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**VOR** is the only national organization advocating for a full range of residential and support options for people with mental retardation, including Medicaid-certified Intermediate Care Facilities for the Mentally Retarded (ICFs/MR) and home and community-based care. VOR supports choice.

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**VOR** Weekly E-Mail Update October 27, 2006  
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1. CMS Confidentiality Concerns  
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Capitol Insider Disability Policy Collaboration Volume 11, Issue 40 October 9, 2006

The Government Accounting Office has found serious flaws in computer security that could lead to improper disclosure of personal identification and medical information. The report faults the Centers for Medicare & Medicaid Services (CMS) for failure to use strict password controls; failure to encrypt data; and failure to keep complete records of who uses the network, among other things. The CMS Administrator indicated that CMS has moved aggressively to implement corrective actions and taking steps to ensure that information security policies and standards are fully implemented.

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2. Americans with Disabilities Act News  
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A. Sensenbrenner/Hoyer Introduce Bipartisan Legislation Restoring Americans with Disabilities Act Protections:

On September 29, H.R. 6258, "Americans with Disabilities Act Restoration Act of 2006" was introduced. The bill was introduced in response to recent Supreme Court decisions which "slowly chipped away at the broad protections of the ADA," according to sponsor Rep. Jim Sensenbrenner, who is also the Chairman of the House Judiciary Committee. According to co-

sponsor Steny Hoyer (D-MD), "The Supreme Court's interpretations of this historic law have been largely inconsistent with the original intent of Congress and President George H.W. Bush in enacting the ADA. For example, people with diabetes, heart conditions and cancer have had their ADA claims kicked out of court because, with improvements in medication, they are considered 'too functional' to be considered disabled.' This is not what Congress intended when it passed the ADA. We intended the law to be broadly not narrowly interpreted." For the complete House Judiciary Committee press release, see <http://judiciary.house.gov/media/pdfs/ADAbillintro92906.pdf>

## B. ADA Case Demographics:

According to Attorney General Alberto Gonzales, in the past five years, 1,800 out of 2,000 private cases involving the Americans with Disabilities Act (ADA), as well as 151 cases against state and local governments, were settled through mediation.

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### 3. Medicaid Spending Rises Only Slightly - Some States Will Expand Program

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Introduction: Recently, a question was relayed to VOR - "Why does VOR always send out e-mail alerts and feature news items on Medicaid funding?" Many people do not realize that public ICFs/MR receive all their funding from Medicaid AND that the ICF/MR program, along with the Home and Community-Based Services Waiver and a whole host of other Medicaid programs, are OPTIONAL programs. State's do NOT have to provide this level of service. So, when Medicaid is cut by Congress, the impact of these cuts are felt at the state level by virtue of states having less Medicaid money. Programs serving people with MR/DD could easily be impacted by funding cuts, implemented at the state level, depending on state priorities. To see a list of optional Medicaid programs, visit: <http://www.vor.net/Mandatory%20and%20Optional%20Medicaid%20Services.html>.

By Christopher Lee \* 2006

The Washington Post Company Wednesday, October 11, 2006

Medicaid spending rose by 2.8 percent in fiscal 2006, the smallest increase in a decade, according to a study released yesterday by the nonprofit Kaiser Family Foundation.

At the same time, state tax revenue grew by 3.7 percent as the economy continued to improve, the survey of 50 states and their Medicaid directors found.

Together those trends signal that the state-federal program that pays for health care for the poor and disabled is emerging -- at least temporarily -- from a period in which many states limited eligibility, benefits and reimbursement rates for health-care services in a drive to corral costs. For 2007, only five states plan to restrict eligibility, while 26 indicated they will restore benefits, relax application and enrollment restrictions and undertake new outreach efforts.

"The program continues to grow, but it is not out of control," said Diane Rowland, executive director of the Kaiser Commission on Medicaid and the Uninsured.

"We now see that as the economy is improving that the states are looking at how they can best meet the needs of their citizens using the tools they have available to them."

With total annual costs of more than \$300 billion, Medicaid serves more than 50 million people and its fortunes rise and fall with the economy. In tough economic times, when more people are out of work and hurting financially, Medicaid rolls swell. But that is when it is hardest for states to pick up their 40 percent of overall Medicaid costs, because a slumping economy also sends state tax revenues plummeting. (The federal government pays the balance of the costs.) The crunch typically leads Medicaid officials to scramble to impose cost-containment measures as part of broader efforts to rein in overall state spending.

Everything tends to turn around when the economy improves, with state coffers more flush and fewer people eligible for Medicaid. While 2002 and 2003 were lean years for states, the past two were better.

The slower growth in Medicaid spending documented by the Kaiser report was a product of both the improving economy and continued cost-containment efforts, Rowland said. Spending growth would have been even slower, but states had to fork over billions of dollars to help pay for the new Medicare drug benefit, which covers about 6 million low-income people who used to get prescriptions through Medicaid, the report found.

Even in good times, there is upward pressure on enrollment as the population ages and an increasing number of people lack health insurance. Medicaid enrollment grew by 1.6 percent in fiscal 2006, the lowest rate since 1999, the survey found. It does not take many people to drive up costs, however. About 4 percent of the Medicaid population, generally the elderly and disabled, accounted for 48 percent of the program's expenditures in 2001, the survey showed.

Anne Marie Murphy, Medicaid director for Illinois, said officials there have combined expansion and outreach in recent years with a new emphasis on prevention and managing health-care services.

"We have been very focused on controlling utilization," she said. "We want people to get health care, but to get necessary health care. We want to spend our money wisely and be a prudent purchaser of care."

Although pressure to hold down costs continues, many states plan to expand coverage in 2007.

In California, about 95 percent of Medicaid-eligible children are already enrolled -- but officials will go after the uninsured 5 percent, said Stan Rosenstein, the state's deputy director of medical care services. "The governor has put in major funding for outreach, and we are making major simplifications to our application and redetermination process," he said.

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Tamie Hopp

## REFERRAL/MEMBERSHIP/CONTRIBUTION FORM

THREE EASY WAYS TO SUPPORT VOR > REFER, CONTRIBUTE OR JOIN

THANK YOU FOR YOUR SUPPORT!

TO JOIN OR CONTRIBUTE: \$25 per individual, \$150 per family organization, or \$200 per provider/professional organization. Extra donations are welcome! You may pay by credit card or check.

TO REFER SOMEONE TO VOR: Use the form below, including the additional sections for referrals.

Mail the completed form (if joining or contributing) with payment to: Voice of the Retarded  
5005 Newport Drive, Suite 108 Rolling Meadows, IL 60008 847-253-6054 fax (for referrals or  
credit card payments) vor@compuserve.com (for referrals or credit card payments)

FOR REFERRALS: \_\_\_\_ The contact information provided is for someone I think would  
consider membership with VOR.

FOR REFERRALS: \_\_\_\_ You may use my name in any correspondence with this individual.

My name is \_\_\_\_\_.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address (if paying by credit card, use billing address). All forms must include complete address  
including zip code)

\_\_\_\_\_  
City                      St              Zip

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Phone                                      Fax

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E-Mail

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Family/Professional Organization Affiliation (if applicable)

VOR now accepts Master Card and Visa. If paying by credit card, please provide the following  
information:

Amount to charge to card: \_\_\_\_\$1,000 \_\_\_\_\$500 \_\_\_\_\$250 \_\_\_\_\$150 \_\_\_\_\$50 \_\_\_\_\$25  
\$\_\_\_\_\_ Other amount

\_\_\_\_\_ Master Card \_\_\_\_\_ Visa

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_