

# Faces of Medicaid



# kaiser commission medicaid and the uninsured

The Kaiser Commission on Medicaid and the Uninsured provides information and analysis on health care coverage and access for the low-income population, with a special focus on Medicaid's role and coverage of the uninsured. Begun in 1991 and based in the Kaiser Family Foundation's Washington, DC office, the Commission is the largest operating program of the Foundation. The Commission's work is conducted by Foundation staff under the guidance of a bipartisan group of national leaders and experts in health care and public policy.

James R. Tallon  
*Chairman*

Diane Rowland, Sc.D.  
*Executive Director*

# Faces of Medicaid

## OVERVIEW

Medicaid is often the only source of health insurance coverage for more than 50 million low-income people, including 40 million children and parents, and 12 million people with chronic disabilities, who fall outside the private health insurance market. A principal building block in efforts to extend coverage to the low-income uninsured and the only source of long-term services and supports, Medicaid is a linchpin in our nation's health care system. Designed to address the more complex health needs of people with disabilities and the limited financial resources of low-income people, Medicaid covers a broad range of health and supportive services.

Medicaid is a cornerstone in the nation's health care system, paying for nearly one in five health care dollars overall and nearly one in two long-term care dollars. Federal funds match state spending making Medicaid a program that can respond to emerging population needs including rising unemployment and loss of health coverage, emergencies or disasters, increasing disability rates and an aging society.

Over the last three years, state fiscal situations deteriorated with the decline in state tax revenues, leading to pressure to reduce Medicaid spending as officials struggled to balance state budgets. Because most of Medicaid spending goes toward services for seniors and people with disabilities, painless reductions are not possible. Actions that cut eligibility, limit benefits, and increase cost-sharing obligations are likely to lead to greater numbers of uninsured, unmet need for people with disabilities, and loss of help for people with significant medical and long-term care expenses.

This report profiles Medicaid's role for the low-income population in providing basic health insurance, particularly for children; in supporting services that enable people with disabilities to function and be independent; and in filling gaps in Medicare for seniors, including prescription drugs and long-term care. The ten families highlighted here provide a snapshot of Medicaid beneficiaries and illustrate the integral role that Medicaid plays in keeping children, adults, and seniors healthy, active, and engaged in family and community life.

# Faces of Medicaid

## Low-Income Families

Natalia and Fernando Diaz, Washington, DC

Missy Martinez, Espanola, New Mexico

The Prisk Family, East Hartford, Connecticut

## Individuals with Disabilities

Patrick Quinn, East Greenwich, Rhode Island

Jenna Johnson, St. Paul, Minnesota

Elsie Carter, Washington, DC

Vincent Miranda, Naples, Florida

## Elderly Individuals

Mildred Benham, Bloomington, Illinois

Naomi Stufflebeam, Ottumwa, Iowa

Margaret Stetler, Rockville, Maryland

## LOW-INCOME FAMILIES

### Medicaid provides essential prenatal care and well-child services

Natalia first received Medicaid for prenatal care when she became pregnant; now she and her son, Fernando, remain covered through the DC Healthy Families Medicaid program.



**The Diaz Family**, Washington, DC

“Before Medicaid I was just, you know, biting my nails off and biting my lips just ‘cause I couldn’t pay anything.”  
—**Natalia Diaz**

### Medicaid Provides Routine and Specialized Care for Healthy Childhood Development

Missy qualifies for Medicaid because of her family’s low-income. Missy relies on Medicaid’s benefits for her development, such as speech and physical therapy, and routine preventive benefits such as immunizations.

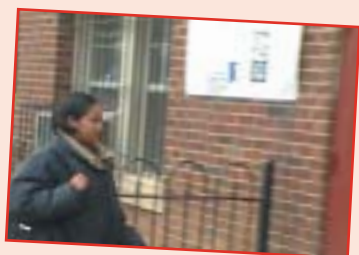


**Missy Martinez**, Espanola, New Mexico

“I’m very grateful to Medicaid that they did step in because there was no way my wife and I could have even touched the expenses.”  
—**Jeremiah Martinez**

Before becoming enrolled in Medicaid, Natalia was uninsured and relied on neighborhood clinics to get health care. She did not have a regular doctor and was worried she would not be able to pay for her delivery. After learning about Medicaid through an outreach worker, Natalia, eligible because of her low-income, was able to obtain regular check-ups for her pregnancy. When Natalia went into premature labor, Medicaid provided her the care and medicine needed to carry her baby to full term. Natalia attributes Fernando being born a healthy baby to her excellent prenatal care. Today, Fernando is a healthy and active two-year-old, and Natalia is working full-time and pursuing a degree in nursing.

