

DISABILITY AND AGING COLLABORATIVE &



CONSORTIUM FOR CITIZENS
WITH DISABILITIES

October 17, 2019

The Honorable Mitch McConnell
Majority Leader
U.S. Senate
Washington, DC 20515

The Honorable Charles Schumer
Minority Leader
U.S. Senate
Washington, DC 20515

The Honorable Nancy Pelosi
Speaker
U.S. House of Representatives
Washington, DC 20515

The Honorable Kevin McCarthy
Minority Leader
U.S. House of Representatives
Washington, DC 20515

Dear Leaders McConnell, Schumer; Speaker Pelosi and Leader McCarthy:

The undersigned member organizations of the Consortium for Citizens with Disabilities (CCD), the Disability and Aging Collaborative (DAC), and other state and national organizations write to urge you to pass a long-term extension of the Money Follows the Person Program (MFP). While we have appreciated the short-term extensions passed this Congress, a long-term extension of five years — the length of time included in the bi-partisan EMPOWER Care Act (S. 548, H.R. 1342) or the version of the Sustaining Excellence in Medicaid Act of 2019 (H.R. 3253) passed by the House in June — is necessary to ensure that states continue to participate in the MFP program. MFP has positive outcomes for individuals with disabilities and aging individuals, and shown cost-savings since it began in 2005.

We know that a long-term extension is important because we already know that several states have stopped transitions under MFP or even dropped out of the program entirely while awaiting the assurance of long-term funding. We also urge a long-term extension of the Spousal Impoverishment Protections for Medicaid home and community-based services so that aging Americans can remain in their communities.

The MFP program provides enhanced funding to states to help transition individuals who want to move out of institutional care and back to the community. The enhanced funding states receive assists with the costs of transitioning people back to the community, including identifying and coordinating affordable and accessible housing and providing additional services and supports to make successful transitions.

The program has helped over 91,000 people with disabilities and aging individuals move from institutional settings back to their communities. It has also shown cost savings. The Centers for Medicare & Medicaid Services (CMS) found an average cost savings of \$22,080 in the first year per older adult participant, \$21,396 for people with physical disabilities, and \$48,156 for people with intellectual disabilities.¹

The program works, and without it, people with disabilities and aging individuals would be stuck in institutions and other segregated settings. "The most recent empirical analyses suggest that after five years of operating an MFP demonstration, approximately 25 percent of older adult MFP participants and 50 percent of MFP participants with intellectual disabilities in 17 grantee states would not have transitioned if MFP had not been implemented." ² We need a long-term reauthorization so that states know the funding is sustainable.

Medicaid's "spousal impoverishment protections" make it possible for an individual who needs a nursing home level of care to qualify for Medicaid while allowing their spouse to retain a modest amount of income and resources. Since 1988, federal Medicaid law has required states to apply these protections to spouses of individuals receiving institutional LTSS. This has helped ensure that the spouse who is not receiving LTSS can continue to pay for rent, food, and medication while the other spouse receives their needed care in a facility. Congress extended this protection to eligibility for HCBS in all states beginning in 2014, so that married couples have the same financial protections whether care is provided in a facility or in the community.

This common-sense policy ensures that couples can continue to live together in their homes and communities as they age and families can stay together when caring for loved ones with disabilities and conditions such as dementia, multiple sclerosis, or traumatic brain injury. We understand passing a permanent fix may take time. However, allowing the policy to expire could force people whose needs warrant a nursing facility level of care but now receive such care in their homes, into more costly institutional care against their wishes. Further, not

¹ <https://www.medicaid.gov/medicaid/ltss/downloads/money-follows-the-person/mfp-rtc.pdf> (Page 11)

² <https://www.medicaid.gov/medicaid/ltss/downloads/money-follows-the-person/mfp-rtc.pdf> (Page 11)

securing these protections could stall or even reverse progress states have made in helping older adults and people with disabilities remain at home and in the community.³

On behalf of people with disabilities and aging Americans we request that Congress passes AT LEAST a five-year re-authorization of both Money Follows the Person and HCBS Spousal Impoverishment Protections. For additional information or questions, feel free to contact CCD LTSS and DAC co-chair Nicole Jorwic: jorwic@thearc.org.

