Serving Persons with Long Term Disabilities

By

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To

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The current system:

- **Has been biased toward nursing facility services since 1965 and little has been done to remove that bias**
  - **It is easier to get into a nursing home than to receive community services**
  - **The only mandated community based service is the medical model of home health and no institutional or community based service is mandated for persons with a developmental disability or mental illness**
  - **Most community based services require a "waiver" and are restricted to an institutional eligibility**
  - **State and federal budgets are managed by only requiring states to offer the service that is the least acceptable to the consumer, i.e. nursing facility**
  - **People who refuse to enter a nursing home often have to go without needed services**
- **The IMD restriction for persons between the ages of 21 to 65 prevents states from using Medicaid waivers to serve persons with mental illness**
- **Current law does not encourage coordination of services across acute and long term care systems**
- **Current law prevents coordination of care across Medicaid and Medicare**
- **SSI provides an income below the federal poverty level**
- **SSDI provides no medical benefits for the first 24 months**
- **Federal housing programs have experienced drastic budget cuts**

What to do

BLOW IT UP AND START OVER

- **The current system is based on legislation that has not had a major revision since 1981.**
- **Current law is incoherent and is based on institutions as the preferred location of care.**

- The new system has to be based on a community first, person centered strategy.
- The new system has to recognize that some consumers that need long-term care have extensive medical needs and services for both must be coordinated.
- The incentives for cost shifting between Medicare and Medicaid have to be eliminated.

What to do in the meantime

Improve the care management for high cost populations. To do this the federal government should be encouraging, not preventing, states from developing better models of delivery. To move forward the federal government should:

- Amend the DRA to allow states
  - to waive comparability
  - to cover 300% of SSI instead of 150% of poverty, and
  - to provide all services allowed under current 1915c HCBS statute
- Allow states to provide managed care through a State Plan Amendment (SPA) instead of a waiver
- Simplify the approval process for states to combine acute and long term care in a managed care delivery system
- Hold states harmless for the hospital Upper Payment Limit revenues when the state transitions to managed care for acute and long term care services
- Allow states to mandate enrollment of persons who are eligible for both Medicare and Medicaid into combined Medicaid managed care and Medicare SNP providers
- Require states to implement person centered planning and to offer consumer direction as part of any managed care delivery system
- Require states and SNPs to allow specialists to be used as primary care physicians for persons with disabilities in managed care
- Promote the development of information technologies that will help states do a better job of managing their programs

Other actions needed on the federal level include:

- **Allow states to continue to provide adult day health services and day treatment programs under the SPA for rehabilitation services**
- **Raise the SSI payment to at least the FPL**
- **Provide Medicare coverage from the date of eligibility for SSDI**
- **Significantly increase the availability of Section 8 vouchers**
- **Require all states to allow nurse delegation of health related tasks for persons living outside of institutions**