of the effectiveness of individual programs. Instead, major reforms are being considered, and sometimes passed, in a rush and they are too frequently based on misinformation and misunderstanding.

Expected cuts in several programs are shown in the table on the back of this page. The proposed cuts are a mix of cuts in growth and direct cuts from amounts appropriated in previous years. Cuts in rate of growth are defended on the basis that they do not result in cuts in services, but they only slow the expansion of services. However, these programs have previously received increased funding year-by-year to keep up with increased costs resulting from inflation and with increases in the number of people eligible for the program. Reductions of 20-30% in the rate of growth, which have already been proposed by the House Budget Committee and other leaders, would mean in a real cut, in services offered or people who can obtain those services, or both.

These cuts will not fall evenly across all programs--some programs will be cut more, some less, others may be zeroed out altogether. Examples of likely cuts are as follows:

- IDAHO stands to lose \$102,717,218 in Medicaid funding in year 5 under proposals from the Congressional Leaders. This figure represents a cut in the *rate of growth* of Medicaid--however, the rate of growth reflects expected increases in numbers of eligible persons and in the cost of health care. A cut of this magnitude will be hard for the state to replace and will result in many low-income individuals and families going without health care or using expensive uncompensated community hospital services.
- Approximately \$65,000,000 in federal SSI payments for children with disabilities in IDAHO will be lost over the next five years under legislation which has already passed the House. This will leave families without the resources necessary to meet the costs of keeping their child at home. While some of these families may manage without the disability benefit, many others will turn to the state for aid.
- Cuts in state vocational rehabilitation and supported employment funds of \$2,079,130 could occur in IDAHO if Congress makes a 20% cut in these programs;
- Cuts in special education basic state grants of \$3,063,240 could occur in IDAHO if Congress were to cut education programs by 30%.

Unless Congress hears from advocates that such substantial cuts are unacceptable, the state will be faced with truly major reductions in essential programs.

**PROJECTED CUTS IN PROGRAMS FOR PERSONS WITH DISABILITIES IN
IDAHO**

I. ENTITLEMENT PROGRAMS

Program	Current Federal Spending Per Year	Projected Cuts In 5th Year
Medicaid	\$ 206,000,000	\$ 102,717,218 ¹
Medicare	-----	301,000,000 ²
Supplemental Security Income (SSI)		Cumulative Reduction Over 5 Years
1) Total	48,090,000	N/A----- ³
2) Children	18,940,051	65,000,000 ⁴
Child Welfare Programs:		Cumulative Reduction Over 5 Years
Amount State will loose under new Child Protection Block Grant	46,000,000	18,000,000 ⁵

II. SELECTED DISCRETIONARY GRANT PROGRAMS FOR PERSONS WITH DISABILITIES

Program	Current Spending FY 1995
Individuals with Disabilities Education Act (IDEA)	
State Grants	\$ 9,189,720
Part H, Infants & Toddlers	1,237,632
Preschool Grants	1,846,865
Vocational Rehabilitation:	
State Grants	10,095,652
Supported Employment	300,000
Mental Health:	
State Block Grant	1,082,635
Child MH Services Program	0
Projects for Homeless (PATH)	300,000

¹ Projected cut by fifth year from what would have been spent if current law remained in effect. Percentage of cut reflects amounts proposed by Congressional leaders.

² Projected cut over five years below what would have been spent if current law remained in effect.

³ Estimate not yet available, but significant cuts are planned.

⁴ Projected cuts over a five year period, based upon welfare reform bill already approved by the House.

⁵ The house passed the welfare reform bill which combines several child welfare programs into a block grant and drastically reduces funding. This figure represents the cumulative loss over a five year period. Programs included in this block grant would be child welfare (Title IV-B, foster care, adoption assistance, independent living, child abuse and family preservation)

MAJOR CUTS IN HUMAN SERVICES PROGRAMS PENDING

Current proposals in the U.S. Congress would have a major impact on funding for programs which benefit people with disabilities in ILLINOIS. Some of these changes have already been approved by the House of Representatives, others have been outlined in documents from committees or from the leadership. The cuts are substantial, and they are targeted particularly on human services programs, such as Medicaid, Supplemental Security Income, state grants for Vocational Rehabilitation, Special Education, mental health, food stamps etc.

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These cuts will not fall evenly across all programs--some programs will be cut more, some less, others may be zeroed out altogether. Examples of likely cuts are as follows:

- ILLINOIS stands to lose \$849,089,817 in Medicaid funding in year 5 under proposals from the Congressional Leaders. This figure represents a cut in the *rate of growth* of Medicaid--however, the rate of growth reflects expected increases in numbers of eligible persons and in the cost of health care. A cut of this magnitude will be hard for the state to replace and will result in many low-income individuals and families going without health care or using expensive uncompensated community hospital services.
- Approximately \$869,000,000 in federal SSI payments for children with disabilities in ILLINOIS will be lost over the next five years under legislation which has already passed the House. This will leave families without the resources necessary to meet the costs of keeping their child at home. While some of these families may manage without the disability benefit, many others will turn to the state for aid.
- Cuts in state vocational rehabilitation and supported employment funds of \$446,452 could occur in ILLINOIS if Congress makes a 20% cut in these programs;
- Cuts in special education basic state grants of \$29,341,921 could occur in ILLINOIS if Congress were to cut education programs by 30%.

Unless Congress hears from advocates that such substantial cuts are unacceptable, the state will be faced with truly major reductions in essential programs.

**PROJECTED CUTS IN PROGRAMS FOR PERSONS WITH DISABILITIES IN
ILLINOIS**

I. ENTITLEMENT PROGRAMS

Program	Current Federal Spending Per Year	Projected Cuts In 5th Year
Medicaid	\$ 2,375,000,000	\$ 849,089,817 ¹
Medicare	---	5,700,000,000 ²
Supplemental Security Income (SSI)		Cumulative Reduction Over 5 Years
1) Total	48,090,000	N/A---- ³
2) Children	233,364,374	869,000,000 ⁴
Child Welfare Programs:		Cumulative Reduction Over 5 Years
Amount State will loose under new Child Protection Block Grant	1,541,000	512,000,000 ⁵

II. SELECTED DISCRETIONARY GRANT PROGRAMS FOR PERSONS WITH DISABILITIES

Program	Current Spending FY 1995
Individuals with Disabilities Education Act (IDEA)	
State Grants	\$ 88,025,762
Part H, Infants & Toddlers	11,106,525
Preschool Grants	17,545,222
Vocational Rehabilitation:	
State Grants	75,836,605
Supported Employment	1,473,896
Mental Health:	
State Block Grant	11,552,665
Child MH Services Program	2,199,000
Projects for Homeless (PATH)	1,233,000

¹ Projected cut by fifth year from what would have been spent if current law remained in effect. Percentage of cut reflects amounts proposed by Congressional leaders.

² Projected cut over five years below what would have been spent if current law remained in effect.

³ Estimate not yet available, but significant cuts are planned.

⁴ Projected cuts over a five year period, based upon welfare reform bill already approved by the House.

⁵ The house passed the welfare reform bill which combines several child welfare programs into a block grant and drastically reduces funding. This figure represents the cumulative loss over a five year period. Programs included in this block grant would be child welfare (Title IV-B, foster care, adoption assistance, independent living, child abuse and family preservation)

MAJOR CUTS IN HUMAN SERVICES PROGRAMS PENDING

Current proposals in the U.S. Congress would have a major impact on funding for programs which benefit people with disabilities in INDIANA. Some of these changes have already been approved by the House of Representatives, others have been outlined in documents from committees or from the leadership. The cuts are substantial, and they are targeted particularly on human services programs, such as Medicaid, Supplemental Security Income, state grants for Vocational Rehabilitation, Special Education, mental health, food stamps etc.

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These cuts will not fall evenly across all programs--some programs will be cut more, some less, others may be zeroed out altogether. Examples of likely cuts are as follows:

- INDIANA stands to lose \$626,450,795 in Medicaid funding in year 5 under proposals from the Congressional Leaders. This figure represents a cut in the *rate of growth* of Medicaid--however, the rate of growth reflects expected increases in numbers of eligible persons and in the cost of health care. A cut of this magnitude will be hard for the state to replace and will result in many low-income individuals and families going without health care or using expensive uncompensated community hospital services.
- Approximately \$273,000,000 in federal SSI payments for children with disabilities in INDIANA will be lost over the next five years under legislation which has already passed the House. This will leave families without the resources necessary to meet the costs of keeping their child at home. While some of these families may manage without the disability benefit, many others will turn to the state for aid.
- Cuts in state vocational rehabilitation and supported employment funds of \$10,160,734 could occur in INDIANA if Congress makes a 20% cut in these programs;
- Cuts in special education basic state grants of \$16,465,329 could occur in INDIANA if Congress were to cut education programs by 30%.

Unless Congress hears from advocates that such substantial cuts are unacceptable, the state will be faced with truly major reductions in essential programs.

PROJECTED CUTS IN PROGRAMS FOR PERSONS WITH DISABILITIES IN INDIANA

I. ENTITLEMENT PROGRAMS

Program	Current Federal Spending Per Year	Projected Cuts In 5th Year
Medicaid	\$ 1,878,000,000	\$ 626,450,795 ¹
Medicare	-----	2,100,000,000 ²
Supplemental Security Income (SSI)		Cumulative Reduction Over 5 Years
1) Total	286,382,000	N/A----- ³
2) Children	87,475,468	273,000,000 ⁴
Child Welfare Programs:		Cumulative Reduction Over 5 Years
Amount State will loose under new Child Protection Block Grant	680,000,000	397,000,000 ⁵

II. SELECTED DISCRETIONARY GRANT PROGRAMS FOR PERSONS WITH DISABILITIES

Program	Current Spending FY 1995
Individuals with Disabilities Education Act (IDEA)	
State Grants	\$ 49,395,986
Part H, Infants & Toddlers	4,855,347
Preschool Grants	7,127,370
Vocational Rehabilitation:	
State Grants	50,083,797
Supported Employment	719,874
Mental Health:	
State Block Grant	6,525,078
Child MH Services Program	0
Projects for Homeless (PATH)	392,000

¹ Projected cut by fifth year from what would have been spent if current law remained in effect. Percentage of cut reflects amounts proposed by Congressional leaders.

² Projected cut over five years below what would have been spent if current law remained in effect.

³ Estimate not yet available, but significant cuts are planned.

⁴ Projected cuts over a five year period, based upon welfare reform bill already approved by the House.

⁵ The house passed the welfare reform bill which combines several child welfare programs into a block grant and drastically reduces funding. This figure represents the cumulative loss over a five year period. Programs included in this block grant would be child welfare (Title IV-B, foster care, adoption assistance, independent living, child abuse and family preservation).

MAJOR CUTS IN HUMAN SERVICES PROGRAMS PENDING

Current proposals in the U.S. Congress would have a major impact on funding for programs which benefit people with disabilities in IOWA. Some of these changes have already been approved by the House of Representatives, others have been outlined in documents from committees or from the leadership. The cuts are substantial, and they are targeted particularly on human services programs, such as Medicaid, Supplemental Security Income, state grants for Vocational Rehabilitation, Special Education, mental health, food stamps etc.

Little attempt has been made yet, especially by the House of Representatives, to make fair reviews of the effectiveness of individual programs. Instead, major reforms are being considered, and sometimes passed, in a rush and they are too frequently based on misinformation and misunderstanding.

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These cuts will not fall evenly across all programs--some programs will be cut more, some less, others may be zeroed out altogether. Examples of likely cuts are as follows:

- IOWA stands to lose \$236,129,832 in Medicaid funding in year 5 under proposals from the Congressional Leaders. This figure represents a cut in the *rate of growth* of Medicaid--however, the rate of growth reflects expected increases in numbers of eligible persons and in the cost of health care. A cut of this magnitude will be hard for the state to replace and will result in many low-income individuals and families going without health care or using expensive uncompensated community hospital services.
- Approximately \$87,000,000 in federal SSI payments for children with disabilities in IOWA will be lost over the next five years under legislation which has already passed the House. This will leave families without the resources necessary to meet the costs of keeping their child at home. While some of these families may manage without the disability benefit, many others will turn to the state for aid.
- Cuts in state vocational rehabilitation and supported employment funds of \$4,913,144 could occur in IOWA if Congress makes a 20% cut in these programs;
- Cuts in special education basic state grants of \$8,520,394 could occur in IOWA if Congress were to cut education programs by 30%.

Unless Congress hears from advocates that such substantial cuts are unacceptable, the state will be faced with truly major reductions in essential programs.

**PROJECTED CUTS IN PROGRAMS FOR PERSONS WITH DISABILITIES IN
IOWA**

I. ENTITLEMENT PROGRAMS

Program	Current Federal Spending Per Year	Projected Cuts In 5th Year
Medicaid	\$ 614,000,000	\$ 236,129,832 ¹
Medicare	-----	1,200,000,000 ²
Supplemental Security Income (SSI)		Cumulative Reduction Over 5 Years
1) Total	118,853,000	N/A----- ³
2) Children	31,773,200	87,000,000 ⁴
Child Welfare Programs:		Cumulative Reduction Over 5 Years
Amount State will loose under new Child Protection Block Grant	196,000,000	45,000,000 ⁵

II. SELECTED DISCRETIONARY GRANT PROGRAMS FOR PERSONS WITH DISABILITIES

Program	Current Spending FY 1995
Individuals with Disabilities Education Act (IDEA)	
State Grants	\$ 25,561,181
Part H, Infants & Toddlers	2,232,081
Preschool Grants	3,999,180
Vocational Rehabilitation:	
State Grants	24,211,138
Supported Employment	354,582
Mental Health:	
State Block Grant	2,829,397
Child MH Services Program	0
Projects for Homeless (PATH)	300,000

¹ Projected cut by fifth year from what would have been spent if current law remained in effect. Percentage of cut reflects amounts proposed by Congressional leaders.

² Projected cut over five years below what would have been spent if current law remained in effect.

³ Estimate not yet available, but significant cuts are planned.

⁴ Projected cuts over a five year period, based upon welfare reform bill already approved by the House.

⁵ The house passed the welfare reform bill which combines several child welfare programs into a block grant and drastically reduces funding. This figure represents the cumulative loss over a five year period. Programs included in this block grant would be child welfare (Title IV-B, foster care, adoption assistance, independent living, child abuse and family preservation).

MAJOR CUTS IN HUMAN SERVICES PROGRAMS PENDING

Current proposals in the U.S. Congress would have a major impact on funding for programs which benefit people with disabilities in KANSAS. Some of these changes have already been approved by the House of Representatives, others have been outlined in documents from committees or from the leadership. The cuts are substantial, and they are targeted particularly on human services programs, such as Medicaid, Supplemental Security Income, state grants for Vocational Rehabilitation, Special Education, mental health, food stamps etc.

Little attempt has been made yet, especially by the House of Representatives, to make fair reviews of the effectiveness of individual programs. Instead, major reforms are being considered, and sometimes passed, in a rush and they are too frequently based on mis-information and misunderstanding.

Expected cuts in several programs are shown in the table on the back of this page. The proposed cuts are a mix of cuts in growth and direct cuts from amounts appropriated in previous years. Cuts in rate of growth are defended on the basis that they do not result in cuts in services, but they only slow the expansion of services. However, these programs have previously received increased funding year-by-year to keep up with increased costs resulting from inflation and with increases in the number of people eligible for the program. Reductions of 20-30% in the rate of growth, which have already been proposed by the House Budget Committee and other leaders, would mean in a real cut, in services offered or people who can obtain those services, or both.

These cuts will not fall evenly across all programs--some programs will be cut more, some less, others may be zeroed out altogether. Examples of likely cuts are as follows:

- KANSAS stands to lose \$248,591,063 in Medicaid funding in year 5 under proposals from the Congressional Leaders. This figure represents a cut in the *rate of growth* of Medicaid--however, the rate of growth reflects expected increases in numbers of eligible persons and in the cost of health care. A cut of this magnitude will be hard for the state to replace and will result in many low-income individuals and families going without health care or using expensive uncompensated community hospital services.
- Approximately \$112,000,000 in federal SSI payments for children with disabilities in KANSAS will be lost over the next five years under legislation which has already passed the House. This will leave families without the resources necessary to meet the costs of keeping their child at home. While some of these families may manage without the disability benefit, many others will turn to the state for aid.
- Cuts in state vocational rehabilitation and supported employment funds of \$4,068,136 could occur in KANSAS if Congress makes a 20% cut in these programs;
- Cuts in special education basic state grants of \$6,535,123 could occur in KANSAS if Congress were to cut education programs by 30%.

Unless Congress hears from advocates that such substantial cuts are unacceptable, the state will be faced with truly major reductions in essential programs.

**PROJECTED CUTS IN PROGRAMS FOR PERSONS WITH DISABILITIES IN
KANSAS**

I. ENTITLEMENT PROGRAMS

Program	Current Federal Spending Per Year	Projected Cuts In 5th Year
Medicaid	\$ 349,000,000	\$ 248,591,063 ¹
Medicare	-----	1,100,000,000 ²
Supplemental Security Income (SSI)		Cumulative Reduction Over 5 Years
1) Total	107,872,000	N/A----- ³
2) Children	36,734,070	112,000,000 ⁴
Child Welfare Programs:		Cumulative Reduction Over 5 Years
Amount State will loose under new Child Protection Block Grant	230,000,000	60,000,000 ⁵

II. SELECTED DISCRETIONARY GRANT PROGRAMS FOR PERSONS WITH DISABILITIES

Program	Current Spending FY 1995
Individuals with Disabilities Education Act (IDEA)	
State Grants	\$ 19,605,370
Part H, Infants & Toddlers	2,180,341
Preschool Grants	3,809,957
Vocational Rehabilitation:	
State Grants	20,021,759
Supported Employment	318,922
Mental Health:	
State Block Grant	2,440,488
Child MH Services Program	4,500,000
Projects for Homeless (PATH)	300,000

¹ Projected cut by fifth year from what would have been spent if current law remained in effect. Percentage of cut reflects amounts proposed by Congressional leaders.

² Projected cut over five years below what would have been spent if current law remained in effect.

³ Estimate not yet available, but significant cuts are planned.

⁴ Projected cuts over a five year period, based upon welfare reform bill already approved by the House.

⁵ The house passed the welfare reform bill which combines several child welfare programs into a block grant and drastically reduces funding. This figure represents the cumulative loss over a five year period. Programs included in this block grant would be child welfare (Title IV-B, foster care, adoption assistance, independent living, child abuse and family preservation).

MAJOR CUTS IN HUMAN SERVICES PROGRAMS PENDING

Current proposals in the U.S. Congress would have a major impact on funding for programs which benefit people with disabilities in KENTUCKY. Some of these changes have already been approved by the House of Representatives, others have been outlined in documents from committees or from the leadership. The cuts are substantial, and they are targeted particularly on human services programs, such as Medicaid, Supplemental Security Income, state grants for Vocational Rehabilitation, Special Education, mental health, food stamps etc.

Little attempt has been made yet, especially by the House of Representatives, to make fair reviews of the effectiveness of individual programs. Instead, major reforms are being considered, and sometimes passed, in a rush and they are too frequently based on misinformation and misunderstanding.

Expected cuts in several programs are shown in the table on the back of this page. The proposed cuts are a mix of cuts in growth and direct cuts from amounts appropriated in previous years. Cuts in rate of growth are defended on the basis that they do not result in cuts in services, but they only slow the expansion of services. However, these programs have previously received increased funding year-by-year to keep up with increased costs resulting from inflation and with increases in the number of people eligible for the program. Reductions of 20-30% in the rate of growth, which have already been proposed by the House Budget Committee and other leaders, would mean in a real cut, in services offered or people who can obtain those services, or both.

These cuts will not fall evenly across all programs--some programs will be cut more, some less, others may be zeroed out altogether. Examples of likely cuts are as follows:

- KENTUCKY stands to lose \$491,808,861 in Medicaid funding in year 5 under proposals from the Congressional Leaders. This figure represents a cut in the *rate of growth* of Medicaid--however, the rate of growth reflects expected increases in numbers of eligible persons and in the cost of health care. A cut of this magnitude will be hard for the state to replace and will result in many low-income individuals and families going without health care or using expensive uncompensated community hospital services.
- Approximately \$363,000,000 in federal SSI payments for children with disabilities in KENTUCKY will be lost over the next five years under legislation which has already passed the House. This will leave families without the resources necessary to meet the costs of keeping their child at home. While some of these families may manage without the disability benefit, many others will turn to the state for aid.
- Cuts in state vocational rehabilitation and supported employment funds of \$7,884,123 could occur in KENTUCKY if Congress makes a 20% cut in these programs;
- Cuts in special education basic state grants of \$10,944,312 could occur in KENTUCKY if Congress were to cut education programs by 30%.

Unless Congress hears from advocates that such substantial cuts are unacceptable, the state will be faced with truly major reductions in essential programs.

PROJECTED CUTS IN PROGRAMS FOR PERSONS WITH DISABILITIES IN KENTUCKY

I. ENTITLEMENT PROGRAMS

Program	Current Federal Spending Per Year	Projected Cuts In 5th Year
Medicaid	\$ 1,590,000,000	\$ 491,808,861 ¹
Medicare	-----	1,300,000,000 ²
Supplemental Security Income (SSI)		Cumulative Reduction Over 5 Years
1) Total	487,505,000	N/A----- ³
2) Children	98,366,496	363,000,000 ⁴
Child Welfare Programs:		Cumulative Reduction Over 5 Years
Amount State will loose under new Child Protection Block Grant	394,000,000	98,000,000 ⁵

II. SELECTED DISCRETIONARY GRANT PROGRAMS FOR PERSONS WITH DISABILITIES

Program	Current Spending FY 1995
Individuals with Disabilities Education Act (IDEA)	
State Grants	\$ 32,832,935
Part H, Infants & Toddlers	3,138,084
Preschool Grants	8,993,370
Vocational Rehabilitation:	
State Grants	38,943,179
Supported Employment	477,438
Mental Health:	
State Block Grant	3,773,054
Child MH Services Program	0
Projects for Homeless (PATH)	300,000

¹ Projected cut by fifth year from what would have been spent if current law remained in effect. Percentage of cut reflects amounts proposed by Congressional leaders.

² Projected cut over five years below what would have been spent if current law remained in effect.

³ Estimate not yet available, but significant cuts are planned.

⁴ Projected cuts over a five year period, based upon welfare reform bill already approved by the House.

⁵ The house passed the welfare reform bill which combines several child welfare programs into a block grant and drastically reduces funding. This figure represents the cumulative loss over a five year period. Programs included in this block grant would be child welfare (Title IV-B, foster care, adoption assistance, independent living, child abuse and family preservation).

MAJOR CUTS IN HUMAN SERVICES PROGRAMS PENDING

Current proposals in the U.S. Congress would have a major impact on funding for programs which benefit people with disabilities in LOUISIANNA. Some of these changes have already been approved by the House of Representatives, others have been outlined in documents from committees or from the leadership. The cuts are substantial, and they are targeted particularly on human services programs, such as Medicaid, Supplemental Security Income, state grants for Vocational Rehabilitation, Special Education, mental health, food stamps etc.

Little attempt has been made yet, especially by the House of Representatives, to make fair reviews of the effectiveness of individual programs. Instead, major reforms are being considered, and sometimes passed, in a rush and they are too frequently based on misinformation and misunderstanding.

Expected cuts in several programs are shown in the table on the back of this page. The proposed cuts are a mix of cuts in growth and direct cuts from amounts appropriated in previous years. Cuts in rate of growth are defended on the basis that they do not result in cuts in services, but they only slow the expansion of services. However, these programs have previously received increased funding year-by-year to keep up with increased costs resulting from inflation and with increases in the number of people eligible for the program. Reductions of 20-30% in the rate of growth, which have already been proposed by the House Budget Committee and other leaders, would mean in a real cut, in services offered or people who can obtain those services, or both.

These cuts will not fall evenly across all programs--some programs will be cut more, some less, others may be zeroed out altogether. Examples of likely cuts are as follows:

- LOUISIANNA stands to lose \$923,150,579 in Medicaid funding in year 5 under proposals from the Congressional Leaders. This figure represents a cut in the *rate of growth* of Medicaid--however, the rate of growth reflects expected increases in numbers of eligible persons and in the cost of health care. A cut of this magnitude will be hard for the state to replace and will result in many low-income individuals and families going without health care or using expensive uncompensated community hospital services.
- Approximately \$727,000,000 in federal SSI payments for children with disabilities in LOUISIANNA will be lost over the next five years under legislation which has already passed the House. This will leave families without the resources necessary to meet the costs of keeping their child at home. While some of these families may manage without the disability benefit, many others will turn to the state for aid.
- Cuts in state vocational rehabilitation and supported employment funds of \$9,237,127 could occur in LOUISIANNA if Congress makes a 20% cut in these programs;
- Cuts in special education basic state grants of \$11,678,878 could occur in LOUISIANNA if Congress were to cut education programs by 30%.

Unless Congress hears from advocates that such substantial cuts are unacceptable, the state will be faced with truly major reductions in essential programs.

**PROJECTED CUTS IN PROGRAMS FOR PERSONS WITH DISABILITIES IN
LOUISIANA**

I. ENTITLEMENT PROGRAMS

Program	Current Federal Spending Per Year	Projected Cuts In 5th Year
Medicaid	\$ 2,464,000,000	\$ 923,150,579 ¹
Medicare	-----	1,500,000,000 ²
Supplemental Security Income (SSI)		Cumulative Reduction Over 5 Years
1) Total	605,948,000	N/A----- ³
2) Children	197,951,914	727,000,000 ⁴
Child Welfare Programs:		Cumulative Reduction Over 5 Years
Amount State will loose under new Child Protection Block Grant	434,000,000	117,000,000 ⁵

II. SELECTED DISCRETIONARY GRANT PROGRAMS FOR PERSONS WITH DISABILITIES

Program	Current Spending FY 1995
Individuals with Disabilities Education Act (IDEA)	
State Grants	\$ 35,036,635
Part H, Infants & Toddlers	4,130,713
Preschool Grants	6,381,820
Vocational Rehabilitation:	
State Grants	45,644,437
Supported Employment	541,197
Mental Health:	
State Block Grant	4,482,402
Child MH Services Program	0
Projects for Homeless (PATH)	324,000

¹ Projected cut by fifth year from what would have been spent if current law remained in effect. Percentage of cut reflects amounts proposed by Congressional leaders.

