August 25, 2011

Donald Berwick, M.D.
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Administrator Berwick:

On behalf of the Consortium for Citizens with Disabilities (CCD), we are writing to express our serious concerns regarding pending cuts to Medicaid providers of services to individuals with disabilities. The Consortium for Citizens with Disabilities is a coalition of national disability organizations working together to advocate for national public policy that ensures the self determination, independence, empowerment, integration and inclusion of children and adults with disabilities in all aspects of society. While we appreciate the difficult financial climate many states are grappling with, we believe that states that have proposed to reduce (or have already reduced) Medicaid provider rates must take steps to ensure that quality of care and access to services, are and will be preserved.

We understand that California has submitted a State Plan Amendment (SPA) that includes a 10% reduction in rates to Medi-CAL providers. With cuts this deep we are concerned that some service providers could go out of business and people with disabilities would lose access to critical services. This is particularly problematic in areas that are underserved.

As demonstrated by the depth of the provider rate reductions included in the California SPA, the necessity of strong CMS oversight of Medicaid rate-setting by the states is more important than ever. As you are aware, many services for persons with disabilities are financed almost entirely with Medicaid. While some rate reductions may seem to be relatively moderate, the cumulative impact of multiple reductions in states must be analyzed to fully assess the impact on quality and access to services.

Likewise, CMS should be scrutinizing those states where cuts endanger people’s ability to live successfully in the community, as in the case of certain providers that would be required to close their doors – those types of closures could force beneficiaries into state-run facilities and, in turn, even further aggravate economic hardship for the state. Indeed, CMS should ensure that states set and maintain their Medicaid rate
structures at levels to assure that there is sufficient provider participation so that Medicaid enrollees can access necessary services.

Therefore, we strongly urge you to consider the lack of provider access, and the barriers that such a problem would pose to beneficiaries, as you decide how to respond to California and other states’ SPAs. As you do, please consider holding harmless providers in those catchment areas without excess capacity as a sensible approach. We appreciate your prompt attention to this request.

Sincerely,

ACCSES
APSE
American Counseling Association
American Medical Rehabilitation Providers Association
American Network of Community Options and Resources
American Occupational Therapy Association
American Speech-Language-Hearing Association
Association of Assistive Technology Act Programs
Association of University Centers on Disability
Bazelon Center for Mental Health Law
Brain Injury Association of America
Center for Medicare Advocacy
Conference of Educational Administrators of Schools and Programs for the Deaf
Corporation for Supportive Housing
Disability Rights Education & Defense Fund
Easter Seals
Epilepsy Foundation
Family Voices
Lutheran Services in America Disability Network
Mental Health America
National Alliance to End Homelessness
National Association for the Advancement of Orthotics and Prosthetics
National Association of County Behavioral Health and Developmental Disability Directors
National Council for Community Behavioral Healthcare
National Disability Rights Network
National Down Syndrome Society
National Multiple Sclerosis Society
National Respite Coalition
State Associations of Addiction Services
The Advocacy Institute
The Arc of the United States
United Cerebral Palsy
United Spinal Association