

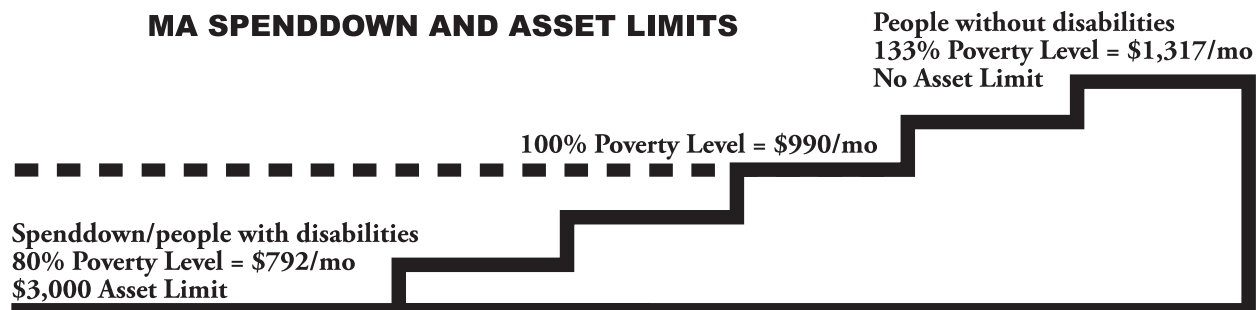
MEDICAL ASSISTANCE REFORM



MEDICAL ASSISTANCE (MA) is important to people with disabilities because it gives access to health care and home and community based services (HCBS) necessary for independent living. Current limits force thousands of adults with disabilities to live below the poverty line, trapping them in poverty.

THE SPENDDOWN is the money an individual with a disability *is expected to spend* on medical bills in order to bring their income *down* low enough to qualify for MA. Current law will leave only \$792 a month to live on.

ASSET LIMITS are \$3,000 in savings per person, \$6,000 per couple. This limit leaves people with disabilities vulnerable to catastrophic emergency and struggling to get out of poverty.



Each 5% increase in the spenddown limit lets people keep \$49/mo more of their own income.

Raise the Spenddown Limit to the poverty level
Raise the Asset Limit to \$10,000 per person and \$18,000 per couple
Cost: \$27.2 M (FY17)

PROMOTES INDEPENDENCE

- Allows more Social Security income to be used for its intended purpose: to pay living expenses
- Supports the Olmstead Plan for individuals to live independently in their communities

SIMPLIFIES STANDARDS

- Aligns the Spenddown Limit with the MA qualifying income limit for adults with disabilities
- Aligns the Asset Limit with other DHS programs

MORE COST-EFFECTIVE

- Homecare services are less expensive than institutional settings and reduce emergency care
- State funds raising the spenddown and asset limits receive 100% matching federal Medicaid funds

STABILIZES HEALTH CARE SERVICES

- Healthcare providers will incur less debt and be able to continue vital in-home services and medical supplies
- All funds pay for healthcare costs of low-income adults with disabilities and seniors

MA Reform 2016 Positively Impacts 15,500 Minnesotans

SF 2284/HF 2438

For more information, contact Erica Schmiel, Minnesota Brain Injury Alliance, at 612-378-2742, 800-669-6442
or at ericas@braininjurymn.org