



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

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**August 26, 2015**

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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## **CMS Responds to State Transition Plans**

Since the Centers for Medicare and Medicaid Services (CMS) final rule on Home and Community-Based Services (HCBS) took effect in the beginning of 2014, each state has had to produce a transition plan outlining a schedule and strategy for bringing all services into compliance with the HCBS final rule within five years. All healthcare, residential, day and employment services receiving HCBS waiver funding must be brought into compliance during the transition period. Following statewide public comment processes for each state’s draft transition plan, the final transition plans have been submitted to CMS for approval over the last several months.

As of August 26th, CMS has posted official responses to 12 state submissions, for which CMS requested clarifications and modifications that will be required before giving initial approval. CMS has published letters responding to submissions from Alaska, Colorado, Georgia, Hawaii, Illinois, Kentucky, Nevada, North Dakota, Ohio, Tennessee, West Virginia, and Wyoming. The letters largely outline concerns around inadequate planning for statewide assessment processes of current compliance, relocation of beneficiaries in settings that may be deemed noncompliant, ongoing monitoring processes to ensure compliance, setting remediation for settings that can be

brought into compliance with modification, and settings identified by the state for heightened scrutiny due to presumptively institutional characteristics. In addition, CMS requested that Alaska submit assessments of their current regulations of non-residential services, such as supported employment, in addition to residential settings.

[Read the CMS responses for state transition plans.](#)

<http://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/statewide-transition-plans.html>

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## **State Medicaid Integration Tracker Update Published for July**

The National Association of States United for Aging and Disabilities (NASUAD) has published the July 2015 Edition of the State Medicaid Integration Tracker. NASUAD's State Medicaid Integration Tracker is a monthly report summarizing changes in each state on Managed Long-Term Services and Supports (MLTSS), dual eligibles demonstration projects for people eligible for both Medicare and Medicaid, and other Medicare-Medicaid Coordination Initiatives. The report also includes updates on state participation in other Long-Term Services and Supports (LTSS) programs that provide a variety of services to support medical, transportation, and employment needs.

The July report includes several important updates, including the publication of a new report from the California State Auditor examining Medi-Cal; the formation of a new study committee in the Massachusetts Legislature on Medicaid managed care organizations facing financial challenges related to reimbursement rates; and a new proposal in Nevada to modify the state's Medicaid delivery system to serve aged, blind, and disabled populations.

[Read the July State Medicaid Integration Tracker.](#)

<http://www.nasuad.org/sites/nasuad/files/July%202015%20Tracker%20-%20final.pdf>

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## **National Quality Forum Publishes Interim Report on HCBS, Convenes Stakeholder Committee on Quality Measurement**

Over the past several months, the National Quality Forum (NQF) has convened a stakeholder committee to develop recommendations to improve quality measurement for Medicaid Home and CommunityBased Services (HCBS). NQF recently released its interim report entitled "Addressing Performance Measure Gaps in Home and Community-Based Services to Support Community Living - Initial Components of the Conceptual Framework." The report aims to provide a framework to guide future development of quality measures for HCBS. The NQF report includes several characteristics of highquality HCBS as established by its working committee, including "a person-driven system that optimizes individual choice and control in the pursuit of self-identified goals," citing access to employment and productivity, social connectedness, and

integration of healthcare with other social services.

In order to produce a final report, NQF has sought input from consumers with disabilities or chronic illnesses, as well as service providers. This interim report is the first product of the committee's work. Additionally, NQF plans to publish a synthesis of current HCBS quality measurement indicia and activities, a report on measurement gaps, and recommendations for defining priority quality measures.

[Read the National Quality Forum report on HCBS performance measure gaps.](#)

<http://www.qualityforum.org/ProjectMaterials.aspx?projectID=77692>

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## **Massachusetts: University Of Massachusetts Medical School Partners with State to Increase Employment of People With Disabilities**

The University of Massachusetts Medical School's Commonwealth Medicine Disability, Health and Employment Policy unit hosts a program that assists people with disabilities seeking employment. In July, the UMass Medical School announced a new partnership between the Work Without Limits program and the Massachusetts Executive Office of Labor and Workforce Development in order to improve job placement outcomes for people with disabilities. One area of training in the program focuses on helping customers with disabilities understand the potential impact of working and earning wages on eligibility for public benefits, which may be tied to medically necessary supports related to a person's individual disability.

Read more about the Massachusetts employment program.

<http://www.umassmed.edu/news/news-archives/2015/07/umms-and-state-partner-to-increase-employment-of-people-with-disabilities/>

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## **New Jersey: Governor's Medicaid Proposal Would Shift Costs to New Jersey Taxpayers and Health Care Providers**

Governor Chris Christie has announced a proposal to curtail federal funding for Medicaid as part of a per capita cap that would remove \$15 billion in federal funds over eight years. The proposal would be the largest Medicaid funding reduction in New Jersey's history. Governor Christie has also released several proposals to reduce funding for Social Security and Medicare along with Medicaid.

If the state goes through with the proposal on Medicaid, the state would terminate insurance coverage for many current beneficiaries, reduce benefits and increase co-pays for remaining beneficiaries, reduce reimbursement rates for providers, and cut other statewide services. In New Jersey, 44 percent of current Medicaid spending is for services to people with disabilities, for whom a per person cap could result in widespread loss of access to supports necessary to

stay in their own homes and communities. Additional reductions to already low reimbursement rates could potentially contribute to shortages in the workforce providing services to people with disabilities, which could have further adverse impact on the ability of service recipients to maintain employment and other community social connections.

[Read more about the New Jersey Medicaid proposal.](#)

<http://www.njpp.org/reports/governors-medicaid-proposal-would-shift-costs-to-new-jersey-taxpayers-and-health-care-providers>

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## **Alaska: Governor Announces Alaska to Become the 30th State to Expand Medicaid**

Following 29 other states and the District of Columbia, Alaskan Governor Bill Walker has announced that the state will be accepting additional federal funds to expand Medicaid, which will bring \$146 million to the state in its first year and provide health care to more than 20,000 people. Additionally, Medicaid expansion will reduce state spending by \$6.6 million in the first year, and save over \$100 million in state general funds in the first six years. Expansion extends eligibility to individuals whose income falls within 138 percent of federal poverty guidelines, including people with disabilities who are working but unable to secure private insurance options or whose employers do not provide an insurance plan. According to the Alaska House Majority, the state's current Medicaid program has 140,000 enrollees and Medicaid expansion would add at least an additional 20,000-40,000 enrollees.

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

[http://www.sitnews.us/0715News/071915/071915\\_medicaid.html](http://www.sitnews.us/0715News/071915/071915_medicaid.html)

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