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**Preserving the nature of Medicaid**

- 1 WHEREAS Medicaid is essentially the only public financing program covering long-term care services for elderly people who have physical and cognitive limitations that impede their ability to live independently;
- 2 WHEREAS Medicaid pays for over half of all institutional care and 20 percent of community-based long-term care;
- 3 WHEREAS in 1993, Medicaid covered 16.1 million low-income children;
- 4 WHEREAS there is wide variation across States in who is covered, what benefits are offered, and how much is spent for care;
- 5 WHEREAS fee payments to providers are lower than Medicare and private insurance, and already substantially limit the pool of providers who accept Medicaid;
- 6 WHEREAS poor and near-poor older persons rely largely on Medicare, find Medicare cost-sharing burdensome, and are at great risk for uncovered health expenses; and
- 7 WHEREAS Medicaid is a safety-net for millions of vulnerable Americans of all ages, including the blind, disabled, members of families with dependent children, and persons who have become impoverished by excessive medical and long-term care payments;

***THEREFORE, BE IT RESOLVED by the 1995 White House Conference on Aging to support policies that:***

- 8 Strengthen and maintain Federal protection for the physical and mental health and long-term care needs of vulnerable individuals; protect Medicaid from any steps backwards by way of reduced health care or long-term care coverage; and enact a comprehensive national long-term care policy that covers persons with physical, cognitive, or other mental impairments;
- 9 Preserve the Qualified Medicare Beneficiary (QMB) and Specified Low-Income Medicare Beneficiary (SLIMB) programs which provide critical assistance with Medicare premiums and cost-sharing requirements for poor, near-poor, aged, and individuals with disabilities, and expand outreach to qualified individuals;
- 10 Prevent competition for resources among intergenerational groups with diverse needs by ensuring that the health and long-term care needs of all vulnerable populations are met;

- 11 Assess the value of managed care as an option which lowers cost, improves access, coordinates delivery of service, and ensures quality of health care services including neighborhood health centers, public health centers, and public health facilities in low-income communities to vulnerable populations of all ages;
- 12 Broaden the options of Medicaid long-term care benefits to include choices other than institutional care, such as personal assistance services, adult day health care, assisted living, mental health, respite care, and home and community-based services. Develop these in partnership with the aging network, and evaluate their effectiveness and cost effectiveness;
- 13 Prevent the impoverishment of spouses and other family caregivers for Medicaid beneficiaries of long-term care including home and community-based services;
- 14 Explore innovative options to expand the pool of providers;
- 15 Offer incentives to States to provide home and community-based and institutional care to the medically indigent;
- 16 Ensure access to high-quality care, uniformity of benefits for recipients, and reimbursement levels for providers of care which can improve wages, benefits, and employment standards for all long-term care workers;
- 17 Retain Medicaid as a Federal responsibility, oppose the substitution of block grants for present Medicaid financing structures, and do not make deep cuts in program spending;
- 18 Preserve Medicaid as an entitlement program until such time as a universal health care plan is enacted that includes long-term care.

