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Dr. Nishida uses research, education, and activism to investigate the ways in which ableism and sexism are exercised in relation to racism, sexism, and other forms of social injustices. She also uses such methods to work towards cross-community solidarity for the liberation and celebration of community power.

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WITHOUT CARE: CRITICAL DISABILITY AND RACE ANALYSES OF MEDICAID PUSHOUT
Introduction

What have been the effects of the rise in managed care programs for Medicaid recipients with disabilities? Do these effects differ depending on the race of the Medicaid recipients?

In the past few decades, the majority of US states have implemented (and are still implementing) managed care programs as a means of providing Medicaid care. The trend towards managed care programs has accelerated as states have sought to suppress Medicaid expenses. This transition has accelerated the neoliberal privatization of the public healthcare system. Anecdotal reports suggest that this transition has caused some disabled beneficiaries of Medicaid Home and Community Based Long Term Services and Supports programs to be pushed out of their healthcare completely or have their services drastically cut to the point that they can no longer complete their everyday routines.

Disability related policy reports often focus attention on the severity and types of disability of policy beneficiaries as these factors drive the amount and cost of care. Race and ethnicity are often overlooked. The intersections between race and disability are understudied because disability is generally understood as a biomedical issue instead of as a socially constructed identity. Moreover, although demographic information (including race) is shared for the general Medicaid population, for disabled people receiving long-term Medicaid care, this information is hard to find, if not omitted. This points not only to the racialization of Medicaid beneficiaries, but also to possible racial bias in service provision. This study involved a systematic investigation of Medicaid pushout amongst disabled participants enrolled with the Department of Health in a Northeastern US state to document the demographics and life circumstances of those pushed out and the consequences of pushout for the right to receive health care. Demographic information of the pushout population and justifications for their change in benefits was sought from the Department of Health and existing studies and were analyzed through the lens of critical race and disability theories.

Findings

- The official record on who is pushed out and reasons for it are not recognized at the state governmental level, as it is completed at the agency level.
- An analysis of existing studies show the disabled Medicaid enrollee population is divided based on the degree of their care needs. Disabled Medicaid enrollees whose care hours are relatively short were typically pushed out of Medicaid altogether. Disabled Medicaid enrollees who needed longer hours of personal assistance had their care drastically cut. Additionally, 50% of care hours were cut from those Medicaid enrollees who were included in those existing studies.
- The majority of disabled Medicaid enrollees in the State system who were included in the studies have seen their care reduced by 1 to 20 hours per week. The number of people receiving longer hours of care are disappearing.

Recommendations

As the administrative authority of Medicaid long-term care has been transitioning from the state to managed care industries, detailed information on how enrollees are treated is rarely documented. Policy makers interested in ensuring that all disabled people who need public supports to receive the care they need, regardless of their race, should fix the information vacuum about this vulnerable population that has been created in the Medicaid transition to managed care. Policies that would make it mandatory for private as well as public care agencies to collect data on the racial demographics of those enrolled, as well as those being pushed out of Medicaid, would be an important first step. Without adequate data, the magnitude of this problem and how to fix it will remain opaque. Furthermore, my previous research shows both Medicaid enrollees and their care workers witnessed and experienced the public healthcare programs as increasingly profit-centered and not human-centered. Policy makers should, therefore, support studies that assess the interrelated and entangled system of care injustices of both Medicaid enrollees who are largely lower- (or no-) income disabled people of color and their care workers who are largely lower-income women of color, many of them immigrants.