



Policy Update – Employment, Health Care and Disability - April 2015 Newsletter

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The LEAD Center Policy Update – Employment, Health Care and Disability is a project of the LEAD Center in collaboration with the [Autistic Self Advocacy Network](#).

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New Proposed Rule on Mental Health Parity in Medicaid

The Centers for Medicare & Medicaid Services (CMS) released a proposed rule in April 2015 that applies mental health parity requirements to publicly-funded health plans. The rule would eliminate hard limits on coverage (such as caps on the number of mental health visits in a year) and require insurers to provide an explanation if they deny coverage for mental health or substance disorder treatment. The proposed rule will impact the majority of the 70 million people in Medicaid managed care plans and all 8 million children covered under Children’s Health Insurance Program (CHIP) plans, but not those covered by Medicare or Medicaid fee-for-service plans. The rule will apply even for states that already offer separate behavioral health benefits. Mental health-related services include employment-specific supports, as well as ongoing treatments that can enable people with psychiatric disabilities to maintain employment. Previously, CMS only described how the mental health parity law applies to commercial insurance, including private employer-provided plans. Following the announcement of the proposed rule, CMS will be seeking public comment before releasing a revised final rule.

[Read more about the new mental health parity rule.](#)

<http://kaiserhealthnews.org/news/rule-proposed-on-providing-mental-health-parity-in-medicaidpr>

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Mathematica Releases Annual Report on Money Follows the Person Program

Mathematica Policy Research released its fifth annual evaluation of the Money Follows the Person (MFP) program funded by the Centers for Medicare & Medicaid Services (CMS). The report examined the experiences of 19,877 MFP participants in 30 states. The MFP program identifies Medicaid-eligible people with disabilities living in institutional settings who want to live in the community, and redirects their funding to home and community-based services (HCBS) to enable a transition out of the institution. Eighteen of the 30 states participating in MFP offered employment as one of the available HCBS services, with 468 people (2 percent of all MFP participants) using employment services. Employment services include supported employment, prevocational services and other employment services, but the report indicated that less than 1 percent of all national expenditures for MFP covered employment services. However, ODEP is working with the CMS MFP team to explore ways to leverage technical resources from ODEP to support MFP state teams that are interested in increasing access to employment supports for MFP participants.

[Download the report on Money Follows the Person.](#)

http://www.mathematica-mpr.com/~media/publications/pdfs/health/mfp_2013_annualrpt.pdf

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Kansas Researchers Provide Training, Monitor Progress on Competitive Integrated Employment Training in Rhode Island and Kansas

In 2014, the state of Rhode Island entered a consent decree with the U.S. Department of Justice (USDOJ) after a finding that the state's services programs—including its Medicaid programs—provided insufficient access to integrated employment and other community-based options and relied too heavily on sheltered workshops for thousands of people with disabilities, which is in violation of the Americans with Disabilities Act (ADA). Researchers at the University of Kansas have now provided training on evidence-based strategies for supported employment to more than 80 percent of all Rhode Island educators who teach students with intellectual and developmental disabilities. The KU researchers will continue to work with Rhode Island for the next five to 10 years to continue providing training on community integration and self-determination. In Kansas, researchers are also working in partnership with Griffin-Hammis Associates LLC funded by United Healthcare, one of the managed care organizations responsible for administering Kansas' Medicaid waiver program for people with intellectual and developmental disabilities. This partnership provides training on integrated employment to adult services providers throughout the state of Kansas. As part of the Kansas project with United Healthcare, the KU researchers will work with four social service agencies to monitor progress.

Read more about the Kansas employment training program.