² Projected cut over five years below what would have been spent if current law remained in effect.

³ Estimate not yet available, but significant cuts are planned.

⁴ Projected cuts over a five year period, based upon welfare reform bill already approved by the House.

⁵ The house passed the welfare reform bill which combines several child welfare programs into a block grant and drastically reduces funding. This figure represents the cumulative loss over a five year period. Programs included in this block grant would be child welfare (Title IV-B, foster care, adoption assistance, independent living, child abuse and family preservation).

MAJOR CUTS IN HUMAN SERVICES PROGRAMS PENDING

Current proposals in the U.S. Congress would have a major impact on funding for programs which benefit people with disabilities in MAINE. Some of these changes have already been approved by the House of Representatives, others have been outlined in documents from committees or from the leadership. The cuts are substantial, and they are targeted particularly on human services programs, such as Medicaid, Supplemental Security Income, state grants for Vocational Rehabilitation, Special Education, mental health, food stamps etc.

Little attempt has been made yet, especially by the House of Representatives, to make fair reviews of the effectiveness of individual programs. Instead, major reforms are being considered, and sometimes passed, in a rush and they are too frequently based on misinformation and misunderstanding.

Expected cuts in several programs are shown in the table on the back of this page. The proposed cuts are a mix of cuts in growth and direct cuts from amounts appropriated in previous years. Cuts in rate of growth are defended on the basis that they do not result in cuts in services, but they only slow the expansion of services. However, these programs have previously received increased funding year-by-year to keep up with increased costs resulting from inflation and with increases in the number of people eligible for the program. Reductions of 20-30% in the rate of growth, which have already been proposed by the House Budget Committee and other leaders, would mean in a real cut, in services offered or people who can obtain those services, or both.

These cuts will not fall evenly across all programs--some programs will be cut more, some less, others may be zeroed out altogether. Examples of likely cuts are as follows:

- MAINE stands to lose \$155,220,351 in Medicaid funding in year 5 under proposals from the Congressional Leaders. This figure represents a cut in the *rate of growth* of Medicaid--however, the rate of growth reflects expected increases in numbers of eligible persons and in the cost of health care. A cut of this magnitude will be hard for the state to replace and will result in many low-income individuals and families going without health care or using expensive uncompensated community hospital services.
- Approximately \$19,000,000 in federal SSI payments for children with disabilities in MAINE will be lost over the next five years under legislation which has already passed the House. This will leave families without the resources necessary to meet the costs of keeping their child at home. While some of these families may manage without the disability benefit, many others will turn to the state for aid.
- Cuts in state vocational rehabilitation and supported employment funds of \$2,404,160 could occur in MAINE if Congress makes a 20% cut in these programs;
- Cuts in special education basic state grants of \$3,917,000 could occur in MAINE if Congress were to cut education programs by 30%.

Unless Congress hears from advocates that such substantial cuts are unacceptable, the state will be faced with truly major reductions in essential programs.

**PROJECTED CUTS IN PROGRAMS FOR PERSONS WITH DISABILITIES IN
MAINE**

I. ENTITLEMENT PROGRAMS

Program	Current Federal Spending Per Year	Projected Cuts In 5th Year
Medicaid	\$ 551,000,000	\$ 155,220,351 ¹
Medicare	-----	533,000,000 ²
Supplemental Security Income (SSI)		Cumulative Reduction Over 5 Years
1) Total	71,352,000	N/A----- ³
2) Children	11,333,617	19,000,000 ⁴
Child Welfare Programs:		Cumulative Reduction Over 5 Years
Amount State will loose under new Child Protection Block Grant	135,000,000	34,000,000 ⁵

II. SELECTED DISCRETIONARY GRANT PROGRAMS FOR PERSONS WITH DISABILITIES

Program	Current Spending FY 1995
Individuals with Disabilities Education Act (IDEA)	
State Grants	\$ 11,751,000
Part H, Infants & Toddlers	1,237,632
Preschool Grants	2,006,322
Vocational Rehabilitation:	
State Grants	11,720,802
Supported Employment	300,000
Mental Health:	
State Block Grant	1,300,651
Child MH Services Program	4,000,000
Projects for Homeless (PATH)	300,000

¹ Projected cut by fifth year from what would have been spent if current law remained in effect. Percentage of cut reflects amounts proposed by Congressional leaders.

² Projected cut over five years below what would have been spent if current law remained in effect.

³ Estimate not yet available, but significant cuts are planned.

⁴ Projected cuts over a five year period, based upon welfare reform bill already approved by the House.

⁵ The house passed the welfare reform bill which combines several child welfare programs into a block grant and drastically reduces funding. This figure represents the cumulative loss over a five year period. Programs included in this block grant would be child welfare (Title IV-B, foster care, adoption assistance, independent living, child abuse and family preservation).

MAJOR CUTS IN HUMAN SERVICES PROGRAMS PENDING

Current proposals in the U.S. Congress would have a major impact on funding for programs which benefit people with disabilities in MARYLAND. Some of these changes have already been approved by the House of Representatives, others have been outlined in documents from committees or from the leadership. The cuts are substantial, and they are targeted particularly on human services programs, such as Medicaid, Supplemental Security Income, state grants for Vocational Rehabilitation, Special Education, mental health, food stamps etc.

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These cuts will not fall evenly across all programs--some programs will be cut more, some less, others may be zeroed out altogether. Examples of likely cuts are as follows:

- MARYLAND stands to lose \$378,145,324 in Medicaid funding in year 5 under proposals from the Congressional Leaders. This figure represents a cut in the *rate of growth* of Medicaid--however, the rate of growth reflects expected increases in numbers of eligible persons and in the cost of health care. A cut of this magnitude will be hard for the state to replace and will result in many low-income individuals and families going without health care or using expensive uncompensated community hospital services.
- Approximately \$19,000,000 in federal SSI payments for children with disabilities in MARYLAND will be lost over the next five years under legislation which has already passed the House. This will leave families without the resources necessary to meet the costs of keeping their child at home. While some of these families may manage without the disability benefit, many others will turn to the state for aid.
- Cuts in state vocational rehabilitation and supported employment funds of \$6,015,404 could occur in MARYLAND if Congress makes a 20% cut in these programs;
- Cuts in special education basic state grants of \$12,837,686 could occur in MARYLAND if Congress were to cut education programs by 30%.

Unless Congress hears from advocates that such substantial cuts are unacceptable, the state will be faced with truly major reductions in essential programs.

**PROJECTED CUTS IN PROGRAMS FOR PERSONS WITH DISABILITIES IN
MARYLAND**

I. ENTITLEMENT PROGRAMS

Program	Current Federal Spending Per Year	Projected Cuts In 5th Year
Medicaid	\$ 862,000,000	\$ 378,145,324 ¹
Medicare	-----	1,900,000,000 ²
Supplemental Security Income (SSI)		Cumulative Reduction Over 5 Years
1) Total	238,051,000	N/A----- ³
2) Children	57,198,780	19,000,000 ⁴
Child Welfare Programs:		Cumulative Reduction Over 5 Years
Amount State will loose under new Child Protection Block Grant	550,000,000	189,000,000 ⁵

II. SELECTED DISCRETIONARY GRANT PROGRAMS FOR PERSONS WITH DISABILITIES

Program	Current Spending FY 1995
Individuals with Disabilities Education Act (IDEA)	
State Grants	\$ 38,498,058
Part H, Infants & Toddlers	4,494,909
Preschool Grants	6,099,759
Vocational Rehabilitation:	
State Grants	29,451,399
Supported Employment	625,621
Mental Health:	
State Block Grant	5,509,346
Child MH Services Program	3,000,000
Projects for Homeless (PATH)	521,000

¹ Projected cut by fifth year from what would have been spent if current law remained in effect. Percentage of cut reflects amounts proposed by Congressional leaders

² Projected cut over five years below what would have been spent if current law remained in effect.

³ Estimate not yet available, but significant cuts are planned

⁴ Projected cuts over a five year period, based upon welfare reform bill already approved by the House.

⁵ The house passed the welfare reform bill which combines several child welfare programs into a block grant and drastically reduces funding. This figure represents the cumulative loss over a five year period. Programs included in this block grant would be child welfare (Title IV-B, foster care, adoption assistance, independent living, child abuse and family preservation).

MAJOR CUTS IN HUMAN SERVICES PROGRAMS PENDING

Current proposals in the U.S. Congress would have a major impact on funding for programs which benefit people with disabilities in Massachusetts. Some of these changes have already been approved by the House of Representatives, others have been outlined in documents from committees or from the leadership. The cuts are substantial, and they are targeted particularly on human services programs, such as Medicaid, Supplemental Security Income, state grants for Vocational Rehabilitation, Special Education, mental health, food stamps etc.

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These cuts will not fall evenly across all programs--some programs will be cut more, some less, others may be zeroed out altogether. Examples of likely cuts are as follows:

- Massachusetts stands to lose \$820,833,861 in Medicaid funding in year 5 under proposals from the Congressional Leaders. This figure represents a cut in the *rate of growth* of Medicaid--however, the rate of growth reflects expected increases in numbers of eligible persons and in the cost of health care. A cut of this magnitude will be hard for the state to replace and will result in many low-income individuals and families going without health care or using expensive uncompensated community hospital services.
- Approximately \$188,000,000 in federal SSI payments for children with disabilities in Massachusetts will be lost over the next five years under legislation which has already passed the House. This will leave families without the resources necessary to meet the costs of keeping their child at home. While some of these families may manage without the disability benefit, many others will turn to the state for aid.
- Cuts in state vocational rehabilitation and supported employment funds of \$7,959,554 could occur in Massachusetts if Congress makes a 20% cut in these programs;
- Cuts in special education basic state grants of \$19,012,569 could occur in Massachusetts if Congress were to cut education programs by 30%.

Unless Congress hears from advocates that such substantial cuts are unacceptable, the state will be faced with truly major reductions in essential programs.

**PROJECTED CUTS IN PROGRAMS FOR PERSONS WITH DISABILITIES IN
MASSACHUSETTS**

I. ENTITLEMENT PROGRAMS

Program	Current Federal Spending Per Year	Projected Cuts In 5th Year
Medicaid	\$ 1,448,000,000	\$ 544,928,138 ¹
Medicare	-----	34,000,000,000 ²
Supplemental Security Income (SSI)		Cumulative Reduction Over 5 Years
1) Total	445,610,000	N/A----- ³
2) Children	76,241,530	188,000,000 ⁴
Child Welfare Programs:		Cumulative Reduction Over 5 Years
Amount State will loose under new Child Protection Block Grant	821,000,000	421,000,000 ⁵

II. SELECTED DISCRETIONARY GRANT PROGRAMS FOR PERSONS WITH DISABILITIES

Program	Current Spending FY 1995
Individuals with Disabilities Education Act (IDEA)	
State Grants	\$ 57,037,707
Part H, Infants & Toddlers	5,090,115
Preschool Grants	7,822,602
Vocational Rehabilitation:	
State Grants	39,040,219
Supported Employment	757,550
Mental Health:	
State Block Grant	6,434,900
Child MH Services Program	0
Projects for Homeless (PATH)	688,000

¹ Projected cut by fifth year from what would have been spent if current law remained in effect. Percentage of cut reflects amounts proposed by Congressional leaders.

² Projected cut over five years below what would have been spent if current law remained in effect.

³ Estimate not yet available, but significant cuts are planned.

⁴ Projected cuts over a five year period, based upon welfare reform bill already approved by the House.

⁵ The house passed the welfare reform bill which combines several child welfare programs into a block grant and drastically reduces funding. This figure represents the cumulative loss over a five year period. Programs included in this block grant would be child welfare (Title IV-B, foster care, adoption assistance, independent living, child abuse and family preservation)

MAJOR CUTS IN HUMAN SERVICES PROGRAMS PENDING

Current proposals in the U.S. Congress would have a major impact on funding for programs which benefit people with disabilities in MICHIGAN. Some of these changes have already been approved by the House of Representatives, others have been outlined in documents from committees or from the leadership. The cuts are substantial, and they are targeted particularly on human services programs, such as Medicaid, Supplemental Security Income, state grants for Vocational Rehabilitation, Special Education, mental health, food stamps etc.

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These cuts will not fall evenly across all programs--some programs will be cut more, some less, others may be zeroed out altogether. Examples of likely cuts are as follows:

- MICHIGAN stands to lose \$427,188,279 in Medicaid funding in year 5 under proposals from the Congressional Leaders. This figure represents a cut in the *rate of growth* of Medicaid--however, the rate of growth reflects expected increases in numbers of eligible persons and in the cost of health care. A cut of this magnitude will be hard for the state to replace and will result in many low-income individuals and families going without health care or using expensive uncompensated community hospital services.
- Approximately \$675,000,000 in federal SSI payments for children with disabilities in MICHIGAN will be lost over the next five years under legislation which has already passed the House. This will leave families without the resources necessary to meet the costs of keeping their child at home. While some of these families may manage without the disability benefit, many others will turn to the state for aid.
- Cuts in state vocational rehabilitation and supported employment funds of \$14,893,902 could occur in MICHIGAN if Congress makes a 20% cut in these programs;
- Cuts in special education basic state grants of \$22,854,419 could occur in MICHIGAN if Congress were to cut education programs by 30%.

Unless Congress hears from advocates that such substantial cuts are unacceptable, the state will be faced with truly major reductions in essential programs.

**PROJECTED CUTS IN PROGRAMS FOR PERSONS WITH DISABILITIES IN
MICHIGAN**

I. ENTITLEMENT PROGRAMS

Program	Current Federal Spending Per Year	Projected Cuts In 5th Year
Medicaid	\$ 2,696,000,000	\$ 820,833,861 ¹
Medicare	-----	4,600,000,000 ²
Supplemental Security Income (SSI)		Cumulative Reduction Over 5 Years
1) Total	729,949,000	N/A----- ³
2) Children	181,767,499	675,000,000 ⁴
Child Welfare Programs:		Cumulative Reduction Over 5 Years
Amount State will loose under new Child Protection Block Grant	1,285,000	284,000,000 ⁵

II. SELECTED DISCRETIONARY GRANT PROGRAMS FOR PERSONS WITH DISABILITIES

Program	Current Spending FY 1995
Individuals with Disabilities Education Act (IDEA)	
State Grants	\$ 68,563,258
Part H, Infants & Toddlers	8,232,797
Preschool Grants	10,959,297
Vocational Rehabilitation:	
State Grants	73,275,223
Supported Employment	1,194,287
Mental Health:	
State Block Grant	10,662,068
Child MH Services Program	0
Projects for Homeless (PATH)	846,000

¹ Projected cut by fifth year from what would have been spent if current law remained in effect. Percentage of cut reflects amounts proposed by Congressional leaders.

² Projected cut over five years below what would have been spent if current law remained in effect.

³ Estimate not yet available, but significant cuts are planned.

⁴ Projected cuts over a five year period, based upon welfare reform bill already approved by the House.

⁵ The house passed the welfare reform bill which combines several child welfare programs into a block grant and drastically reduces funding. This figure represents the cumulative loss over a five year period. Programs included in this block grant would be child welfare (Title IV-B, foster care, adoption assistance, independent living, child abuse and family preservation)

MAJOR CUTS IN HUMAN SERVICES PROGRAMS PENDING

Current proposals in the U.S. Congress would have a major impact on funding for programs which benefit people with disabilities in MINNESOTA. Some of these changes have already been approved by the House of Representatives, others have been outlined in documents from committees or from the leadership. The cuts are substantial, and they are targeted particularly on human services programs, such as Medicaid, Supplemental Security Income, state grants for Vocational Rehabilitation, Special Education, mental health, food stamps etc.

Little attempt has been made yet, especially by the House of Representatives, to make fair reviews of the effectiveness of individual programs. Instead, major reforms are being considered, and sometimes passed, in a rush and they are too frequently based on misinformation and misunderstanding.

Expected cuts in several programs are shown in the table on the back of this page. The proposed cuts are a mix of cuts in growth and direct cuts from amounts appropriated in previous years. Cuts in rate of growth are defended on the basis that they do not result in cuts in services, but they only slow the expansion of services. However, these programs have previously received increased funding year-by-year to keep up with increased costs resulting from inflation and with increases in the number of people eligible for the program. Reductions of 20-30% in the rate of growth, which have already been proposed by the House Budget Committee and other leaders, would mean in a real cut, in services offered or people who can obtain those services, or both.

These cuts will not fall evenly across all programs--some programs will be cut more, some less, others may be zeroed out altogether. Examples of likely cuts are as follows:

- MINNESOTA stands to lose \$316,230,624 in Medicaid funding in year 5 under proposals from the Congressional Leaders. This figure represents a cut in the *rate of growth* of Medicaid--however, the rate of growth reflects expected increases in numbers of eligible persons and in the cost of health care. A cut of this magnitude will be hard for the state to replace and will result in many low-income individuals and families going without health care or using expensive uncompensated community hospital services.
- Approximately \$160,000,000 in federal SSI payments for children with disabilities in MINNESOTA will be lost over the next five years under legislation which has already passed the House. This will leave families without the resources necessary to meet the costs of keeping their child at home. While some of these families may manage without the disability benefit, many others will turn to the state for aid.
- Cuts in state vocational rehabilitation and supported employment funds of \$7,010,384 could occur in MINNESOTA if Congress makes a 20% cut in these programs;
- Cuts in special education basic state grants of \$12,127,298 could occur in MINNESOTA if Congress were to cut education programs by 30%.

Unless Congress hears from advocates that such substantial cuts are unacceptable, the state will be faced with truly major reductions in essential programs.

**PROJECTED CUTS IN PROGRAMS FOR PERSONS WITH DISABILITIES IN
MINNESOTA**

I. ENTITLEMENT PROGRAMS

Program	Current Federal Spending Per Year	Projected Cuts In 5th Year
Medicaid	\$ 1,215,000,000	\$ 427,188,279 ¹
Medicare	-----	1,600,000,000 ²
Supplemental Security Income (SSI)		Cumulative Reduction Over 5 Years
1) Total	166,366,000	N/A----- ³
2) Children	46,039,356	160,000,000 ⁴
Child Welfare Programs:		Cumulative Reduction Over 5 Years
Amount State will loose under new Child Protection Block Grant	387,000,000	95,000,000 ⁵

II. SELECTED DISCRETIONARY GRANT PROGRAMS FOR PERSONS WITH DISABILITIES

Program	Current Spending FY 1995
Individuals with Disabilities Education Act (IDEA)	
State Grants	\$ 36,381,895
Part H, Infants & Toddlers	3,877,592
Preschool Grants	7,288,244
Vocational Rehabilitation:	
State Grants	34,482,748
Supported Employment	569,171
Mental Health:	
State Block Grant	4,557,805
Child MH Services Program	0
Projects for Homeless (PATH)	345,000

¹ Projected cut by fifth year from what would have been spent if current law remained in effect. Percentage of cut reflects amounts proposed by Congressional leaders.

² Projected cut over five years below what would have been spent if current law remained in effect.

³ Estimate not yet available, but significant cuts are planned.

⁴ Projected cuts over a five year period, based upon welfare reform bill already approved by the House

⁵ The house passed the welfare reform bill which combines several child welfare programs into a block grant and drastically reduces funding. This figure represents the cumulative loss over a five year period. Programs included in this block grant would be child welfare (Title IV-B, foster care, adoption assistance, independent living, child abuse and family preservation).

MAJOR CUTS IN HUMAN SERVICES PROGRAMS PENDING

Current proposals in the U.S. Congress would have a major impact on funding for programs which benefit people with disabilities in MISSISSIPPI. Some of these changes have already been approved by the House of Representatives, others have been outlined in documents from committees or from the leadership. The cuts are substantial, and they are targeted particularly on human services programs, such as Medicaid, Supplemental Security Income, state grants for Vocational Rehabilitation, Special Education, mental health, food stamps etc.

Little attempt has been made yet, especially by the House of Representatives, to make fair reviews of the effectiveness of individual programs. Instead, major reforms are being considered, and sometimes passed, in a rush and they are too frequently based on misinformation and misunderstanding.

Expected cuts in several programs are shown in the table on the back of this page. The proposed cuts are a mix of cuts in growth and direct cuts from amounts appropriated in previous years. Cuts in rate of growth are defended on the basis that they do not result in cuts in services, but they only slow the expansion of services. However, these programs have previously received increased funding year-by-year to keep up with increased costs resulting from inflation and with increases in the number of people eligible for the program. Reductions of 20-30% in the rate of growth, which have already been proposed by the House Budget Committee and other leaders, would mean in a real cut, in services offered or people who can obtain those services, or both.

These cuts will not fall evenly across all programs--some programs will be cut more, some less, others may be zeroed out altogether. Examples of likely cuts are as follows:

- MISSISSIPPI stands to lose \$479,114,093 in Medicaid funding in year 5 under proposals from the Congressional Leaders. This figure represents a cut in the *rate of growth* of Medicaid--however, the rate of growth reflects expected increases in numbers of eligible persons and in the cost of health care. A cut of this magnitude will be hard for the state to replace and will result in many low-income individuals and families going without health care or using expensive uncompensated community hospital services.
- Approximately \$384,000,000 in federal SSI payments for children with disabilities in MISSISSIPPI will be lost over the next five years under legislation which has already passed the House. This will leave families without the resources necessary to meet the costs of keeping their child at home. While some of these families may manage without the disability benefit, many others will turn to the state for aid.
- Cuts in state vocational rehabilitation and supported employment funds of \$6,533,725 could occur in MISSISSIPPI if Congress makes a 20% cut in these programs;
- Cuts in special education basic state grants of \$8,729,601 could occur in MISSISSIPPI if Congress were to cut education programs by 30%.

Unless Congress hears from advocates that such substantial cuts are unacceptable, the state will be faced with truly major reductions in essential programs.

**PROJECTED CUTS IN PROGRAMS FOR PERSONS WITH DISABILITIES IN
MISSISSIPPI**

I. ENTITLEMENT PROGRAMS

Program	Current Federal Spending Per Year	Projected Cuts In 5th Year
Medicaid	\$ 1,014,000,000	\$ 316,230,624 ¹
Medicare	-----	985,000,000 ²
Supplemental Security Income (SSI)		Cumulative Reduction Over 5 Years
1) Total	399,692,000	N/A----- ³
2) Children	120,086,989	384,000,000 ⁴
Child Welfare Programs:		Cumulative Reduction Over 5 Years
Amount State will loose under new Child Protection Block Grant	112,000,000	45,000,000 ⁵

II. SELECTED DISCRETIONARY GRANT PROGRAMS FOR PERSONS WITH DISABILITIES

Program	Current Spending FY 1995
Individuals with Disabilities Education Act (IDEA)	
State Grants	\$ 26,188,804
Part H, Infants & Toddlers	2,520,647
Preschool Grants	4,035,323
Vocational Rehabilitation:	
State Grants	32,335,589
Supported Employment	333,035
Mental Health:	
State Block Grant	2,378,469
Child MH Services Program	0
Projects for Homeless (PATH)	300,000

¹ Projected cut by fifth year from what would have been spent if current law remained in effect. Percentage of cut reflects amounts proposed by Congressional leaders.

² Projected cut over five years below what would have been spent if current law remained in effect.

³ Estimate not yet available, but significant cuts are planned.

⁴ Projected cuts over a five year period, based upon welfare reform bill already approved by the House

⁵ The house passed the welfare reform bill which combines several child welfare programs into a block grant and drastically reduces funding. This figure represents the cumulative loss over a five year period. Programs included in this block grant would be child welfare (Title IV-B, foster care, adoption assistance, independent living, child abuse and family preservation).

MAJOR CUTS IN HUMAN SERVICES PROGRAMS PENDING

Current proposals in the U.S. Congress would have a major impact on funding for programs which benefit people with disabilities in MISSOURI. Some of these changes have already been approved by the House of Representatives, others have been outlined in documents from committees or from the leadership. The cuts are substantial, and they are targeted particularly on human services programs, such as Medicaid, Supplemental Security Income, state grants for Vocational Rehabilitation, Special Education, mental health, food stamps etc.

Little attempt has been made yet, especially by the House of Representatives, to make fair reviews of the effectiveness of individual programs. Instead, major reforms are being considered, and sometimes passed, in a rush and they are too frequently based on misinformation and misunderstanding.

Expected cuts in several programs are shown in the table on the back of this page. The proposed cuts are a mix of cuts in growth and direct cuts from amounts appropriated in previous years. Cuts in rate of growth are defended on the basis that they do not result in cuts in services, but they only slow the expansion of services. However, these programs have previously received increased funding year-by-year to keep up with increased costs resulting from inflation and with increases in the number of people eligible for the program. Reductions of 20-30% in the rate of growth, which have already been proposed by the House Budget Committee and other leaders, would mean in a real cut, in services offered or people who can obtain those services, or both.

These cuts will not fall evenly across all programs--some programs will be cut more, some less, others may be zeroed out altogether. Examples of likely cuts are as follows:

- MISSOURI stands to lose \$90,631,522 in Medicaid funding in year 5 under proposals from the Congressional Leaders. This figure represents a cut in the *rate of growth* of Medicaid--however, the rate of growth reflects expected increases in numbers of eligible persons and in the cost of health care. A cut of this magnitude will be hard for the state to replace and will result in many low-income individuals and families going without health care or using expensive uncompensated community hospital services.
- Approximately \$270,000,000 in federal SSI payments for children with disabilities in MISSOURI will be lost over the next five years under legislation which has already passed the House. This will leave families without the resources necessary to meet the costs of keeping their child at home. While some of these families may manage without the disability benefit, many others will turn to the state for aid.
- Cuts in state vocational rehabilitation and supported employment funds of \$9,156,858 could occur in MISSOURI if Congress makes a 20% cut in these programs;
- Cuts in special education basic state grants of \$15,169,067 could occur in MISSOURI if Congress were to cut education programs by 30%.

Unless Congress hears from advocates that such substantial cuts are unacceptable, the state will be faced with truly major reductions in essential programs.

