The "Why" Matters:
Medicaid Policies Supporting People with I/DD

Developmental Disabilities
Legislative Symposium | Seattle
June 11, 2025

Sharon Lewis
Health Management Associates

My "Why"

Developmental Disability Policy: (Mostly) A Success Story

When you look at the overall trajectory there is a lot of reason for optimism (even with the bumps in the road)

1965
Medicare/Medicaid established

1971
Medicaid pays for ICF-MRs

1981
Establishment of Medicaid HCBS Waivers

1990
Americans with Disabilities Act

1999
Olmstead Decision

2005
Money Follows the Person

2008-09
ARRA Enhanced Medicaid Match (economic stimulus)

2010
Affordable Care Act (1915k, BIP)

2014
HCBS Settings Rule

2020-2021
COVID Enhanced Medicaid Match, ARPA HCBS funding

2024
Medicaid Access & Quality Rule

2025?
Federal threats to Medicaid

Key Medicaid/HCBS policy moments for people with I/DD

Medicaid: A Primary (often ONLY) Funding Source

For people with I/DD, Medicaid covers a wide range of services and supports, with significant differences across states in program design and coverage:

- Health care
- Therapies
- Behavioral health/mental health services
- Case management/support coordination
- School-based services
- In-home services supports
- Residential services and supports
- Employment services
- Meaningful day services
- Community navigation
- Transportation
- Technology
- Family support, respite
- Peer supports

Over 15 million people with disabilities rely on Medicaid

States hold the keys to ensuring the positive trajectory for people with I/DD continues

States have many options

Authority	Description
1915(c) waivers	**Optional:** Targeted sets of services based on person's characteristics and needs; must be cost neutral and individuals must have level of care needs that meet requirements for institutional care.
1115 waivers	**Optional:** Flexible demonstrations. Used to provide long-term services and supports through managed care or other innovative approaches; must be budget neutral.
State Plan	**Mandatory:** Nursing facilities, home health nursing, home health aides, and medical supplies.
State Plan personal care	**Optional:** Allows for coverage of personal care services, which provide assistance with activities of daily living like bathing, getting dressed, and meal preparation.
1915(i)	**Optional:** Allow states to provide HCBS to people with level of care needs that do not meet the requirements for institutional care.
1915(j)	**Optional:** Allow for coverage of self-directed personal care services, by which a Medicaid member can hire and supervise individuals (including family members or spouses) to provide care.
1915(k)	**Optional:** Provides enhanced federal match (.06) for personal attendant services; must include option for self-direction.

The "Why" Matters

Rationale for state program design decisions may include:

- Cost containment
- Budget predictability
- Reducing waitlists
- Increasing access
- Integrating physical, behavioral, HCBS
- Improving outcomes
- Rebalancing (away from institutional care)
- Adopting new innovations/approaches
- Addressing inequities
- Meeting federal requirements
- Advocacy/community priorities

Cost containment goals without concurrent policy improvement is often unsuccessful

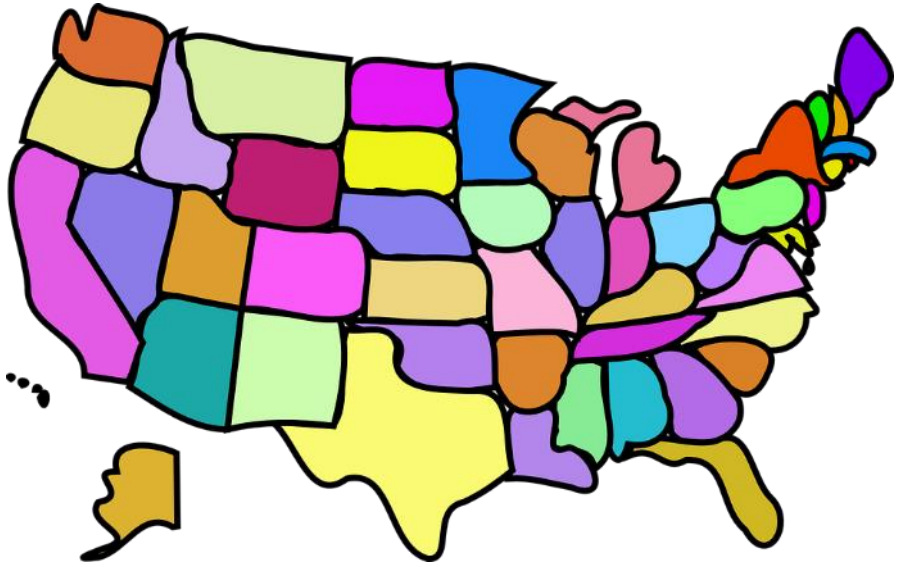
Acknowledging the challenges

Workforce
Housing
Transportation
Increasing population needs
Data systems
System silos
State agency capacity
Uncertainty

(and… did we say workforce?)

Besides funding/resource pressures, other barriers may drive change

State Approaches



Tiered Waivers

Multiple Waivers

Managed Care

Employment First

Technology First

Community Integration

Performance-Based Contracting

Infinite combinations of policy and program decisions

Questions?

Thank you!

Sharon Lewis

Health Management Associates

slewis@healthmanagement.com