FACT SHEET

HOME AND COMMUNITY BASED SUPPORTS

BACKGROUND

Health Care: The Affordable Care and Patient Protection Act (ACA) made significant progress in expanding access to health care and protecting people with pre-existing conditions, including people with disabilities. The law also makes health care more affordable by preventing insurers from charging people with disabilities and health conditions more for health insurance and by making some preventative care free. People with autism and other disabilities are able to obtain essential health benefits such as prescription drugs, physical, occupational, habilitative, and behavioral therapies that help people to live healthy and independent lives.

We have recently learned that several members of Congress are working on a new plan to repeal the ACA that includes some of the worst elements of the failed “Graham-Cassidy” repeal bill. This new plan, according to recent reports, would lead to the same disastrous results: loss of health care for millions; loss of protections for those with pre-existing conditions; and the destabilization of the marketplace. The plan would also block grant the ACA subsidies and Medicaid expansion.

The new plan follows soon after the Administration’s decision not to defend the Affordable Care Act in court and the issuance of a final rule expanding Association Health Plans, a rule that will also weaken (though not eliminate) protections for people with pre-existing conditions.

The House Budget Resolution also directs committees to make deep cuts to health care, Medicare, and Medicaid.

Long Term Supports and Services: While our nation is aging and people are living longer with disabilities and chronic conditions, it lacks a coherent plan on how to provide for their care and supports. The current financing system relies almost entirely on Medicaid and unpaid family caregivers, both of which disincentivize family financial planning; hinder the economic opportunities of people with disabilities; and often force people and families into financial devastation to get the services they need.

The federal/state Medicaid program is an effective and cost-efficient program that allows people with I/DD to live and work among their neighbors. However, many states have long waiting lists for participation in Medicaid-funded community-based supports and services.

While Medicaid is a federally administered program, states retain authority and flexibility to provide services to targeted populations on condition that they meet basic Medicaid requirements. Medicaid funds both mandatory services, which states are required to provide under federal law, and optional services that states may opt to cover. Home and Community Based Services (HCBS) are optional services or subject to federally-approved waivers. The fact that many HCBS are provided by waivers where state are allowed to cap the number of participants is why there are often long waiting lists for participation in Medicaid-funded, community-based supports and services. Steps must be taken to remove the institutional bias of federal programs and increase the investment in home and community-based services and supports.

The Money Follows the Person (MFP) program helps states rebalance their Medicaid long-term care systems. Over 75,151 people with chronic conditions and disabilities have transitioned from institutions back Autism Society, July 12, 2018
into the community through MFP programs as of December 2016. Some states have used these funds to eliminate barriers in state law, state Medicaid plans, and state budgets that restrict the use of Medicaid funds to let people get long-term care in the settings of their choice. However, this program has expired on September 30, 2016 and must be renewed by Congress. The bipartisan Empower Care Act has been introduced in this Congress to reauthorize the MFP.

Another bill designed to remove the institutional bias is the Disability Integration Act (S. 910, H.R. 2472) introduced by Senator Chuck Schumer (D-NY) and Representative James Sensenbrenner (R-WI). This bill requires both public and private insurance that cover any kind of long term care to give equal coverage to home and community support services, so that individuals can choose that option if it is what they want. This bill builds on the Americans with Disabilities Act and the Supreme Court’s Olmstead decision, and asserts that people with disabilities have a right to live in their own homes and communities and to receive the services and supports they need to do so.

The ACA also included important provisions designed to assist states to rebalance long term supports systems and invest in the community instead of costly and outdated institutions. These include extending the MFP, adding the Community First Choice Option (CFC) (Sec. 1915 (k)), and improvements to the State Plan Home and Community-Based Services Option (Sec.1915(i)).

Several states are proposing work requirements for Medicaid beneficiaries that do not promote work but would result in significant barriers to eligibility. Work requirements are a punitive condition on eligibility that does not accommodate the needs of individual Medicaid beneficiaries—with and without disabilities—and provide few if any additional services or resources to create new job opportunities, improve access to affordable child care, or increase funding for job training, employer accommodations, or other employment supports. Some Members of Congress have expressed interest in legislative proposals to impose similar work requirements in the Medicaid program.

Congress passed a law requiring states to put Electronic Visit Verification (EVV) systems in place by January 1, 2019, but many questions and concerns still remain. EVV is a tracking system that requires electronic verification of when a person receives Medicaid-funded personal care or home health services. Many people with disabilities worry that EVV will violate their privacy and limit their independence. They are particularly concerned about systems that use GPS, cameras, or other intrusive tracking systems. They are concerned it could limit their ability to go out into the community and confine them to their homes. Due to these concerns, the House unanimously passed a bill to delay EVV implementation to give states more time to address these concerns. The House passed a bill (H.R. 6042) on June 19 to delay the bill by one year. The Senate is urged to pass a companion bill.

**RECOMMENDATIONS**

The Autism Society recommends Congress:

- Protect and strengthen the Affordable Care Act; oppose efforts to repeal the ACA.
- Oppose efforts to cut, cap or eliminate the individual entitlement to Medicaid.
- Oppose work requirements in the Medicaid program.
- Reauthorize the Money Follows the Person (MFP) by passing the EMPOWER Care Act.
- Reduce the bias in Medicaid for institutional services and significantly increase the investment in home and community-based services and supports.
- Support the Disability Integration Act and other proposals that support the right to services in the community.
- Pass legislation that delays Electronic Visit Verification (EVV) implementation and strengthens stakeholder engagement.

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