**PROJECTED CUTS IN PROGRAMS FOR PERSONS WITH DISABILITIES IN
MISSOURI**

I. ENTITLEMENT PROGRAMS

Program	Current Federal Spending Per Year	Projected Cuts In 5th Year
Medicaid	\$ 1,291,000,000	\$ 479,114,093 ¹
Medicare	-----	2,500,000,000 ²
Supplemental Security Income (SSI)		Cumulative Reduction Over 5 Years
1) Total	336,044,000	N/A----- ³
2) Children	97,457,472	270,000,000 ⁴
Child Welfare Programs:		Cumulative Reduction Over 5 Years
Amount State will loose under new Child Protection Block Grant	391,000,000	128,000,000 ⁵

II. SELECTED DISCRETIONARY GRANT PROGRAMS FOR PERSONS WITH DISABILITIES

Program	Current Spending FY 1995
Individuals with Disabilities Education Act (IDEA)	
State Grants	\$ 45,507,201
Part H, Infants & Toddlers	4,442,070
Preschool Grants	4,950,960
Vocational Rehabilitation:	
State Grants	45,124,773
Supported Employment	659,517
Mental Health:	
State Block Grant	4,926,287
Child MH Services Program	0
Projects for Homeless (PATH)	405,000

¹ Projected cut by fifth year from what would have been spent if current law remained in effect. Percentage of cut reflects amounts proposed by Congressional leaders.

² Projected cut over five years below what would have been spent if current law remained in effect.

³ Estimate not yet available, but significant cuts are planned.

⁴ Projected cuts over a five year period, based upon welfare reform bill already approved by the House.

⁵ The house passed the welfare reform bill which combines several child welfare programs into a block grant and drastically reduces funding. This figure represents the cumulative loss over a five year period. Programs included in this block grant would be child welfare (Title IV-B, foster care, adoption assistance, independent living, child abuse and family preservation).

MAJOR CUTS IN HUMAN SERVICES PROGRAMS PENDING

Current proposals in the U.S. Congress would have a major impact on funding for programs which benefit people with disabilities in MONTANA. Some of these changes have already been approved by the House of Representatives, others have been outlined in documents from committees or from the leadership. The cuts are substantial, and they are targeted particularly on human services programs, such as Medicaid, Supplemental Security Income, state grants for Vocational Rehabilitation, Special Education, mental health, food stamps etc.

Little attempt has been made yet, especially by the House of Representatives, to make fair reviews of the effectiveness of individual programs. Instead, major reforms are being considered, and sometimes passed, in a rush and they are too frequently based on misinformation and misunderstanding.

Expected cuts in several programs are shown in the table on the back of this page. The proposed cuts are a mix of cuts in growth and direct cuts from amounts appropriated in previous years. Cuts in rate of growth are defended on the basis that they do not result in cuts in services, but they only slow the expansion of services. However, these programs have previously received increased funding year-by-year to keep up with increased costs resulting from inflation and with increases in the number of people eligible for the program. Reductions of 20-30% in the rate of growth, which have already been proposed by the House Budget Committee and other leaders, would mean in a real cut, in services offered or people who can obtain those services, or both.

These cuts will not fall evenly across all programs--some programs will be cut more, some less, others may be zeroed out altogether. Examples of likely cuts are as follows:

- MONTANA stands to lose \$90,631,522 in Medicaid funding in year 5 under proposals from the Congressional Leaders. This figure represents a cut in the *rate of growth* of Medicaid--however, the rate of growth reflects expected increases in numbers of eligible persons and in the cost of health care. A cut of this magnitude will be hard for the state to replace and will result in many low-income individuals and families going without health care or using expensive uncompensated community hospital services.
- Approximately \$22,000,000 in federal SSI payments for children with disabilities in MONTANA will be lost over the next five years under legislation which has already passed the House. This will leave families without the resources necessary to meet the costs of keeping their child at home. While some of these families may manage without the disability benefit, many others will turn to the state for aid.
- Cuts in state vocational rehabilitation and supported employment funds of \$1,680,053 could occur in MONTANA if Congress makes a 20% cut in these programs;
- Cuts in special education basic state grants of \$2,563,206 could occur in MONTANA if Congress were to cut education programs by 30%.

Unless Congress hears from advocates that such substantial cuts are unacceptable, the state will be faced with truly major reductions in essential programs.

PROJECTED CUTS IN PROGRAMS FOR PERSONS WITH DISABILITIES IN MONTANA

I. ENTITLEMENT PROGRAMS

Program	Current Federal Spending Per Year	Projected Cuts In 5th Year
Medicaid	\$ 220,000,000	\$ 90,631,522 ¹
Medicare	-----	301,000,000 ²
Supplemental Security Income (SSI)		Cumulative Reduction Over 5 Years
1) Total	39,641,000	N/A----- ³
2) Children	9,818,640	22,000,000 ⁴
Child Welfare Programs:		Cumulative Reduction Over 5 Years
Amount State will loose under new Child Protection Block Grant	70,000,000	22,000,000 ⁵

II. SELECTED DISCRETIONARY GRANT PROGRAMS FOR PERSONS WITH DISABILITIES

Program	Current Spending FY 1995
Individuals with Disabilities Education Act (IDEA)	
State Grants	\$ 7,689,619
Part H, Infants & Toddlers	1,237,632
Preschool Grants	1,282,742
Vocational Rehabilitation:	
State Grants	8,100,263
Supported Employment	300,000
Mental Health:	
State Block Grant	895,502
Child MH Services Program	0
Projects for Homeless (PATH)	300,000

¹ Projected cut by fifth year from what would have been spent if current law remained in effect. Percentage of cut reflects amounts proposed by Congressional leaders

² Projected cut over five years below what would have been spent if current law remained in effect.

³ Estimate not yet available, but significant cuts are planned.

⁴ Projected cuts over a five year period, based upon welfare reform bill already approved by the House.

⁵ The house passed the welfare reform bill which combines several child welfare programs into a block grant and drastically reduces funding. This figure represents the cumulative loss over a five year period. Programs included in this block grant would be child welfare (Title IV-B, foster care, adoption assistance, independent living, child abuse and family preservation)

MAJOR CUTS IN HUMAN SERVICES PROGRAMS PENDING

Current proposals in the U.S. Congress would have a major impact on funding for programs which benefit people with disabilities in NEBRASKA. Some of these changes have already been approved by the House of Representatives, others have been outlined in documents from committees or from the leadership. The cuts are substantial, and they are targeted particularly on human services programs, such as Medicaid, Supplemental Security Income, state grants for Vocational Rehabilitation, Special Education, mental health, food stamps etc.

Little attempt has been made yet, especially by the House of Representatives, to make fair reviews of the effectiveness of individual programs. Instead, major reforms are being considered, and sometimes passed, in a rush and they are too frequently based on misinformation and misunderstanding.

Expected cuts in several programs are shown in the table on the back of this page. The proposed cuts are a mix of cuts in growth and direct cuts from amounts appropriated in previous years. Cuts in rate of growth are defended on the basis that they do not result in cuts in services, but they only slow the expansion of services. However, these programs have previously received increased funding year-by-year to keep up with increased costs resulting from inflation and with increases in the number of people eligible for the program. Reductions of 20-30% in the rate of growth, which have already been proposed by the House Budget Committee and other leaders, would mean in a real cut, in services offered or people who can obtain those services, or both.

These cuts will not fall evenly across all programs--some programs will be cut more, some less, others may be zeroed out altogether. Examples of likely cuts are as follows:

- NEBRASKA stands to lose \$113,068,337 in Medicaid funding in year 5 under proposals from the Congressional Leaders. This figure represents a cut in the *rate of growth* of Medicaid--however, the rate of growth reflects expected increases in numbers of eligible persons and in the cost of health care. A cut of this magnitude will be hard for the state to replace and will result in many low-income individuals and families going without health care or using expensive uncompensated community hospital services.
- Approximately \$43,000,000 in federal SSI payments for children with disabilities in NEBRASKA will be lost over the next five years under legislation which has already passed the House. This will leave families without the resources necessary to meet the costs of keeping their child at home. While some of these families may manage without the disability benefit, many others will turn to the state for aid.
- Cuts in state vocational rehabilitation and supported employment funds of \$2,735,828 could occur in NEBRASKA if Congress makes a 20% cut in these programs;
- Cuts in special education basic state grants of \$4,987,675 could occur in NEBRASKA if Congress were to cut education programs by 30%.

Unless Congress hears from advocates that such substantial cuts are unacceptable, the state will be faced with truly major reductions in essential programs.

PROJECTED CUTS IN PROGRAMS FOR PERSONS WITH DISABILITIES IN NEBRASKA

I. ENTITLEMENT PROGRAMS

Program	Current Federal Spending Per Year	Projected Cuts In 5th Year
Medicaid	\$ 333,000,000	\$ 113,068,337 ¹
Medicare	----	665,000,000 ²
Supplemental Security Income (SSI)		Cumulative Reduction Over 5 Years
1) Total	60,508,000	N/A----- ³
2) Children	19,221,200	43,000,000 ⁴
Child Welfare Programs:		Cumulative Reduction Over 5 Years
Amount State will loose under new Child Protection Block Grant	130,000,000	27,000,000 ⁵

II. SELECTED DISCRETIONARY GRANT PROGRAMS FOR PERSONS WITH DISABILITIES

Program	Current Spending FY 1995
Individuals with Disabilities Education Act (IDEA)	
State Grants	\$ 14,963,025
Part H, Infants & Toddlers	1,352,447
Preschool Grants	2,127,510
Vocational Rehabilitation:	
State Grants	13,379,139
Supported Employment	300,000
Mental Health:	
State Block Grant	1,269,010
Child MH Services Program	0
Projects for Homeless (PATH)	300,000

¹ Projected cut by fifth year from what would have been spent if current law remained in effect. Percentage of cut reflects amounts proposed by Congressional leaders.

² Projected cut over five years below what would have been spent if current law remained in effect.

³ Estimate not yet available, but significant cuts are planned.

⁴ Projected cuts over a five year period, based upon welfare reform bill already approved by the House.

⁵ The house passed the welfare reform bill which combines several child welfare programs into a block grant and drastically reduces funding. This figure represents the cumulative loss over a five year period. Programs included in this block grant would be child welfare (Title IV-B, foster care, adoption assistance, independent living, child abuse and family preservation).

MAJOR CUTS IN HUMAN SERVICES PROGRAMS PENDING

Current proposals in the U.S. Congress would have a major impact on funding for programs which benefit people with disabilities in NEVADA. Some of these changes have already been approved by the House of Representatives, others have been outlined in documents from committees or from the leadership. The cuts are substantial, and they are targeted particularly on human services programs, such as Medicaid, Supplemental Security Income, state grants for Vocational Rehabilitation, Special Education, mental health, food stamps etc.

Little attempt has been made yet, especially by the House of Representatives, to make fair reviews of the effectiveness of individual programs. Instead, major reforms are being considered, and sometimes passed, in a rush and they are too frequently based on misinformation and misunderstanding.

Expected cuts in several programs are shown in the table on the back of this page. The proposed cuts are a mix of cuts in growth and direct cuts from amounts appropriated in previous years. Cuts in rate of growth are defended on the basis that they do not result in cuts in services, but they only slow the expansion of services. However, these programs have previously received increased funding year-by-year to keep up with increased costs resulting from inflation and with increases in the number of people eligible for the program. Reductions of 20-30% in the rate of growth, which have already been proposed by the House Budget Committee and other leaders, would mean in a real cut, in services offered or people who can obtain those services, or both.

These cuts will not fall evenly across all programs--some programs will be cut more, some less, others may be zeroed out altogether. Examples of likely cuts are as follows:

- NEVADA stands to lose \$119,355,902 in Medicaid funding in year 5 under proposals from the Congressional Leaders. This figure represents a cut in the *rate of growth* of Medicaid--however, the rate of growth reflects expected increases in numbers of eligible persons and in the cost of health care. A cut of this magnitude will be hard for the state to replace and will result in many low-income individuals and families going without health care or using expensive uncompensated community hospital services.
- Approximately \$20,000,000 in federal SSI payments for children with disabilities in NEVADA will be lost over the next five years under legislation which has already passed the House. This will leave families without the resources necessary to meet the costs of keeping their child at home. While some of these families may manage without the disability benefit, many others will turn to the state for aid.
- Cuts in state vocational rehabilitation and supported employment funds of \$1,671,296 could occur in NEVADA if Congress makes a 20% cut in these programs;
- Cuts in special education basic state grants of \$3,389,164 could occur in NEVADA if Congress were to cut education programs by 30%.

Unless Congress hears from advocates that such substantial cuts are unacceptable, the state will be faced with truly major reductions in essential programs.

**PROJECTED CUTS IN PROGRAMS FOR PERSONS WITH DISABILITIES IN
NEVADA**

I. ENTITLEMENT PROGRAMS

Program	Current Federal Spending Per Year	Projected Cuts In 5th Year
Medicaid	\$ 221,000,000	\$ 119,355,902 ¹
Medicare	-----	356,000,000 ²
Supplemental Security Income (SSI)		Cumulative Reduction Over 5 Years
1) Total	44,554,000	N/A----- ³
2) Children	11,344,432	20,000,000 ⁴
Child Welfare Programs:		Cumulative Reduction Over 5 Years
Amount State will loose under new Child Protection Block Grant	46,000,000	15,000,000 ⁵

II. SELECTED DISCRETIONARY GRANT PROGRAMS FOR PERSONS WITH DISABILITIES

Program	Current Spending FY 1995
Individuals with Disabilities Education Act (IDEA)	
State Grants	\$ 10,167,491
Part H, Infants & Toddlers	1,320,760
Preschool Grants	1,856,079
Vocational Rehabilitation:	
State Grants	8,056,480
Supported Employment	300,000
Mental Health:	
State Block Grant	1,456,427
Child MH Services Program	0
Projects for Homeless (PATH)	300,000

¹ Projected cut by fifth year from what would have been spent if current law remained in effect. Percentage of cut reflects amounts proposed by Congressional leaders

² Projected cut over five years below what would have been spent if current law remained in effect.

³ Estimate not yet available, but significant cuts are planned.

⁴ Projected cuts over a five year period, based upon welfare reform bill already approved by the House.

⁵ The house passed the welfare reform bill which combines several child welfare programs into a block grant and drastically reduces funding. This figure represents the cumulative loss over a five year period. Programs included in this block grant would be child welfare (Title IV-B, foster care, adoption assistance, independent living, child abuse and family preservation).

MAJOR CUTS IN HUMAN SERVICES PROGRAMS PENDING

Current proposals in the U.S. Congress would have a major impact on funding for programs which benefit people with disabilities in New Hampshire . Some of these changes have already been approved by the House of Representatives, others have been outlined in documents from committees or from the leadership. The cuts are substantial, and they are targeted particularly on human services programs, such as Medicaid, Supplemental Security Income, state grants for Vocational Rehabilitation, Special Education, mental health, food stamps etc.

Little attempt has been made yet, especially by the House of Representatives, to make fair reviews of the effectiveness of individual programs. Instead, major reforms are being considered, and sometimes passed, in a rush and they are too frequently based on misinformation and misunderstanding.

Expected cuts in several programs are shown in the table on the back of this page. The proposed cuts are a mix of cuts in growth and direct cuts from amounts appropriated in previous years. Cuts in rate of growth are defended on the basis that they do not result in cuts in services, but they only slow the expansion of services. However, these programs have previously received increased funding year-by-year to keep up with increased costs resulting from inflation and with increases in the number of people eligible for the program. Reductions of 20-30% in the rate of growth, which have already been proposed by the House Budget Committee and other leaders, would mean in a real cut, in services offered or people who can obtain those services, or both.

These cuts will not fall evenly across all programs--some programs will be cut more, some less, others may be zeroed out altogether. Examples of likely cuts are as follows:

- New Hampshire stands to lose \$372,000,000 in Medicaid funding in year 5 under proposals from the Congressional Leaders. This figure represents a cut in the *rate of growth* of Medicaid--however, the rate of growth reflects expected increases in numbers of eligible persons and in the cost of health care. A cut of this magnitude will be hard for the state to replace and will result in many low-income individuals and families going without health care or using expensive uncompensated community hospital services.
- Approximately \$9,000,000 in federal SSI payments for children with disabilities in New Hampshire will be lost over the next five years under legislation which has already passed the House. This will leave families without the resources necessary to meet the costs of keeping their child at home. While some of these families may manage without the disability benefit, many others will turn to the state for aid.
- Cuts in state vocational rehabilitation and supported employment funds of \$1,597,989 could occur in New Hampshire if Congress makes a 20% cut in these programs;
- Cuts in special education basic state grants of \$2,980,108 could occur in New Hampshire if Congress were to cut education programs by 30%.

Unless Congress hears from advocates that such substantial cuts are unacceptable, the state will be faced with truly major reductions in essential programs.

**PROJECTED CUTS IN PROGRAMS FOR PERSONS WITH DISABILITIES IN
NEW HAMPSHIRE**

I. ENTITLEMENT PROGRAMS

Program	Current Federal Spending Per Year	Projected Cuts In 5th Year
Medicaid	\$ 368,000,000	\$ 72,355,902 ¹
Medicare	-----	372,000,000 ²
Supplemental Security Income (SSI)		Cumulative Reduction Over 5 Years
1) Total	27,775,000	N/A----- ³
2) Children	8,082,888	9,000,000 ⁴
Child Welfare Programs:		Cumulative Reduction Over 5 Years
Amount State will loose under new Child Protection Block Grant	88,000,000	15,000,000 ⁵

II. SELECTED DISCRETIONARY GRANT PROGRAMS FOR PERSONS WITH DISABILITIES

Program	Current Spending FY 1995
Individuals with Disabilities Education Act (IDEA)	
State Grants	\$ 8,940,323
Part H, Infants & Toddlers	1,237,632
Preschool Grants	1,230,299
Vocational Rehabilitation:	
State Grants	7,689,943
Supported Employment	300,000
Mental Health:	
State Block Grant	1,178,466
Child MH Services Program	0
Projects for Homeless (PATH)	300,000

¹ Projected cut by fifth year from what would have been spent if current law remained in effect. Percentage of cut reflects amounts proposed by Congressional leaders.

² Projected cut over five years below what would have been spent if current law remained in effect.

³ Estimate not yet available, but significant cuts are planned

⁴ Projected cuts over a five year period, based upon welfare reform bill already approved by the House.

⁵ The house passed the welfare reform bill which combines several child welfare programs into a block grant and drastically reduces funding. This figure represents the cumulative loss over a five year period. Programs included in this block grant would be child welfare (Title IV-B, foster care, adoption assistance, independent living, child abuse and family preservation)

MAJOR CUTS IN HUMAN SERVICES PROGRAMS PENDING

Current proposals in the U.S. Congress would have a major impact on funding for programs which benefit people with disabilities in NEW JERSEY. Some of these changes have already been approved by the House of Representatives, others have been outlined in documents from committees or from the leadership. The cuts are substantial, and they are targeted particularly on human services programs, such as Medicaid, Supplemental Security Income, state grants for Vocational Rehabilitation, Special Education, mental health, food stamps etc.

Little attempt has been made yet, especially by the House of Representatives, to make fair reviews of the effectiveness of individual programs. Instead, major reforms are being considered, and sometimes passed, in a rush and they are too frequently based on misinformation and misunderstanding.

Expected cuts in several programs are shown in the table on the back of this page. The proposed cuts are a mix of cuts in growth and direct cuts from amounts appropriated in previous years. Cuts in rate of growth are defended on the basis that they do not result in cuts in services, but they only slow the expansion of services. However, these programs have previously received increased funding year-by-year to keep up with increased costs resulting from inflation and with increases in the number of people eligible for the program. Reductions of 20-30% in the rate of growth, which have already been proposed by the House Budget Committee and other leaders, would mean in a real cut, in services offered or people who can obtain those services, or both.

These cuts will not fall evenly across all programs--some programs will be cut more, some less, others may be zeroed out altogether. Examples of likely cuts are as follows:

- NEW JERSEY stands to lose \$840,090,313 in Medicaid funding in year 5 under proposals from the Congressional Leaders. This figure represents a cut in the *rate of growth* of Medicaid--however, the rate of growth reflects expected increases in numbers of eligible persons and in the cost of health care. A cut of this magnitude will be hard for the state to replace and will result in many low-income individuals and families going without health care or using expensive uncompensated community hospital services.
- Approximately \$230,000,000 in federal SSI payments for children with disabilities in NEW JERSEY will be lost over the next five years under legislation which has already passed the House. This will leave families without the resources necessary to meet the costs of keeping their child at home. While some of these families may manage without the disability benefit, many others will turn to the state for aid.
- Cuts in state vocational rehabilitation and supported employment funds of \$8,036,176 could occur in NEW JERSEY if Congress makes a 20% cut in these programs;
- Cuts in special education basic state grants of \$25,578,936 could occur in NEW JERSEY if Congress were to cut education programs by 30%.

Unless Congress hears from advocates that such substantial cuts are unacceptable, the state will be faced with truly major reductions in essential programs.

**PROJECTED CUTS IN PROGRAMS FOR PERSONS WITH DISABILITIES IN
NEW JERSEY**

I. ENTITLEMENT PROGRAMS

Program	Current Federal Spending Per Year	Projected Cuts In 5th Year
Medicaid	\$ 1,892,000,000	\$ 840,090,313 ¹
Medicare	-----	4,000,000,000 ²
Supplemental Security Income (SSI)		Cumulative Reduction Over 5 Years
1) Total	427,995,000	N/A----- ³
2) Children	102,955,625	230,000,000 ⁴
Child Welfare Programs:		Cumulative Reduction Over 5 Years
Amount State will loose under new Child Protection Block Grant	346,000,000	60,000,000 ⁵

II. SELECTED DISCRETIONARY GRANT PROGRAMS FOR PERSONS WITH DISABILITIES

Program	Current Spending FY 1995
Individuals with Disabilities Education Act (IDEA)	
State Grants	\$ 76,736,808
Part H, Infants & Toddlers	6,994,924
Preschool Grants	11,023,080
Vocational Rehabilitation:	
State Grants	39,188,078
Supported Employment	992,804
Mental Health:	
State Block Grant	7,902,604
Child MH Services Program	0
Projects for Homeless (PATH)	964,000

¹ Projected cut by fifth year from what would have been spent if current law remained in effect. Percentage of cut reflects amounts proposed by Congressional leaders.

² Projected cut over five years below what would have been spent if current law remained in effect.

³ Estimate not yet available, but significant cuts are planned.

⁴ Projected cuts over a five year period, based upon welfare reform bill already approved by the House.

⁵ The house passed the welfare reform bill which combines several child welfare programs into a block grant and drastically reduces funding. This figure represents the cumulative loss over a five year period. Programs included in this block grant would be child welfare (Title IV-B, foster care, adoption assistance, independent living, child abuse and family preservation)

MAJOR CUTS IN HUMAN SERVICES PROGRAMS PENDING

Current proposals in the U.S. Congress would have a major impact on funding for programs which benefit people with disabilities in NEW MEXICO. Some of these changes have already been approved by the House of Representatives, others have been outlined in documents from committees or from the leadership. The cuts are substantial, and they are targeted particularly on human services programs, such as Medicaid, Supplemental Security Income, state grants for Vocational Rehabilitation, Special Education, mental health, food stamps etc.

Little attempt has been made yet, especially by the House of Representatives, to make fair reviews of the effectiveness of individual programs. Instead, major reforms are being considered, and sometimes passed, in a rush and they are too frequently based on misinformation and misunderstanding.

Expected cuts in several programs are shown in the table on the back of this page. The proposed cuts are a mix of cuts in growth and direct cuts from amounts appropriated in previous years. Cuts in rate of growth are defended on the basis that they do not result in cuts in services, but they only slow the expansion of services. However, these programs have previously received increased funding year-by-year to keep up with increased costs resulting from inflation and with increases in the number of people eligible for the program. Reductions of 20-30% in the rate of growth, which have already been proposed by the House Budget Committee and other leaders, would mean in a real cut, in services offered or people who can obtain those services, or both.

These cuts will not fall evenly across all programs--some programs will be cut more, some less, others may be zeroed out altogether. Examples of likely cuts are as follows:

- NEW MEXICO stands to lose \$198,616,137 in Medicaid funding in year 5 under proposals from the Congressional Leaders. This figure represents a cut in the *rate of growth* of Medicaid--however, the rate of growth reflects expected increases in numbers of eligible persons and in the cost of health care. A cut of this magnitude will be hard for the state to replace and will result in many low-income individuals and families going without health care or using expensive uncompensated community hospital services.
- Approximately \$65,000,000 in federal SSI payments for children with disabilities in NEW MEXICO will be lost over the next five years under legislation which has already passed the House. This will leave families without the resources necessary to meet the costs of keeping their child at home. While some of these families may manage without the disability benefit, many others will turn to the state for aid.
- Cuts in state vocational rehabilitation and supported employment funds of \$3,290,139 could occur in NEW MEXICO if Congress makes a 20% cut in these programs;
- Cuts in special education basic state grants of \$5,942,873 could occur in NEW MEXICO if Congress were to cut education programs by 30%.

Unless Congress hears from advocates that such substantial cuts are unacceptable, the state will be faced with truly major reductions in essential programs.

**PROJECTED CUTS IN PROGRAMS FOR PERSONS WITH DISABILITIES IN
NEW MEXICO**

I. ENTITLEMENT PROGRAMS

Program	Current Federal Spending Per Year	Projected Cuts In 5th Year
Medicaid	\$ 422,000,000	\$ 198,616,137 ¹
Medicare	-----	443,000,000 ²
Supplemental Security Income (SSI)		Cumulative Reduction Over 5 Years
1) Total	117,013,000	N/A----- ³
2) Children	30,956,822	65,000,000 ⁴
Child Welfare Programs:		Cumulative Reduction Over 5 Years
Amount State will loose under new Child Protection Block Grant	103,000,000	36,000,000 ⁵

II. SELECTED DISCRETIONARY GRANT PROGRAMS FOR PERSONS WITH DISABILITIES

Program	Current Spending FY 1995
Individuals with Disabilities Education Act (IDEA)	
State Grants	\$ 17,828,619
Part H, Infants & Toddlers	1,654,768
Preschool Grants	2,504,537
Vocational Rehabilitation:	
State Grants	16,150,693
Supported Employment	300,000
Mental Health:	
State Block Grant	1,379,392
Child MH Services Program	4,136,990
Projects for Homeless (PATH)	300,000

¹ Projected cut by fifth year from what would have been spent if current law remained in effect. Percentage of cut reflects amounts proposed by Congressional leaders.

