



Association of University Centers On Disabilities

Medicaid Education 101 for Trainees: Learn About Medicaid and Home and Community-Based Services

Thursday, September 21, 2023

3:00 PM-4:30 PM

Zoom Housekeeping

- Ensure your name is displayed correctly in the participant list. You may also include the program name and state and preferred pronouns.
 - Example: Jeanette Cordova, AUCD, she/her
 - Hover over your name in the “Participants” box and select “More” → “Rename”
- Remain muted unless speaking
- State your name prior to speaking
- Captioning is available
- Recording is only available for attendees and upon request
- Use the chat box to introduce yourself!
 - Name, Role, Program
 - If you had an extra hour in your day, how would you spend it?

Presenters



Liz Weintraub
Senior Advocacy
Specialist



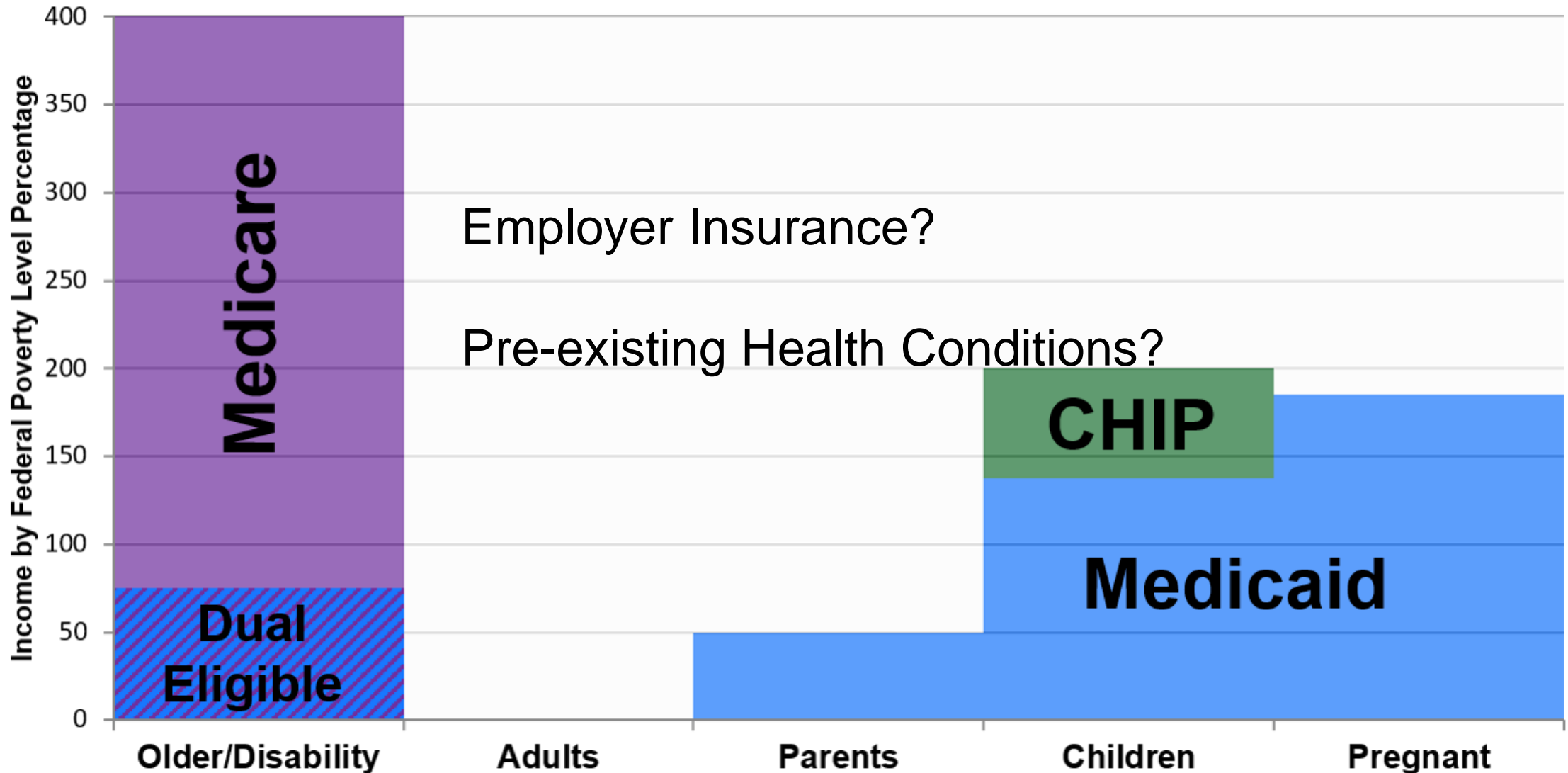
Nicole Jorwic
Caring Across Generations



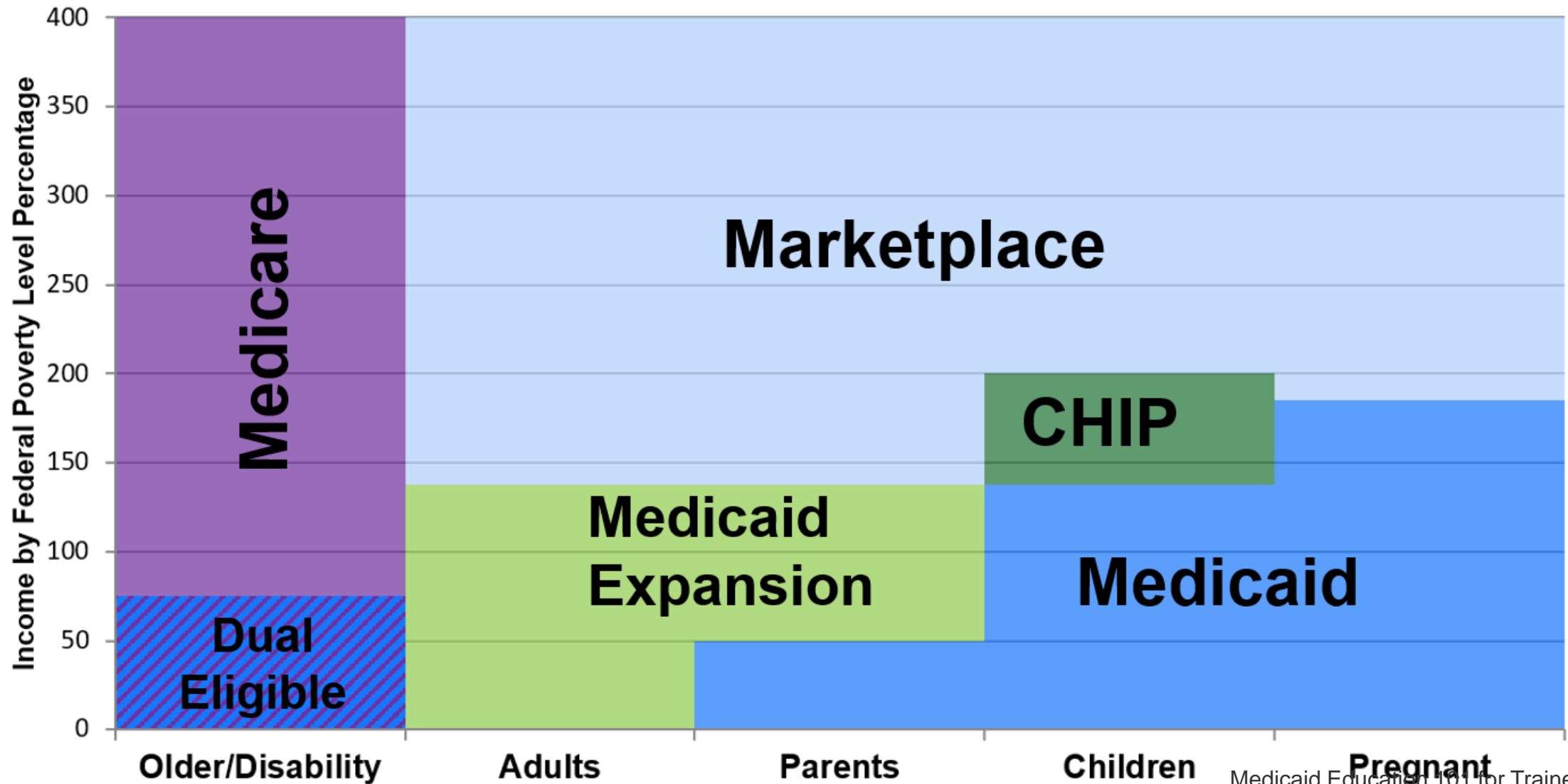
Dave Machledt
National Health Law
Program

Medicare, Private Insurance and Medicaid, Oh, My!

