

H.R. 3995 ACTION ALERT - RESPOND TODAY!!!!!!! (<http://vor.net/HR3995AlertOct.htm>)

FINAL REMINDER:

Tamie Hopp's new email address is Tamie327@hotmail.com. vor@compuserve.com is no longer valid. See <http://www.vor.net/staff> for additional VOR addresses and contact information.

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.

VOR Weekly E-Mail Update
November 2, 2007

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1. H.R. 3995 - HAVE YOU CALLED YOUR US REPRESENTATIVE YET (those opposing the bill have) - CALL TODAY

Our opposition is working hard, so we must also. All it takes is a phone call or a fax and a little follow-through. If not you, who?

Please call today and ask your U.S. Representative to COSPONSOR H.R. 3995. VOR's detailed action alert (<http://vor.net/HR3995AlertOct.htm>), including links to Congressional contact information and a template letter can be found at the VOR website: <http://vor.net/HR3995AlertOct.htm>

CALL TODAY!!! THANK YOU FOR YOUR EFFORTS!!

2. A Check for Social Security - House and Senate Appropriators agree to propose an increase in funding for the Social Security Administration

Summary: The House and Senate appropriations committees agreed to provide the agency with \$9.9 billion for operations in fiscal 2008. That is \$275 million more than the Bush administration requested and probably enough to keep Social Security from drowning, at least for the short term, in its growing workload. Forty organizations, including VOR, AARP, Easter Seals, Gray Panthers and various labor unions, wrote House appropriators this month to urge increased funding for Social Security. Their letter said that Social Security field offices get about 850,000 visitors per week and that visitors at many field offices have to wait more than two hours for service.

A Check for Social Security
By Stephen Barr
Friday, November 2, 2007; D04
Washington Post

The Social Security Administration -- where staffing is at its lowest levels since the 1970s and the number of disability claims are at an all-time high -- got some hopeful news on its budget yesterday.

The House and Senate appropriations committees agreed to provide the agency with \$9.9 billion for operations in fiscal 2008. That is \$275 million more than the Bush administration requested and probably enough to keep Social Security from drowning, at least for the short term, in its growing workload.

"It is good news," said Richard E. Warsinskey, president of the National Council of Social Security Management Associations. "It won't solve the backlog we have, but it will help address the backlog."

The funding increase is part of a huge spending bill that includes \$150.7 billion for education, job training, medical research and social services. The bill is \$9.8 billion above what President Bush requested, and his aides have predicted he will veto it.

So the agency's managers and groups that represent retirees are lobbying to hang on to the money. "If we end up going backward, we could get in trouble again," Warsinskey said.

About 746,000 cases are lined up for hearings on disability claims, and the average wait is 512 days. Sen. Jeff Bingaman (D-N.M.), the chief sponsor of an amendment to increase Social Security's budget for next year, said the number of disabled workers drawing disability benefits has more than doubled since 1990, to 6.8 million from 3 million.

The Social Security workload will grow over the next decade as baby boomers retire. The number of workers receiving Social Security benefits is projected to increase during that period by 13 million.

But staffing at Social Security will soon be at its lowest level since 1973. The number of workers will drop below 60,000 in the second half of fiscal 2008, the agency estimates. Thirty years ago, it had about 87,000 employees. Forty organizations, including AARP, Easter Seals, Gray Panthers and various labor unions, wrote House appropriators this month to urge increased funding for Social Security. Their letter said that Social Security field offices get about 850,000 visitors per week and that visitors at many field offices have to wait more than two hours for service.

Those waits could get longer. About 41 percent of claims representatives, a key sector of Social Security's workforce, will be eligible to retire by 2010, according to the nonprofit Partnership for Public Service. Michael J. Astrue, the Social Security commissioner, has said that inadequate funding since 2001 is largely to blame for staffing and workload problems.

In a September letter to Sen. Tom Harkin (D-Iowa), whose subcommittee on appropriations oversees the agency's funding, Astrue said Social Security requires a minimum increase of about \$300 million each year to pay for rent, guards, postage, raises and benefits.

