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**Health and Human  
Services Committee  
Nebraska Unicameral  
Testimony  
LB 610  
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Chairman Gay and members of the Health and Human Services Committee, my name is Mary Angus and I am the registered lobbyist representing The Arc of Nebraska. The Arc is a support and advocacy organization working with and for people with intellectual and other developmental disabilities. This statewide organization has 18 local chapters and approximately 2,500 members across Nebraska. We are an affiliate of The Arc of the United States.

The Arc of Nebraska strongly believes in the rights of people with intellectual and other developmental disabilities to a good quality of life and full participation in their communities. Unfortunately, the Nebraska Medical Assistance Program, Medicaid, has implemented restrictions on benefits that people with disabilities need in order to do just that. Many people with intellectual and other developmental disabilities are being left with three choices: losing needed health care, trying to pay for health care which is denied because caps have been reached, or spending the rest of their lives in institutions.

That may seem overly dramatic...but it's not. I'm going to focus on rehabilitation therapy for the purpose of this discussion. Last summer, HHS implemented a 60 session limit on rehabilitation therapy. That includes speech therapy, physical therapy, and occupational therapy. It's more complicated than it sounds. Speech therapy does more than teach someone to speak better. Sign language and other manual communication are taught in speech therapy. Swallowing disorders, which can lead to eating problems and contribute to poor dental health, are also treated in speech therapy. Physical therapy may be needed to increase range of motion, to treat spasticity, or reduce stiffening of muscles often associated with cerebral palsy. Manual dexterity is critical to the ability to use sign language or communication devices. Occupational therapy is used to help individuals reach a maximum level of independent living. They all work together, that is, until you reach the caps. I'm sure you're getting the picture. The impact of these cuts has never truly been investigated by the Department. What you've been told is the financial "savings" they project from each of the cuts. There is collateral damage. Don't get me wrong. We aren't asking that people with disabilities be exempt from all cuts. We're asking that there be a process by which a person with a disability can request an exception from the caps when those caps are insufficient to meet their needs. We're asking for consideration of extenuating circumstances.

Earlier I said that the caps could mean that folks would wind up spending the rest of their lives in institutions. Medicaid has a complex system of regulations, conditions, and criteria. You may or may not know that institutional care is a "mandatory" service. That means that states using Medicaid must cover institutional care, with the exception of institutes of mental disease (IMDs). States may provide "optional" services such as eyeglasses. So, when budgets are up for cutting, it is easy to say there will be financial benefits to cutting optional services. But if your needs exceed the cap for services in the community, you may be forced

into an institution in order to get the services you need. Ironically, the services you need to be independent may only be available in an institution.

As you know NDHHS has entered into a settlement agreement with the Department of Justice which includes transitioning people into the community. You may not know that Nebraska also has a Center for Medicare and Medicaid Services demonstration project called Money Follows the Person. In that project, the State has committed to transitioning 200 people with developmental disabilities out of Intermediate Care Facilities (ICF/MRs) and nursing homes. This involves using an enhanced match of approximately 85% for the first year following transition to maximize the chances of success. The project uses current waivers to accomplish that and to allow for continuity after the transition year passes. What happens when the services cannot be accessed because they are capped? Collateral damage.

Please pass this vital piece of legislation. We want no collateral damage.