Jeremiah and Nadine Martinez have legal custody of their grandchild, Missy. They both work hard at their jobs—Jeremiah works in construction and Nadine works at a fast-food restaurant. Missy was born premature, weighing 3 pounds, 5 ounces and required a three-month hospital stay. The Martinezes were very worried that their granddaughter would not survive if she did not get the health care she needed. They were relieved to learn that she qualified for Medicaid; and that Medicaid would provide all the health services that Missy needed at very low or no cost. Medicaid provides Missy with access to physical and speech therapy to help her in development. Medicaid also provides routine care for Missy such as immunizations. Because of the care she receives, Missy is growing up happy and healthy.



**LOW-INCOME FAMILIES**

**Medicaid Provides Affordable Coverage and Covers the Unexpected**

The children have health coverage through a Medicaid expansion called Husky Care. They rely on Medicaid primary and preventive care services, especially prescription drugs and dental care.



**The Prisk Family**, East Hartford, Connecticut

“... A lot of families don't take their kids because they don't have the money. That's why this insurance is really good. Cause you just don't have that worry anymore.”  
**—Sandy Prisk**

Sandy Prisk is a certified nurse assistant and her husband Rob Prisk is a self-employed carpet layer in East Hartford, Connecticut. They have three children all under ten years old—Matthew 5, Jessica 8, Katie 10. Sandy and Rob know the importance of health coverage, but neither of them receives health insurance through work. Their children qualify for Medicaid because of the family's low income. Medicaid covers sudden expenses such as emergency dental work or antibiotics for a throat infection. Living on a tight family budget, the Prisk's find Medicaid very affordable and say that it provides them with peace of mind.



**INDIVIDUALS WITH DISABILITIES**

**Medicaid Provides an Autistic Child Essential In-Home Therapy**



**Patrick Quinn**, East Greenwich, Rhode Island

Patrick qualifies for Medicaid through an optional program, the Katie Beckett program, a type of home and community-based service waiver. Patrick receives many services, such as speech and occupational therapy.

“The Katie Beckett program is one of the many good things about Medicaid.”  
**—Joanne Quinn**

Joanne Quinn says that she was relieved when her son Patrick, now age 8, was diagnosed with autism, because before his diagnosis Patrick's unexplained behavior caused the whole household stress. Autism prevents individuals from properly understanding what they see, hear, and otherwise sense, resulting in severe problems with social relationships, communication, and behavior.

After his diagnosis, Patrick started to receive Medicaid through a home and community-based service waiver called the “Katie Beckett option.” The most critical services he receives are speech therapy, occupational therapy, and home-based therapeutic services for 20 hours a week. Occupational therapy teaches Patrick a broad range of life skills, such as how to dress, how to make his bed, and how to respond to other children.

The Quinn's value the Katie Beckett program because it allows Patrick to stay with his family in the community. They feel fortunate to live in a state (Rhode Island) that has enacted the optional program.



## INDIVIDUALS WITH DISABILITIES

### Medicaid Helps a Young Adult with Cerebral Palsy Gain Independence

Jenna qualifies for Medicaid through an optional program, a home and community-based waiver. She relies on Medicaid for personal care services and assistive technology.



**Jenna Johnson**, St. Paul, Minnesota

### Medicaid Helps a Woman Fight the HIV/AIDS Battle

Elsie qualifies for Medicaid due to her HIV/AIDS status. She relies on Medicaid for physician services and prescription drugs to manage her condition.



