

Talking Points

Community Choice Act

1. The **demographics of our country are changing**. More and more people with disabilities are living, and could be thriving! Reasons for these changes include: a) the **aging** process, the graying of America, b) **children born** with disabilities are living, c) **young adults**, who previously would have died from accidents or illnesses, are **living** -- thanks to **medical technology and other advances**.
2. Our **long-term service system must change**. Created over forty years ago, it is funded mainly by Medicare and Medicaid dollars, medical dollars not originally meant to meet people's long-term care needs. We must think out of the box to empower people and allow REAL choices.
3. **The money should follow the individual, not the facility or provider**. A national long-term service policy should not favor any one setting over the other. It should let the users choose where services should be delivered. **Our current system is not neutral, and it doesn't reflect people's choices**. CMS's Money Follows the Person is a good first step, but it is not the whole answer.
4. The **current system is needlessly expensive**. We must explore cost-effective ways to meet people's needs.

Community services have been shown to be less expensive on average than institutional services, and better liked by individuals.

In FY 2005, 67% of our total \$94.5 billion long term care Medicaid dollars (\$13.3 billion) are spent on nursing homes and other **institutional** services, leaving only 33% (\$31.2 billion) for all community services (waivers, personal care, home health, etc.)

5. People with disabilities -- both old and young -- even those with severe mental and/or physical disabilities **want services in the most integrated setting possible**. Overwhelmingly people prefer **community services** so they can stay in their own home.
6. People with disabilities and their families want REAL choice, which means:

- a) **equitable funding** opportunities, b) **no programmatic or rule disincentives to community services**, and c) **options** for services delivery which include agency based services, vouchers, and fiscal intermediaries. Empower people with disabilities and families.
7. Family values **keep families together**
- a) **children** belong in families b) grandparents at home! c) **Mom and dad** together with the kids d) **communities** take care of their own.
8. **Money following the individual** can eliminate overburdening government rules and regulations.
9. A **functional system based on need instead of medical diagnosis** could end FRAGMENTATION of the service delivery system.
10. Keeping people in the community allows the possibility for individuals with disabilities to train for work so they can become **TAXPAYERS instead of TAX USERS.**
11. The federal government needs to **work in partnership with the states to create flexible delivery systems** that give people REAL choice.
12. Change can cause fear of the unknown. Some long time providers of services and families believe REAL choice would threaten what they have. **We cannot continue the system as it is today;** it is expensive, fragmented, overly-medical and disliked by almost everyone.