"Under any funding scenario in fiscal 2008, SSA has limited remaining resources to use to drive down the hearings backlog," he wrote.

In the next year, field offices "will be unable to replace employees who leave," he said. The only significant hiring will be for hearings, where the agency hopes to add about 150 administrative law judges, starting in the spring, Astrue said.

Mark Lassiter, the Social Security press officer, said "it is too early to tell" what the agreement by the congressional negotiators will mean for the agency. He noted that any workload-related decisions will have to wait until after an official budget is transmitted to the agency.

3. Medicaid Costs Increase by 10.7% in First Half of 2007, According to Report

USA Today
Early October, 2007

Medicaid spending has started to soar again, a sharp reversal from last year when costs unexpectedly fell for the first time since the program began in 1965.

The state-federal health care program for the poor experienced a 10.7% jump in costs during the first six months of the year, according to a USA TODAY analysis of Bureau of Economic Analysis data. That's the biggest increase since 2001 and puts Medicaid on pace to spend a record \$330 billion in 2007.

"States are going to have to make some tough decisions on who receives care, what care they get and what the limitations are," says Robert Campbell, vice chairman of Deloitte & Touche USA, an accounting and consulting firm that works with state and local governments.

He expects costs to continue to rise for the foreseeable future as states try to reduce the number of the uninsured amid rising medical costs.

Higher Medicaid spending could squeeze state finances at a time when revenue growth in many states is being slowed by the slumping housing market. State tax collections have grown about 5% this year, down from 9% growth in 2005, according to Bureau of Economic Analysis data. Medicaid recently surpassed education as the biggest item in state budgets.

The Medicaid spending burst may signal the end of a two-year period when costs seemed to be coming under control. Costs grew 5.1% in 2005 and declined 1.7% in 2006.

Spending fell last year because a variety of cost controls - such as moving patients from nursing homes to lower-cost home health care - produced unexpectedly large savings. Also, Medicaid shifted some costs into the new Medicare prescription-drug benefit program. Medicare, the federal program for the elderly, will cost about \$440 billion this year.

Medicaid and the related Children's Health Insurance Program are state-run health insurance plans for the poor. States pay 43% of the cost. The federal government pays the rest and sets broad rules. Medicaid pays nursing home costs for seniors who have exhausted their savings.

It's not clear why Medicaid costs have started to rise again. Possible causes:

*Efforts to cover the uninsured. States have won federal approval to expand coverage to groups that don't normally qualify for Medicaid, Campbell says. These high-profile efforts to reduce the uninsured population rely heavily on the federal government paying costs through the Medicaid and children's health programs. The Bush administration had encouraged these efforts until recently but now is expressing concerns about costs. President Bush last week vetoed expanding the child health program, saying it has gone too far beyond its mission of insuring low-income children.

*Enrollment growth. Medicaid temporarily bumped tens of thousands of qualified people from the program last year because Congress imposed tougher proof-of-citizenship requirements. Now, the application backlog is being cleared and retroactive payments made for medical costs incurred in 2006.

*Paying doctors and hospitals more. Boosted by strong tax collections, many states have increased what they pay for Medicaid services. In most states, Medicaid pays less than private insurance or Medicare.

4. 50 STATE SURVEY REPORTS MEDICAID ENROLLMENT DECLINES FOR THE FIRST TIME IN NEARLY A DECADE;
BUT 42 STATES ARE PLANNING TO EXPAND COVERAGE FOR UNINSURED

Summary: Low Spending Growth and Improved Economy Allow States to Focus on Program Improvements, As Well As Cost Control. However, see related article (above): "Medicaid Costs Increase by 10.7% in First Half of 2007, According to Report"

WASHINGTON, DC - Enrollment in Medicaid declined for the first time in nearly a decade, according to a new 50-state survey released today by the Kaiser Family Foundation's Commission on Medicaid and the Uninsured (KCMU).

But faced with an improving economy, 42 states expect to expand coverage to the uninsured in the next year. The survey reports a 0.5 percent enrollment decline in fiscal year (FY) 2007 driven primarily by two factors. States reported that the new documentation requirements were causing significant delays in processing applications, affecting mostly individuals already eligible for the program.