Health Coverage Before the ACA



“Seamless” Affordable Coverage



...but who pays for LTSS?

Private/Employer Marketplace?

Nope

Medicare?

...short-term nursing facility stays & limited home care

Private long-term care insurance?

...few have it or can afford it

Medicaid!

Yep!

Medicare	Medicaid
Mostly 65+ and people with disabilities	Many eligibility categories
No income/asset eligibility limit	Income/asset limits
Tax history relevant	Past taxes irrelevant
Federal program	Fed/state program
Limited, short term LTSS	Covers LTSS (HCBS optional)

What Exactly is Medicaid?

The Lingo



LTSS: Long Term Services and Supports



HCBS: Home and Community Based Services



The Medicaid Law AKA The Social Security Act



Regulations

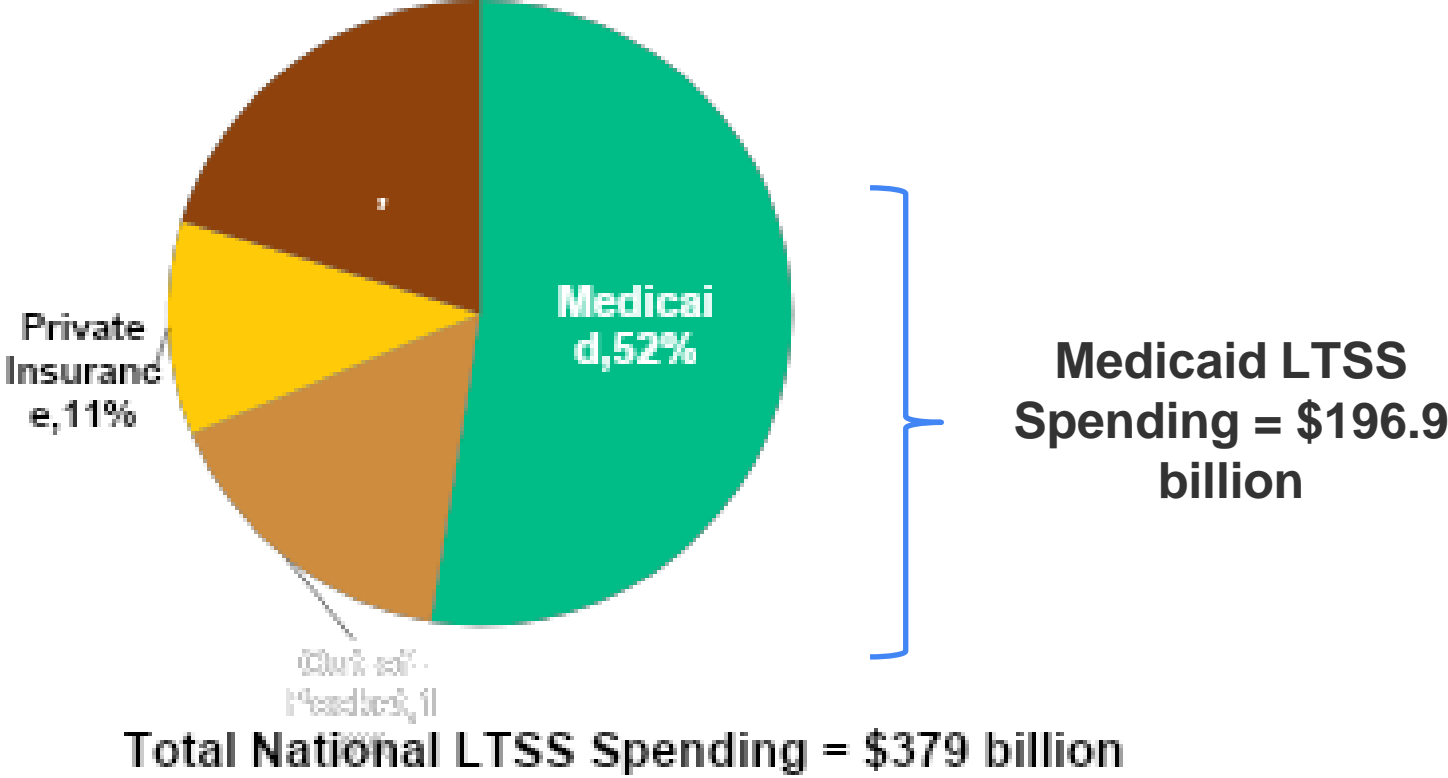
Medicaid Matters to Me!