**Elsie Carter**, Washington, DC

“Medicaid is my lifeline, my hope, and my future.” —**Jenna Johnson**

Jenna is an out-going 21-year-old with cerebral palsy and other serious health conditions, such as seizure disorder, learning disabilities, and impaired vision. Due to her disabilities, she is essentially confined to a wheel chair. Medicaid has helped Jenna become more independent. Without the help she receives from Medicaid, she would be unable to remain at home and would have to be institutionalized. Instead, because of the help she receives from her personal care attendants, she is able to work part-time at Target, volunteer at a local veterinarian clinic, and take classes at the community college.



“If I didn’t have Medicaid, I don’t think I would be here... I really don’t... I think I would have passed away a long time ago, I really do.”

—**Elsie Carter**

Elsie is 51-years-old and has been enrolled in Medicaid since 1987. Elsie was diagnosed with HIV in the early 1980s and was uninsured for 7 years before she got Medicaid coverage due to her chronic condition. During that time Elsie relied on emergency rooms to get health care; however, she remained very sick with her disease, contracting pneumonia more than 6 times. Since enrolling in Medicaid, Elsie’s health has dramatically improved. She relies on Medicaid for her twice-daily dose of medications that include 10 prescription drugs. Without Medicaid, Elise would be unable to afford the high cost prescription drugs that she needs to fight her disease. Elsie also uses physician, mental health, dental and vision services through Medicaid. Elsie relies on Medicaid to keep her disease in check so that she can live a healthy life and take care of her 17-month-old nephew, who is in her custody. Her hopes for the future are to take some computer courses and return to work once her nephew gets older.

INDIVIDUALS WITH DISABILITIES

**Medicaid Helps an Adult with Mental Illness**

Vincent qualifies for Medicaid because he receives Supplemental Security Income (SSI) due to his mental disability. He relies on Medicaid for prescription drugs and doctor visits to manage his mental illness.



**Vincent Miranda**, Naples FL

“Medicaid covers everything I need. I am so grateful because the medication is very expensive- about \$400 a month without Medicaid.”

—**Vincent Miranda**

When Vincent was 21-years-old, he was first diagnosed with schizophrenia and began receiving treatment for his illness. In 2001, he moved in with his mother and stepfather, his main caretakers, because he was unable to take care of himself. Vincent applied for SSI and Medicaid because he could not afford the prescription drugs he had been taking for his schizophrenia. After receiving Medicaid, he was able to afford the several medications he needed to treat his serious mental illness.

Vincent’s diagnosis has been changed from schizophrenia to bipolar disorder. This diagnosis means that he takes fewer and less potent prescription drugs; however, he still needs medications and therapy visits. Vincent’s health has improved and he is presently enrolled in computer classes at a local vocational institute. Vincent, now 37, looks forward to the day when he can pay his own way, live independently, and enjoy life to its fullest.

ELDERLY INDIVIDUALS

**Senior Woman Remains Independent Due to Medicaid**



**Mildred Benham**, Bloomington, IL

Mildred qualifies for Medicare, and because of her low-income also qualifies for Medicaid. She relies on Medicaid for home services, prescription drugs, and help in paying her Medicare premiums.

“If I didn’t have Medicaid to pay for my drugs, I would cease to exist, it’s what keeps me going.”

—**Mildred Benham**

Mildred is 68-years-old and relies on Medicaid for help with her Medicare premiums, home health services, and prescription drugs. Mildred has fibrosis of the lungs, rheumatoid arthritis, high blood pressure, and cataracts—conditions that she takes up to 12 prescription drugs each day for. Before qualifying for Medicaid and Medicare, Mildred was uninsured and relied on free clinics for health care. Each time she went to the clinic, she saw a different doctor and admittedly put off seeking care for chronic conditions. Now, with Medicaid, she has a regular physician who knows her medical history and prescribes the appropriate medications that she receives at nominal costs. Mildred also uses a home health aide that helps her 5–6 hours a week. The aide helps her with activities she would not be able to do on her own, such as taking Mildred to doctor’s appointments and picking up her prescription drugs. Mildred believes having Medicaid coverage helps her maintain her independence. Her hopes for the future include staying healthy and watching her grandchildren grow up.