Sincerely,

AARP

Access Living

Aging Life Care Association

American Association on Health and Disability

American Association on Intellectual and Developmental Disabilities

American Civil Liberties Union

American Network of Community Options and Resources (ANCOR)

American Therapeutic Recreation Association

Association of University Centers on Disabilities (AUCD)

The Arc of the United States

The Arc of Colorado

The Arc of Delaware

The Arc of Indiana

The Arc of Kentucky

The Arc of Massachusetts

The Arc of Minnesota

The Arc of New Jersey

The Arc of New Mexico

³ See Kaiser Family Foundation, *Potential Changes to Medicaid Long-Term Care Spousal Impoverishment Rules: States' Plans and Implications for Community Integration* (Feb. 22, 2019), available at www.kff.org/report-section/potential-changes-to-medicaid-long-term-care-spousal-impoverishment-rules-states-plans-and-implications-for-community-integration-issue-brief/.

The Arc of North Dakota

The Arc of Oregon

The Arc of South Carolina

The Arc of Tennessee

The Arc of West Virginia

Autism Society of America

Autistic Self Advocacy Network

Arkansas Long-Term Care Ombudsman Program

Association of Programs for Rural Independent Living

Autism Speaks

Bay Path Elder Services

Bet Tzedek Legal Services

Buffalo Trace Long Term Care Ombudsman Program

California Advocates for Nursing Home Reform

California Association of Public Authorities for IHSS

California Down Syndrome Advocacy Coalition (CDAC)

California Foundation for Independent Living Centers

Center for Elder Law and Justice

Center for Public Representation

Choice in Aging

Christopher & Dana Reeve Foundation

Coalition of Disability Health Equity

Colorado Cross-Disability Coalition

Community Residential Services Association

Delta Center for Independent Living

Disability Law Center

Disability Law Center of Alaska

Disability Law Center of Virginia

Disability Law Colorado
Disability Rights Education and Defense Fund
Disability Rights Arkansas
Disability Rights California
Disability Rights Florida
Disability Rights Iowa
Disability Rights Center-New Hampshire
Disability Rights New Jersey
Disability Rights New York
Disability Rights North Carolina
Disability Rights Ohio
Disability Rights South Dakota
Disability Tennessee
Disability Rights Texas
Disability Rights Vermont
Disability Rights Washington
Disability Rights West Virginia
Down Syndrome Alliance of the Midlands
Down Syndrome Association of Delaware
Down Syndrome Indiana, Inc.
Easter Seals
Epilepsy Foundation
Family Voices
Healthcare Rights Coalition
Independence Inc.
Independent Connection Inc.
Indiana Disability Rights
Individual Family Social Work Counseling

Iowa Developmental Disabilities Council
Lakeshore Foundation
Long Term Care Community Coalition
The Jewish Federations of North America
Justice in Aging
Lutheran Services in America-Disability Network
Life Path Inc.
Maine Long-Term Care Ombudsman Program
Meals on Wheels of America
Medicare Rights Center
Missouri Hospice and Palliative Care Association
National Academy of Elder Law Attorneys
National Association for Home Care and Hospice
National Association of Area Agencies on Aging (N4A)
National Association of Councils on Developmental Disabilities
National Association of State Directors of Developmental Disabilities Services
National Association of State Head Injury Administrators
National Association of State Long-Term Care Ombudsman Programs (NASOP)
National Council on Aging
National Council on Independent Living
National ADAPT
ADAPT Montana
ADAPT of Texas
National Association of Social Workers (NASW)
National Consumer Voice for Quality Long-Term Care
National Disability Rights Network
National Down Syndrome Congress
National Health Law Program

Nevada Disability Advocacy & Law Center
National Respite Coalition
Nursing Home Victims Coalition Inc.
Oklahoma Disability Law Center, Inc.
Office of the State Long-Term Care Ombudsman
Ohio Region 5 Long-Term Care Ombudsman Program
On Lok PACE
Our Mother's Voice
Paralyzed Veterans of America
Partners in Care Foundation
Personal Assistance Services Council
Personal Attendant Coalition of Texas
Protection and Advocacy Project North Dakota
Protection and Advocacy for People with Disabilities South Carolina
Service Employees International Union (SEIU)
Starkloff Disability Institute
SKIL Resource Center
SourceAmerica
Three Rivers Inc.
Topeka Independent Living Resource Center
United Spinal Association
United Spinal Association, Iowa Chapter
United Spinal Association, Louisiana Chapter
United Spinal Association, New Mexico Chapter
United Spinal, Oregon Spinal Cord Injury Connection
United Spinal, South Carolina Spinal Cord Association