Why Medicaid Matters Nationally

- ➔ **More than one in four people rely on Medicaid for health care (93 million people in March 2023!)**
- ➔ **Over 11 million people with disabilities rely on it for health care services and to live independently.**
- ➔ **It is MUCH more than a health care program. Medicaid is the main funder for **LONG-TERM SERVICES AND SUPPORTS (LTSS)** including **HOME AND COMMUNITY BASED SERVICES (HCBS)**.**
- ➔ **People with disabilities and senior citizens account for about 48% of the total Medicaid budget and about 21% of all enrollees, because their use of LTSS and other services is often higher.**

Medicaid continues to finance the majority of long-term services and supports (LTSS), 2018.



NOTE: Total LTSS expenditures include spending on residential care facilities, nursing homes, home health services, and home and community-based waiver services. Expenditures also include spending on ambulance providers and some post-acute care. This chart does not include Medicare spending on post-acute care (\$83.3 billion in 2018). All home and community-based waiver services are attributed to Medicaid.

SOURCE: KFF estimates based on 2018 National Health Expenditure Accounts data from CMS, Office of the Actuary.

Medicaid's Current Structure

Federal Government and states share actual costs of coverage

Agree in each state on who is eligible and what services and supports are provided

Feds pay on average 63%

**Different matching rates by state (50-75%).
Some services and groups receive higher match.**

State and Federal Partnership

Because Medicaid is a Federal-State Partnership, the Federal Government makes a basic set of rules and states can decide what else they want to cover as part of Medicaid. This creates some Mandatory services (required by the Feds) and some Optional services (the state has chosen to cover these):

Mandatory Services

Most “traditional” health care services

- Prescription drugs

Nursing Home Services and other Institutional Services*

Match guaranteed to states (thanks to advocacy in 2017)

Optional Services

Home and Community Based Services

What are Home and Community Based Services?

IN THE HOME

Help cooking

Help with medications

Assistance with self care

Budgeting

Socializing

ON THE JOB AND IN THE COMMUNITY

Job coaching

Community volunteering

Day programs

HCBS Coverage in Medicaid

How People with Disabilities Become Medicaid Eligible

- Supplemental Security Income (SSI)
- HCBS waiver programs or state plan HCBS programs
- Medicaid expansion (Adults up to 138% FPL)
- Employed people with disabilities categories
 - Ticket to Work
 - Medicaid “Buy in”
- Other, less common eligibility categories

HCBS “Waiver” Programs

- Section 1915(c) of Social Security Act
- Almost every state uses 1915(c), and most states have multiple waivers. In 2018, over **1.8 million people** were covered by 1915(c) waivers.
- **Targeted:** Allows states to decide which HCBS are covered, and for which specific populations
- **Limited:** Allows states to cap enrollment and spending, which
- Other HCBS programs:
 - State Plan HCBS – Community First Choice or 1915(i)
 - Section 1115

“State Plan” HCBS

- “State Plan” is the written record of the choices the state has made about:
 - Who it covers (eligibility);
 - What it covers (optional and mandatory services)
 - How it covers (program administration, managed care, etc.)
- States cover some HCBS through their standard benefit package, such as personal care and home health
 - Many are optional services
 - If state covers, then must cover everyone who needs the service
 - Fewer reporting requirements than 1915(c)

Challenges Accessing HCBS

- Hard to maintain community housing
- Direct Care staffing shortages and difficulty filling hours
- Often pushes family and friends to provide unpaid care
- Cannot easily move from state to state

Medicaid and Equity

Medicaid covers a higher share of Black, Indigenous, people of color, and people with disabilities.

Health disparities between these populations can be stark. We have little data on people of color with disabilities, but evidence suggests that they face additional barriers to care.

Efforts to improve health equity should start with Medicaid.

Any
Question



HCBS Settings Rule

What Does Community-Based Mean?

