



**DISABILITY
LAW
CENTER**
Utah's Protection and Advocacy Agency

PUBLIC COMMENT REGARDING FY 2011 HHS APPROPRIATIONS

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Next year, the state is looking at another \$875 million deficit, this time without the benefit of economic stimulus money to fill the gap. Unless the legislature finds a way to restore at least \$2 million to the DSPD budget, the Division could be faced with a choice of doing away with high-intensity day and residential services for several hundred individuals or respite and day supports for several thousand. On top of that, community-based providers may be asked to take at least another 4.8% reduction in reimbursement rates.

If DSPD has to eliminate high-intensity residential and day services, some individuals may have no choice but to enter the Utah State Developmental Center, at a cost of nearly \$169,000 per person annually. If individuals and families lose access to respite (just over \$6,000 per year) or day programs (about \$11,000 a year), a significant number will likely require a broader range of more expensive services in the near future.

In challenging times, we can choose to batten down the hatches and hope for the best or take advantage of this opportunity to rethink what we are doing and how we are doing it so that we are better prepared to weather the next storm. We must be willing to take a hard look at the whole system to ensure that individuals with disabilities and their families are receiving the right supports at the right time in the right place. Along those lines, we must seriously discuss redesigning the long-term care system so that funding is attached to the person rather than the place and any savings are invested in enhancing and expanding the community-based infrastructure. In the meantime, we must be willing to consider helping families who want to keep their loved ones at home or in their community through tax credits for or by paying primary caregivers. Many individuals with disabilities and their families would be happy to pay their fair share for the supports they need by buying into Medicaid through a sliding scale premium. There are also several Medicaid state plan options focused on providing cost-effective proactive and preventive supports which the state has yet to avail itself of. Where appropriate, more supports could be offered through a less costly self-directed option. Finally, we must cultivate a new generation of highly qualified caregivers through AmeriCorps and/or student loan forgiveness programs.