State officials also cited the good economy and lower unemployment for reducing enrollment. After an all-time low for Medicaid spending growth in FY 2006, Medicaid spending continued to grow slowly by 2.9 percent in 2007 due largely to the decline in enrollment and the continued transition of prescription drug costs for dual eligibles from Medicaid to Medicare. States expect enrollment and spending to increase in FY 2008 as they move forward with program enhancements.

The budget survey of state officials, conducted by KCMU and Health Management Associates for the seventh consecutive year, found that this year more states than in previous times were pursuing policies to remove restrictions put in place during poor economic conditions and improve their programs. With the nation's growing uninsured population, 42 states report efforts underway to expand coverage to their uninsured population using Medicaid as a financing vehicle for coverage efforts. Many of these efforts, however, will depend on the outcome of the federal debate on the reauthorization of the State Children's Health Insurance Program (SCHIP) in light of the president's veto.

Medicaid Policy Initiatives for FY 2007 and FY 2008

Unlike their singular focus on cost containment in earlier years, states have moved now to a range of priorities including expanding eligibility and benefits, improving quality, and changing the delivery of long-term care services. All states and the District of Columbia implemented at least one provider payment increase in FY 2007 and almost all (49 states) adopted an increase for FY 2008.

More than half of all states for FY 2007 and FY 2008 expanded eligibility, including increases in income limits, new group expansions, or streamlining the application or renewal process. For the first time since FY 2003, no state plans to cut a benefit in FY 2008.

In FY 2007, 35 states expanded long-term care services and 46 states plan to do so in FY 2008. In both years, the most commonly reported expansions were expanding existing home and community based service waivers or adopting new waivers.

To improve care and achieve better value in their Medicaid programs, by FY 2008, 44 states will require health care plans to report performance measures through HEDIS or CAHPS. Twenty seven states will have pay-for-performance programs providing incentives for programs like tobacco cessation and payments tied to hospital readmission rates for chronic conditions such as asthma and diabetes.

The Impact of the Deficit Reduction Act of 2005

The Deficit Reduction Act (DRA) of 2005 included several changes to federal Medicaid policy, including a new requirement that states obtain documentation to prove citizenship and identity for individuals applying for or renewing Medicaid coverage.

Three out of four states reported that the new rules contributed to slower enrollment growth in FY 2007 and caused significant delays in processing applications and increased the administrative burdens placed on states. To date, seven states have plans approved using new DRA options on benefits and cost sharing.

Kentucky, West Virginia and Idaho moved forward with comprehensive redesigns of their Medicaid benefits and four other states (Kansas, Virginia, Washington, and South Carolina) received approval for more targeted flexibility.

For FY 2008, Wisconsin intends to seek approval to offer a modified benefits package for an expansion population.

The DRA also provided more state options for flexibility in long-term care. Nearly half (24) of states reported plans to implement a Long-Term Care Partnership Program in FY 2008 to help increase the role of private long-term care insurance.

Take up of new state plan options for cash and counseling and the home and community based services option has been more limited.

Medicaid and Health Care Reform

Declines in employer-sponsored coverage continue to swell the ranks of the uninsured, with 47 million uninsured in 2006.

States have been at the forefront in seeking ways to decrease the number of uninsured. Forty-two states said they have plans to expand coverage to this population and three indicated that they were having discussions but had not yet made a decision to move forward yet.

Thirty-eight of the 42 states reported that Medicaid would have a role in financing their plans while 34 states responded that Medicaid would play a role in enrollment.

Today's released report, "As Tough Times Wane, States Act to Improve Medicaid Coverage and Quality: Results from a 50-State Medicaid Budget Survey for State Fiscal Years 2007 and 2008," and related materials are available at <http://www.kff.org/medicaid/kcmu101007pkg.cfm>.

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
836 S. Arlington Heights Rd., #351
Elk Grove Village, IL 60007
847-258-5273 fax (for referrals or credit card payments)
kluck146@comcast.net (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

Phone Fax

E-Mail

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: _____

Cardholder's Signature: _____

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