➔ **The 2014 HCBS Settings rule created a framework define community for Medicaid HCBS**

➔ **Basic rights and expectations for HCBS recipients:**

- Autonomy and independence,
- Privacy, dignity and respect,
- Freedom from coercion and restraint,
- Full access to the community,
- control of personal resources,
- choice of setting, including non-disability specific settings and of HCBS provider

Community-Based Residential

➔ **Additional rules for provider-owned or controlled residential settings:**

- Lease or legally enforceable agreement with protections at least as strong as under landlord/tenant laws,
- Access to food and visitors at any time,
- Freedom to decorate,
- Lockable doors,
- Choice of roommates and option for private unit,
- Physical accessibility,
- Modifications documented in person-centered plan

HCBS Settings Transition

Initial five year period for states to:

- Assess their HCBS settings
- Assess and update state regulations, licensing, and other policies
- Remediate non-compliant settings
- Establish ongoing monitoring processes
- Safely transition individuals who needed to move

The transition period was extended during Trump administration and again due to COVID-19 pandemic.

COVID and HCBS

- **Huge disruptions worsened workforce crisis**
- **Congregate settings at high risk**
- **States adapted with emergency flexibilities**
 - Telehealth
 - Paid family caregivers
 - In some cases, more individualized services
 - More support for direct care workers

HCBS Settings Transition Ends?

The transition period formally closed in March 2023.

BUT

44 states still have Corrective Action Plans

CMS still conducting site visits and heightened scrutiny reviews

HCBS Settings: What's Next?

Though formally separate, how will HCBS settings rule interact with Olmstead enforcement?

Opportunities

- **Every HCBS participant must have option for non-disability specific setting**
- **Improved HCBS setting quality monitoring**
 - Grievance process
 - HCBS access and quality measures
 - Ongoing site visits

Access Rule

Workforce = Access

Workforce crisis, first called a crisis in 1996 PCPID Report

Complications

- **Lack of transparency in rates**
- **No Standard Occupational Code**
- **Parody with institutional settings**

Workforce

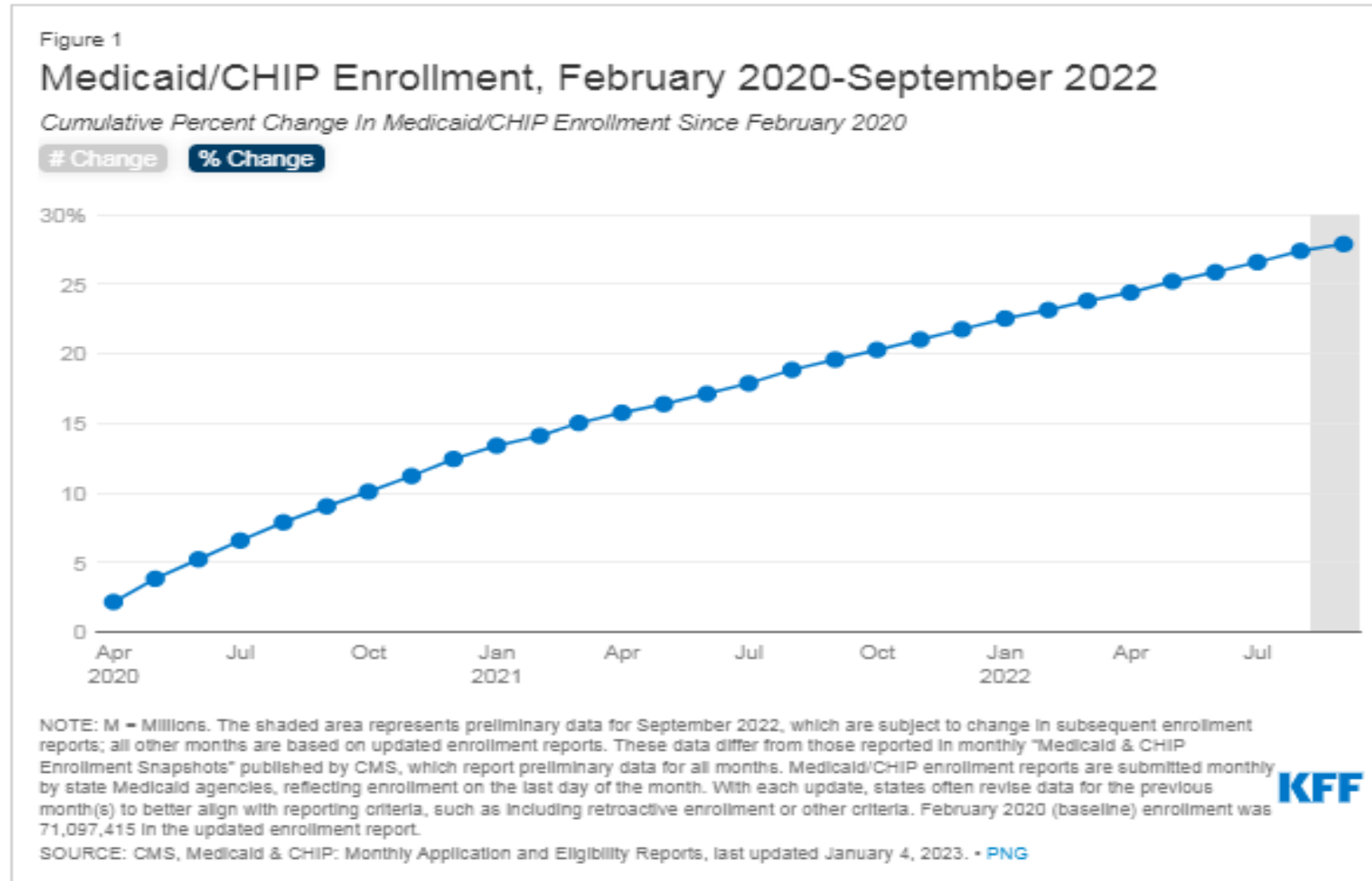
- ➔ **There are millions of Direct Care Workers across the US (we do not track data on several groups of workers, so specific numbers can be hard).**
- ➔ **For people with disabilities, this includes Personal Care Attendants (PCAs), Direct Support Professionals (DSPs), or mental health workers.**
- ➔ **Medicaid wages are not tied to state minimum wage and the average wage was \$14.27 in 2021**

