

**Am I impacted by changes to Medicaid?**

1. What would changes mean to me or my family?

This survey is important for adults and children with disabilities, older adults, their families, and their care providers to complete to help us understand how people use Medicaid programs in Wisconsin.

In Wisconsin, Medicaid funds health care, long term care services, and other critical supports that are not available or accessible on the private market to older adults, people with physical disabilities, people with intellectual/developmental disabilities, people with mental health conditions, and low-income working adults. One in five Wisconsin residents rely on some type of Medicaid program.

Policymakers in Wisconsin and Washington, D.C. are proposing big changes to Medicaid, including Medicaid Block Grants. These changes could happen quickly and could be harmful to people. We want to know about the Medicaid services and supports that you or your loved ones use to help you live your life and stay healthy, and how important these supports are to your life.

After you share this information, we’ll keep you updated about proposed changes to your supports or program and let you know how you can take action. Also be sure to mark your calendars for Disability Advocacy Day in Madison on March 21. Check the Survival website

at <http://www.survivalcoalitionwi.org/> for updates on how to register for this free event, which provides info on the issues and sets up visits with your legislators in the Capitol.

1. Name
2. Age

* 3. Address
* 4. City
* 5. State
* 6. Zip Code

1. Phone Number
2. Email Address
3. I am a

Person with a disability (Physical, Intellectual/Developmental Disability, Mental Health) Older Adult

Parent of a child with special health care or long term care needs Family member of a child, person with disability, or older adult Care provider

Other (please specify)



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2.

* 10. Do you or a family member participate in any of the following Wisconsin Programs:

Family Care/Managed Long-Term Care IRIS – Self-Directed Long-Term Care CIP/COP (Long-Term Care Waivers) Family Care Partnership

PACE

Personal Care services (through Medicaid) BadgerCare Plus

Elderly Blind Disabled (EBD) Medicaid or Social Security(SSI) Medicaid Medical Assistance Purchase Plan (MAPP)

Children’s Long Term Support Program Katie Beckett Program

Comprehensive Community Services Community Support Program Community Recovery Services Targeted Case Management SeniorCare

Wisconsin Chronic Disease program Wisconsin Well Woman program Family Planning Only Services program

I am not sure of the name of the program Other (please specify)

* 11. Do you or a family member use a Forward Health card when you see a doctor, therapist, or get prescription drugs?

Yes No

Not sure



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3.

If you use one of the programs listed above and/or the Forward Health card, you are enrolled in a Medicaid program and receive services/health care paid for by Medicaid funds.

Medicaid changes may impact the program or services that you use.

We'd like to learn how the program or services that you currently receive are helping you, your family member, or your clients. Please continue this short survey.



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4.

1. What type of regular supports do you or your family member need to live an independent life or stay healthy. Please indicate the type of help you get on a regular basis from people other than your family members, typically people who are paid to help you.

Bathing Dressing Eating Toileting Transportation

Supports to work

Medical care (prescriptions, doctor’s visits, therapies, medical equipment, etc.) Home health care

Mental Health Services

Alcohol or other drug abuse treatment services Autism Treatment Services

Other Supports (please specify)

1. How do the services or health care you or your family member receive(s) help you in your daily life? Please share your personal story.
2. If the amount of the services you or your family member currently receive(s) were reduced, or if you could not get these services anymore, how would that impact your life?

I would have to move / I would not be able to live where I want (i.e. in an apartment) I would not be able to work or would need to change jobs

I could not get to where I need to go (doctor’s appointments, school, shopping)

I would not be able to see the doctors, therapists or other direct support providers I currently use I would not have access to medical devices or equipment like a wheelchair or speech device.

Other ways changes could affect me (please share your personal story)



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5.

Lawmakers in Washington D.C. are discussing proposals to change Medicaid and limit the amount of federal money given to states. Proposals to change Medicaid into a Block Grant Program means that states would get a lump sum of federal money, and if state Medicaid costs are more than what the federal government has given them, states would have to find ways to either add more Wisconsin money to the Medicaid program or reduce Medicaid costs to fit within the amount of money from the federal government.

Some things that could happen if a state needs to reduce Medicaid spending include: Limit or eliminate some services or supports

Restrict who is eligible for Medicaid

Require people who use Medicaid to pay for some of their care (like premiums or health savings accounts)

Change who is eligible to use Medicaid Establish wait lists for services

Cut reimbursement rates for providers

Or any number of other methods to save money in the Medicaid program

We will continue to communicate with you about proposed changes to your supports or program and let you know how you can take action. Please let us know if you would like to do any of the following:

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Sharing my story to educate policy makers on how Medicaid impacts people like me

Call my legislator or Congressional representative to tell them how Medicaid impacts constituents like me

Meet with my legislator or Congressional representative in-district to tell them how Medicaid impacts constituents like me Write a letter to my local paper

Speak at an event or public hearing

Be connected to other folks in my area who have concerns about changes to Medicaid

Willing to be involved another way (please specify)

# Return completed surveys to:

**Wisconsin Board for People with Developmental Disabilities Rm 219**

**101 East Wilson St., Madison Wi 53703**