

Affordable Care Act for Americans with Disabilities

A BRAND NEW DAY FOR ACCESSIBLE, AFFORDABLE HEALTH INSURANCE AND AN ENHANCED COMMITMENT TO COMMUNITY LIVING

Greater Choices and Enhanced Protections for Americans with Disabilities

- **Eliminates Insurance Company Discrimination:** As of September 23, 2010, most health plans cannot limit or deny benefits or deny coverage outright for a child younger than age 19 simply because the child has a “preexisting condition.” In 2014, the Act will prohibit insurance companies from denying coverage or charging more to any person based on their medical history.
- **Ends Annual and Lifetime Limits:** As of September 23, 2010 the Affordable Care Act prohibits health plans from putting a lifetime dollar limit on most benefits you receive. The Act also restricts and phases out the annual dollar limits a health plan can place on most of your benefits—and does away with these limits entirely in 2014.
- **Access to Preventive Services:** As of September 23, 2010, the law helps make wellness and prevention services affordable and accessible to you by requiring many health plans to cover certain preventive services without charging you a copayment, coinsurance, or deductible.
- **Pre-Existing Condition Insurance Plan:** On July 1, 2010 Secretary Sebelius announced the establishment of the Pre-Existing Condition Insurance Plan to provide coverage for eligible Americans who have been uninsured for six months because of a pre-existing condition. This program helps build a bridge to 2014, when Americans will have access to quality, affordable care in health insurance Exchanges.
- **Allows Individuals to Stay on Parents’ Plan until Age 26:** Health plans that offer dependent coverage must make coverage available to children up to age 26. By allowing them to stay on a parent’s plan, the Affordable Care Act makes it easier and more affordable for young adults, including those with disabilities or chronic conditions, to get or keep health insurance coverage.
- **Expands the Medicaid Program:** Expands the Medicaid program to more Americans, including people with disabilities. States have the option to expand their programs now, and the program will be expanded nationwide in 2014.
- **State-based Health Insurance Exchanges:** Establishes Health Insurance Exchanges to provide families with the same private insurance choices that Members of Congress will have, foster competition, and increase consumer choice.

- **One-Stop Shopping and Accessibility:** The new Exchanges will supply easy to understand, standard, accessible information on available health insurance plans, so people can compare and easily identify the quality, affordable option that is right for them.
- **Out-of-Pocket Limits:** Starting in 2014, plans in the Health Insurance Exchanges and all non-grandfathered plans will have a cap on what insurance companies can require beneficiaries to pay in out-of-pocket expenses, such as co-pays and deductibles.

New Options for Long-Term Supports and Services

- **Extends and Enhances the Successful Money Follows the Person (MFP) Program** through 2016 with an additional \$2.25 billion in funding. Builds on the success of twelve thousand individuals with disabilities transitioned from institutional to community settings, with improved quality of life in the first four years of MFP.
 - Supports continuation of program in 29 participating States and DC.
 - Extends MFP to 13 new States seeking to rebalance their long-term care systems, bringing total participation to 42 States and DC.
 - Expands definition of eligible individuals.

Improves Medicaid Home-and-Community-Based Services (HCBS) Option

- **Creates Community First Choice Program (CFC):** Effective October 1, 2011, a new Medicaid State Plan option called Community First Choice will launch, giving States a 6% enhanced match so that they can offer community-based attendant services and supports alongside nursing home and institutional services for eligible persons with disabilities. CFC will require states to make such services and supports available to individuals under a person-centered plan of care to assist them in accomplishing activities of daily living, instrumental activities of daily living, and health-related tasks. Public comment on a notice of proposed rulemaking for CFC ended on April 26, 2011.
- **Incentives for States to Offer Home and Community-Based Services as a Long-Term Care Alternative to Nursing Homes:** Effective October 2011, \$3 billion in enhanced Medicaid matches will be available to States that now fund less than 50% of long-term services in home and community based settings, if they achieve targets set for increasing HCBS by October 2015.

Assuring Accessible, Quality, Affordable Health Care for People with Disabilities

- **Preventive Care for Better Health:** Invests in prevention and public health to encourage innovations in health care that prevent illness and disease before they require more costly treatment.
- **Accessible Examination Equipment:** Improves access to medical diagnostic equipment so people with disabilities can receive routine preventive care and cancer screenings by establishing exam equipment accessibility standards. These standards will be set by the Access Board in consultation with the Food and Drug Administration.

- **Health Disparities:** Improves data collection on health disparities for persons with disabilities, as well as training and cultural competency of health providers.
- **Improves Care for Chronic Disease:**
 - Invests in innovations such as care coordination demonstrations in Medicare and Medicaid to prevent disabilities from occurring and progressing and to help the one in 10 Americans who experiences a major limitation in activity due to chronic conditions.
 - The Medicaid Health Home option allows States to submit a state plan amendment to develop health homes, which are person-centered systems of care that facilitate access to and coordination of the full range of services and supports for people with chronic conditions who meet eligibility requirements, including dual eligibles. Participating States get a temporary 90% match for specific services effective January 2011.