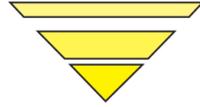


DIVISION OF
**DEVELOPMENTAL
DISABILITIES**



The Impact of Strengthening Medicaid for Missourians with Developmental Disabilities

Positive Benefits of Strengthening Medicaid for Missourians with Developmental Disabilities:

- According to 2010 US Census data, there are 3.7 million Missourians age 18 thru 64. National developmental disabilities (DD) prevalence data indicates that 1.58% of them, or 59,000 adult Missourians, will have a developmental disability.¹
- The Missouri Department of Mental Health-Division of Developmental Disabilities (DMH-DD) serves about 15,000 adult Missourians with DD annually. In any given year, there are at least 44,000 Missouri adults with DD who do not receive DMH-DD services.
- Many Missourians with DD, including intellectual disabilities, currently work. Studies have shown that persons with DD are among the most highly motivated and reliable people in the workforce. However, their jobs and salaries are often at the lower end of the work spectrum, and most of their employers do not offer health insurance.
- DMH-DD estimates that extending Medicaid coverage to Missourians with incomes at or below 138% of the federal poverty level means that over 40,000 Missourians with DD will have health insurance to help them remain healthy and continue working.
- Providers of healthcare services for the newly eligible Missouri Medicaid population will be reimbursed at commercial rates that are higher than traditional Medicaid reimbursement rates, promoting broader and easier access to healthcare.
- If an individual with DD, newly covered through extended Medicaid eligibility, needs the case management and community-based waiver services provided by DMH-DD, he or she will be designated as “medically frail” under the new federal healthcare law, and will be referred to DMH-DD for these specialty services. These specialty services will still be reimbursed at the enhanced federal/state matching rate of 90/10. The individual with DD will not have to be determined disabled to receive these services.

¹ Larson, S.L. et al. (2000). Prevalence of mental retardation and/or developmental disabilities: *Analysis of the 1994/1995 National Health Interview Survey's Disability Supplement, MR/DD Data Brief*. Minneapolis, MN: Institute of Community Integration, University of Minnesota.

Risks to Missourians with DD if Medicaid Coverage is Not Extended:

- 33%, or approximately 5,000 of the 15,000 adult Missourians under age 65 now receiving DMH-DD services, have a dual diagnosis of DD and mental illness (MI).
- Last year, 1,778² of these 15,000 adults with DD, were hospitalized in a psychiatric inpatient unit for their mental illness condition.
- Nearly 50%³ of these 15,000 individuals are prescribed one or more ongoing psychotropic medications. These are powerful drugs, designed to alleviate mental illness symptoms or modify an individual's behaviors, but can occasionally have unanticipated side effects that cause problems that require medication adjustments. In some situations, psychiatric hospitalization may be necessary to make these changes.
- Only 1,174 adult acute psychiatric hospital beds now remain in Missouri, which has lost 1,400 such beds since 1990. It is already difficult for persons with dual diagnoses of DD/MI to be admitted due to the small number of beds and the unique characteristics and communication difficulties of these dually diagnosed individuals.
- Missouri's community hospitals will lose over \$250 million annually in charity care reimbursements, whether or not the state chooses to extend Medicaid eligibility. The cuts will take effect over a five year period.
- In Missouri hospitals that currently deliver adult psychiatric inpatient care, a very high percentage of the total charity care delivered throughout the entire hospital (24-58%) occurs on the hospitals' psychiatric units. As a result there is great risk that more psychiatric beds will close and that patients with a DD/MI condition, needing psychiatric inpatient care, will not be able to access it.

² Medicaid paid claims for individuals enrolled with the Division of Developmental Disabilities who were admitted for at least one psychiatric hospitalization during Fiscal Year 2012.

³ Care Management Technologies pharmacy data analysis of Medicaid paid claims for the fourth quarter of Calendar Year 2012.