² Projected cut over five years below what would have been spent if current law remained in effect.

³ Estimate not yet available, but significant cuts are planned.

⁴ Projected cuts over a five year period, based upon welfare reform bill already approved by the House.

⁵ The house passed the welfare reform bill which combines several child welfare programs into a block grant and drastically reduces funding. This figure represents the cumulative loss over a five year period. Programs included in this block grant would be child welfare (Title IV-B, foster care, adoption assistance, independent living, child abuse and family preservation).

MAJOR CUTS IN HUMAN SERVICES PROGRAMS PENDING

Current proposals in the U.S. Congress would have a major impact on funding for programs which benefit people with disabilities in NEW YORK. Some of these changes have already been approved by the House of Representatives, others have been outlined in documents from committees or from the leadership. The cuts are substantial, and they are targeted particularly on human services programs, such as Medicaid, Supplemental Security Income, state grants for Vocational Rehabilitation, Special Education, mental health, food stamps etc.

Little attempt has been made yet, especially by the House of Representatives, to make fair reviews of the effectiveness of individual programs. Instead, major reforms are being considered, and sometimes passed, in a rush and they are too frequently based on misinformation and misunderstanding.

Expected cuts in several programs are shown in the table on the back of this page. The proposed cuts are a mix of cuts in growth and direct cuts from amounts appropriated in previous years. Cuts in rate of growth are defended on the basis that they do not result in cuts in services, but they only slow the expansion of services. However, these programs have previously received increased funding year-by-year to keep up with increased costs resulting from inflation and with increases in the number of people eligible for the program. Reductions of 20-30% in the rate of growth, which have already been proposed by the House Budget Committee and other leaders, would mean in a real cut, in services offered or people who can obtain those services, or both.

These cuts will not fall evenly across all programs--some programs will be cut more, some less, others may be zeroed out altogether. Examples of likely cuts are as follows:

- NEW YORK stands to lose \$2,699,938,470 in Medicaid funding in year 5 under proposals from the Congressional Leaders. This figure represents a cut in the *rate of growth* of Medicaid--however, the rate of growth reflects expected increases in numbers of eligible persons and in the cost of health care. A cut of this magnitude will be hard for the state to replace and will result in many low-income individuals and families going without health care or using expensive uncompensated community hospital services.
- Approximately \$1,170,000 in federal SSI payments for children with disabilities in NEW YORK will be lost over the next five years under legislation which has already passed the House. This will leave families without the resources necessary to meet the costs of keeping their child at home. While some of these families may manage without the disability benefit, many others will turn to the state for aid.
- Cuts in state vocational rehabilitation and supported employment funds of \$22,843,425 could occur in NEW YORK if Congress makes a 20% cut in these programs;
- Cuts in special education basic state grants of \$47,741,043 could occur in NEW YORK if Congress were to cut education programs by 30%.

Unless Congress hears from advocates that such substantial cuts are unacceptable, the state will be faced with truly major reductions in essential programs.

PROJECTED CUTS IN PROGRAMS FOR PERSONS WITH DISABILITIES IN NEW YORK

I. ENTITLEMENT PROGRAMS

Program	Current Federal Spending Per Year	Projected Cuts In 5th Year
Medicaid	\$ 7,743,000,000	\$ 2,669,938,470 ¹
Medicare	—	9,500,000,000 ²
Supplemental Security Income (SSI)		Cumulative Reduction Over 5 Years
1) Total	1,944,475,000	N/A— ³
2) Children	393,056,736	1,170,000 ⁴
Child Welfare Programs:		Cumulative Reduction Over 5 Years
Amount State will loose under new Child Protection Block Grant	5,112,000	736,000,000 ⁵

II. SELECTED DISCRETIONARY GRANT PROGRAMS FOR PERSONS WITH DISABILITIES

Program	Current Spending FY 1995
Individuals with Disabilities Education Act (IDEA)	
State Grants	\$143,223,129
Part H, Infants & Toddlers	16,637,446
Preschool Grants	28,368,449
Vocational Rehabilitation:	
State Grants	111,924,190
Supported Employment	2,292,937
Mental Health:	
State Block Grant	18,385,989
Child MH Services Program	1,000,000
Projects for Homeless (PATH)	2,054,000

¹ Projected cut by fifth year from what would have been spent if current law remained in effect. Percentage of cut reflects amounts proposed by Congressional leaders.

² Projected cut over five years below what would have been spent if current law remained in effect.

³ Estimate not yet available, but significant cuts are planned.

⁴ Projected cuts over a five year period, based upon welfare reform bill already approved by the House

⁵ The house passed the welfare reform bill which combines several child welfare programs into a block grant and drastically reduces funding. This figure represents the cumulative loss over a five year period. Programs included in this block grant would be child welfare (Title IV-B, foster care, adoption assistance, independent living, child abuse and family preservation).

MAJOR CUTS IN HUMAN SERVICES PROGRAMS PENDING

Current proposals in the U.S. Congress would have a major impact on funding for programs which benefit people with disabilities in North Carolina. Some of these changes have already been approved by the House of Representatives, others have been outlined in documents from committees or from the leadership. The cuts are substantial, and they are targeted particularly on human services programs, such as Medicaid, Supplemental Security Income, state grants for Vocational Rehabilitation, Special Education, mental health, food stamps etc.

Little attempt has been made yet, especially by the House of Representatives, to make fair reviews of the effectiveness of individual programs. Instead, major reforms are being considered, and sometimes passed, in a rush and they are too frequently based on mis-information and misunderstanding.

Expected cuts in several programs are shown in the table on the back of this page. The proposed cuts are a mix of cuts in growth and direct cuts from amounts appropriated in previous years. Cuts in rate of growth are defended on the basis that they do not result in cuts in services, but they only slow the expansion of services. However, these programs have previously received increased funding year-by-year to keep up with increased costs resulting from inflation and with increases in the number of people eligible for the program. Reductions of 20-30% in the rate of growth, which have already been proposed by the House Budget Committee and other leaders, would mean in a real cut, in services offered or people who can obtain those services, or both.

These cuts will not fall evenly across all programs--some programs will be cut more, some less, others may be zeroed out altogether. Examples of likely cuts are as follows:

- North Carolina stands to lose \$783,206,516 in Medicaid funding in year 5 under proposals from the Congressional Leaders. This figure represents a cut in the *rate of growth* of Medicaid--however, the rate of growth reflects expected increases in numbers of eligible persons and in the cost of health care. A cut of this magnitude will be hard for the state to replace and will result in many low-income individuals and families going without health care or using expensive uncompensated community hospital services.
- Approximately \$443,000,000 in federal SSI payments for children with disabilities in North Carolina will be lost over the next five years under legislation which has already passed the House. This will leave families without the resources necessary to meet the costs of keeping their child at home. While some of these families may manage without the disability benefit, many others will turn to the state for aid.
- Cuts in state vocational rehabilitation and supported employment funds of \$12,827,851 could occur in North Carolina if Congress makes a 20% cut in these programs;
- Cuts in special education basic state grants of \$18,590,162 could occur in North Carolina if Congress were to cut education programs by 30%.

Unless Congress hears from advocates that such substantial cuts are unacceptable, the state will be faced with truly major reductions in essential programs.

**PROJECTED CUTS IN PROGRAMS FOR PERSONS WITH DISABILITIES IN
NORTH CAROLINA**

I. ENTITLEMENT PROGRAMS

Program	Current Federal Spending Per Year	Projected Cuts In 5th Year
Medicaid	\$ 1,691,000,000	\$ 783,206,516 ¹
Medicare	—	2,000,000,000 ²
Supplemental Security Income (SSI)		Cumulative Reduction Over 5 Years
1) Total	467,933,000	N/A— ³
2) Children	125,643,932	443,000,000 ⁴
Child Welfare Programs:		Cumulative Reduction Over 5 Years
Amount State will loose under new Child Protection Block Grant	311,000,000	103,000,000 ⁵

II. SELECTED DISCRETIONARY GRANT PROGRAMS FOR PERSONS WITH DISABILITIES

Program	Current Spending FY 1995
Individuals with Disabilities Education Act (IDEA)	
State Grants	\$ 55,770,487
Part H, Infants & Toddlers	6,033,463
Preschool Grants	9,999,012
Vocational Rehabilitation:	
State Grants	63,264,140
Supported Employment	875,114
Mental Health:	
State Block Grant	6,050,624
Child MH Services Program	1,048,091
Projects for Homeless (PATH)	366,000

¹ Projected cut by fifth year from what would have been spent if current law remained in effect. Percentage of cut reflects amounts proposed by Congressional leaders.

² Projected cut over five years below what would have been spent if current law remained in effect.

³ Estimate not yet available, but significant cuts are planned.

⁴ Projected cuts over a five year period, based upon welfare reform bill already approved by the House.

⁵ The house passed the welfare reform bill which combines several child welfare programs into a block grant and drastically reduces funding. This figure represents the cumulative loss over a five year period. Programs included in this block grant would be child welfare (Title IV-B, foster care, adoption assistance, independent living, child abuse and family preservation).

MAJOR CUTS IN HUMAN SERVICES PROGRAMS PENDING

Current proposals in the U.S. Congress would have a major impact on funding for programs which benefit people with disabilities in North Dakota. Some of these changes have already been approved by the House of Representatives, others have been outlined in documents from committees or from the leadership. The cuts are substantial, and they are targeted particularly on human services programs, such as Medicaid, Supplemental Security Income, state grants for Vocational Rehabilitation, Special Education, mental health, food stamps etc.

Little attempt has been made yet, especially by the House of Representatives, to make fair reviews of the effectiveness of individual programs. Instead, major reforms are being considered, and sometimes passed, in a rush and they are too frequently based on misinformation and misunderstanding.

Expected cuts in several programs are shown in the table on the back of this page. The proposed cuts are a mix of cuts in growth and direct cuts from amounts appropriated in previous years. Cuts in rate of growth are defended on the basis that they do not result in cuts in services, but they only slow the expansion of services. However, these programs have previously received increased funding year-by-year to keep up with increased costs resulting from inflation and with increases in the number of people eligible for the program. Reductions of 20-30% in the rate of growth, which have already been proposed by the House Budget Committee and other leaders, would mean in a real cut, in services offered or people who can obtain those services, or both.

These cuts will not fall evenly across all programs--some programs will be cut more, some less, others may be zeroed out altogether. Examples of likely cuts are as follows:

- North Dakota stands to lose \$56,676,915 in Medicaid funding in year 5 under proposals from the Congressional Leaders. This figure represents a cut in the *rate of growth* of Medicaid--however, the rate of growth reflects expected increases in numbers of eligible persons and in the cost of health care. A cut of this magnitude will be hard for the state to replace and will result in many low-income individuals and families going without health care or using expensive uncompensated community hospital services.
- Approximately \$9,000,000 in federal SSI payments for children with disabilities in North Dakota will be lost over the next five years under legislation which has already passed the House. This will leave families without the resources necessary to meet the costs of keeping their child at home. While some of these families may manage without the disability benefit, many others will turn to the state for aid.
- Cuts in state vocational rehabilitation and supported employment funds of \$1,422,583 could occur in North Dakota if Congress makes a 20% cut in these programs;
- Cuts in special education basic state grants of \$1,643,656 could occur in North Dakota if Congress were to cut education programs by 30%.

Unless Congress hears from advocates that such substantial cuts are unacceptable, the state will be faced with truly major reductions in essential programs.

**PROJECTED CUTS IN PROGRAMS FOR PERSONS WITH DISABILITIES IN
NORTH DAKOTA**

I. ENTITLEMENT PROGRAMS

Program	Current Federal Spending Per Year	Projected Cuts In 5th Year
Medicaid	\$ 183,000,000	\$ 56,676,915 ¹
Medicare	-----	320,000,000 ²
Supplemental Security Income (SSI)		Cumulative Reduction Over 5 Years
1) Total	22,455,000	N/A----- ³
2) Children	5,210,742	9,000,000 ⁴
Child Welfare Programs:		Cumulative Reduction Over 5 Years
Amount State will loose under new Child Protection Block Grant	65,000,000	22,000,000 ⁵

II. SELECTED DISCRETIONARY GRANT PROGRAMS FOR PERSONS WITH DISABILITIES

Program	Current Spending FY 1995
Individuals with Disabilities Education Act (IDEA)	
State Grants	\$ 4,930,969
Part H, Infants & Toddlers	1,237,632
Preschool Grants	752,637
Vocational Rehabilitation:	
State Grants	6,812,914
Supported Employment	300,000
Mental Health:	
State Block Grant	541,438
Child MH Services Program	1,000,000
Projects for Homeless (PATH)	300,000

¹ Projected cut by fifth year from what would have been spent if current law remained in effect. Percentage of cut reflects amounts proposed by Congressional leaders.

² Projected cut over five years below what would have been spent if current law remained in effect.

³ Estimate not yet available, but significant cuts are planned.

⁴ Projected cuts over a five year period, based upon welfare reform bill already approved by the House.

⁵ The house passed the welfare reform bill which combines several child welfare programs into a block grant and drastically reduces funding. This figure represents the cumulative loss over a five year period. Programs included in this block grant would be child welfare (Title IV-B, foster care, adoption assistance, independent living, child abuse and family preservation).

MAJOR CUTS IN HUMAN SERVICES PROGRAMS PENDING

Current proposals in the U.S. Congress would have a major impact on funding for programs which benefit people with disabilities in OHIO. Some of these changes have already been approved by the House of Representatives, others have been outlined in documents from committees or from the leadership. The cuts are substantial, and they are targeted particularly on human services programs, such as Medicaid, Supplemental Security Income, state grants for Vocational Rehabilitation, Special Education, mental health, food stamps etc.

Little attempt has been made yet, especially by the House of Representatives, to make fair reviews of the effectiveness of individual programs. Instead, major reforms are being considered, and sometimes passed, in a rush and they are too frequently based on misinformation and misunderstanding.

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These cuts will not fall evenly across all programs--some programs will be cut more, some less, others may be zeroed out altogether. Examples of likely cuts are as follows:

- OHIO stands to lose \$1,000,834,906 in Medicaid funding in year 5 under proposals from the Congressional Leaders. This figure represents a cut in the *rate of growth* of Medicaid--however, the rate of growth reflects expected increases in numbers of eligible persons and in the cost of health care. A cut of this magnitude will be hard for the state to replace and will result in many low-income individuals and families going without health care or using expensive uncompensated community hospital services.
- Approximately \$529,000,000 in federal SSI payments for children with disabilities in OHIO will be lost over the next five years under legislation which has already passed the House. This will leave families without the resources necessary to meet the costs of keeping their child at home. While some of these families may manage without the disability benefit, many others will turn to the state for aid.
- Cuts in state vocational rehabilitation and supported employment funds of \$19,178,344 could occur in OHIO if Congress makes a 20% cut in these programs;
- Cuts in special education basic state grants of \$29,604,256 could occur in OHIO if Congress were to cut education programs by 30%.

Unless Congress hears from advocates that such substantial cuts are unacceptable, the state will be faced with truly major reductions in essential programs.

**PROJECTED CUTS IN PROGRAMS FOR PERSONS WITH DISABILITIES IN
OHIO**

I. ENTITLEMENT PROGRAMS

Program	Current Federal Spending Per Year	Projected Cuts In 5th Year
Medicaid	\$ 2,488,000,000	\$ 1,000,834,906 ¹
Medicare	—	4,800,000,000 ²
Supplemental Security Income (SSI)		Cumulative Reduction Over 5 Years
1) Total	812,304,000	N/A— ³
2) Children	230,258,066	529,000,000 ⁴
Child Welfare Programs:		Cumulative Reduction Over 5 Years
Amount State will loose under new Child Protection Block Grant	1,302,000	315,000,000 ⁵

II. SELECTED DISCRETIONARY GRANT PROGRAMS FOR PERSONS WITH DISABILITIES

Program	Current Spending FY 1995
Individuals with Disabilities Education Act (IDEA)	
State Grants	\$ 88,812,768
Part H, Infants & Toddlers	9,708,755
Preschool Grants	11,585,077
Vocational Rehabilitation:	
State Grants	94,494,183
Supported Employment	1,397,536
Mental Health:	
State Block Grant	12,523,637
Child MH Services Program	4,599,895
Projects for Homeless (PATH)	968,000

¹ Projected cut by fifth year from what would have been spent if current law remained in effect. Percentage of cut reflects amounts proposed by Congressional leaders.

² Projected cut over five years below what would have been spent if current law remained in effect.

³ Estimate not yet available, but significant cuts are planned.

⁴ Projected cuts over a five year period, based upon welfare reform bill already approved by the House.

⁵ The house passed the welfare reform bill which combines several child welfare programs into a block grant and drastically reduces funding. This figure represents the cumulative loss over a five year period. Programs included in this block grant would be child welfare (Title IV-B, foster care, adoption assistance, independent living, child abuse and family preservation).

MAJOR CUTS IN HUMAN SERVICES PROGRAMS PENDING

Current proposals in the U.S. Congress would have a major impact on funding for programs which benefit people with disabilities in OKLAHOMA. Some of these changes have already been approved by the House of Representatives, others have been outlined in documents from committees or from the leadership. The cuts are substantial, and they are targeted particularly on human services programs, such as Medicaid, Supplemental Security Income, state grants for Vocational Rehabilitation, Special Education, mental health, food stamps etc.

Little attempt has been made yet, especially by the House of Representatives, to make fair reviews of the effectiveness of individual programs. Instead, major reforms are being considered, and sometimes passed, in a rush and they are too frequently based on misinformation and misunderstanding.

Expected cuts in several programs are shown in the table on the back of this page. The proposed cuts are a mix of cuts in growth and direct cuts from amounts appropriated in previous years. Cuts in rate of growth are defended on the basis that they do not result in cuts in services, but they only slow the expansion of services. However, these programs have previously received increased funding year-by-year to keep up with increased costs resulting from inflation and with increases in the number of people eligible for the program. Reductions of 20-30% in the rate of growth, which have already been proposed by the House Budget Committee and other leaders, would mean in a real cut, in services offered or people who can obtain those services, or both.

These cuts will not fall evenly across all programs--some programs will be cut more, some less, others may be zeroed out altogether. Examples of likely cuts are as follows:

- OKLAHOMA stands to lose \$267,960,616 in Medicaid funding in year 5 under proposals from the Congressional Leaders. This figure represents a cut in the *rate of growth* of Medicaid--however, the rate of growth reflects expected increases in numbers of eligible persons and in the cost of health care. A cut of this magnitude will be hard for the state to replace and will result in many low-income individuals and families going without health care or using expensive uncompensated community hospital services.
- Approximately \$85,000,000 in federal SSI payments for children with disabilities in OKLAHOMA will be lost over the next five years under legislation which has already passed the House. This will leave families without the resources necessary to meet the costs of keeping their child at home. While some of these families may manage without the disability benefit, many others will turn to the state for aid.
- Cuts in state vocational rehabilitation and supported employment funds of \$6,348,705 could occur in OKLAHOMA if Congress makes a 20% cut in these programs;
- Cuts in special education basic state grants of \$9,795,459 could occur in OKLAHOMA if Congress were to cut education programs by 30%.

Unless Congress hears from advocates that such substantial cuts are unacceptable, the state will be faced with truly major reductions in essential programs.

**PROJECTED CUTS IN PROGRAMS FOR PERSONS WITH DISABILITIES IN
OKLAHOMA**

I. ENTITLEMENT PROGRAMS

Program	Current Federal Spending Per Year	Projected Cuts In 5th Year
Medicaid	\$ 780,000,000	\$ 267,960,616 ¹
Medicare	—	1,300,000,000 ²
Supplemental Security Income (SSI)		Cumulative Reduction Over 5 Years
1) Total	199,116,000	N/A— ³
2) Children	54,337,997	85,000,000 ⁴
Child Welfare Programs:		Cumulative Reduction Over 5 Years
Amount State will loose under new Child Protection Block Grant	169,000,000	83,000,000 ⁵

II. SELECTED DISCRETIONARY GRANT PROGRAMS FOR PERSONS WITH DISABILITIES

Program	Current Spending FY 1995
Individuals with Disabilities Education Act (IDEA)	
State Grants	\$ 29,386,377
Part H, Infants & Toddlers	2,811,532
Preschool Grants	3,645,540
Vocational Rehabilitation:	
State Grants	31,336,398
Supported Employment	407,126
Mental Health:	
State Block Grant	3,144,083
Child MH Services Program	0
Projects for Homeless (PATH)	300,000

¹ Projected cut by fifth year from what would have been spent if current law remained in effect. Percentage of cut reflects amounts proposed by Congressional leaders.

² Projected cut over five years below what would have been spent if current law remained in effect.

³ Estimate not yet available, but significant cuts are planned.

⁴ Projected cuts over a five year period, based upon welfare reform bill already approved by the House

⁵ The house passed the welfare reform bill which combines several child welfare programs into a block grant and drastically reduces funding. This figure represents the cumulative loss over a five year period. Programs included in this block grant would be child welfare (Title IV-B, foster care, adoption assistance, independent living, child abuse and family preservation)

MAJOR CUTS IN HUMAN SERVICES PROGRAMS PENDING

Current proposals in the U.S. Congress would have a major impact on funding for programs which benefit people with disabilities in OREGON. Some of these changes have already been approved by the House of Representatives, others have been outlined in documents from committees or from the leadership. The cuts are substantial, and they are targeted particularly on human services programs, such as Medicaid, Supplemental Security Income, state grants for Vocational Rehabilitation, Special Education, mental health, food stamps etc.

Little attempt has been made yet, especially by the House of Representatives, to make fair reviews of the effectiveness of individual programs. Instead, major reforms are being considered, and sometimes passed, in a rush and they are too frequently based on misinformation and misunderstanding.

Expected cuts in several programs are shown in the table on the back of this page. The proposed cuts are a mix of cuts in growth and direct cuts from amounts appropriated in previous years. Cuts in rate of growth are defended on the basis that they do not result in cuts in services, but they only slow the expansion of services. However, these programs have previously received increased funding year-by-year to keep up with increased costs resulting from inflation and with increases in the number of people eligible for the program. Reductions of 20-30% in the rate of growth, which have already been proposed by the House Budget Committee and other leaders, would mean in a real cut, in services offered or people who can obtain those services, or both.

These cuts will not fall evenly across all programs--some programs will be cut more, some less, others may be zeroed out altogether. Examples of likely cuts are as follows:

- OREGON stands to lose \$249,806,936 in Medicaid funding in year 5 under proposals from the Congressional Leaders. This figure represents a cut in the *rate of growth* of Medicaid--however, the rate of growth reflects expected increases in numbers of eligible persons and in the cost of health care. A cut of this magnitude will be hard for the state to replace and will result in many low-income individuals and families going without health care or using expensive uncompensated community hospital services.
- Approximately \$59,000,000 in federal SSI payments for children with disabilities in OREGON will be lost over the next five years under legislation which has already passed the House. This will leave families without the resources necessary to meet the costs of keeping their child at home. While some of these families may manage without the disability benefit, many others will turn to the state for aid.
- Cuts in state vocational rehabilitation and supported employment funds of \$4,955,524 could occur in OREGON if Congress makes a 20% cut in these programs;
- Cuts in special education basic state grants of \$7,196,742 could occur in OREGON if Congress were to cut education programs by 30%.

Unless Congress hears from advocates that such substantial cuts are unacceptable, the state will be faced with truly major reductions in essential programs.

PROJECTED CUTS IN PROGRAMS FOR PERSONS WITH DISABILITIES IN OREGON

I. ENTITLEMENT PROGRAMS

Program	Current Federal Spending Per Year	Projected Cuts In 5th Year
Medicaid	\$ 573,000,000	\$ 249,806,936 ¹
Medicare	-----	1,200,000,000 ²
Supplemental Security Income (SSI)		Cumulative Reduction Over 5 Years
1) Total	137,264,000	N/A----- ³
2) Children	31,300,655	59,000,000 ⁴
Child Welfare Programs:		Cumulative Reduction Over 5 Years
Amount State will loose under new Child Protection Block Grant	261,000,000	117,000,000 ⁵

II. SELECTED DISCRETIONARY GRANT PROGRAMS FOR PERSONS WITH DISABILITIES

Program	Current Spending FY 1995
Individuals with Disabilities Education Act (IDEA)	
State Grants	\$ 21,590,227
Part H, Infants & Toddlers	2,483,462
Preschool Grants	2,450,676
Vocational Rehabilitation:	
State Grants	24,395,571
Supported Employment	382,051
Mental Health:	
State Block Grant	3,273,964
Child MH Services Program	3,000,000
Projects for Homeless (PATH)	300,000

¹ Projected cut by fifth year from what would have been spent if current law remained in effect. Percentage of cut reflects amounts proposed by Congressional leaders

² Projected cut over five years below what would have been spent if current law remained in effect.

³ Estimate not yet available, but significant cuts are planned.

⁴ Projected cuts over a five year period, based upon welfare reform bill already approved by the House.

⁵ The house passed the welfare reform bill which combines several child welfare programs into a block grant and drastically reduces funding. This figure represents the cumulative loss over a five year period. Programs included in this block grant would be child welfare (Title IV-B, foster care, adoption assistance, independent living, child abuse and family preservation).

MAJOR CUTS IN HUMAN SERVICES PROGRAMS PENDING

Current proposals in the U.S. Congress would have a major impact on funding for programs which benefit people with disabilities in Pennsylvania. Some of these changes have already been approved by the House of Representatives, others have been outlined in documents from committees or from the leadership. The cuts are substantial, and they are targeted particularly on human services programs, such as Medicaid, Supplemental Security Income, state grants for Vocational Rehabilitation, Special Education, mental health, food stamps etc.

Little attempt has been made yet, especially by the House of Representatives, to make fair reviews of the effectiveness of individual programs. Instead, major reforms are being considered, and sometimes passed, in a rush and they are too frequently based on misinformation and misunderstanding.

