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Open Enrollment for ACA Marketplace Closes

The first open enrollment period for health insurance via marketplaces created by the Affordable Care Act (ACA) ended on March 31, 2014. These marketplaces, which opened on October 1, 2013, permit individuals to purchase individual health insurance or enroll in Medicaid, regardless of whether they have preexisting conditions, with coverage beginning as early as January 1, 2014. Assistance with insurance premiums is available for those earning between 133 percent and 400 percent of the federal poverty level (FPL).

At the time open enrollment closed, over eight million individuals had obtained private health coverage through the marketplaces. Individuals may still purchase health insurance through the marketplaces if they have recently experienced a qualifying life event, such as marriage, divorce, birth of a child or significant change in income.

Information is not available concerning the number of people with disabilities who obtained insurance through the health insurance marketplaces. Prior to introduction of the health insurance exchanges, workers with disabilities who did not receive health insurance through their employers and were not eligible for Medicaid or Medicare were likely to be uninsured, as
insurance plans on the individual market tended to screen out individuals with disabilities or significant preexisting health conditions. A summary of Marketplace enrollment numbers is available through the White House web site. 1 Look for ACA information in relation to its continued impacts on people with disabilities in future LEAD Center Employment, Health Care and Disability policy updates. http://www.whitehouse.gov/the-press-office/2014/04/17/fact-sheet-affordable-care-act-numbers

Kaiser FAmily Foundation Issues Brief on the Affordable Care Act's Effect on Medicaid Eligibility for People with Disabilities

The Kaiser Family Foundation has released an issue brief discussing the effects of the Affordable Care Act on access to Medicaid for people with disabilities. Although many people with disabilities qualify for Medicaid through their enrollment in the Supplemental Security Income (SSI) program for people whose disabilities impair their ability to work, some people with disabilities may not qualify for SSI and others may be in need of interim coverage while they await an SSI eligibility determination. In states that opted to expand Medicaid eligibility to all people with incomes less than 138 percent of the federal poverty level (FPL) – an option included in the ACA – low-income people with disabilities who do not qualify for SSI or are awaiting an SSI eligibility determination may be able to obtain Medicaid coverage through a streamlined, income-based application process. Although most people who qualify for Medicaid through this new expansion will be enrolled in an alternative benefit plan, people with disabilities will have the option to enroll in the “traditional” Medicaid package regardless of whether they qualify for SSI. In some states, this “traditional” Medicaid package may include some services not included in the alternative benefit plan, such as home and community-based services that people with disabilities use in order to live and maintain employment in the community. In addition, the ACA offers new opportunities for people with disabilities to purchase insurance on the new statewide exchanges if they have incomes that are higher than 138 percent of FPL.


National Institute on Disability and Rehabilitation Research Proposes New Rehabilitation Research and Training Center on Family Supports

The National Institute on Disability and Rehabilitation Research (NIDRR) has partnered with the Administration on Community Living (ACL) to propose a new Rehabilitation Research and Training Center (RRTC) focused on family supports. The new RRTC, which would be funded through the federal Disability and Rehabilitation Research Projects and Centers Program, will promote research, training, technical assistance, and dissemination activities focused on
providing supports to family caregivers of people with disabilities living in the community, including individual and family supports and services funded through Medicaid and other insurances. This research and training will be focused not only on supporting family caregivers but also on achieving better outcomes overall for people with disabilities, including improved health and employment outcomes. Information developed by the Family Support RRTC will then be disseminated through ACL’s 356 community-based Aging and Disability Resource Centers (ADRCs).

Read the full proposal at the Federal Register.

Kaiser Family Foundation Issues Report Profiling Home and Community-Based Services Users

The Kaiser Family Foundation has issued a report profiling a representative set of Medicaid beneficiaries who use Home and Community Based Services (HCBS). The report highlights the importance of HCBS for Medicaid beneficiaries with disabilities who wish to live in the community and its increasing role in long-term care provision. According to the report, Medicaid-funded HCBS play a particularly important role in the lives of people with disabilities who work or are seeking employment. For example, the report mentions Margot, who had cerebral palsy and a Master’s degree in social work, was unable to find work while she remained on the waiting list for the HCBS that she needed in order to help attend to her daily physical needs. The report noted that beneficiaries’ needs might be better met through streamlining the process of applying for HCBS, offering additional supports for beneficiaries who must transfer to a new state Medicaid program as a result of an interstate move, and providing increased transparency into applicants’ placement on HCBS waiting lists.


Rhode Island Settles Lawsuit Over Segregated Employment of People with Disabilities

On April 8, 2014, the Department of Justice announced that it had reached a “landmark” agreement to settle a lawsuit filed against the State of Rhode Island. The lawsuit claimed that Rhode Island had violated the Olmstead v. L.C. Supreme Court decision and the Americans with Disabilities Act, which requires that states provide services to people with disabilities in the most integrated setting appropriate to their needs, by referring people with disabilities to sheltered workshops and adult day programs instead of providing services that would enable them to find
and keep competitive, integrated employment. The Department of Justice found that up to 80 percent of people with developmental disabilities who received state services had been placed in sheltered workshops or segregated day programs.

According to the agreement, Rhode Island will follow a 10-year plan to end sheltered workshop employment and promote integrated employment. The 10-year plan requires Rhode Island to offer supported employment services to people with disabilities, which will help them obtain jobs in the community. Rhode Island will also use internship and mentoring programs to help high-school students with disabilities prepare for jobs in the community. They also are required to provide benefits counseling and information about access to their Medicaid Buy-In and Medicaid Waiver services for people who are eligible.

Further coverage is available via the New York Times and the Department of Justice website.

Bazelon Center Issues Report on Supported Housing

The Bazelon Center for Mental Health Law recently issued a report discussing the effect of the Americans with Disabilities Act on integrated housing options for people waith mental illness. As the report explains, the Americans with Disabilities Act requires that states operate programs for people with disabilities – including housing programs – in the most integrated setting appropriate to individuals’ needs. As a result of lawsuits and federal guidance enforcing this integration mandate, states are using both housing assistance and Medicaid funding to create integrated supported housing programs that provides people with disabilities permanent, community-integrated housing as well as a comprehensive array of services – such as help with learning independent living skills, coordinating medical treatment, and obtaining employment – that residents may need in order to succeed in these housing placements. These integrated housing placements maximize the ability of individuals to access the community, including competitive integrated employment.
http://www.bazelon.org/portals/0/Where%20We%20Stand/Community%20Integration/Olmstead/A%20Place%20of%20My%20Own.%20Bazelon%20Center%20for%20Mental%20Health%20Law.pdf

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