

Community for All Coalition FY2012 Budget Fact Sheet

Save the Safety Net: Preserve Community Living for all People with Disabilities! Stop the Attacks on Community-Based Services! Stop Increasing Funds for Institutions!

When the state of Illinois experiences a budget crisis, home and community-based services for seniors, people with physical and developmental disabilities, and people with mental illness are often the first programs to experience cuts in funding. With budget shortfalls and cuts to community-based services the last several years, there is no more “fat” to trim from these programs.

The Governor’s recently proposed budget will slash the Safety Net and create gaping holes that put thousands of seniors and people with disabilities at risk of institutionalization when the state should be living up to its commitment to rebalance services and preserve independent living in the most integrated setting. The Community for All Coalition supports many of the Governor’s proposed outcomes that aim to improve and expand community-based services for seniors and people with disabilities, but is strongly opposed to the cuts to services that are in direct contradiction to the outcomes as well as recent court settlements.

The proposed FY2012 budget includes these program outcomes:

- **Promote independence through employment support and community integration of people with disabilities and low-income people.** Offer home-based services, independent living placements and other opportunities to enable individuals with physical, mental and developmental disabilities to reside independently or in cost-effective community settings and maximize their ability to fully participate in their own community.
- **Rebalance Service Options.** Implement a framework for a comprehensive person-centered service delivery system, rooted in community-based structures, that meets the needs of people with physical, mental and developmental disabilities with increased targets for community based placements.
- **Maintain quality community supportive services.** Ensure access to home and community-based services, and client centered options, to deflect and delay institutionalization of older adults through comprehensive case management.

The proposed *Ligas v. Maram* Consent Decree would require the state to provide community-based services to 1000 people with developmental disabilities on the waiting list and living at home over the next two years. The decree would also require the state to provide community-based services to 1/3 of all individuals living in ICFs/DD who request to move out into the community over the next two years.

The *Williams v. Quinn* Consent Decree requires that 256 class members who have been assessed as appropriate and do not oppose transition from Institutes for Mental Disease (IMD) must be offered placement in a Community-Based setting by September, 2012. The Implementation Plan states that, “all persons with Serious Mental Illness currently residing in IMDs in Illinois have the right to choose to live in community-based settings, and the State has an obligation to expand the current community-based service system to support the needs of those individuals.”

AND YET...

The Governor proposes slashing and in some cases *eliminating* critical programs that meet these goals by supporting seniors and people with disabilities living in the community. At the same time, the proposed budget will *increase* funding to large congregate care institutions that are isolated from the community, such as State Operated Developmental Centers and IMDs, even though these facilities will see a decrease in population in FY2012 and cost the state three times as much as providing services in the community.

This is an attack on community-based services and the Safety Net for seniors and people with disabilities that prevent unnecessary, harmful and costly institutionalization.

STOP THE CUTS...SAVE THE SAFETY NET!

Rehabilitation Services

- **Require Medicaid eligibility for all new Home Services consumers**, meaning they could not have assets of more than \$2,000. This would prevent those persons who might be able to work from doing so because they would risk losing the services that allow them to live in the community.
- **Reduction of funding to Centers for Independent Living** by \$1.6 million, or 36% – threatening programs that assist people with disabilities to become self-sufficient and live in their own homes. These programs save the state millions of dollars annually.
- **Elimination of funding for the Community Reintegration Program** under which Centers for Independent Living assist people under the age of 60 in nursing homes, who do not need to be there, transition to their own homes in the community.
- **Elimination of funding for Extended Supported Employment** for individuals who require ongoing supports beyond the 18 month federal limit.

Developmental Disabilities Services

- **Elimination of grant funded services**, including the Family Assistance Program, in-home and group respite, all dental and epilepsy grants, SIU Telemed, and the UIC Assistive Technology Unit and Family Clinic, all of which are critical services that support people living in the community.
- **Reduction of the Children's and Adults Home-Based Services** monthly allotment by 10%.
- **Reduction of Medicaid rates** for community services by 6%.
- **Funding to State Operated Developmental Centers will increase** by \$28 million, or 8.6%, where the average annual cost per resident in FY2012 is expected to rise to \$192,000. The average annual cost for people receiving services in the community is \$60,680, or 32% of the cost of serving them in an SODC, which saves the state \$200 million a year.

Mental Health Services

- **Reduction of Community Services** funding by \$33.5 million or 23%.
- **Reduction of Homeless Services** funding by \$6.1 million or 52%.
- **Reduction of Addiction Treatment** funding by \$52.9 million or 51%.
- **Elimination of the Children's Mental Health Partnership.** This vital program has supported the healthy social and emotional development of children through early intervention mental health services and prevention of entry into the juvenile-justice system or institutionalization.
- **Reduction of funding for Psychotropic Medications** by \$2.6 million.
- **Reduction of Supportive Housing** funding by \$5.4 million or 23%.
- **Reduction of funding for Mental Health Transportation** for committed patients by \$1.2 million.

Aging Services

- **Require Medicaid eligibility for new consumers to the Community Care Program.** Non-Medicaid seniors are still very low-income and at risk of placement in high-cost nursing homes and enrollment onto Medicaid, limiting the chance of returning to the community where the state could have provided care at a fraction of the cost. In 2008, Community Care Programs for Medicaid and non-Medicaid seniors saved the state \$261 million by preventing costly institutionalization in nursing homes.
- **Elimination of the Circuit Breaker Tax Grants and Illinois Cares Rx.** Thousands of low-income seniors and people with disabilities rely on these programs for assistance with prescription drug costs, property tax relief, and license plates. Eliminating these programs will force people to choose to go without prescription drugs, putting them at increased risk of long-term health conditions and costly institutionalization in nursing homes.
- **Reduction of Older Americans Act programs**, such as home delivered meals, transportation and other supports that help people remain in their homes.