Expected cuts in several programs are shown in the table on the back of this page. The proposed cuts are a mix of cuts in growth and direct cuts from amounts appropriated in previous years. Cuts in rate of growth are defended on the basis that they do not result in cuts in services, but they only slow the expansion of services. However, these programs have previously received increased funding year-by-year to keep up with increased costs resulting from inflation and with increases in the number of people eligible for the program. Reductions of 20-30% in the rate of growth, which have already been proposed by the House Budget Committee and other leaders, would mean in a real cut, in services offered or people who can obtain those services, or both.

These cuts will not fall evenly across all programs--some programs will be cut more, some less, others may be zeroed out altogether. Examples of likely cuts are as follows:

- Pennsylvania stands to lose \$941,379,906 in Medicaid funding in year 5 under proposals from the Congressional Leaders. This figure represents a cut in the *rate of growth* of Medicaid--however, the rate of growth reflects expected increases in numbers of eligible persons and in the cost of health care. A cut of this magnitude will be hard for the state to replace and will result in many low-income individuals and families going without health care or using expensive uncompensated community hospital services.
- Approximately \$568,000,000 in federal SSI payments for children with disabilities in Pennsylvania will be lost over the next five years under legislation which has already passed the House. This will leave families without the resources necessary to meet the costs of keeping their child at home. While some of these families may manage without the disability benefit, many others will turn to the state for aid.
- Cuts in state vocational rehabilitation and supported employment funds of \$19,587,525 could occur in Pennsylvania if Congress makes a 20% cut in these programs;
- Cuts in special education basic state grants of \$25,782,500 could occur in Pennsylvania if Congress were to cut education programs by 30%.

Unless Congress hears from advocates that such substantial cuts are unacceptable, the state will be faced with truly major reductions in essential programs.

**PROJECTED CUTS IN PROGRAMS FOR PERSONS WITH DISABILITIES IN
PENNSYLVANIA**

I. ENTITLEMENT PROGRAMS

Program	Current Federal Spending Per Year	Projected Cuts In 5th Year
Medicaid	\$ 2,826,000,000	\$ 941,379,906 ¹
Medicare	-----	7,100,000,000 ²
Supplemental Security Income (SSI)		Cumulative Reduction Over 5 Years
1) Total	881,391,000	N/A----- ³
2) Children	207,719,190	568,000,000 ⁴
Child Welfare Programs:		Cumulative Reduction Over 5 Years
Amount State will loose under new Child Protection Block Grant	1,649,000	100,000,000 ⁵

II. SELECTED DISCRETIONARY GRANT PROGRAMS FOR PERSONS WITH DISABILITIES

Program	Current Spending FY 1995
Individuals with Disabilities Education Act (IDEA)	
State Grants	\$ 77,347,501
Part H, Infants & Toddlers	9,633,345
Preschool Grants	10,840,236
Vocational Rehabilitation:	
State Grants	96,419,503
Supported Employment	1,518,124
Mental Health:	
State Block Grant	12,490,194
Child MH Services Program	1,316,907
Projects for Homeless (PATH)	1,049,000

¹ Projected cut by fifth year from what would have been spent if current law remained in effect. Percentage of cut reflects amounts proposed by Congressional leaders.

² Projected cut over five years below what would have been spent if current law remained in effect.

³ Estimate not yet available, but significant cuts are planned.

⁴ Projected cuts over a five year period, based upon welfare reform bill already approved by the House.

⁵ The house passed the welfare reform bill which combines several child welfare programs into a block grant and drastically reduces funding. This figure represents the cumulative loss over a five year period. Programs included in this block grant would be child welfare (Title IV-B, foster care, adoption assistance, independent living, child abuse and family preservation)

MAJOR CUTS IN HUMAN SERVICES PROGRAMS PENDING

Current proposals in the U.S. Congress would have a major impact on funding for programs which benefit people with disabilities in Rhode Island. Some of these changes have already been approved by the House of Representatives, others have been outlined in documents from committees or from the leadership. The cuts are substantial, and they are targeted particularly on human services programs, such as Medicaid, Supplemental Security Income, state grants for Vocational Rehabilitation, Special Education, mental health, food stamps etc.

Little attempt has been made yet, especially by the House of Representatives, to make fair reviews of the effectiveness of individual programs. Instead, major reforms are being considered, and sometimes passed, in a rush and they are too frequently based on misinformation and misunderstanding.

Expected cuts in several programs are shown in the table on the back of this page. The proposed cuts are a mix of cuts in growth and direct cuts from amounts appropriated in previous years. Cuts in rate of growth are defended on the basis that they do not result in cuts in services, but they only slow the expansion of services. However, these programs have previously received increased funding year-by-year to keep up with increased costs resulting from inflation and with increases in the number of people eligible for the program. Reductions of 20-30% in the rate of growth, which have already been proposed by the House Budget Committee and other leaders, would mean in a real cut, in services offered or people who can obtain those services, or both.

These cuts will not fall evenly across all programs--some programs will be cut more, some less, others may be zeroed out altogether. Examples of likely cuts are as follows:

- Rhode Island stands to lose \$102,238,428 in Medicaid funding in year 5 under proposals from the Congressional Leaders. This figure represents a cut in the *rate of growth* of Medicaid--however, the rate of growth reflects expected increases in numbers of eligible persons and in the cost of health care. A cut of this magnitude will be hard for the state to replace and will result in many low-income individuals and families going without health care or using expensive uncompensated community hospital services.
- Approximately \$28,000,000 in federal SSI payments for children with disabilities in Rhode Island will be lost over the next five years under legislation which has already passed the House. This will leave families without the resources necessary to meet the costs of keeping their child at home. While some of these families may manage without the disability benefit, many others will turn to the state for aid.
- Cuts in state vocational rehabilitation and supported employment funds of \$1,669,553 could occur in Rhode Island if Congress makes a 20% cut in these programs;
- Cuts in special education basic state grants of \$3,041,218 could occur in Rhode Island if Congress were to cut education programs by 30%.

Unless Congress hears from advocates that such substantial cuts are unacceptable, the state will be faced with truly major reductions in essential programs.

**PROJECTED CUTS IN PROGRAMS FOR PERSONS WITH DISABILITIES IN
RHODE ISLAND**

I. ENTITLEMENT PROGRAMS

Program	Current Federal Spending Per Year	Projected Cuts In 5th Year
Medicaid	\$ 378,000,000	\$ 102,238,428 ¹
Medicare	—	480,000,000 ²
Supplemental Security Income (SSI)		Cumulative Reduction Over 5 Years
1) Total	66,473,000	N/A— ³
2) Children	1,423,580	28,000,000 ⁴
Child Welfare Programs:		Cumulative Reduction Over 5 Years
Amount State will loose under new Child Protection Block Grant	113,000,000	20,000,000 ⁵

II. SELECTED DISCRETIONARY GRANT PROGRAMS FOR PERSONS WITH DISABILITIES

Program	Current Spending FY 1995
Individuals with Disabilities Education Act (IDEA)	
State Grants	\$ 9,123,655
Part H, Infants & Toddlers	1,237,632
Preschool Grants	1,460,625
Vocational Rehabilitation:	
State Grants	8,047,765
Supported Employment	300,000
Mental Health:	
State Block Grant	931,597
Child MH Services Program	3,771,836
Projects for Homeless (PATH)	300,000

¹ Projected cut by fifth year from what would have been spent if current law remained in effect. Percentage of cut reflects amounts proposed by Congressional leaders.

² Projected cut over five years below what would have been spent if current law remained in effect.

³ Estimate not yet available, but significant cuts are planned.

⁴ Projected cuts over a five year period, based upon welfare reform bill already approved by the House.

⁵ The house passed the welfare reform bill which combines several child welfare programs into a block grant and drastically reduces funding. This figure represents the cumulative loss over a five year period. Programs included in this block grant would be child welfare (Title IV-B, foster care, adoption assistance, independent living, child abuse and family preservation).

MAJOR CUTS IN HUMAN SERVICES PROGRAMS PENDING

Current proposals in the U.S. Congress would have a major impact on funding for programs which benefit people with disabilities in South Carolina. Some of these changes have already been approved by the House of Representatives, others have been outlined in documents from committees or from the leadership. The cuts are substantial, and they are targeted particularly on human services programs, such as Medicaid, Supplemental Security Income, state grants for Vocational Rehabilitation, Special Education, mental health, food stamps etc.

Little attempt has been made yet, especially by the House of Representatives, to make fair reviews of the effectiveness of individual programs. Instead, major reforms are being considered, and sometimes passed, in a rush and they are too frequently based on misinformation and misunderstanding.

Expected cuts in several programs are shown in the table on the back of this page. The proposed cuts are a mix of cuts in growth and direct cuts from amounts appropriated in previous years. Cuts in rate of growth are defended on the basis that they do not result in cuts in services, but they only slow the expansion of services. However, these programs have previously received increased funding year-by-year to keep up with increased costs resulting from inflation and with increases in the number of people eligible for the program. Reductions of 20-30% in the rate of growth, which have already been proposed by the House Budget Committee and other leaders, would mean in a real cut, in services offered or people who can obtain those services, or both.

These cuts will not fall evenly across all programs--some programs will be cut more, some less, others may be zeroed out altogether. Examples of likely cuts are as follows:

- South Carolina stands to lose \$470,853,179 in Medicaid funding in year 5 under proposals from the Congressional Leaders. This figure represents a cut in the *rate of growth* of Medicaid--however, the rate of growth reflects expected increases in numbers of eligible persons and in the cost of health care. A cut of this magnitude will be hard for the state to replace and will result in many low-income individuals and families going without health care or using expensive uncompensated community hospital services.
- Approximately \$168,000,000 in federal SSI payments for children with disabilities in South Carolina will be lost over the next five years under legislation which has already passed the House. This will leave families without the resources necessary to meet the costs of keeping their child at home. While some of these families may manage without the disability benefit, many others will turn to the state for aid.
- Cuts in state vocational rehabilitation and supported employment funds of \$5,229,832 could occur in South Carolina if Congress makes a 20% cut in these programs;
- Cuts in special education basic state grants of \$10,998,265 could occur in South Carolina if Congress were to cut education programs by 30%.

Unless Congress hears from advocates that such substantial cuts are unacceptable, the state will be faced with truly major reductions in essential programs.

**PROJECTED CUTS IN PROGRAMS FOR PERSONS WITH DISABILITIES IN
SOUTH CAROLINA**

I. ENTITLEMENT PROGRAMS

Program	Current Federal Spending Per Year	Projected Cuts In 5th Year
Medicaid	\$ 1,206,000,000	\$ 470,853,179 ¹
Medicare	—	942,000,000 ²
Supplemental Security Income (SSI)		Cumulative Reduction Over 5 Years
1) Total	288,876,000	N/A— ³
2) Children	79,414,361	168,000,000 ⁴
Child Welfare Programs:		Cumulative Reduction Over 5 Years
Amount State will loose under new Child Protection Block Grant	163,000,000	46,000,000 ⁵

II. SELECTED DISCRETIONARY GRANT PROGRAMS FOR PERSONS WITH DISABILITIES

Program	Current Spending FY 1995
Individuals with Disabilities Education Act (IDEA)	
State Grants	\$ 32,994,796
Part H, Infants & Toddlers	3,296,241
Preschool Grants	6,429,303
Vocational Rehabilitation:	
State Grants	25,690,121
Supported Employment	459,041
Mental Health:	
State Block Grant	3,292,854
Child MH Services Program	1,009,452
Projects for Homeless (PATH)	300,000

¹ Projected cut by fifth year from what would have been spent if current law remained in effect. Percentage of cut reflects amounts proposed by Congressional leaders.

² Projected cut over five years below what would have been spent if current law remained in effect.

³ Estimate not yet available, but significant cuts are planned.

⁴ Projected cuts over a five year period, based upon welfare reform bill already approved by the House.

⁵ The house passed the welfare reform bill which combines several child welfare programs into a block grant and drastically reduces funding. This figure represents the cumulative loss over a five year period. Programs included in this block grant would be child welfare (Title IV-B, foster care, adoption assistance, independent living, child abuse and family preservation).

MAJOR CUTS IN HUMAN SERVICES PROGRAMS PENDING

Current proposals in the U.S. Congress would have a major impact on funding for programs which benefit people with disabilities in South Dakota. Some of these changes have already been approved by the House of Representatives, others have been outlined in documents from committees or from the leadership. The cuts are substantial, and they are targeted particularly on human services programs, such as Medicaid, Supplemental Security Income, state grants for Vocational Rehabilitation, Special Education, mental health, food stamps etc.

Little attempt has been made yet, especially by the House of Representatives, to make fair reviews of the effectiveness of individual programs. Instead, major reforms are being considered, and sometimes passed, in a rush and they are too frequently based on misinformation and misunderstanding.

Expected cuts in several programs are shown in the table on the back of this page. The proposed cuts are a mix of cuts in growth and direct cuts from amounts appropriated in previous years. Cuts in rate of growth are defended on the basis that they do not result in cuts in services, but they only slow the expansion of services. However, these programs have previously received increased funding year-by-year to keep up with increased costs resulting from inflation and with increases in the number of people eligible for the program. Reductions of 20-30% in the rate of growth, which have already been proposed by the House Budget Committee and other leaders, would mean in a real cut, in services offered or people who can obtain those services, or both.

These cuts will not fall evenly across all programs--some programs will be cut more, some less, others may be zeroed out altogether. Examples of likely cuts are as follows:

- South Dakota stands to lose \$62,901,720 in Medicaid funding in year 5 under proposals from the Congressional Leaders. This figure represents a cut in the *rate of growth* of Medicaid--however, the rate of growth reflects expected increases in numbers of eligible persons and in the cost of health care. A cut of this magnitude will be hard for the state to replace and will result in many low-income individuals and families going without health care or using expensive uncompensated community hospital services.
- Approximately \$30,000,000 in federal SSI payments for children with disabilities in South Dakota will be lost over the next five years under legislation which has already passed the House. This will leave families without the resources necessary to meet the costs of keeping their child at home. While some of these families may manage without the disability benefit, many others will turn to the state for aid.
- Cuts in state vocational rehabilitation and supported employment funds of \$1,061,346 could occur in South Dakota if Congress makes a 20% cut in these programs;
- Cuts in special education basic state grants of \$2,093,177 could occur in South Dakota if Congress were to cut education programs by 30%.

Unless Congress hears from advocates that such substantial cuts are unacceptable, the state will be faced with truly major reductions in essential programs.

**PROJECTED CUTS IN PROGRAMS FOR PERSONS WITH DISABILITIES IN
SOUTH DAKOTA**

I. ENTITLEMENT PROGRAMS

Program	Current Federal Spending Per Year	Projected Cuts In 5th Year
Medicaid	\$ 183,000,000	\$ 62,901,720 ¹
Medicare	—	283,000,000 ²
Supplemental Security Income (SSI)		Cumulative Reduction Over 5 Years
1) Total	37,310,000	N/A— ³
2) Children	12,413,856	30,000,000 ⁴
Child Welfare Programs:		Cumulative Reduction Over 5 Years
Amount State will loose under new Child Protection Block Grant	44,000,000	16,000,000 ⁵

II. SELECTED DISCRETIONARY GRANT PROGRAMS FOR PERSONS WITH DISABILITIES

Program	Current Spending FY 1995
Individuals with Disabilities Education Act (IDEA)	
State Grants	\$ 6,279,532
Part H, Infants & Toddlers	1,237,632
Preschool Grants	1,560,552
Vocational Rehabilitation:	
State Grants	5,006,728
Supported Employment	300,000
Mental Health:	
State Block Grant	568,503
Child MH Services Program	0
Projects for Homeless (PATH)	300,000

¹ Projected cut by fifth year from what would have been spent if current law remained in effect. Percentage of cut reflects amounts proposed by Congressional leaders.

² Projected cut over five years below what would have been spent if current law remained in effect.

³ Estimate not yet available, but significant cuts are planned.

⁴ Projected cuts over a five year period, based upon welfare reform bill already approved by the House.

⁵ The house passed the welfare reform bill which combines several child welfare programs into a block grant and drastically reduces funding. This figure represents the cumulative loss over a five year period. Programs included in this block grant would be child welfare (Title IV-B, foster care, adoption assistance, independent living, child abuse and family preservation)

MAJOR CUTS IN HUMAN SERVICES PROGRAMS PENDING

Current proposals in the U.S. Congress would have a major impact on funding for programs which benefit people with disabilities in Tennessee. Some of these changes have already been approved by the House of Representatives, others have been outlined in documents from committees or from the leadership. The cuts are substantial, and they are targeted particularly on human services programs, such as Medicaid, Supplemental Security Income, state grants for Vocational Rehabilitation, Special Education, mental health, food stamps etc.

Little attempt has been made yet, especially by the House of Representatives, to make fair reviews of the effectiveness of individual programs. Instead, major reforms are being considered, and sometimes passed, in a rush and they are too frequently based on misinformation and misunderstanding.

Expected cuts in several programs are shown in the table on the back of this page. The proposed cuts are a mix of cuts in growth and direct cuts from amounts appropriated in previous years. Cuts in rate of growth are defended on the basis that they do not result in cuts in services, but they only slow the expansion of services. However, these programs have previously received increased funding year-by-year to keep up with increased costs resulting from inflation and with increases in the number of people eligible for the program. Reductions of 20-30% in the rate of growth, which have already been proposed by the House Budget Committee and other leaders, would mean in a real cut, in services offered or people who can obtain those services, or both.

These cuts will not fall evenly across all programs--some programs will be cut more, some less, others may be zeroed out altogether. Examples of likely cuts are as follows:

- Tennessee stands to lose \$684,124,343 in Medicaid funding in year 5 under proposals from the Congressional Leaders. This figure represents a cut in the *rate of growth* of Medicaid--however, the rate of growth reflects expected increases in numbers of eligible persons and in the cost of health care. A cut of this magnitude will be hard for the state to replace and will result in many low-income individuals and families going without health care or using expensive uncompensated community hospital services.
- Approximately \$236,000,000 in federal SSI payments for children with disabilities in Tennessee will be lost over the next five years under legislation which has already passed the House. This will leave families without the resources necessary to meet the costs of keeping their child at home. While some of these families may manage without the disability benefit, many others will turn to the state for aid.
- Cuts in state vocational rehabilitation and supported employment funds of \$70,459,486 could occur in Tennessee if Congress makes a 20% cut in these programs;
- Cuts in special education basic state grants of \$15,910,928 could occur in Tennessee if Congress were to cut education programs by 30%.

Unless Congress hears from advocates that such substantial cuts are unacceptable, the state will be faced with truly major reductions in essential programs.

PROJECTED CUTS IN PROGRAMS FOR PERSONS WITH DISABILITIES IN TENNESSEE

I. ENTITLEMENT PROGRAMS

Program	Current Federal Spending Per Year	Projected Cuts In 5th Year
Medicaid	\$ 1,872,000,000	\$ 684,124,343 ¹
Medicare	-----	1,900,000,000 ²
Supplemental Security Income (SSI)		Cumulative Reduction Over 5 Years
1) Total	494,833,000	N/A----- ³
2) Children	110,984,371	236,000,000 ⁴
Child Welfare Programs:		Cumulative Reduction Over 5 Years
Amount State will loose under new Child Protection Block Grant	248,000,000	82,000,000 ⁵

II. SELECTED DISCRETIONARY GRANT PROGRAMS FOR PERSONS WITH DISABILITIES

Program	Current Spending FY 1995
Individuals with Disabilities Education Act (IDEA)	
State Grants	\$ 47,732,785
Part H, Infants & Toddlers	4,346,068
Preschool Grants	6,850,269
Vocational Rehabilitation:	
State Grants	34,587,237
Supported Employment	642,506
Mental Health:	
State Block Grant	4,492,233
Child MH Services Program	0
Projects for Homeless (PATH)	323,000

¹ Projected cut by fifth year from what would have been spent if current law remained in effect. Percentage of cut reflects amounts proposed by Congressional leaders.

² Projected cut over five years below what would have been spent if current law remained in effect.

³ Estimate not yet available, but significant cuts are planned.

⁴ Projected cuts over a five year period, based upon welfare reform bill already approved by the House.

⁵ The house passed the welfare reform bill which combines several child welfare programs into a block grant and drastically reduces funding. This figure represents the cumulative loss over a five year period. Programs included in this block grant would be child welfare (Title IV-B, foster care, adoption assistance, independent living, child abuse and family preservation).

MAJOR CUTS IN HUMAN SERVICES PROGRAMS PENDING

Current proposals in the U.S. Congress would have a major impact on funding for programs which benefit people with disabilities in TEXAS. Some of these changes have already been approved by the House of Representatives, others have been outlined in documents from committees or from the leadership. The cuts are substantial, and they are targeted particularly on human services programs, such as Medicaid, Supplemental Security Income, state grants for Vocational Rehabilitation, Special Education, mental health, food stamps etc.

Little attempt has been made yet, especially by the House of Representatives, to make fair reviews of the effectiveness of individual programs. Instead, major reforms are being considered, and sometimes passed, in a rush and they are too frequently based on misinformation and misunderstanding.

Expected cuts in several programs are shown in the table on the back of this page. The proposed cuts are a mix of cuts in growth and direct cuts from amounts appropriated in previous years. Cuts in rate of growth are defended on the basis that they do not result in cuts in services, but they only slow the expansion of services. However, these programs have previously received increased funding year-by-year to keep up with increased costs resulting from inflation and with increases in the number of people eligible for the program. Reductions of 20-30% in the rate of growth, which have already been proposed by the House Budget Committee and other leaders, would mean in a real cut, in services offered or people who can obtain those services, or both.

These cuts will not fall evenly across all programs--some programs will be cut more, some less, others may be zeroed out altogether. Examples of likely cuts are as follows:

- TEXAS stands to lose \$1,880,646,034 in Medicaid funding in year 5 under proposals from the Congressional Leaders. This figure represents a cut in the *rate of growth* of Medicaid--however, the rate of growth reflects expected increases in numbers of eligible persons and in the cost of health care. A cut of this magnitude will be hard for the state to replace and will result in many low-income individuals and families going without health care or using expensive uncompensated community hospital services.
- Approximately \$598,000,000 in federal SSI payments for children with disabilities in TEXAS will be lost over the next five years under legislation which has already passed the House. This will leave families without the resources necessary to meet the costs of keeping their child at home. While some of these families may manage without the disability benefit, many others will turn to the state for aid.
- Cuts in state vocational rehabilitation and supported employment funds of \$20,079,713 could occur in TEXAS if Congress makes a 20% cut in these programs;
- Cuts in special education basic state grants of \$54,526,114 could occur in TEXAS if Congress were to cut education programs by 30%.

Unless Congress hears from advocates that such substantial cuts are unacceptable, the state will be faced with truly major reductions in essential programs.

**PROJECTED CUTS IN PROGRAMS FOR PERSONS WITH DISABILITIES IN
TEXAS**

I. ENTITLEMENT PROGRAMS

Program	Current Federal Spending Per Year	Projected Cuts In 5th Year
Medicaid	\$ 4,590,000,000	\$ 1,880,646,034 ¹
Medicare	-----	5,900,000,000 ²
Supplemental Security Income (SSI)		Cumulative Reduction Over 5 Years
1) Total	947,092,000	N/A----- ³
2) Children	259,279,776	598,000,000 ⁴
Child Welfare Programs:		Cumulative Reduction Over 5 Years
Amount State will loose under new Child Protection Block Grant	1,069,000	324,000,000 ⁵

II. SELECTED DISCRETIONARY GRANT PROGRAMS FOR PERSONS WITH DISABILITIES

Program	Current Spending FY 1995
Individuals with Disabilities Education Act (IDEA)	
State Grants	\$163,578,343
Part H, Infants & Toddlers	18,816,567
Preschool Grants	20,060,389
Vocational Rehabilitation:	
State Grants	98,126,546
Supported Employment	2,272,020
Mental Health:	
State Block Grant	16,589,402
Child MH Services Program	0
Projects for Homeless (PATH)	1,654,000

¹ Projected cut by fifth year from what would have been spent if current law remained in effect. Percentage of cut reflects amounts proposed by Congressional leaders.

² Projected cut over five years below what would have been spent if current law remained in effect.

³ Estimate not yet available, but significant cuts are planned.

⁴ Projected cuts over a five year period, based upon welfare reform bill already approved by the House.

⁵ The house passed the welfare reform bill which combines several child welfare programs into a block grant and drastically reduces funding. This figure represents the cumulative loss over a five year period. Programs included in this block grant would be child welfare (Title IV-B, foster care, adoption assistance, independent living, child abuse and family preservation).

MAJOR CUTS IN HUMAN SERVICES PROGRAMS PENDING

Current proposals in the U.S. Congress would have a major impact on funding for programs which benefit people with disabilities in UTAH. Some of these changes have already been approved by the House of Representatives, others have been outlined in documents from committees or from the leadership. The cuts are substantial, and they are targeted particularly on human services programs, such as Medicaid, Supplemental Security Income, state grants for Vocational Rehabilitation, Special Education, mental health, food stamps etc.

Little attempt has been made yet, especially by the House of Representatives, to make fair reviews of the effectiveness of individual programs. Instead, major reforms are being considered, and sometimes passed, in a rush and they are too frequently based on misinformation and misunderstanding.

Expected cuts in several programs are shown in the table on the back of this page. The proposed cuts are a mix of cuts in growth and direct cuts from amounts appropriated in previous years. Cuts in rate of growth are defended on the basis that they do not result in cuts in services, but they only slow the expansion of services. However, these programs have previously received increased funding year-by-year to keep up with increased costs resulting from inflation and with increases in the number of people eligible for the program. Reductions of 20-30% in the rate of growth, which have already been proposed by the House Budget Committee and other leaders, would mean in a real cut, in services offered or people who can obtain those services, or both.

These cuts will not fall evenly across all programs--some programs will be cut more, some less, others may be zeroed out altogether. Examples of likely cuts are as follows:

- UTAH stands to lose \$178,624,771 in Medicaid funding in year 5 under proposals from the Congressional Leaders. This figure represents a cut in the *rate of growth* of Medicaid--however, the rate of growth reflects expected increases in numbers of eligible persons and in the cost of health care. A cut of this magnitude will be hard for the state to replace and will result in many low-income individuals and families going without health care or using expensive uncompensated community hospital services.
- Approximately \$49,000,000 in federal SSI payments for children with disabilities in UTAH will be lost over the next five years under legislation which has already passed the House. This will leave families without the resources necessary to meet the costs of keeping their child at home. While some of these families may manage without the disability benefit, many others will turn to the state for aid.
- Cuts in state vocational rehabilitation and supported employment funds of \$2,438,169 could occur in UTAH if Congress makes a 20% cut in these programs;
- Cuts in special education basic state grants of \$6,879,765 could occur in UTAH if Congress were to cut education programs by 30%.