ELDERLY INDIVIDUALS

**Medicaid Waiver Helps Elderly Medicare Beneficiary Remain At Home With Her Family**

Naomi qualifies for Medicaid through a home and community-based services waiver. She relies on the waiver for prescription drugs, assistive medical devices, and help in paying Medicare premiums.



**Naomi Stufflebeam**, Ottumwa, IA

"It's treated me great, I appreciate every bit of it without question."  
**—Naomi Stufflebeam**

Naomi is 90-years-old and became enrolled in Medicaid after being hospitalized for pneumonia one year ago. She qualifies for Medicaid because of her low-income. After her hospital stay, Naomi had to move in with her daughter and son-in-law because she needed full-time care. She qualified for Medicaid personal care services but instead chose to be cared for by her family members. Naomi relies on Medicaid for low-cost prescription drugs and for her walker and other medical equipment to help her remain mobile. She also wears a lifeline necklace, an assisted device covered by Medicaid that signals an ambulance in the case of an emergency. Medicaid also helped her family make the bathroom handicap accessible for Naomi's special needs. Without the Medicaid waiver, Naomi would not be able to afford her Medicare premiums and her prescription drugs she needs for her asthma, diabetes, and high blood pressure.

Naomi enjoys spending time each day at a local child day-care center. She also likes to get out and shop on the weekends. Overall, Naomi is in good health and plans to continue enjoying her life surrounded by her family, grandchildren and great-grandchildren.

**Medicaid Helps an Elderly Woman Pay for Nursing Home Care**



**Margaret Stetler**, Rockville, Maryland

Margaret qualifies for Medicaid due to the high cost of nursing home care. She relies on Medicaid to pay for her institutionalized care since Medicare does not pay for long term nursing facility care.

"I'm very grateful for Medicaid."  
**—Margaret Stetler**

Margaret has been living in a nursing home for almost 2 years. When she entered the nursing home, she had over \$40,000 in assets; however, the high cost of nursing home care quickly depleted her funds and her nursing home care is not covered by Medicare. Because she was able to "spend-down" to become eligible for Medicaid, Margaret has been able to remain in the nursing home. Although Margaret is in fair health for a woman in her early 80's, she has multiple chronic conditions including diabetes and chronic heart failure. She relies on multiple prescriptions. The nurses at the nursing home help her monitor her diabetes and make sure she takes her medicines at the appropriate times. Margaret enjoys spending time with friends and family.



## **Acknowledgements**

Interviews were conducted in 2003 by Kaiser Commission staff members: Julie Hudman, Molly O'Malley, and Risa Elias. This project would not have been possible without the generous participation and generosity of the families we interviewed. The Commission would also like to thank the following people for their assistance with identifying individuals to be interviewed for this report: Dan Burke, Jeff Crowley, Michael Cover, Lisa Carr, Donna Cohen Ross, Hyacinth Daniel, Shawn McDermott, Mason Essif, and the Connecticut's Children's Health Council. We also appreciate the help of Rakesh Singh for arranging for the photographs in multiple locations across the country and the assistance of Ardine Hockaday for the design and layout of this publication.

### **Photographer credits:**

Diaz Family – Mason Essif  
Missy Martinez – Eric Swanson  
Prisk Family – Al Ferreira  
Patrick Quinn – David Wells  
Jenna Johnson – Bill Bartlett  
Elsie Carter – Paul Feters  
Mildred Benham – Marie-Susanne Langille  
Naomi Stufflebeam – Dan Moore  
Margaret Stetler – Bob Peavy

The Kaiser Family Foundation is a non-profit, private operating foundation dedicated to providing information and analysis on health care issues to policymakers, the media, the health care community, and the general public. The Foundation is not associated with Kaiser Permanente or Kaiser Industries.



THE KAISER COMMISSION ON  
**Medicaid and the Uninsured**

**The Henry J. Kaiser Family Foundation**

2400 Sand Hill Road  
Menlo Park, CA 94025

(650) 854-9400 Fax: (650) 854-4800

**Washington Office:**

1330 G Street NW  
Washington, DC 20005

(202) 347-5270 Fax: (202) 347-5274

[www.kff.org](http://www.kff.org)

Additional free copies of this publication (#4116) are available on the Kaiser Family Foundation's web site at [www.kff.org](http://www.kff.org)