

The Disability and Aging Collaborative

May 26, 2020

The Honorable Mitch McConnell
Majority Leader
U.S. Senate
Washington, DC 20510

The Honorable Charles Schumer
Minority Leader
U.S. Senate
Washington, DC 20510

Dear Leaders McConnell and Schumer ,

The Disability and Aging Collaborative (DAC) is a group of national Disability and Aging organizations that work together to promote policies to support the unique needs of people with disabilities and aging adults.

People with disabilities and older adults are particularly at risk as COVID-19 spreads across the country, facing high risk of complications and death if exposed to the outbreak and needing to isolate to protect themselves. We were grateful to see that the HEROES Act that passed the House late on May 15, 2020 included several provisions that improve the systems that people with disabilities and aging adults rely on.

We were pleased to see that the HEROES Act increases the federal matching rate for Medicaid services. Millions of people with disabilities, aging adults, and their families rely on Medicaid for in-home and community-based supports and for their other healthcare needs. In the face of budget crises and other stressors, States often respond by cutting Medicaid benefits, eligibility, or payments to providers. During a pandemic, federal funding must increase to states to maintain the stability of the Medicaid program. Republican and Democratic governors and Medicaid Directors have strongly supported additional federal Medicaid assistance as states face unprecedented declines in revenues and historic budget shortfalls that undermine their ability to meet the growing needs of vulnerable populations. We urge you to support the broad 14% Federal Medical Assistance Percentages (FMAP) increase and urge you to maintain the strong maintenance of effort (MOE) protections that were included in the Families First Act. Any altering of the MOE would put Medicaid coverage, eligibility and services at risk even as people who have lost their jobs rely more on Medicaid to maintain coverage. People with disabilities and older adults, whose lives depend on access to Medicaid-funded supports and services, are often the first to face service and eligibility cuts.

We also urge the Senate to include in the next legislative package the additional dedicated funds for Medicaid home and community-based services (HCBS). The HEROES Act includes a temporary, targeted 10 percent FMAP increase for HCBS. State HCBS programs must continue to provide life-sustaining daily in-home services even as they face staff shortages due to sickness, self-isolation, and low wages. HCBS service workers have struggled to get protective equipment in the face of higher infection risk. The broader FMAP bump, while important, does not go far enough to address these extra burdens specific to the critically important HCBS programs. Without this dedicated funding stream, states may not be able to sustain vital HCBS. People with disabilities and aging

adults who rely on HCBS to stay safely in their homes and communities face the risk of institutionalization.

In addition to the dedicated HCBS funding, DAC recommends including the following provisions in Package 4:

- Make the Money Follows the Person and the Medicaid spousal impoverishment protections for HCBS permanent, which has bipartisan support in the Senate Finance Committee. These programs and protections are proven to help keep people out of institutions and transition people back home and away from the congregate settings that are especially dangerous to aging adults and people with disabilities right now. Repeated short-term extensions have undermined MFP's effectiveness in particular as states uncertain of the program's future have scaled back staff and reduced community transfers.
- Increase funding and flexibility to improve equitable access to virtual and telephonic health promotion and disease prevention programs under the Older Americans Act, such as those that improve chronic disease management, and address depression and behavioral health concerns.
- Maintain paratransit service areas during and after the pandemic. Reestablish all transit bus routes entirely after the pandemic and maintain as much as possible during.
- Congress should also continue investment in the infrastructure of services by passing the HCBS Infrastructure Improvement Act (S. 3277).
- Eliminate or raise asset limits for people with disabilities and older adults to increase access to SSI, Medicaid, Medicare Savings Programs, Medicare Low-Income Subsidy, SNAP, LIHEAP, and other means tested programs that support basic needs.

Several other provisions in the HEROES Act are necessary to assist people with disabilities and older adults during this crisis. As negotiations continue the DAC urges you to ensure they remain along with the dedicated HCBS funding, these provisions include:

- \$100 million in funding for the Administration for Community Living, including \$10 million dedicated to Developmental Disabilities Act programs and \$10 million for health promotion/disease prevention programs.
- Dedicated funding to support housing costs, including \$200 million for people with disabilities. Housing is often the biggest hurdle for people with disabilities and older adults to stay in the community or transfer out of institutional care.
- Nursing home safety provisions, including assistance for infection control and strike teams to help facilities manage outbreaks
- Nondiscrimination protections that prohibit providers of services and supports funded by HEROES and the healthcare provisions of earlier COVID response legislation from turning people away due to their age, disability, sex (including sexual orientation, gender identity, and pregnancy, childbirth, and related medical conditions), race, color, national origin, immigration status, or religion.
- \$850 million in child and adults with disabilities care (called Family Care) funding for essential personnel, including direct support professionals, home health workers and personal care attendants

- A definition of the essential workforce that includes Direct Support Professional (DSP), home health and personal care attendant workforce, in measures to fund hazard pay and overtime.
- Codifies the regulatory requirement that state Medicaid programs cover non-emergency medical transportation (NEMT).
- Provides for a two-month open enrollment period to allow individuals who are uninsured, for whatever reason, to enroll in coverage. Currently, Americans can only enroll in an Affordable Care Act (ACA) plan during open enrollment period, or because of a qualifying life event if they were previously insured.
- Provides a new Medicare Part A & B special enrollment period to enable immediate access to coverage during the health emergency.
- Eliminates cost sharing for Medicaid beneficiaries, Medicare beneficiaries, and group and individual health plans for COVID-19 treatment and vaccines during the COVID-19 public health emergency.
- Includes 15% increase in the SNAP benefit level and near doubling of the minimum monthly benefit from \$16 to \$30.

We appreciate the expediency with which the Senate and House have acted to approve previous legislative packages to respond to the ongoing health and economic emergency facing the country. We urge lawmakers and leadership to continue their efforts to incorporate the above priorities as you negotiate the next COVID-19 legislation. **Specifically, the funding for dedicated HCBS funding is so desperately needed, we look forward to working with you to make a crucial clarification: The definition of HCBS in the HEROES Act must be clear that it includes community-based services for all people with disabilities and older adults, including those who need community-based mental health services.** If you have any questions, feel free to contact DAC co-chairs Nicole Jorwic (jorwic@thearc.org) and Howard Bedlin (Howard.Bedlin@ncoa.org)

Sincerely,

Disability and Aging Collaborative