Unless Congress hears from advocates that such substantial cuts are unacceptable, the state will be faced with truly major reductions in essential programs.

**PROJECTED CUTS IN PROGRAMS FOR PERSONS WITH DISABILITIES IN
UTAH**

I. ENTITLEMENT PROGRAMS

Program	Current Federal Spending Per Year	Projected Cuts In 5th Year
Medicaid	\$ 357,000,000	\$ 178,624,771 ¹
Medicare	—	325,000,000 ²
Supplemental Security Income (SSI)		Cumulative Reduction Over 5 Years
1) Total	63,059,000	N/A— ³
2) Children	20,113,164	49,000,000 ⁴
Child Welfare Programs:		Cumulative Reduction Over 5 Years
Amount State will loose under new Child Protection Block Grant	99,000,000	24,000,000 ⁵

II. SELECTED DISCRETIONARY GRANT PROGRAMS FOR PERSONS WITH DISABILITIES

Program	Current Spending FY 1995
Individuals with Disabilities Education Act (IDEA)	
State Grants	\$ 20,639,296
Part H, Infants & Toddlers	2,160,609
Preschool Grants	2,759,668
Vocational Rehabilitation:	
State Grants	11,890,845
Supported Employment	300,000
Mental Health:	
State Block Grant	1,619,117
Child MH Services Program	0
Projects for Homeless (PATH)	300,000

¹ Projected cut by fifth year from what would have been spent if current law remained in effect. Percentage of cut reflects amounts proposed by Congressional leaders.

² Projected cut over five years below what would have been spent if current law remained in effect.

³ Estimate not yet available, but significant cuts are planned.

⁴ Projected cuts over a five year period, based upon welfare reform bill already approved by the House.

⁵ The house passed the welfare reform bill which combines several child welfare programs into a block grant and drastically reduces funding. This figure represents the cumulative loss over a five year period. Programs included in this block grant would be child welfare (Title IV-B, foster care, adoption assistance, independent living, child abuse and family preservation).

MAJOR CUTS IN HUMAN SERVICES PROGRAMS PENDING

Current proposals in the U.S. Congress would have a major impact on funding for programs which benefit people with disabilities in VERMONT . Some of these changes have already been approved by the House of Representatives, others have been outlined in documents from committees or from the leadership. The cuts are substantial, and they are targeted particularly on human services programs, such as Medicaid, Supplemental Security Income, state grants for Vocational Rehabilitation, Special Education, mental health, food stamps etc.

Little attempt has been made yet, especially by the House of Representatives, to make fair reviews of the effectiveness of individual programs. Instead, major reforms are being considered, and sometimes passed, in a rush and they are too frequently based on misinformation and misunderstanding.

Expected cuts in several programs are shown in the table on the back of this page. The proposed cuts are a mix of cuts in growth and direct cuts from amounts appropriated in previous years. Cuts in rate of growth are defended on the basis that they do not result in cuts in services, but they only slow the expansion of services. However, these programs have previously received increased funding year-by-year to keep up with increased costs resulting from inflation and with increases in the number of people eligible for the program. Reductions of 20-30% in the rate of growth, which have already been proposed by the House Budget Committee and other leaders, would mean in a real cut, in services offered or people who can obtain those services, or both.

These cuts will not fall evenly across all programs--some programs will be cut more, some less, others may be zeroed out altogether. Examples of likely cuts are as follows:

- VERMONT stands to lose \$53,503,245 in Medicaid funding in year 5 under proposals from the Congressional Leaders. This figure represents a cut in the *rate of growth* of Medicaid--however, the rate of growth reflects expected increases in numbers of eligible persons and in the cost of health care. A cut of this magnitude will be hard for the state to replace and will result in many low-income individuals and families going without health care or using expensive uncompensated community hospital services.
- Approximately \$8,000,000 in federal SSI payments for children with disabilities in VERMONT will be lost over the next five years under legislation which has already passed the House. This will leave families without the resources necessary to meet the costs of keeping their child at home. While some of these families may manage without the disability benefit, many others will turn to the state for aid.
- Cuts in state vocational rehabilitation and supported employment funds of \$1,013,808 could occur in VERMONT if Congress makes a 20% cut in these programs;
- Cuts in special education basic state grants of \$1,263,779 could occur in VERMONT if Congress were to cut education programs by 30%.

Unless Congress hears from advocates that such substantial cuts are unacceptable, the state will be faced with truly major reductions in essential programs.

**PROJECTED CUTS IN PROGRAMS FOR PERSONS WITH DISABILITIES IN
VERMONT**

I. ENTITLEMENT PROGRAMS

Program	Current Federal Spending Per Year	Projected Cuts In 5th Year
Medicaid	\$ 161,000,000	\$ 53,503,245 ¹
Medicare	—	208,000,000 ²
Supplemental Security Income (SSI)		Cumulative Reduction Over 5 Years
1) Total	40,654,000	N/A— ³
2) Children	7,444,861	8,000,000 ⁴
Child Welfare Programs:		Cumulative Reduction Over 5 Years
Amount State will loose under new Child Protection Block Grant	93,000,000	24,000,000 ⁵

II. SELECTED DISCRETIONARY GRANT PROGRAMS FOR PERSONS WITH DISABILITIES

Program	Current Spending FY 1995
Individuals with Disabilities Education Act (IDEA)	
State Grants	\$ 3,791,338
Part H, Infants & Toddlers	1,237,632
Preschool Grants	703,737
Vocational Rehabilitation:	
State Grants	4,769,040
Supported Employment	300,000
Mental Health:	
State Block Grant	621,961
Child MH Services Program	1,978,774
Projects for Homeless (PATH)	300,000

¹ Projected cut by fifth year from what would have been spent if current law remained in effect. Percentage of cut reflects amounts proposed by Congressional leaders.

² Projected cut over five years below what would have been spent if current law remained in effect.

³ Estimate not yet available, but significant cuts are planned.

⁴ Projected cuts over a five year period, based upon welfare reform bill already approved by the House.

⁵ The house passed the welfare reform bill which combines several child welfare programs into a block grant and drastically reduces funding. This figure represents the cumulative loss over a five year period. Programs included in this block grant would be child welfare (Title IV-B, foster care, adoption assistance, independent living, child abuse and family preservation).

MAJOR CUTS IN HUMAN SERVICES PROGRAMS PENDING

Current proposals in the U.S. Congress would have a major impact on funding for programs which benefit people with disabilities in VIRGINIA. Some of these changes have already been approved by the House of Representatives, others have been outlined in documents from committees or from the leadership. The cuts are substantial, and they are targeted particularly on human services programs, such as Medicaid, Supplemental Security Income, state grants for Vocational Rehabilitation, Special Education, mental health, food stamps etc.

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These cuts will not fall evenly across all programs--some programs will be cut more, some less, others may be zeroed out altogether. Examples of likely cuts are as follows:

- VIRGINIA stands to lose \$427,573,969 in Medicaid funding in year 5 under proposals from the Congressional Leaders. This figure represents a cut in the *rate of growth* of Medicaid--however, the rate of growth reflects expected increases in numbers of eligible persons and in the cost of health care. A cut of this magnitude will be hard for the state to replace and will result in many low-income individuals and families going without health care or using expensive uncompensated community hospital services.
- Approximately \$327,000,000 in federal SSI payments for children with disabilities in VIRGINIA will be lost over the next five years under legislation which has already passed the House. This will leave families without the resources necessary to meet the costs of keeping their child at home. While some of these families may manage without the disability benefit, many others will turn to the state for aid.
- Cuts in state vocational rehabilitation and supported employment funds of \$6,614,746 could occur in VIRGINIA if Congress makes a 20% cut in these programs;
- Cuts in special education basic state grants of \$18,048,700 could occur in VIRGINIA if Congress were to cut education programs by 30%.

Unless Congress hears from advocates that such substantial cuts are unacceptable, the state will be faced with truly major reductions in essential programs.

PROJECTED CUTS IN PROGRAMS FOR PERSONS WITH DISABILITIES IN VIRGINIA

I. ENTITLEMENT PROGRAMS

Program	Current Federal Spending Per Year	Projected Cuts In 5th Year
Medicaid	\$ 873,000,000	\$ 427,573,969 ¹
Medicare	-----	1,900,000,000 ²
Supplemental Security Income (SSI)		Cumulative Reduction Over 5 Years
1) Total	330,144,000	N/A----- ³
2) Children	96,704,172	327,000,000 ⁴
Child Welfare Programs:		Cumulative Reduction Over 5 Years
Amount State will loose under new Child Protection Block Grant	233,000,000	62,000,000 ⁵

II. SELECTED DISCRETIONARY GRANT PROGRAMS FOR PERSONS WITH DISABILITIES

Program	Current Spending FY 1995
Individuals with Disabilities Education Act (IDEA)	
State Grants	\$ 54,146,100
Part H, Infants & Toddlers	5,660,050
Preschool Grants	8,618,469
Vocational Rehabilitation:	
State Grants	32,255,823
Supported Employment	817,907
Mental Health:	
State Block Grant	6,313,774
Child MH Services Program	2,337,514
Projects for Homeless (PATH)	557,000

¹ Projected cut by fifth year from what would have been spent if current law remained in effect. Percentage of cut reflects amounts proposed by Congressional leaders.

² Projected cut over five years below what would have been spent if current law remained in effect.

³ Estimate not yet available, but significant cuts are planned.

⁴ Projected cuts over a five year period, based upon welfare reform bill already approved by the House.

⁵ The house passed the welfare reform bill which combines several child welfare programs into a block grant and drastically reduces funding. This figure represents the cumulative loss over a five year period. Programs included in this block grant would be child welfare (Title IV-B, foster care, adoption assistance, independent living, child abuse and family preservation).

MAJOR CUTS IN HUMAN SERVICES PROGRAMS PENDING

Current proposals in the U.S. Congress would have a major impact on funding for programs which benefit people with disabilities in WASHINGTON. Some of these changes have already been approved by the House of Representatives, others have been outlined in documents from committees or from the leadership. The cuts are substantial, and they are targeted particularly on human services programs, such as Medicaid, Supplemental Security Income, state grants for Vocational Rehabilitation, Special Education, mental health, food stamps etc.

Little attempt has been made yet, especially by the House of Representatives, to make fair reviews of the effectiveness of individual programs. Instead, major reforms are being considered, and sometimes passed, in a rush and they are too frequently based on misinformation and misunderstanding.

Expected cuts in several programs are shown in the table on the back of this page. The proposed cuts are a mix of cuts in growth and direct cuts from amounts appropriated in previous years. Cuts in rate of growth are defended on the basis that they do not result in cuts in services, but they only slow the expansion of services. However, these programs have previously received increased funding year-by-year to keep up with increased costs resulting from inflation and with increases in the number of people eligible for the program. Reductions of 20-30% in the rate of growth, which have already been proposed by the House Budget Committee and other leaders, would mean in a real cut, in services offered or people who can obtain those services, or both.

These cuts will not fall evenly across all programs--some programs will be cut more, some less, others may be zeroed out altogether. Examples of likely cuts are as follows:

- WASHINGTON stands to lose \$516,599,108 in Medicaid funding in year 5 under proposals from the Congressional Leaders. This figure represents a cut in the *rate of growth* of Medicaid--however, the rate of growth reflects expected increases in numbers of eligible persons and in the cost of health care. A cut of this magnitude will be hard for the state to replace and will result in many low-income individuals and families going without health care or using expensive uncompensated community hospital services.
- Approximately \$163,000,000 in federal SSI payments for children with disabilities in WASHINGTON will be lost over the next five years under legislation which has already passed the House. This will leave families without the resources necessary to meet the costs of keeping their child at home. While some of these families may manage without the disability benefit, many others will turn to the state for aid.
- Cuts in state vocational rehabilitation and supported employment funds of \$4,826,144 could occur in WASHINGTON if Congress makes a 20% cut in these programs;
- Cuts in special education basic state grants of \$13,304,917 could occur in WASHINGTON if Congress were to cut education programs by 30%.

Unless Congress hears from advocates that such substantial cuts are unacceptable, the state will be faced with truly major reductions in essential programs.

**PROJECTED CUTS IN PROGRAMS FOR PERSONS WITH DISABILITIES IN
WASHINGTON**

I. ENTITLEMENT PROGRAMS

Program	Current Federal Spending Per Year	Projected Cuts In 5th Year
Medicaid	\$ 1,210,000,000	\$ 516,599,108 ¹
Medicare	—	1,500,000,000 ²
Supplemental Security Income (SSI)		Cumulative Reduction Over 5 Years
1) Total	293,574,000	N/A— ³
2) Children	53,679,672	163,000,000 ⁴
Child Welfare Programs:		Cumulative Reduction Over 5 Years
Amount State will loose under new Child Protection Block Grant	258,000,000	25,000,000 ⁵

II. SELECTED DISCRETIONARY GRANT PROGRAMS FOR PERSONS WITH DISABILITIES

Program	Current Spending FY 1995
Individuals with Disabilities Education Act (IDEA)	
State Grants	\$ 39,914,751
Part H, Infants & Toddlers	4,704,307
Preschool Grants	8,324,360
Vocational Rehabilitation:	
State Grants	23,468,555
Supported Employment	662,163
Mental Health:	
State Block Grant	5,783,752
Child MH Services Program	0
Projects for Homeless (PATH)	468,000

¹ Projected cut by fifth year from what would have been spent if current law remained in effect. Percentage of cut reflects amounts proposed by Congressional leaders.

² Projected cut over five years below what would have been spent if current law remained in effect.

³ Estimate not yet available, but significant cuts are planned.

⁴ Projected cuts over a five year period, based upon welfare reform bill already approved by the House

⁵ The house passed the welfare reform bill which combines several child welfare programs into a block grant and drastically reduces funding. This figure represents the cumulative loss over a five year period. Programs included in this block grant would be child welfare (Title IV-B, foster care, adoption assistance, independent living, child abuse and family preservation)

MAJOR CUTS IN HUMAN SERVICES PROGRAMS PENDING

Current proposals in the U.S. Congress would have a major impact on funding for programs which benefit people with disabilities in West Virginia. Some of these changes have already been approved by the House of Representatives, others have been outlined in documents from committees or from the leadership. The cuts are substantial, and they are targeted particularly on human services programs, such as Medicaid, Supplemental Security Income, state grants for Vocational Rehabilitation, Special Education, mental health, food stamps etc.

Little attempt has been made yet, especially by the House of Representatives, to make fair reviews of the effectiveness of individual programs. Instead, major reforms are being considered, and sometimes passed, in a rush and they are too frequently based on misinformation and misunderstanding.

Expected cuts in several programs are shown in the table on the back of this page. The proposed cuts are a mix of cuts in growth and direct cuts from amounts appropriated in previous years. Cuts in rate of growth are defended on the basis that they do not result in cuts in services, but they only slow the expansion of services. However, these programs have previously received increased funding year-by-year to keep up with increased costs resulting from inflation and with increases in the number of people eligible for the program. Reductions of 20-30% in the rate of growth, which have already been proposed by the House Budget Committee and other leaders, would mean in a real cut, in services offered or people who can obtain those services, or both.

These cuts will not fall evenly across all programs--some programs will be cut more, some less, others may be zeroed out altogether. Examples of likely cuts are as follows:

- West Virginia stands to lose \$242,876,430 in Medicaid funding in year 5 under proposals from the Congressional Leaders. This figure represents a cut in the *rate of growth* of Medicaid--however, the rate of growth reflects expected increases in numbers of eligible persons and in the cost of health care. A cut of this magnitude will be hard for the state to replace and will result in many low-income individuals and families going without health care or using expensive uncompensated community hospital services.
- Approximately \$110,000,000 in federal SSI payments for children with disabilities in West Virginia will be lost over the next five years under legislation which has already passed the House. This will leave families without the resources necessary to meet the costs of keeping their child at home. While some of these families may manage without the disability benefit, many others will turn to the state for aid.
- Cuts in state vocational rehabilitation and supported employment funds of \$3,029,548 could occur in West Virginia if Congress makes a 20% cut in these programs;
- Cuts in special education basic state grants of \$5,860,153 could occur in West Virginia if Congress were to cut education programs by 30%.

Unless Congress hears from advocates that such substantial cuts are unacceptable, the state will be faced with truly major reductions in essential programs.

**PROJECTED CUTS IN PROGRAMS FOR PERSONS WITH DISABILITIES IN
WEST VIRGINIA**

I. ENTITLEMENT PROGRAMS

Program	Current Federal Spending Per Year	Projected Cuts In 5th Year
Medicaid	\$ 885,000,000	\$ 242,876,430 ¹
Medicare	-----	829,000,000 ²
Supplemental Security Income (SSI)		Cumulative Reduction Over 5 Years
1) Total	219,982,000	N/A----- ³
2) Children	38,828,088	110,000,000 ⁴
Child Welfare Programs:		Cumulative Reduction Over 5 Years
Amount State will loose under new Child Protection Block Grant	88,000,000	39,000,000 ⁵

II. SELECTED DISCRETIONARY GRANT PROGRAMS FOR PERSONS WITH DISABILITIES

Program	Current Spending FY 1995
Individuals with Disabilities Education Act (IDEA)	
State Grants	\$ 17,580,460
Part H, Infants & Toddlers	1,291,991
Preschool Grants	2,726,359
Vocational Rehabilitation:	
State Grants	14,847,738
Supported Employment	300,000
Mental Health:	
State Block Grant	2,019,566
Child MH Services Program	0
Projects for Homeless (PATH)	300,000

¹ Projected cut by fifth year from what would have been spent if current law remained in effect. Percentage of cut reflects amounts proposed by Congressional leaders.

² Projected cut over five years below what would have been spent if current law remained in effect.

³ Estimate not yet available, but significant cuts are planned.

⁴ Projected cuts over a five year period, based upon welfare reform bill already approved by the House.

⁵ The house passed the welfare reform bill which combines several child welfare programs into a block grant and drastically reduces funding. This figure represents the cumulative loss over a five year period. Programs included in this block grant would be child welfare (Title IV-B, foster care, adoption assistance, independent living, child abuse and family preservation).

MAJOR CUTS IN HUMAN SERVICES PROGRAMS PENDING

Current proposals in the U.S. Congress would have a major impact on funding for programs which benefit people with disabilities in WISCONSIN. Some of these changes have already been approved by the House of Representatives, others have been outlined in documents from committees or from the leadership. The cuts are substantial, and they are targeted particularly on human services programs, such as Medicaid, Supplemental Security Income, state grants for Vocational Rehabilitation, Special Education, mental health, food stamps etc.

Little attempt has been made yet, especially by the House of Representatives, to make fair reviews of the effectiveness of individual programs. Instead, major reforms are being considered, and sometimes passed, in a rush and they are too frequently based on misinformation and misunderstanding.

Expected cuts in several programs are shown in the table on the back of this page. The proposed cuts are a mix of cuts in growth and direct cuts from amounts appropriated in previous years. Cuts in rate of growth are defended on the basis that they do not result in cuts in services, but they only slow the expansion of services. However, these programs have previously received increased funding year-by-year to keep up with increased costs resulting from inflation and with increases in the number of people eligible for the program. Reductions of 20-30% in the rate of growth, which have already been proposed by the House Budget Committee and other leaders, would mean in a real cut, in services offered or people who can obtain those services, or both.

These cuts will not fall evenly across all programs--some programs will be cut more, some less, others may be zeroed out altogether. Examples of likely cuts are as follows:

- WISCONSIN stands to lose \$472,014,835 in Medicaid funding in year 5 under proposals from the Congressional Leaders. This figure represents a cut in the *rate of growth* of Medicaid--however, the rate of growth reflects expected increases in numbers of eligible persons and in the cost of health care. A cut of this magnitude will be hard for the state to replace and will result in many low-income individuals and families going without health care or using expensive uncompensated community hospital services.
- Approximately \$354,000,000 in federal SSI payments for children with disabilities in WISCONSIN will be lost over the next five years under legislation which has already passed the House. This will leave families without the resources necessary to meet the costs of keeping their child at home. While some of these families may manage without the disability benefit, many others will turn to the state for aid.
- Cuts in state vocational rehabilitation and supported employment funds of \$6,186,307 could occur in WISCONSIN if Congress makes a 20% cut in these programs;
- Cuts in special education basic state grants of \$13,425,900 could occur in WISCONSIN if Congress were to cut education programs by 30%.

Unless Congress hears from advocates that such substantial cuts are unacceptable, the state will be faced with truly major reductions in essential programs.

**PROJECTED CUTS IN PROGRAMS FOR PERSONS WITH DISABILITIES IN
WISCONSIN**

I. ENTITLEMENT PROGRAMS

Program	Current Federal Spending Per Year	Projected Cuts In 5th Year
Medicaid	\$ 1,274,000,000	\$ 472,014,835 ¹
Medicare	—	2,100,000,000 ²
Supplemental Security Income (SSI)		Cumulative Reduction Over 5 Years
1) Total	422,073,000	N/A— ³
2) Children	120,982,572	354,000,000 ⁴
Child Welfare Programs:		Cumulative Reduction Over 5 Years
Amount State will loose under new Child Protection Block Grant	487,000,000	75,000,000 ⁵

II. SELECTED DISCRETIONARY GRANT PROGRAMS FOR PERSONS WITH DISABILITIES

Program	Current Spending FY 1995
Individuals with Disabilities Education Act (IDEA)	
State Grants	\$ 40,277,699
Part H, Infants & Toddlers	4,136,450
Preschool Grants	8,959,353
Vocational Rehabilitation:	
State Grants	30,296,714
Supported Employment	634,819
Mental Health:	
State Block Grant	5,148,677
Child MH Services Program	3,331,395
Projects for Homeless (PATH)	359,000

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³ Estimate not yet available, but significant cuts are planned.

⁴ Projected cuts over a five year period, based upon welfare reform bill already approved by the House.

⁵ The house passed the welfare reform bill which combines several child welfare programs into a block grant and drastically reduces funding. This figure represents the cumulative loss over a five year period. Programs included in this block grant would be child welfare (Title IV-B, foster care, adoption assistance, independent living, child abuse and family preservation).

MAJOR CUTS IN HUMAN SERVICES PROGRAMS PENDING

Current proposals in the U.S. Congress would have a major impact on funding for programs which benefit people with disabilities in WYOMING. Some of these changes have already been approved by the House of Representatives, others have been outlined in documents from committees or from the leadership. The cuts are substantial, and they are targeted particularly on human services programs, such as Medicaid, Supplemental Security Income, state grants for Vocational Rehabilitation, Special Education, mental health, food stamps etc.

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These cuts will not fall evenly across all programs--some programs will be cut more, some less, others may be zeroed out altogether. Examples of likely cuts are as follows:

- WYOMING stands to lose \$27,614,136 in Medicaid funding in year 5 under proposals from the Congressional Leaders. This figure represents a cut in the *rate of growth* of Medicaid--however, the rate of growth reflects expected increases in numbers of eligible persons and in the cost of health care. A cut of this magnitude will be hard for the state to replace and will result in many low-income individuals and families going without health care or using expensive uncompensated community hospital services.
- Approximately \$19,000,000 in federal SSI payments for children with disabilities in WYOMING will be lost over the next five years under legislation which has already passed the House. This will leave families without the resources necessary to meet the costs of keeping their child at home. While some of these families may manage without the disability benefit, many others will turn to the state for aid.
- Cuts in state vocational rehabilitation and supported employment funds of \$1,013,808 could occur in WYOMING if Congress makes a 20% cut in these programs;
- Cuts in special education basic state grants of \$1,655,631 could occur in WYOMING if Congress were to cut education programs by 30%.

Unless Congress hears from advocates that such substantial cuts are unacceptable, the state will be faced with truly major reductions in essential programs.

PROJECTED CUTS IN PROGRAMS FOR PERSONS WITH DISABILITIES IN WYOMING

I. ENTITLEMENT PROGRAMS

Program	Current Federal Spending Per Year	Projected Cuts In 5th Year
Medicaid	\$ 81,000,000	\$ 27,614,136 ¹
Medicare	—	132,000,000 ²
Supplemental Security Income (SSI)		Cumulative Reduction Over 5 Years
1) Total	15,898,000	N/A— ³
2) Children	4,872,780	19,000,000 ⁴
Child Welfare Programs:		Cumulative Reduction Over 5 Years
Amount State will loose under new Child Protection Block Grant	18,000,000	5,000,000 ⁵

II. SELECTED DISCRETIONARY GRANT PROGRAMS FOR PERSONS WITH DISABILITIES

Program	Current Spending FY 1995
Individuals with Disabilities Education Act (IDEA)	
State Grants	\$ 4,966,892
Part H, Infants & Toddlers	1,237,632
Preschool Grants	1,051,707
Vocational Rehabilitation:	
State Grants	4,769,040
Supported Employment	300,000
Mental Health:	
State Block Grant	388,600
Child MH Services Program	0
Projects for Homeless (PATH)	300,000

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Consortium for Citizens with Disabilities

Chair: Paul Marchand
The ARC
202/785-3388

April 24, 1995

The first 100 days of the 104th Congress were marked by intensive activity. The House passed all but one of 10 bills in the Contract with America and although only two of those bills passed the Senate, Senate committees are also working at an unusually fast pace. This memo summarizes the impact on people with disabilities of action to date in the 104th Congress and provides background on legislation expected within the next three months.

The Contract with America calls for major reductions in the federal government's role in human services and other domestic programs, reduced taxes, a balanced budget by the year 2002 and reforms of the Congressional system. The impact of these actions on people with disabilities will be substantial, as 25 years of federal disability policy is fundamentally altered.

