

National Public Policy: What is Happening on the Hill

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Medicaid Refresher

- First established in 1965 as Title XIX of the SSA to provide health care from doctors, hospitals, nursing homes, and home health services to people over 65, with option for people with disabilities.
- SSI established in 1972 as Title XVI of the SSA and Medicaid tied to it in terms of eligibility.
- Title XIX amended in 1981 to provide states option to provide home and community based waiver services.
- Ticket to Work established in 1999 to enable people with disabilities to continue to receive Medicaid even when working.
- Patient Protection and Affordable Care Act passed in 2010

Medicaid Refresher (continued)

- Medicaid utilization by our constituents
 - Health care (doctors, hospitals, prescriptions, equipment, therapies)
 - Long term supports and services
 - Home and Community based services
 - ICF/DD facilities
 - Nursing homes
- Federal-State partnership
 - FMAP average 63%
 - Open ended entitlement, grows with # enrollees, added services, new treatments and drugs, increased provider reimbursements (e.g. DSP wages)

Medicaid

- The largest insurer in the country today
- 73 million individuals are covered
- Up from 4 million individuals when began in 1965 with a total cost of \$900 million, a result of
 - High poverty rates
 - Erosion in employer based group plans for lower wage workers
 - Aging population
 - Longer life spans for persons with disabilities
 - **People with disabilities and senior citizens account for about 48% of the total Medicaid budget and about 21% of the beneficiaries;**
- Projected to serve 77.5 million individuals in 2024 at a total cost of \$920.5 billion, with federal share of 61%

Medicaid

- Medicaid Restructuring
- Restructuring of Medicaid as a state matching funds “entitlement” to the states based on formula favoring poorer state since its beginning in 1965 as part of the “Great Society”
 - Elimination of many federal mandates and rules through one of two strategies:
 - Block grants
 - Per capita caps*
- Proposals in Tennessee



Fixes to Institutional Bias in Medicaid



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Employment

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Access to Employment Matters

- Supporting people to work in competitive integrated employment is critical to:
 - Helping people with disabilities access the greater community;
 - Facilitating relationships with people without disabilities;
 - Building new skills and self-esteem;
 - Helping bring people with disabilities out of poverty;
 - Reducing utilization of other Medicaid services; and
 - Providing meaningful ways for people to spend their days.

WIOA: Setting the Employment Vision

- Statute prioritizes and increases employment of people with disabilities in competitive integrated employment
 - Defines CIE as work at or above minimum wage, with wages & benefits comparable to, & fully integrated with, co-workers w/o disabilities
- Clear statutory goal to limit significantly the use of 14(c) sub-minimum wage
 - Requires anyone under 24 to explore and try CIE before they can be placed in a sub-minimum wage setting; prohibits schools from contracting with sub-minimum wage providers; and requires at least annual engagement of anyone in sub-minimum wage setting
- Statute recognizes the importance of and requires cross-agency collaboration (including VR, Medicaid and IDD)

Challenges: WIOA's CIE Definition

- Starting in 2017, there has been a push from some providers and some members of Congress on the Department of Education to change the definition of CIE.
- Specific push back on:
 - Focus of “integration” on interaction with co-workers
 - Whether AbilityOne jobs are CIE -- longstanding VR policy to evaluate individual settings but guidance acknowledges many A1 programs may not meet the definition
 - “Typically in the community,” meaning not a job just created for people with disabilities

Challenges: Efforts at Regulatory Changes

- Throughout 2017 and 2018, strong advocacy against opening the regulations
 - Letters from a broad range of disability stakeholders opposing opening the regulations
 - Reports from National Council on Disability and Senate HELP Committee advocating for additional TA, not regulatory changes
 - Consensus letter from disability advocacy groups and providers recommending additional sub-regulatory guidance and technical assistance, not opening the regulations

WIOA's CIE Regulations: What You Can Do

- We expect that a Notice of Proposed Rulemaking (NRPM) will be out imminently
 - NPRMs must be put out for public comment and the agency must respond to the comments when finalizing a rule
 - **IT WILL BE CRITICAL FOR PEOPLE WHO SUPPORT COMPETITIVE INTEGRATED EMPLOYMENT TO COMMENT**
- A coalition of national advocacy organizations will be providing information about the NPRM and how to comment once the rule is out.
 - Resources will be at <https://integratedemploymentnow.org/>



Legislation Updates

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Transition to Competitive Integrated Employment Act

- Eliminates 14c
- Grant funding to states
- Providers can also apply



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HCBS Infrastructure Act

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Supports Implementation of the HCBS Rule

States will have to use demonstration grant funds to work on:

- HCBS Settings Rule Implementation
- Housing
- Employment
- Workforce
- Case Management System

7 year grant program



Housing and Employment

- Building Capacity
- Expanding programs that work
- Continued Focus on CIE

Transportation and Workforce

-People with disabilities and aging adults lack sufficient access to mass transit, paratransit, ride shares, their own vehicles, and other modes of transportation needed for everyday life.

-The quality and effectiveness of HCBS for people with disabilities and aging adults depends upon a high-quality workforce.



Questions?

Feel free to contact me:

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