Medicaid Unwinding

What is Medicaid “Unwinding?”

- **COVID-19 public health emergency (PHE) led to numerous Medicaid flexibilities**
- **Changes to 1915(c) requirements, provider requirements, services, telehealth, hearings, etc.**
- **Congress boosted the federal matching rate, but only if states maintained continuous coverage for Medicaid enrollees**

Medicaid Grew during the PHE



Enrollment increased from 71M in 2020 to 93M in March 2023.

The continuous eligibility period started phasing out in March 2023, and eligibility redeterminations have resumed.

Source: [Kaiser Family Foundation](https://www.kff.org/)

Unwinding by the Numbers

At least 6.7 million enrollees have lost coverage since April

- Total may reach **up to 24 million**
- Three out of four terminated for procedural reasons, like not returning a completed form
- Three out of every 10 are children
- Little data on how many people with disabilities have been disenrolled

Major Causes for Procedural Errors

- **Failure to contact – incorrect address**
- **Beneficiary Confusion**
 - Bad notices/information overload
 - Most adults with family enrollment unaware of redetermination requirement
 - Lack of assistance
- **Additional barriers for people with disabilities and who speak little English**
- **Complicated processes and unfamiliarity with the process, including for Medicaid agency staff**

What Can Disability Advocates Do?

- **How does your state identify those who need accommodations?**
- **What training do call center workers receive to respond to requests for accommodations?**
- **Accessibility of processes and procedures**
- **What in-person assistance will be available and how does a person access it?**

Recent HCBS Policy

Current Medicaid HCBS Policy Problems:

- ➔ **Institutional bias in Medicaid**
- ➔ **Low wages for Direct Care Workers, leading to high turnover, staff shortages, and challenges with retention.**
- ➔ **Waiting lists for HCBS, leaving people without the services they need.**
- ➔ **Continued over-reliance on unpaid family caregivers to fill in the gaps in the system.**