Enacted Laws

- 1) Unfunded Mandates Public Law 104-4, the new unfunded mandate law, creates procedural hurdles in the House and Senate for any future legislation which creates an unfunded mandate for state and local governments. Exempted from this requirement are civil rights statutes (such as the Americans with Disabilities Act (ADA) and the Individuals with Disabilities Education Act, IDEA), but all new programs which create requirements on the states, such as long-term care or health care reform, could be treated as an unfunded mandate.
- 2) Congressional Compliance Public Law 104-1 requires Congress to comply with all laws that apply to the rest of the country, ending exemptions Congress had granted for itself.

Legislation Approved by the House

- 1) Personal Responsibility Act HR 4, the welfare reform bill, proposes drastic changes to the children's Supplemental Security Income (SSI) program which would result in 250,000 children with disabilities losing their benefits. Cash benefits for newly eligible children would also be terminated, with a very few exceptions. Instead of cash, families would be eligible for services from a new state block grant, funded at 25% less than the amount which would have been provided for cash payments under current law and given out at the discretion of the state. HR 4 would also consolidate a number of child welfare programs in a new block grant to states, including adoption assistance, foster care and the Family Preservation Act, cutting federal funding for these purposes at the same time. Finally, HR 4 also eliminates SSI benefits for adults with substance abuse disorders (many of whom also have major mental illness).

HR 4 is now pending before the Senate Finance Committee which may combine its version with the Budget Reconciliation Act, to be acted upon this summer (see below).

2) Regulatory Reform HR 9, S 291 and S 343 would seriously jeopardize disability-related regulations, including the ADA and IDEA. These regulations would be subjected to rigorous new reviews and analyses to require the benefit of any regulation to justify its cost. Every federal regulation would also be limited to a specified number of years, forcing the government to repeat the rule making process, possibly as often as every three years. The House has passed HR 9, and the two Senate bills will shortly come to the floor.

Decisions on regulatory reform bills could dramatically impact the quality of life for millions of individuals with disabilities. The disability community objects to inclusion of civil rights laws, such as the ADA, in these bills. Civil rights protections should not depend upon cost-benefit analyses. Current regulations should also not be subject to automatic sunset provisions.

3) Balanced Budget Constitutional Amendment H.J.Res 1 passed the House in January, but failed in the Senate by one vote. The amendment would have seriously jeopardized funding for many social programs important for persons with disabilities, potentially requiring cuts of 30 to 50% in such funds in order to rush to a balanced budget by 2002. Over \$1 trillion in entitlement and discretionary funding would have to be cut within seven years to achieve a balanced budget.

While the Constitutional Amendment has not been approved, Congress is still intent on balancing the budget within this short time-frame, and also proposes to cut taxes, raise defense spending and exempt Social Security from deficit reduction. These decisions could result in the elimination of many federal programs for persons with disabilities and major reductions in federal support for others. A more careful and deliberate path to a balanced budget would be more responsible policy.

4) Tax Cuts HR 1215 passed the House May 5, but the Senate has not yet taken action. Tax relief is provided to families with children who have incomes up to \$200,000 a year; senior citizens who work and would not have to pay taxes on earnings; individuals with capital gains and large and small businesses. To pay for the tax cuts, the bill freezes spending on federal domestic programs, such as those which assist persons with disabilities, and cuts welfare, SSI and selected other programs.

5) Line-Item Veto HR 2 will allow the President to cancel all or part of Congressionally appropriated funds for programs which he does not support. In the past, Congress has often increased spending for programs for persons with disabilities over the President's request. Under HR 2, the President would be able to undo such action, and to overrule him each House of Congress would have to muster a two-thirds majority. In the future, this legislation would likely result in reduced spending on many programs for persons with disabilities.

6) FY 1995 Rescissions House and Senate have passed different versions of a bill to cut current year, FY 1995, spending. However, both bills substantially reduce funding for a number of housing programs, including section 8 certificates and other programs for persons with disabilities.

Still to Come

The legislation above is already moving through Congress, and in some cases into law. However, major re-shaping of other disability laws is still waiting in the wings.

1) Budget and Appropriations In late April, Congress will take up the Budget Resolution, which sets spending and revenue targets for FY 1996, and the appropriation bills which provide the actual spending for individual programs. Congressional leaders are working on major cuts in domestic programs, including those for persons with disabilities. No program is expected to escape the budget ax, and many smaller programs are likely to be eliminated altogether.

The first action in this process will be development and passage of House and Senate FY 1996 Budget Resolutions, which the Senate committee will do beginning April 26, and the House Committee the week of May 8. Each House will pass its own version, and a conference committee will prepare a compromise final resolution for approval by Congress before Memorial Day. The resolution does not go to the President.

Based on the Budget Resolution, appropriation committees in House and Senate will be given targets for FY 1996 appropriations, which are then allocated to the various subcommittees. House and Senate subcommittees on Labor, Health & Human Services and Education, for example, will each have a total to work with, but the subcommittee will decide exactly which programs are cut and by how much.

The Budget Resolution will also call for savings in programs which are outside the regular appropriations process, such as Medicaid, Medicare, Supplemental Security Income, Social Security Disability Insurance and other entitlement programs. These cuts will require changes to the basic laws for the programs, and this will be done by the Ways and Means Committee and Commerce Committees in the House and by the Senate Finance Committee. Changes to these laws to meet Budget Resolution targets will be packaged into Budget Reconciliation bills, so named because they reconcile revenue and spending totals. This year, the Reconciliation bill is expected to have the following impact:

- Drastic curtailment of the children's SSI program, perhaps along the lines of the House-passed HR 4.
- Major restructuring of Medicaid, possibly changing the current entitlement program into a block grant to states so that the federal government can cap its obligations. This will leave the states with the decision on whether or not to provide health and long-term care to low-income people and to find a way to pay for it.
- Significant changes to Medicare, which provides health coverage for the elderly and people with disabilities, including a greater emphasis on managed care and shifting people out of Medicare into private plans which may have weaker coverage of services required by persons with disabilities.

- Review and possible cost-saving amendments of the Social Security Disability Insurance Program (SSDI). Although no specific proposal to change SSDI has yet been circulated, Congressional sources apparently believe that this program too can absorb cuts.
- 2) Job Training/Vocational Rehabilitation The Senate and House are already working on a consolidation of all job training program/s, including Vocational Rehabilitation and other programs for persons with disabilities. This will be a drastic change in how federal assistance is provided to persons with disabilities (whether this is good or bad is not entirely clear), as people with disabilities are mainstreamed into programs to provide job training to other Americans. Key to that process is protecting the scarce vr funds.
 - 3) Housing Programs supporting housing for low-income persons and persons with disabilities are already being substantially cut, and the Department of Housing and Urban Development will either be abolished or very drastically altered. Legislation to re-authorize federal low-income housing programs is expected to be taken up later this year and the long-term impact will be less access to affordable housing for individuals with disabilities.
 - 4) Special Education IDEA will be reviewed and very significant changes are likely. Federal rules are likely to be substantially reduced, spending may be cut, due process protections may be revised and weakened and the discretionary programs which target high priority needs may be consolidated or eliminated. Amendments to the "stay put" provision protecting children with disabilities from arbitrary expulsion will also be proposed, as they were last year.

Impact of Budget Cuts on States

Significant budget cuts at the federal level in so many domestic programs at the same time will require state legislatures to choose priorities. Environmental protection, for example, may have higher priority than programs for persons with disabilities. Advocates should review the potential cuts in federal funds to the state as a result of currently pending legislation and announced priorities of Congressional leaders. Appended to this document is a chart showing federal funds benefiting individuals in your state, along with some examples of what the state would lose under likely federal budget scenarios.

What You Can Do

National disability organizations continue to provide regular information on these bills, along with action notes on how to impact these decisions. The final outcome of this debate depends on the message Members of Congress hear from their constituents. If these issues are important to you, you must act. The 104th Congress is engaged in a process which will fundamentally alter the way in which the federal government has accepted responsibilities for domestic programs since Roosevelt's New Deal. Fifty years of progressive law is now on the line. Clearly, some changes are needed and some programs can be revised, cut or eliminated. However, the current path of the U.S. Congress goes far beyond that. The long-range impact on populations which rely on federal protection and federal support, such as many persons with disabilities, will be enormous.

Consortium for Citizens with Disabilities

July 5, 1995

President William J. Clinton
The White House
Washington, D.C. 20500

ROGER P. KINGSLEY, Ph.D.
DIRECTOR, CONGRESSIONAL RELATIONS
DIVISION



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

10801 ROCKVILLE PIKE
ROCKVILLE, MARYLAND 20852
301-897-0125 VOICE OR TDD
FAX 301-897-7356

Dear President Clinton:

On behalf of the Fiscal Policy Task Force of the Consortium for Citizens with Disabilities (CCD), we commend you for your recent actions concerning the federal budget.

The CCD is a working coalition of over 100 consumer, advocacy, provider and professional organizations which advocate on behalf of individuals of all ages with physical and mental disabilities and their families. The goal of our coalition is to advance the independence of the 49 million people in the United States who experience disabilities.

We believe that your recent veto of the package of recissions sent to you by the congressional leadership was the right decision. It sent a message to Congress that your Administration will not accept the slashing of many programs vital to the well being of our citizens.

We also believe that your new budget proposals are a step in the right direction. The plan that you announced on June 13 contains important proposals for improving the health and education systems in this country. At the same time, the plan is responsible and careful with respect to gradually balancing the federal budget without jeopardizing economic growth.

Member organizations of the CCD are especially concerned with the present and future well being of our children, millions of whom need special education and related services to maximize their potential in school. Through the free and appropriate education guaranteed by the Individuals with Disabilities Education Act (IDEA), these children will have the opportunities and resources to achieve in school and develop the knowledge and skills needed to be independent and productive as adults.

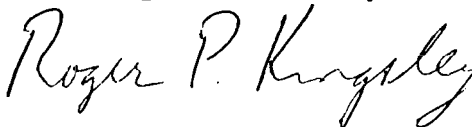
Unlike the House and Senate budget proposals and the recently announced conference agreement on a FY 1996 Budget Resolution, which would greatly weaken the federal role in education, your plan recognizes that education is central to the

future of our children and our nation. We applaud your decision to expand, not reduce, the role and support of the federal government in education.

We also are encouraged by proposals in your budget plan that would deal responsibly with the fiscal crisis in the health care system, generally, and in Medicare, specifically, without sacrificing necessary services to people. The specific proposals taken together are initiatives to reform the health care system. We are pleased that they include: portability and renewability of health insurance and the elimination of preexisting medical condition exclusions; and expansion of home and community-based care for the elderly and persons with disabilities.

Deliberations over the budget during the next several months will have consequences for years to come and the impact will be especially profound on populations that are socially and economically vulnerable. We look forward to working with members of your Administration to craft budget policies that can achieve the twin goals of fiscal responsibility and betterment of the lives of the American people.

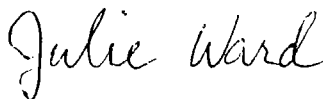
Sincerely,



Roger P. Kingsley
American Speech-Language-Hearing Association



Celane McWhorter
United Cerebral Palsy Association



Julie Ward
Epilepsy Foundation of America

Co-Chairs, Fiscal Policy Task Force
Consortium for Citizens with Disabilities



THE HOSPITAL ASSOCIATION OF PENNSYLVANIA

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Harrisburg, PA 17105-8600
(717) 564-9200
FAX (717) 561-5334

July 7, 1995

Ms. Marilyn K. Yager
Special Assistant to the President
Old Executive Office Building
Room 121
Washington, DC 20500

Dear Marilyn:

Just a brief note to say hello and confirm our meeting for Tuesday, July 18, at 12:00 noon. Frankly, I'm more interested in spending time talking to you rather than eating. So if it's alright with you, we'll just grab a quick bite somewhere that fits your schedule.

All is well here at HAP. I look forward to you meeting Carolyn Scanlan, our new President. I have attached a brief bio about Carolyn.

I'm sorry to hear that your former boss Steve Hegarty remains ill. He is an allied executive whom we all respect.

As always, I look forward to seeing you. Unless you and I arrange otherwise, we will meet you at your office at 12:00 noon. As in the past, please do what you have to do to get me by security. (Just kidding!)

Thanks.

Sincerely,

A handwritten signature in black ink, appearing to read "SCOTT", with a stylized flourish extending from the end.

SCOTT E. MALAN
Vice President, Legislative Services

SEM/ja
Enclosure

cc: Carolyn Scanlan
Jim Redmond

Carolyn F. Scanlan

Carolyn F. Scanlan brings extensive involvement in government legislation and regulations, hospital administration, and trade association activities to her position as HAP President.

Following graduation from Skidmore College with a degree in psychology, she began a 15-year career with the New York State Department of Health, holding a variety of progressively responsible positions focusing primarily on the agency's regulatory responsibilities. In one digression from regulation, however, Ms. Scanlan faced the problems inherent in developing a better health care system for the future when she coordinated a demonstration project for an improved health care system in the Bronx' Bedford-Stuyvesant/Crown Heights communities. The rescue plan for that health care services-deprived neighborhood included integration of a three-hospital system. She also demonstrated her commitment to high quality health care at the department by terminating the licenses of eight sub-standard hospitals and six sub-standard nursing homes, establishing an expectation that poor quality care would not be acceptable.

During her tenure with the Department of Health, she attended graduate school and was graduated from Russell Sage College with a master's degree in health services administration.

After 15 years in state service, Ms. Scanlan felt the need to become more knowledgeable about the direct delivery and management of health care services and accepted an offer to become vice president of clinical and ambulatory services at St. Peter's Hospital, a 447-bed acute care facility in Albany, New York. She was responsible for development, supervision, and coordination of all ambulatory, clinical, and community services.

In January 1987 she was offered the opportunity to become the executive vice president and chief operating officer of the Hospital Association of New York State (now known as the Hospital and Healthcare Association of New York State). She had overall responsibility for all aspects of the association's activities, including advocacy, lobbying, program development, education, and public policy formation. She also was chief executive officer of the association's Hospital Education and Research Fund.

Ms. Scanlan was involved in the New York Association's Health 2000 study that identified major factors defining a new health care environment, and in developing her association's response to the factors identified in the study.

Becoming Hospital Association of Pennsylvania President in June 1995, she leads an organization of nearly 250 hospitals and 90 staff members pledged to representing hospitals and the patients and communities they serve and helping them develop a health care system that focuses on the health needs of individuals and is committed to improving the health status of people and communities across the Commonwealth of Pennsylvania.

Consortium for Citizens with Disabilities

The Consortium for Citizens with Disabilities Health Task Force is a coalition of over 50 national organizations working to enact comprehensive health care reform that will meet the needs of persons with disabilities and chronic illnesses, and their families.

Health Task Force
Co-Chairs:

Janet O'Keeffe
(202) 336-5934

Peter Thomas
(202) 466-6550

Kathy McGinley
(202) 785-3388

MEDICAL SAVINGS ACCOUNTS

Many Members of Congress believe that Medical Savings Accounts (MSAs) have the potential to reduce health care costs and increase the number of Americans with insurance. There have been suggestions that MSAs be implemented not only in the private sector but in the Medicare program as well.

The Consortium for Citizens with Disabilities Health Task Force has major concerns with the emphasis presently being placed on Medical Savings Accounts as a solution to our health system's problems of access and affordability. The use of MSAs is not only untested, but also has the very strong potential for making comprehensive health insurance less affordable for persons with disabilities and serious chronic illnesses. *Because of our many concerns, which are discussed below, and in the absence of other reforms, the CCD Health Task Force does not support the establishment of MSAs as either an incremental reform or as a solution to the health care problems facing millions of uninsured and underinsured individuals in the U.S.*

Supporters of MSAs state that:

- MSAs will allow the marketplace, not the government to address the cost and access issue. By giving responsibility for paying for health care to consumers, it is assumed that MSAs will reduce unnecessary health care expenditures because individuals who are spending their own money will be more prudent purchasers. It is also assumed that the lower cost of catastrophic health insurance will lead more employers to offer health insurance.
- MSAs will lead to lower administrative costs because insurance companies will only be involved with claims higher than the deductible amount.

However, MSAs are untested, and it is not clear that they will either lower costs or improve access to services.

What are MSAs and How do they Work?

Medical Savings Accounts are tax-exempt savings accounts modeled on Individual Retirement Accounts that employed individuals can use to pay for health-related expenditures. State MSA laws generally create incentives for people to set up these accounts by exempting from state taxes the money contributed to these accounts. MSAs work like this:

- Employers can purchase a standard health insurance plan with a low deductible (\$250 - \$500 annually per person) or a catastrophic health insurance plan with a high deductible (\$3000-\$5000 annually per person). Because most people will not have health care costs higher than several thousand dollars, the

premiums for high deductible catastrophic health insurance plans are much lower than for plans with low deductibles.

- An employer sets up a MSA for employees who want to participate in this type of plan and deposits, in pre-tax dollars, an amount equal to the difference between the cost of a standard low deductible plan and a catastrophic high deductible plan. The self-employed can also set up a MSA.
- Employees can use the money in their individual account for health care expenses. When the high deductible is met, the insurance company then pays the bills. If money is left in the account at the end of the year, it can be withdrawn and used for other purposes or carried over with accrued interest into the next year.

The CCD has several major concerns about MSAs:

- The catastrophic health plans that are purchased in conjunction with MSAs can impose pre-existing condition limitations and can refuse to cover persons with certain health conditions or disabilities.
- Catastrophic health plans with high deductibles often do not provide the comprehensive coverage needed by persons with serious illnesses or conditions. Some of these plans have lifetime or per condition limits of only \$100,000.
- The American Academy of Actuaries has estimated that persons with high health expenses will experience major increases in out-of-pocket costs with MSAs. MSAs may also increase out-of-pocket costs if the amount employers contribute to the MSA is not sufficient to cover the annual catastrophic deductible. Additionally, the combined cost to the employer of an MSA contribution and the catastrophic health plan premium may not be less than the cost of a standard health plan.
- If large numbers of individuals choose MSAs plus catastrophic health plans, the health insurance market will be further segmented, reducing the size of the population pool needed to spread risk adequately.
- MSAs will likely lead to adverse selection because they will be utilized primarily by younger, healthier people who do not anticipate a need for health care. Persons who anticipate health care expenditures, those who need comprehensive coverage, and those who are older and at higher risk for needing health care are likely to remain in standard low deductible health insurance plans. Individuals with MSAs could also change to a low-deductible plan when they become sick or anticipate medical bills (e.g., childbirth expenses), thus exacerbating the problem of adverse selection.
- Adverse selection will lead to higher premiums for persons in standard, low deductible health insurance plans. It has been estimated that if MSAs are

widely adopted, the cost of a standard, low deductible health insurance policy would rise by as much as 26%. Increases of this magnitude will make comprehensive, low deductible insurance unaffordable both for employers and individuals who want to purchase these policies.

- There is no evidence that MSAs will make consumers more cost conscious when they are seriously ill. Physicians – not consumers – determine what treatment is needed. If surgery is recommended, consumers don't look for the cheapest surgeon, they look for the best surgeon.
- Some individuals may forgo preventive and early intervention services if they are allowed to use money left in their MSAs at the end of the year for personal expenses other than health care. This concern also raises the question of whether it is appropriate to allow pre-tax dollars to be used for non-health expenses.
- It is likely that catastrophic health plans will restrict the type of health care expenditures that will count towards the deductible. For example, if an individual spends \$3000 on mental health services, there is no guarantee that all of these expenses will be counted towards the deductible, particularly if the insurance has limited coverage for these services.
- A majority of Americans are enrolled in some form of managed health care plan. It is unclear whether MSAs can be coordinated with these plans. Those opposed to managed care view MSAs as a means to maintain the market for indemnity insurance and fee-for-service health care delivery.
- Experience with MSAs is very limited. It is not clear whether they will result in savings. Some analysts predict that any potential system cost savings will be eliminated by the additional costs required to administer MSAs.

Most importantly, the CCD Health Task Force believes that allowing employers and the self-employed the option of establishing tax deductible MSAs in conjunction with high deductible catastrophic insurance coverage is not the solution to our nation's health system problems because:

- MSAs do not address the need for insurance by millions of working Americans whose employers will not contribute to the cost of health insurance; and
- MSAs do not address the need for insurance by millions of low-income individuals who are self-employed or unemployed and who cannot afford to buy health insurance.

Should you require additional information, please contact one of the three CCD Co-Chairs listed on the first page of this document.

May 25, 1995

TESTIMONY

PRESENTED TO THE

HOUSE COMMERCE COMMITTEE

SUBCOMMITTEE ON HEALTH AND THE ENVIRONMENT

ON

MEDICAID REVISIONS

BY

BRENDY HANTZES

AUGUST 1, 1995

First, I would like to thank you for the opportunity to come and speak to you here today concerning my daughter Molly; the block granting of Medicaid and, specifically, the home and community-based waiver program that has enabled our family to survive despite the trying circumstances of caring for our profoundly disabled daughter. Please do not go forward with your proposals to block grant or cap Medicaid. I am afraid that if you do, our family will lose Molly again.

My name is Brendy Hantzes. In 1981, I graduated from college and moved to Washington, D.C. to begin work. That winter I met my future husband and we were married two years later. Along came the children -- one, then two. We settled into a nice suburban lifestyle. My husband's firm was doing well, I was active as a volunteer both in the community and at my children's preschool.

Then along came child number three.

Molly, my long awaited daughter, was born with a devastating neural tube defect resulting in profound mental retardation, a seizure disorder, and a very shortened life span, so we are told.

And now, let me reintroduce myself.

We are the classic example of a family that has a child whose health and developmental needs are so great that unsupported -- the family breaks. And that we did. But families don't just break on contact with a child with special needs. It is a slow, painful, brutal process of isolation, loneliness, and rejection by family, friends, neighbors, relatives, and, often times, even from the very people whose job it is to provide services and support.

Almost from the first day Molly was born and we found out that she would have significant developmental delays and health concerns, we began seeking and asking for guidance, assistance and/or support so that we could provide for her in the best way possible. But consistently and without mercy, the answers came back, "never heard of her condition", "aren't required to have support groups", "she's not a priority population", "her case isn't urgent enough", "her case is too urgent", "you make too much money", "you can't afford our services", "we cannot allow anymore families to apply for that program", "we can't hire anymore case managers", "we don't have any vendors that will serve children", "we don't want to serve any more indigents", "you need psychotherapy not family support".

My husband's business failed; my sons were showing signs of depression; I could no longer keep control of my emotions and was on the verge of a breakdown; and Molly's condition worsened in that her seizure activity became more intense and frequent. She became spastic, almost rigid, in addition to the fact that she had been screaming constantly for two years as a result of her neurological imbalances.

We came face to face with a very difficult choice, either let our family shatter and possibly never put the pieces back together or take drastic measures to get control of all of our lives. The only option we had available if we were to work to rebuild our family was to place Molly in institutional care -- temporary institutional care.

So Molly went to live away from us and even though it was a nice respite not having to hear her scream all day and night or take two hours to feed her three times a day, we were all so sad that she was not home where she belonged. Almost every weekend, we made the four hour one-way trip to see her. Her absence created a huge emotional void in our family's life.

On one such visit we were not able to wake Molly up and her body felt cold to the touch. We took her to the Emergency Room to discover that she had a body temperature of somewhat just below 94 degrees. They admitted her, began administering warm IV fluids, and had her under warm blankets and heat lamps. There was no indication of any infection or over-medication. Despite these things, her temperature would not rise and, at one point, fell even lower. We were very, very scared and thought that maybe this was the end. But miraculously and all of a sudden, after three days her temperature began to rise and she recovered.

We then had to return home leaving Molly at the institution, which was extremely difficult. The race was now on to find a way to bring her home with proper supports. I attended a meeting and found out about a Medicaid program called the MR waiver for home and community-based support, a program that my state opted into to reduce the number of people being cared for in institutions.

Perfect, this was exactly what we were looking for.

Well, eight months and about a thousand phone calls, letters, and obstacles later, Molly was approved for waiver services. Some of the obstacles that we faced along the way made it seem like nobody wanted to help Molly live with her family and in her community. Molly's waiver services consist of her having an attendant to help care for her. Her attendant does all the things for Molly that she can't do and that you and I take for granted, like feeding ourselves or moving our arms and legs to keep our blood flowing and our muscles from stiffening.

Molly, of course, is home now and has been for a little over a year. She is doing wonderfully. She brightens up when she hears her brothers storming into the room; she smiles when she sees her dad, her brothers and me, her attendant, and sometimes even at others who take the time to engage her glance. Molly will never develop much beyond where she is now and will always require constant care. Pearl S. Buck wrote in her book, The Gifts They Bring, that:

Each life is like a ripple in a stream, affects every person with whom it comes into contact. The scope of one's activity may not be as extensive as another's but the impact of a life, be it good or bad, has a profound and often lasting influence.

All I know is that Molly would not have gotten the care she needs if the federal government hadn't recognized that states were not meeting the needs of its citizens with disabilities and provided leadership and funding incentives which have enabled the states to move forward and develop such waiver programs. Even with the matching fund incentive many states choose not to participate in the waiver programs, because they do not view children like Molly as a priority. She will never be a voter.

Ensuring access to community-based supports and services is the right thing for Molly, her family, and for her community. It is the right thing economically because it costs far less than institutional care and far more people can be served for the same amount of money. These positive steps should not be reversed.

Proposals to block grant or cap the Medicaid program, with no federal requirements to provide health, rehabilitation, and home and community-based long term services and supports will inevitably lead to a reduction in critical services for the almost five million children and adults with disabilities currently being served and will indeed be a step backwards.

Pearl S. Buck went on to say in her book that "the test of any society is the manner in which it cares for the handicapped". As my story shows, the Medicaid long term care program and, specifically, home and community-based waiver services are essential and you, as leaders of this great country, must recognize the moral obligation to serve those who are less able.

Thank you for this opportunity. Testimony that was submitted for the record by the Consortium for Citizens with Disabilities goes into greater detail about the things that I have brought up to you today.

Consortium for Citizens with Disabilities

The Consortium for Citizens with Disabilities Health Task Force is a coalition of over 65 national organizations working to enact comprehensive health care reform that will meet the needs of persons with disabilities and chronic illnesses, and their families.

