



## Policy Update – Employment, Health Care and Disability: March 30, 2016 Newsletter

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### **March 30, 2016**

The LEAD Center’s Policy Update – Employment, Health Care and Disability is a monthly update focusing on the intersection of disability, employment and health care policy. The LEAD Center’s Policy Update – Employment, Health Care and Disability provides policymakers, disability service professionals, individuals with disabilities and their families with information about relevant policy developments regarding Medicaid, the Affordable Care Act and related topics, with a focus on improving employment outcomes for individuals with disabilities.

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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### **[Bipartisan Policy Center \(BPC\) Releases Its Recommendations for Improving Financing for Long-Term Services and Supports, Including Supported Employment](#)**

The Bipartisan Policy Center (BPC), a nonprofit organization founded by Senators Howard Baker, Tom Daschle, Bob Dole, and George Mitchell to promote bipartisan collaboration, recently released a report, *Initial Recommendations to Improve the Financing of Long-Term Care*, which makes policy recommendations for how to improve the availability and financing of long-term services and supports (LTSS). LTSS are, according to the BPC’s definition, the wide variety of “clinical and social services” (including medical services, vocational services like supported employment, benefits planning, transportation, personal care, and many others) that assist

those who have functional limitations in one or more activities of daily living. People who meet this definition, according to BPC, include those with physical, cognitive, developmental, or other chronic health conditions. LTSS are provided for a longer period of time than traditional clinical or medical services, and they are typically not covered by private health insurance plans. The report discusses several possible approaches to decreasing costs and increasing access to LTSS, under the backdrop of anticipated demand for LTSS doubling over the next 35 years. The report proposes both private and public sector changes that would either reduce the cost of LTSS for consumers or improve the delivery and integration of care for persons who need LTSS.

For example, working-age Americans with disabilities who require LTSS to work may be able to access LTSS only through means-tested programs, such as Medicaid waivers. In many states, individuals working full-time may no longer qualify for these Medicaid waivers, a policy that creates barriers to employment. The report therefore proposes an Enhanced Medicaid Buy-In option. Under this option, the states would provide LTSS using Medicaid funding and would charge a sliding-scale premium based on income. The report notes that such a program would be costly, but it would decrease out-of-pocket spending by \$130 billion and Medicaid spending by \$154 billion.

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## **National Quality Forum Hosts Second In-Person Meeting on Measuring Quality in Home and Community-Based Services, Including Supported Employment**

On March 30-31, the National Quality Forum (NQF) will host its second in-person meeting of its Home and Community-Based Services (HCBS) Quality project in Washington, D.C. The project was designed to measure performance gaps in HCBS to inform the future development of better metrics for measuring and improving quality of the services that support community living. The NQF has three goals: (1) to create a way to measure HCBS with a consistent definition of what HCBS are; (2) to create a framework for measuring the quality of HCBS; and (3) to identify gaps in existing HCBS provided and make recommendations as to how to improve the services so that they provide greater benefit to beneficiaries. For instance, the project may address issues such as coordinating employment services with other health services that might be offered by different health care providers.

The meeting is open to the public. Comments may be made in person at the meeting or online. For more information, visit [The National Quality Forum's website on this project](#).

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## **EEOC Requests Public Comment on Its New Affirmative Action Employment Regulations**

The Equal Employment Opportunity Commission recently published a Notice of Proposed Rulemaking (NPRM), titled "[Affirmative Action for People with Disabilities in the Federal](#)

[Government](#),” which would codify all existing federal disability-related affirmative action practices and add new goals for hiring individuals with disabilities. The new law would require federal agencies to create a plan to hire individuals with disabilities for 12 percent of all positions above the GS-11 pay grade and 12 percent below the GS-11 pay grade. In addition, agencies should aim to hire persons with targeted or severe disabilities, as defined by OPM Form SF-256, for two percent of their workforce above the GS-11 pay grade and two percent below the GS-11 pay grade. The proposed rule would also require federal agencies to take significant steps to ensure that information on disability and reasonable accommodations is available to both job applicants with disabilities and human resources staff at the agency.

Federal agencies would be required to provide certain health-related services to their employees at work, including personal assistant services (PAS). PAS are services that assist a person with a disability with crucial activities of daily living, including using the restroom, eating at the cafeteria, and getting around the office. These services may be necessary to enable workers to advance to positions with higher pay grades as required by the proposed rule, since Medicaid buy-in programs for individuals with disabilities often have income caps lower than the GS-11 pay range. Under the proposed rule, many people with disabilities who could not otherwise access these PAS services at work, or who could not afford to pay for them out of pocket, would receive the services they need free of charge. Although PAS would not be considered a reasonable accommodation, the rule would classify the service as a mandatory affirmative action step.

Public comments on this rule are due on April 25, 2016. Members of the public may submit comments through the [Federal Register](#).

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## **Wisconsin: Update on Wisconsin’s Overhaul of Its Medicaid Program, IRIS, and Supported Employment Program**

Following several months of public forums (See [October 2015’s Employment, Health, and Disability Update](#) for some of the LEAD Center’s earlier coverage on Wisconsin), Wisconsin’s Department of Health Services has decided to replace its eight regional Medicaid-funded managed-care organizations (MCOs) with three integrated health agencies (IHAs) in each region. The IHAs will offer supportive services, such as supported employment, as well as medical care. They will also offer an option to beneficiaries similar to Wisconsin’s alternative health benefit system, IRIS (Include, Respect, I-Self-direct).

The changes are expected to keep disability-related Medicaid spending in check. According to the Wisconsin Department of Health Services, funding for long-term services and supports cost \$3.4 billion this year. In its [concept paper about the planned changes](#), the Department said that the reforms will slow the growth of expenditures by improving overall health rather than cutting eligibility or coverage.

Both vocational rehabilitation and supported employment are services covered by the final plan discussed in the concept paper, and rely on relationships with providers that may change when the administrative framework is reorganized.

Wisconsin's health department must send a final version of the concept paper to the Legislature's Joint Finance Committee by April 1, but hearings are still ongoing, to which advocates can contribute. For more information, read the [Wisconsin State Journal article](#).

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## Iowa's Medicaid Program Moves to Managed Care for Its Services

After more than a year of debate, the Center for Medicare and Medicaid Services (CMS) approved the state of Iowa's plan to transition all of its Medicaid-funded services, including supported employment, to managed care, effective April 1, 2016. The new program will be called IA Health Link. Medicaid managed care generally refers to a method of administering a state's Medicaid program by which the state contracts with health care providers and medical facilities to provide care for Medicaid beneficiaries at a reduced cost to the state and with a goal of improved quality of care. Service are often coordinated through Managed Care Organizations (MCOs).

Iowa had first proposed transitioning the state's 560,000 Medicaid clients to managed care in early 2015, with a goal of finalizing the transition by January 2016. The transition was delayed until April 2016 by CMS to ensure that Iowa had enough provider networks to facilitate the large scale change. Iowa's Medicaid Director noted that the state has had time to improve its network greatly during the delay, with more than 96 percent of all state Medicaid providers signed on with at least one of the MCOs.

More information:

[Information on Managed Care at Medicaid.gov](#)

[Iowa Governor Branstad's press release on Iowa's transition](#)

[Iowa Medicaid managed care gets go-ahead from federal government | The Gazette](#)

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