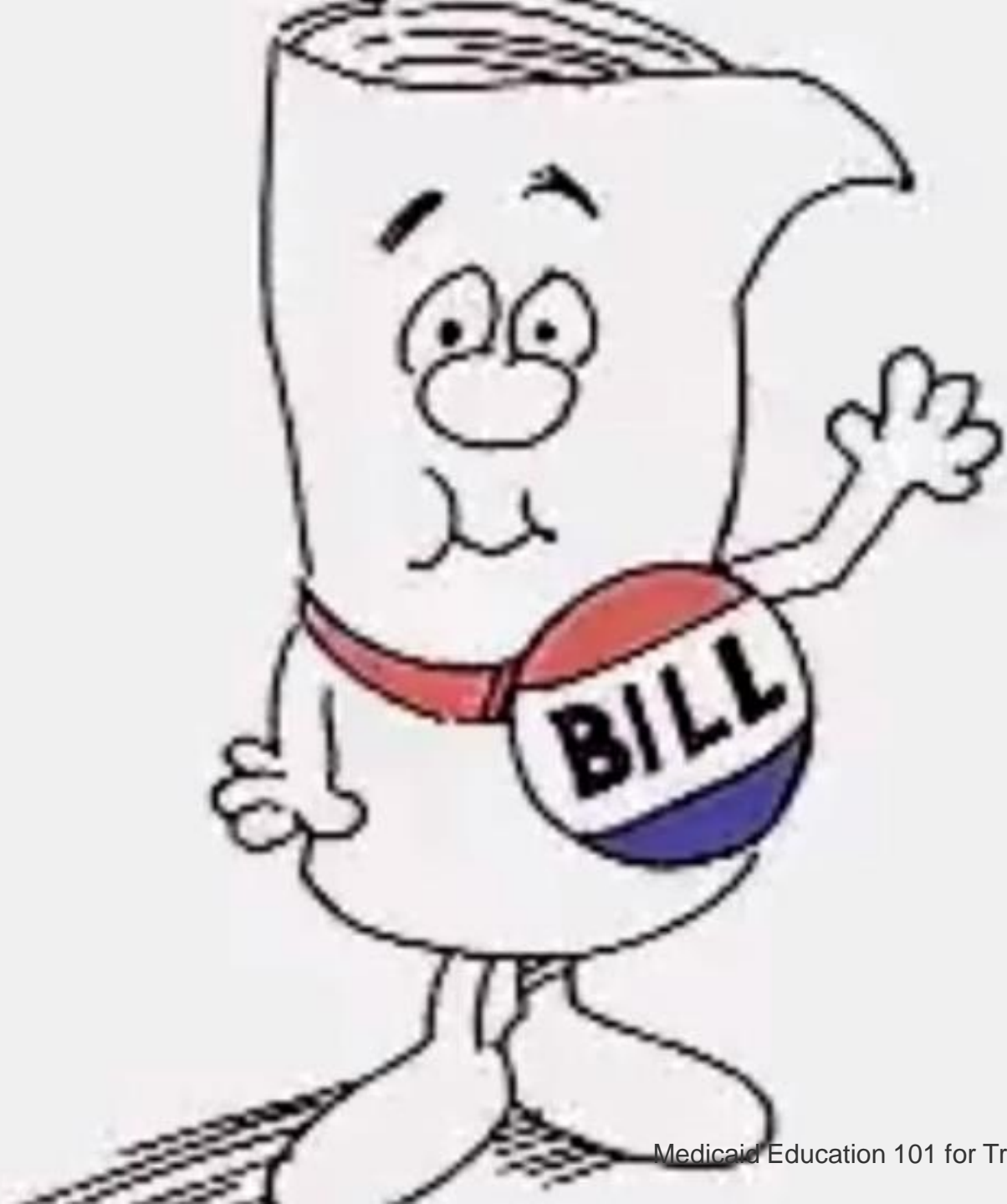
Incremental Wins:

- ➔ **The American Rescue Plan passed in March 2021 with a 10% funding bump for Medicaid HCBS.**
- ➔ **Every state is using this money to fund workforce improvements.**
- ➔ **Money Follows the Person-5 year extension.**
- ➔ **President Biden's Budget.**

What is Next?!

HCBS Access Act is HERE

The HCBS Access Act (HAA) would address the long-standing issue of limited access to HCBS, staffing shortages, low wages for DSPs, waiting lists, and the issues that have been highlighted in COVID.