TESTIMONY

SUBMITTED TO

THE SENATE FINANCE COMMITTEE

ON

MEDICAID REFORM

ON BEHALF OF

THE CONSORTIUM FOR CITIZENS WITH DISABILITIES

HEALTH TASK FORCE

WASHINGTON, DC

JULY 13, 1995

Mr. Chairman, I am pleased to present the views of the Consortium for Citizens with Disabilities (CCD) Health Task Force on Medicaid reform. The Health Task Force includes over 50 national consumer, professional, health provider, and scientific organizations, working to enact comprehensive health care reform that will meet the needs of children and adults with disabilities and chronic health conditions, and their families.

We thank you for making our views part of the Committee's record. This hearing provides us with the opportunity to stress the vital importance of the Medicaid program for people with disabilities, which includes individuals of all ages with physical and mental impairments, conditions or disorders, and people with acute or chronic illnesses, which impair their ability to function.

Lack of adequate and affordable insurance for acute health care needs is a critical issue for people with disabilities, many of whom have experienced first hand the myriad problems with the current system of private insurance. In particular, they are subjected to the discriminatory practices of the health insurance industry, which either refuses to insure them outright, or will only issue a policy with a pre-existing condition exclusion. For many people with disabilities and/or their families, private health insurance may be unavailable or unaffordable. Between 1989 and 1994, employer health insurance coverage of the under-65 population declined from 66 percent to 59 percent, while Medicaid coverage of this population increased from 9 percent to 14 percent. Clearly, Medicaid is a critical health care safety net for millions of poor Americans.

For those in need of long-term care services and supports Medicaid is the sole payer of last resort. Those who are categorically eligible for Medicaid can receive these services, and depending on the eligibility rules of their State, some middle-class families can receive long-term care services and supports through the Medicaid program after they have "spent down" to poverty. While private long-term care insurance is often proposed as a viable approach to paying for long-term care costs, this insurance is medically underwritten and so it is not available to anyone with a disability or serious chronic illnesses: not to a child with Cerebral Palsy, an adolescent with serious mental illness, an adult with a spinal cord injury, a 50 year old with Alzheimer Disease, or a 70 year old with a stroke. Additionally, all long-term care insurance policies currently available deny benefits to persons with mental impairments other than Alzheimer Disease.

THE IMPORTANCE OF MEDICAID FOR PEOPLE OF ALL AGES WITH DISABILITIES & CHRONIC ILLNESSES

Eligibility: Who is Covered?

The requirements of Federal law, coupled with decisions by individual States in structuring their programs, determine who is actually eligible for Medicaid in a given State. Federal law places limitations on the categories of individuals who can be covered and establishes specific eligibility rules for each category. Within these federal parameters, States are given the option to cover other categories. As a result, there is considerable variability in eligibility from state to state: individuals in similar circumstances may be automatically eligible for coverage in one State, be required to assume a certain portion of their expenses before they can gain coverage in a second State, and be ineligible in a third State.

Medicaid provides health and long term care services for over 36 million people. Among the very diverse Medicaid population, there are approximately 4.9 million children and adults who are blind or have other significant disabilities. According to the Health Care Financing Administration, this population comprises 15 percent of the Medicaid population and account for 31 to 39 percent of Medicaid expenditures. Most of the 4.9 million people with disabilities qualify for Medicaid because they are eligible for the Supplemental Security Income (SSI) program. In some states, individuals with disabilities or their families may be eligible for Medicaid because they have high medical expenses in relation to income. A portion of the women and children who qualify for Medicaid through the Aid to Families with Dependent Children (AFDC) program also have disabilities and serious, chronic illnesses.

In addition, millions of people who are elderly and have physical and mental impairments receive essential services through Medicaid. Together, the Medicaid eligibility categories of "elderly" and "blind and disabled" comprise almost one-third of the Medicaid population and approximately two-thirds of the Medicaid expenditures. These numbers are growing and are expected to continue to grow over the next 25 years as the population ages and as continuing improvements in medical technology are likely to increase the number of children and adults with disabilities.

Consequences of Ending the Entitlement to Medicaid

While some states have taken advantage of the options to expand Medicaid eligibility, many have not. Medicaid reforms that explicitly or implicitly end or weaken the current entitlement to Medicaid will exacerbate state variability in eligibility for federally-subsidized services. This could create significant problems both for individuals with disabilities and for states, if people and families chose to move to one state or another solely to gain access to Medicaid services.

Aggregate spending caps will lead to reductions in the number of people who can receive services because states will not be able to respond to demographic pressures and their attendant costs. While the CCD Health Task Force believes that per capita caps are an improvement over aggregate caps, they still do not take severity of need into account. Additionally, without major reforms in the private health insurance market, increases in the number of Americans without private health insurance are inevitable. Reducing the number of people eligible for Medicaid will simply shift costs to localities and the private sector. People without financial resources will forego care that if provided would prevent expensive complications, hospitals will incur greater costs for uncompensated care, and private insurance rates will rise,

If Medicaid is no longer an entitlement, millions of people, including those on SSI, will lose access to critical health and long-term care, services and supports. For persons with disabilities and serious chronic health conditions, the lack of services and supports may well lead to an exacerbation of existing health conditions, the emergence of additional health problems and secondary disabilities, and in some cases to inappropriate institutionalization. For individuals with long-term care needs, lack of Medicaid coverage will place unreasonable pressures on family members, many of whom will have their own economic security undermined paying for health and long-term care costs, and in some cases foregoing employment to care for relatives.

Recommendations

1. For all of these reasons, the CCD Health Task Force strongly opposes any Medicaid reforms that will result in a loss of eligibility for current categories of Medicaid beneficiaries (including the medically needy population). As you deliberate Medicaid reforms, it is essential to put a human face on the numbers you are seeking to cut: a child with mental retardation or cerebral palsy, an adolescent with a traumatic brain injury or a spinal cord injury, a young adult with serious mental illness or Multiple Sclerosis, a middle aged person with Alzheimer's Disease or cancer, an elderly person with a stroke or Parkinson's Disease. The acute and long-term care needs of these persons and millions of other Americans are not going to disappear just because federal funding of Medicaid has been reduced.
2. We strongly recommend a continuation of the federally mandated entitlement to Medicaid for persons eligible for Supplemental Security Income (SSI).

Services: What is Covered?

Medicaid is an important source of federal and state funding not only for acute health care services, but also for long-term services and supports for low income persons of all ages with disabilities and serious chronic illnesses. The effective use of Medicaid funds has enabled the development of state service systems that are meeting the needs of millions of people with disabilities, helping them to become more independent.

The Medicaid program offers federal reimbursement for a wide range of services. States are mandated to offer particular services, which include: inpatient hospital services, outpatient hospital services, rural health clinic services, other laboratory and x-ray services, nurse practitioners' services, nursing facility services, family planning services and supplies; physicians' services, medical and surgical dental services; and early and periodic screening, diagnosis and treatment (EPSDT) for individuals under age 21.

The EPSDT mandate enables the early identification and treatment of serious health and other disabling conditions. For example, it enables a child with hearing loss to receive early intervention services and provides coverage for hearing aids so that the child can develop language skills; for children with conditions such as cerebral palsy, which can impair speech, it covers the cost of augmentative communication devices, enabling these children to communicate with family members and peers.

States also have the option to choose from an array of additional services that meet specialized health care needs. The comprehensive range of specialized services for people with disabilities that states have voluntarily chosen to add to their Medicaid program include:

- Outpatient rehabilitation services
- Occupational, physical, and respiratory therapy
- Speech-language-hearing services
- Clinic services, which can include mental health services, assistive technology, and other services
- Targeted case management for individuals with developmental disabilities or mental health care needs
- Personal care services
- Prosthetics, orthotics, and other medical equipment
- Dental services
- Prescription drugs

- Other health professional services, often targeted to individuals with mental illness or other disabilities

The primary source of long-term services for poor elderly individuals and younger individuals with significant disabilities is the Medicaid Long-Term Care (LTC) program. Services provided include institutional care, group homes, home and community-based waiver services, and community supported living arrangement services. Approximately 85 percent of Medicaid LTC expenditures are for institutional care, including nursing home care. Only 15 percent of expenditures are for home and community-based services. Some of the long-term care services and supports currently covered by Medicaid include:

- Services in institutional and community living situations for individuals with mental retardation/developmental disabilities (e.g., Intermediate Care Facilities);
- Home and community-based long term care, services, and supports (e.g., respite care);
- Inpatient mental health services for children under age 21;
- Day treatment and habilitation;
- Personal assistance, including 24 hour emergency assistance, appropriate to carry out activities of daily living in or outside the home;
- Homemaker/chore services incidental to the provision of such personal assistance services;
- In the case of an individual with a cognitive impairment, assistance with life skills;
- Communication services, including, but not limited to, assistance with interpreting, reading, writing and the use of communication devices, augmentative communications devices and/or telecommunication devices;
- Work-related support services, including but not limited to, ongoing services to assist an individual in performing work-related functions necessary to obtain and perform a job, and personal services while on the job;
- Mobility services in and out of home, including but not limited to: escort and driving, and/or mobility assistance on public transportation;

- The purchase or lease of assistive technology devices for use by individuals with disabilities; selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing or replacing such devices;
- Coordinating and using other therapies, interventions or services with assistive technology devices (e.g., those associated with existing education or rehabilitation plans or programs); training or technical assistance for an individual with disabilities or where appropriate, the family and personal assistants; and
- Modifications to the principal place of abode of the individual.

As a result of this coverage, many programs that were initially state or locally-financed were able to expand to serve more people with disabilities. State mental health services and school-based health services are also funded in some states with Medicaid dollars. Federal leadership and funding has also enabled states to move forward to develop home and community-based services under waiver programs, to cover children with disabilities (e.g., through the use of the so-called "Katie Beckett" waiver on eligibility), and to provide personal care services as an alternative to nursing home care. These positive steps should not be compromised by diminished federal requirements regarding the use of Medicaid funds. Rather, when federal Medicaid funds are used, they should be used for these critical services, which for many people with disabilities, can mean the difference between life and death, between institutional living and freedom, between inactivity and productivity.

Proposals to block grant or cap the Medicaid program, with no federal requirements to provide health, rehabilitation and home and community-based long term care services and supports, will inevitably lead to a reduction in critical services for millions of people with disabilities.

Recommendations

1. The full array of mandatory and optional services currently provided through the Medicaid program must continue to be reimbursed.
2. Critical services, such as those provided through the EPSDT program, must continue to be mandated.
3. The home and community-based services currently available only through waivers under Section 1915 and other sections should be made simple state options. This would relieve the states of much paperwork burden, increase flexibility but also maintain oversight protections to assure that Medicaid funds are used appropriately.

4. Home and community-based services and supports, such as community supported living arrangements and psychosocial rehabilitation for individuals with mental illness, should be expanded. Current Medicaid disincentives for home and community-based care should be replaced with incentives for the provision of these services.
5. States must continue to be required to finance comprehensive acute and long-term care services and supports. They should be given flexibility and direction to promote the use of home and community-based long-term care services and supports. The current bias for institutional services must be ended.

FEDERAL REQUIREMENTS UNDER REFORM PROPOSALS

State Maintenance of Effort

If funds are given to the states with no requirements whatsoever, these funds may be used for purposes other than providing currently available Medicaid services. If states are allowed to determine how to spend the funds, the health and long-term care service needs of people with disabilities may well be neglected.

Recommendations

1. The use of Medicaid funds must be restricted to the provision of services currently provided through the program.
2. States must be required to maintain at least their current level of funding of Medicaid services.

Federal Oversight and Consumer Protections

An important feature of the Medicaid program, particularly for people with disabilities and specialized health care needs, is that Medicaid law and regulations include strong protections that for 30 years have provided beneficiaries with legal and other tools that enable them to receive the health care to which they are entitled.

The rules are specific and cannot be changed except through a public legislative or administrative process. Beneficiaries have legal recourse if their care is denied or if their rights are abridged. Generally, States must develop statewide plans and must meet minimum standards on eligibility, scope of services and procedural protections. The purpose of these protections is to enhance and assure access to necessary health care.

In the ICF/MR program, for instance, to participate in Medicaid and receive reimbursement, States are required to assure that these programs provide appropriate treatment, a safe environment, and qualified staff. The ICF/MR program has served and continues to serve as a major incentive for states to improve conditions in their institutions in order to qualify for Federal Medicaid payments. The ICF/MR option was quickly selected as a service category by many States. By 1977, 43 states were covering the service, and by 1990 all States were covering ICF/MR services.

Medicaid involvement, through federal oversight, provided states with the incentive to maintain minimum standards for residential programs. The availability of ICF/MR funding provided States with an alternative to placing persons with developmental disabilities in Medicaid-funded nursing homes. ICF/MR funding is used to support large institutions as well as small residences with as few as four people. Federal oversight of state monitoring has resulted in improved conditions and increased protections for some of our most vulnerable citizens. Their rights must not be abridged by the elimination of federal standards.

Important current protections include:

- ◆ Individuals must be given an opportunity to apply for Medicaid without delay and to be assisted by a representative, if needed, during the application process.
- ◆ States are required to inform applicants and beneficiaries of the benefits available and of their rights and obligations.
- ◆ Applicants have a right to notice and an administrative fair hearing before an impartial hearing officer when claims for assistance are denied or not acted upon promptly.
- ◆ If States intend to take action that is adverse to an individual, they must give timely notice of the intended change to the applicant or beneficiary. Final decisions must be made within 90 days of the request for a hearing.
- ◆ States are restricted in requiring beneficiary copayments. Copayments must be nominal in amount.

Additional protections that promote the quality of care delivered to Medicaid beneficiaries include:

- ◆ The amount, duration and scope of services cannot be reduced on the basis of one's condition, diagnosis or type of illness. Thus, beneficiaries are protected from discrimination on the basis of their health or disability.

- ◆ Coverage must be available statewide.
- ◆ Generally states must give beneficiaries freedom of choice among participating providers (states can waive this requirement for certain alternative delivery systems).
- ◆ Under Medicaid's Early and Periodic Screening, Diagnosis and Treatment program, the largest child health program in the country, states are required to make preventive screening available and to arrange for "such other necessary health care, diagnostic services, treatment and other measures . . . to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services" This provision ensures that States will provide all medically necessary services to children with disabilities, even if the services are not currently covered in the State's program.
- ◆ States must set payment rates to providers that are adequate to assure beneficiaries reasonable access to services of adequate quality. State payment rates must be sufficient to attract enough providers so that care and services are available to Medicaid beneficiaries at least to the extent they are available to the general population in the geographic area.
- ◆ Beneficiaries receiving long-term care in nursing and other facilities have clear rights to obtain quality care. Among other things, nursing homes must assess patient needs, follow a comprehensive care plan, protect patients' funds and provide sufficient care and services so that patients "can attain or maintain the highest practicable physical, mental and psychosocial well-being." Residents must be given notice and opportunity for a hearing before they can be transferred.

Recommendations

1. Comprehensive protections and due process regulations for Medicaid recipients must be retained and information on these protections must be made available to all recipients and providers.
2. Federal oversight and standards must be maintained, particularly for institutional care in facilities such as nursing homes and intermediate care facilities for individuals with mental retardation and developmental disabilities.

MEDICAID MANAGED CARE AND PEOPLE WITH DISABILITIES

For most of Medicaid's history, recipients, like people with private insurance, received their care through a fee-for-service system. In recent years, escalating costs have led most states to establish some form of managed care system for Medicaid beneficiaries. In 1994, 23 percent of Medicaid beneficiaries were enrolled in managed care. The majority of these enrollees are low income women and their children who are recipients of Aid to Families with Dependent Children (AFDC). Although 18 states have offered managed care plans for people with disabilities since 1993, most have exempted people with disabilities and specialized health care needs, and so less than one percent of this population is currently enrolled in them. Several waiver programs, however, are targeted for Medicaid beneficiaries with specific conditions, such as mental illness, AIDS, substance abuse disorders, and diabetes.

Concerns about the Ability of Managed Care to Adequately Serve Persons With Complex and Specialized Health Care Needs

Many states have chosen not to include individuals with disabilities in their mandated managed care programs because of uncertainties regarding adequate service delivery. Doubts are increasingly expressed about the ability of managed care plans to realize savings when serving individuals with disabilities. Many states have little experience with managed care for high-risk populations. Because of limited enrollment, most of the studies of Medicaid enrollees in managed care do not include people with disabilities. Therefore, it is difficult to determine whether moving high-risk Medicaid populations into managed care will save money for the states.

Regardless of the lack of experience with high-risk populations, given current trends in Medicaid expenditures, it is likely that many states will continue to expand enrollment in managed care for Medicaid beneficiaries, including people with complex and specialized health care needs. Kentucky is currently seeking federal approval to expand its KenPAC section 1915(b) program to include people with disabilities and Tennessee is covering persons with disabilities as part of its section 1115 Medicaid project, TennCare. Beneficiaries must enroll in capitated managed care organizations for all but long-term care services. TennCare is preparing to expand coverage to additional groups needing mental health services. Dually-eligible Medicare/Medicaid recipients are typically excluded from mandatory enrollment.

The Consortium for Citizens with Disabilities Health Task Force recognizes that well run managed care plans have the potential to improve access to care for the Medicaid population by promoting preventive and early intervention services; the integration and coordination of care; and by reducing the fragmentation often found in the fee-for-service system. However, we have major concerns about the incentives in managed care to underserve populations with extensive or specialized health care needs.

Problems with Managed Care

Changing from a Medicaid-fee-for-service system to Medicaid managed care has led to many of the same problems facing enrollees in managed care plans in the private sector. Research has shown that managed care leads to a decline in the use of specialist services. While inappropriate and unnecessary utilization should be reduced, there are concerns that appropriate and necessary utilization will also be reduced with negative consequences for persons with complex and specialized health care needs. In many cases, the failure to provide appropriate specialized treatment can lead to longer and more expensive periods of acute illness with attendant high hospital costs, and to the development of secondary disabilities, which additionally limit a person's ability to be independent..

Individuals with severe disabilities and serious chronic illnesses are more likely to depend on specialist care, even for services that are generally considered as primary care. A study in Wisconsin's Medicaid managed care program found that only half of the Medicaid beneficiaries who had a family member with specialized health care needs thought that the HMO could meet those needs due to barriers to referring to specialists.

There are many problems associated with current Medicaid managed care waiver programs. These include: ; (1) a lack of comprehensive evaluations; (2) a lack of involvement by beneficiaries and their advocates in the development of waiver applications or in the implementation and evaluation of waivers; (3) a lack of planning and provisions to assure that services are available for people with complex and specialized health and long-term care needs; (4) a failure to address issues related to transitioning people with complex and specialized health care needs into managed care plans; (5) a lack of grievance procedures and disenrollment provisions for persons who are dissatisfied with the services available; and (6) an absence of clear provisions to assure that adequate and appropriate services will continue to be provided at the end of the waiver period;

In addition, many Medicaid recipients in managed care programs have also lost important protections they had in the fee-for service system. Federal Medicaid law has always included important minimum quality of care and consumer protection standards. Many states that have obtained permission from the U.S. Department of Health and Human Services to implement Medicaid managed care programs have been allowed to proceed without important quality-of-care standards and consumer protections. Thus, most Medicaid managed care programs do not have the important protections that Medicaid beneficiaries have had for over 30 years. The absence of required standards and protections may have negative consequences for individuals with chronic, complex, and special health care needs.

Cost Savings are not Assured

In both Senate and House discussions about ending the entitlement to Medicaid and reducing federal payments for this program, managed care has been proposed as a major means to lower costs to make up for the reduction in federal payments. Yet, as the recent Kaiser Foundation report noted, managed care is unlikely to result in large cost savings, particularly if elderly people and people with disabilities are enrolled. Because these populations frequently have complex and costly health and long-term services needs, determining adequate capitation rates and finding managed care plans that are both willing and able to adequately serve these populations will likely prove difficult.

To address all of these concerns, the CCD Health Task Force makes the following recommendations.

Recommendations

1. People with disabilities and serious chronic illnesses who have complex and specialized health and long-term service needs should be exempted from mandatory enrollment in Medicaid managed care plans.
2. Medicaid managed care plans that serve this population should include provisions for assuring continuity of care, including specialty care.
3. Covered services should include all those needed to treat acute and chronic conditions, to prevent secondary complications and deteriorations in functioning, and to maintain health.
4. Medicaid managed care plans should include provisions that allow specialists to act as gatekeepers when appropriate for persons with serious, complex and specialized health care needs.
5. As research and demonstration projects, Medicaid waiver programs must include a comprehensive evaluation component. Evaluations should include indicators of health, functional outcomes and consumer satisfaction that are appropriate for the population served.
6. All Medicaid managed care plans should have an option for enrollees to access out-of-network services for an additional copayment.
7. States should consider input from the disability and rehabilitation community when developing their Medicaid managed care networks.

8. Physicians in Medicaid managed care plans must be adequately compensated and not placed at inordinate financial risk.
9. Medicaid managed care programs must not include disincentives, financial or otherwise, to the provision of services in home and community-based settings when appropriate.
10. States must assure that private managed care plans meet requirements to assure their financial solvency. There should be federal and state regulations to ensure that financial solvency.
11. Medicaid managed care plans should include effective and timely grievance procedures and disenrollment provisions.
12. Managed care plans must provide participants with clear information on policies, procedures, and grievance mechanisms, and must assure consumer participation in the development of these procedures and mechanisms. Reviews must be conducted in a timely manner and an independent ombudsman program should be required.
13. For persons with disabilities, particularly persons with mental disabilities, strong marketing safeguards are necessary to protect them from inappropriate and misleading marketing practices by managed care entities, such as offers of "prizes" and "rewards" for enrolling.
14. Managed care plans must have timely procedures for obtaining independent second opinions when covered benefits are denied for any reason, including a judgement that they are not "medically necessary." These second opinions must be considered in any grievance review.

CONCLUSION

The Medicaid program is the largest source of federal and state funding for services and supports for individuals with disabilities. Federal Medicaid funds comprise 40 percent of all federal aid to the states. These funds have been used by states to supplement state dollars so that services and supports can be expanded. To meet the needs of people with disabilities, states have elected options which cover such services as community living, assistive technology, mental health services, therapies, respite care, and home nursing. With federal oversight and protections that safeguard the health, safety, and rights of children and adults with disabilities, states have been able to leverage federal and state funds in ways that benefit millions of people.

This investment in children and adults with disabilities is critical if we are to ensure that they receive the health, rehabilitative, and other acute and long term care, services, and supports they need to achieve and maintain independence and to reach their full potential.

The CCD Health Task Force believes that current Congressional proposals to block grant the Medicaid programs, thus changing the existing relationship between the federal and state governments, have the potential to place people with disabilities in jeopardy. Proposals to block grant Medicaid would eliminate the critical "entitlement" status of the program; are likely to lead to an inequitable distribution of federal funds to the states; and will have a substantive negative impact on state budgets and their ability to pay for critical services for children and adults with disabilities.

In conclusion, the CCD Health Task Force asserts that it is imperative that any proposals to change the fiscal relationships between federal and state government, including changes in federal funding formulas or expenditures, must not have a negative impact on the health and well being of people with disabilities. For many individuals with disabilities or specialized health needs, access to Medicaid acute and long term services is critical to their health and their ability to live more independent and productive lives in the community. The Task Force also asserts that federal and state protections and standards must be included in managed care programs in order to protect the health, safety, and rights of people with disabilities and specialized health needs.

We want to thank the Committee again for this opportunity to present our views and our concerns related to the Medicaid program. We look forward to working with you to ensure that any reforms to the program have a positive, not a negative impact on the lives of individuals with disabilities.

If the Committee or its staff require additional information, please contact one of the two CCD Health Task Force Co-Chairs listed below:

*Peter Thomas
Amputee Coalition of America
202-466-6550*

*Kathy McGinley
The Arc (formerly the Association for Retarded Citizens)
202-785-3388*

1 - *Will Luf*
**Consortium for
Citizens with
Disabilities**

August 25, 1994

Dr. Alice Rivlin, Acting Director
Office of Management & Budget
17th and Pennsylvania Ave., NW
Washington, DC 20503

Dear Dr. Rivlin,

The Consortium for Citizens with Disabilities is the national coalition advocating on behalf of our nation's 49 million citizens with disabilities. Comprised of over 125 national organizations representing consumer, advocacy, professional and provider interests, the CCD has played a major role during the past two decades in helping to shape national disability policy. Recognizing the diverse needs of people with disabilities and their families, CCD is involved in a myriad of issues such as education, employment and training, health, housing, income maintenance, transportation, prevention, research, rights and budget and appropriations. CCD has been intensely involved in health care and long term care reform, strongly supporting President Clinton's approach to accomplish universal coverage for all Americans.

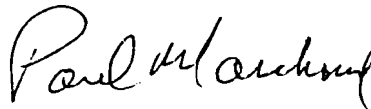
In an attempt to assure that people with disabilities obtain their fair share of Federal resources to help them become more independent, integrated and productive members of our society, CCD annually analyses the Administration's budget and appropriations request. From that review and our knowledge of the needs of our constituency, we then formulate recommendations for consideration by the appropriations committees.

Our experience during the dozen years prior to President Clinton's election usually resulted in those Administrations' budget requests, at least those related to disability programs, being ignored by the Congress. We are now keenly aware, however, that President Clinton's budget proposals are being taken very seriously by the Congress, who are closely following the Administration's recommendations as they appropriate funds for the relevant departments and agencies. We realize how vital it has become that the Administration's budget request for disability and disability-related programs must better reflect the needs of our constituency if we are to obtain funding increases.

Dr. Rivlin
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The CCD is quite cognizant of the huge constraints the current budget deal places on the President and the Congress to increase any Federal spending. We acknowledge the need for the executive and legislative branches to develop spending priorities. Indeed we agree with President Clinton's priorities for job training and early intervention. CCD is greatly concerned, however, that those Federal programs which provide such services to people with disabilities have not received sufficient attention by the Administration in its previous two budgets. We are hopeful that this situation will not occur again. We, therefore, request a meeting with you at the earliest possible opportunity to discuss with you those programs serving the disability community which fall within the President's budget priorities so that they be fairly addressed in the formulation of the Administration's Fiscal Year 1996 budget request.

Sincerely,

A handwritten signature in cursive script, reading "Paul Marchand".

Paul Marchand
Chairman

cc: Carol Rasco, White House Domestic Policy Council
Alexis Herman, Director, White House Office of Public Liaison