

Missouri Medicaid Project

Background: Missouri's legislature made significant changes to the Medicaid personal services benefits and support for durable medical devices for people with disabilities. For example, Missouri Medicaid eligibility was reduced to 85% of the Federal Poverty Level, which will result in many people losing their Medicaid benefits. Also, the Missouri Medicaid personal assistance service program was moved from the division of Vocational Rehabilitation to Services for Elderly in the Department of Health.

Purpose and anticipated benefits: Because of recent Medicaid changes in Missouri, this study is investigating the relationship of personal assistance services on the participation of people with disabilities before and after Medicaid changes in Missouri.

Who: David Gray, Ph.D., project director, is overseeing this policy impact analysis of people who have received Medicaid and are no longer eligible to receive benefits compared with those still receiving benefits. Kerri Morgan, MSOT/OTR/L, is assisting Gray.

When: This study began in 2005.

Method: In this comparison of survey data collected prior to the change in Medicaid benefits and three months after the changes have been implemented, participants going off Medicaid will be studied with a repeated measures analysis to examine the influence of Medicaid changes. Participants who continue to be eligible for Medicaid benefits will be compared to look for differences. Mailings have sent out to nine different centers for independent living in Missouri. Telephone interviews (1.5 hours each on average) also are being administered at the project start and three months later to find out about personal assistance services, assistive technology, health services, medications and participation in major life activities. Completed telephone interviews (N=210). Project start interviews:

- MSP = 173
- MAWD = 30
- NME = 7

Three-month follow-up:

- MSP: 137
- MAWD: 8
- NME: 9

Results: Information gathered should demonstrate the effects of the Missouri Medicaid changes on the lives of people with disabilities, including: changes in residency, health care use, frequency of secondary conditions, amount of formal personal assistance

used, assistive technology use and costs, satisfaction, choice, importance, accessibility, and response by health care workers and services.

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