

combined income and assets. The law mandates that from January 1, 2014 until December 31, 2019, states must extend these spousal impoverishment protections to participants in HCBS waiver programs, the HCBS state plan benefit, and Community First Choice benefit. It also requires that spouses of all HCBS waiver participants, including those who qualify as medically needy, receive the protections.

### Additional Funds for Aging and Disability Resource Centers (ADRCs)

The health care reform law authorizes \$10 million per year in additional federal funds for state ADRC programs from 2010 through 2014.



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### About the National Academy of Elder Law Attorneys (NAELA)

NAELA, founded in 1987, is a national association of Elder and Special Needs Law attorneys devoted to the education and training of attorneys who can meet the needs of seniors and people with disabilities, and who advocate for the needs of such individuals.

While NAELA Elder and Special Needs Law attorneys work one-on-one with clients in their local areas, NAELA also examines and advocates on national public policy issues facing seniors and people with disabilities in America including long-term health care; planning for retirement; estate planning and probate; guardianship and conservatorship; health care decision making; and elder abuse and neglect.

This informational brochure is provided as a public service and is not intended as legal advice. Such advice should be obtained from a qualified Elder and Special Needs Law attorney.

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**For more information about how the health care reform law may affect you and how to plan for your future, contact:**



## Provisions For Long-Term Care at Home



National Academy of  
Elder Law Attorneys, Inc.

*Leading the Way in  
Special Needs and Elder Law™*

Health Care Reform Series

The Patient Protection and Affordable Care Act, the health care reform law, includes provisions that will allow more people to receive long-term care at home rather than in a nursing facility or another institution.\*

### Community Living Assistance Services and Supports (CLASS) Program

The law establishes the CLASS program, a national long-term care insurance program which will provide a cash benefit to enrollees for the purchase of long-term care services. An individual must be 18 or older to enroll. In order to receive benefits, an enrolled individual must:

- Be unable to perform activities of daily living; and
- Have paid premiums for at least five years.

### State Balancing Incentive Payments Program

The law creates the State Balancing Incentive Payments Program to provide additional federal Medicaid money to states which currently spend less than 50 percent of their total Medicaid long-term care expenditures on home- or community-based care (HCBS). In order to receive the funds, a state must submit a plan to the federal government outlining how it will expand coverage for HCBS and, if approved, the state may not make eligibility

requirements for HCBS more restrictive than they are as of December 31, 2010. Participating states must also:

- Establish a simple, central information system for individuals seeking long-term care;
- Provide conflict-free case management services for individuals who need long-term care; and
- Establish a state-wide standardized assessment for HCBS eligibility.

The program duration is from October 1, 2011 through September 30, 2015.

### Community First Choice Option

The health care reform law establishes a program called the "Community First Choice option." States may choose to participate in this program for purposes of providing community-based supports and services to individuals with disabilities who:

- Are Medicaid-eligible;
- Require an institutional level of care; and
- Have income below 150 percent of the federal poverty level (unless the state's income eligibility standard for nursing facility care is higher, in which case the state may apply the latter).

States may use program funding to cover:

- Assistance with activities of daily living;
- Health related tasks; and
- Transition costs (rent/utility deposits, first month's rent and utilities, bedding; basic kitchen supplies) for an individual currently living in a nursing facility who moves into the community.



States that choose to participate will be eligible to receive additional federal Medicaid money for the program's expenses. Community First Choice is a five year program which starts on October 1, 2011.

### Money Follows the Person

The law extends federal funding for the Medicaid Money Follows the Person (MFP) program through September 2016. The MFP program provides a financial incentive to states to help Medicaid-enrolled individuals to move out of nursing facilities and into the community. Under MFP, Medicaid coverage follows the person to the community and pays for the home and community-based services they require. The law also reduces from 180 days to 90 days the amount of time an individual must reside in a nursing facility in order to qualify for the MFP program.

### Extension of Spousal Impoverishment Protections to HCBS

Federal law requires that the spouse of any Medicaid-enrolled nursing facility resident be allowed to keep a minimum share of the couple's

\* This brochure is based on a National Senior Citizens Law Center issue brief entitled "The Medicaid Long-Term Services and Supports Provisions in the Health Care Reform Law."