**HAA
is the next
step in the
history of
LTSS.**

The HCBS Access Act (HAA) would:

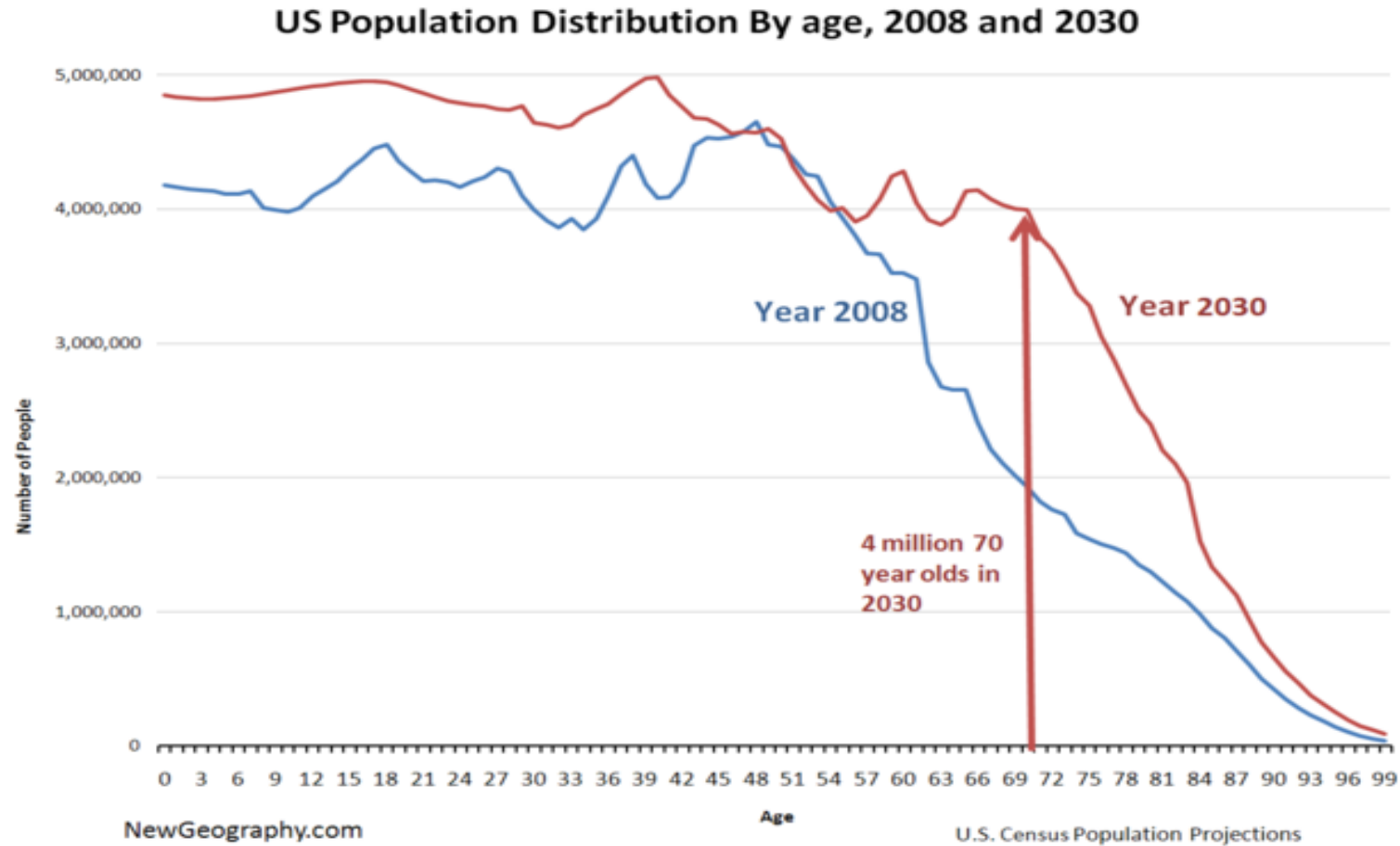
- Make HCBS services MANDATORY Medicaid services.**
- Provide funding to build capacity and ELIMINATE waiting lists.**
- Increase funding for DSP wages.**
- Make Medicaid portable across state lines.**

It would also fulfill one of the ⁴⁵ ORIGINAL PURPOSES of the ADA and Olmstead

Any
Question

A blue lightbulb icon with a question mark inside it, positioned above the letter 'i' in the word 'Question'. The lightbulb has a glowing effect with small squares around the top half.

We're Getting Older...



Thank you!

Please share feedback on today's sessions and ideas for future LEND and Learn sessions

<https://www.surveymonkey.com/r/MedicaidTA>