<http://news.ku.edu/2015/03/10/ku-researchers-helping-improve-employment-individuals-disabilities-wake-landmark-supreme>

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Minnesota Must Submit Statewide Olmstead Plan Following 2011 Settlement

In response to a 2011 settlement agreement over violations of the 1999 Olmstead decision requiring services to be offered in the most integrated setting possible, the State of Minnesota created an Olmstead Sub-Cabinet to produce a statewide plan for compliance with Olmstead's community living standard. This statewide plan must address employment and six other areas, including healthcare and healthy living. The state submitted a first draft of the plan in October 2013. The Court provisionally approved the plan but has ordered the state to revise the plan several times. In the most recent revision, submitted on March 20, 2015, the State included specific goals and strategies to move individuals from center-based to integrated-supported employment consistent with the state's Employment First policy and renegotiate their Medicaid Waiver to support this effort.

[Read more about the Minnesota Olmstead settlement.](#)

[Read the Minnesota Olmstead Plan.](#)

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_FILE&RevisionSelectionMethod=LatestReleased&noSaveAs=1&Rendition=Primary&allowInterrupt=1&dDocName=opc_jensenv_pdf

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=opc_home_6

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New Hampshire Bill Proposes Ending Medicaid Expansion

The new budget recommended by New Hampshire's House Finance Committee includes a proposal to end the New Hampshire Health Protection Program (NHHPP), which is the state's Medicaid expansion program created through bipartisan legislation last year. NHHPP uses available Federal funds to provide private insurance coverage to low-income residents who would otherwise be uninsured. Since 2014, NHHPP has enrolled more than 38,000 New Hampshire residents in the program, including many contract-based or self-employed home health aides serving elderly residents and people with disabilities. NHHPP also provides coverage for mental health treatment and services, such as nonemergency medical transportation, that can be crucial for maintaining successful employment.

[Read more about the proposal to end New Hampshire's Medicaid expansion.](#)

<http://www.concordmonitor.com/news/politicalmonitor/16291265-95/my-turn-maintaining-medicaid-expansion-helps-states-economy-working-families>

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New York Bill Proposes Expansion of Home Health Workforce

The New York Governor's Medicaid Redesign Team has proposed a new bill to permit home health aides to perform certain tasks that they are currently prohibited from providing, such as administering medications. The proposal creates a new designation of Advanced Home Health Aide that allows nurses to delegate additional tasks to these aides. This change will enable people with disabilities to have greater consistency in their care in the community; relieve some of the responsibility of family members who serve as secondary caregivers; and create greater flexibility and professionalism in longterm home health care. This is an important issue because home health aides often provide necessary supports that keep people with disabilities living in non-institutional settings where they can access meaningful, integrated employment. Disability rights advocates throughout New York, including ADAPT and the New York Centers for Independent Living, have voiced support for the proposed bill, as it would promote increased choice and community integration for people with disabilities in accordance with the Affordable Care Act's (ACA) Community First Choice option intended to keep people with disabilities in their communities.

[Read more about the New York advanced home health aide expansion.](#)

<https://www.longislandexchange.com/press-releases/groups-urge-ny-senate-to-support-patient-care-proposal/>

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Montana Republican Unveils New Bill to Expand Medicaid

The Montana legislature passed a bill that will expand Medicaid eligibility to people with incomes up to 138 percent of the Federal poverty level (FPL), as outlined by the Affordable Care Act (ACA). It will also require enrollees to pay monthly premiums and co-pays, and would give people the option of participating in "employment or re-employment assessment" programs. By using this approach rather than simply raising eligibility levels under the current Medicaid program, Montana joins six other states (Arkansas, Indiana, Iowa, Michigan, New Hampshire and Pennsylvania) that are expanding Medicaid coverage through the 1115 waiver demonstration process, which enables States to craft their own expansion plan while still promoting the goals of the Medicaid program. This expansion will be valuable for workers with disabilities who had not been previously eligible for Medicaid because they did not meet Social Security disability requirements, or because they exceeded applicable income or asset limits.

[Read more about the Montana Medicaid expansion.](#)

http://mtstandard.com/news/local/details-of-the-medicaid-expansion-bill-explained/article_8df7d52a-87b2-5c5e-b6ca-a2fac5aef93a.html

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