



Employment, Health Care and Disability Policy Update: August 2017 Newsletter

August 31, 2017

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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A.J. Drexel Autism Institute Releases National Autism Indicators Report for 2017

The A.J. Drexel Autism Institute recently released its National Autism Indicators Report for 2017, "[Developmental Disability Services and Outcomes in Adulthood](#)." The A.J. Drexel Autism Institute has released these reports since 2015, as part of its Life Course Outcomes Program, to gather "a base of knowledge about things other than clinical interventions that promote positive outcomes for people on the autism spectrum." The report primarily uses data from the Adult Consumer

Survey, which is part of the National Core Indicators series of reports and surveys for people with developmental disabilities.

The National Autism Indicators Report for 2017 focuses on the employment, health, and postsecondary education outcomes of people with autism who used developmental disabilities services during the 2014-2015 survey cycle. According to the report, approximately 78 percent of funding for developmental disability services came from Medicaid. The report found, among other things, that:

(a) half of all the people with autism surveyed used six or more developmental disability services, although 25 percent were not receiving all the services they needed;

(b) people with autism were more likely to have co-occurring health conditions, but were also likely to be receiving regular doctor's visits and checkups; and

(c) only 14 percent of all the people with autism using developmental disability services had paid employment in the community, while over half were performing unpaid work or receiving services in a facility or day training setting.

The drafters of the report noted that there is an urgent need for better data on the health, employment, and the life course outcomes of adults with autism. In the "Conclusions and recommendations for future research" section, they express concern about adults who may be eligible for developmental disability services, but who are not receiving them, the lack of data on which services and supports contribute to better employment and life course outcomes for people on the autism spectrum, and the conflicting data available on the health of people with disabilities.

For more information, [download the report](#).

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Senate Finance Committee Announces Bipartisan Hearings on Health Care in September

The U.S. Senate Health, Education, Labor and Pensions Committee (HELP) [has announced](#) that it will hold bipartisan hearings on how to "stabilize and strengthen" the individual insurance market during the first week of September. According to Senator Lamar Alexander of Tennessee, the purpose of the hearings is to create a bipartisan short-term proposal by mid-September, since health insurers must report how much their health insurance premiums will cost by the end of the month.

The announcement came after the Senate narrowly voted against what would have had a significant impact on the health insurance market, particularly on Medicaid. Medicaid is one of the largest funders of home and community-based supported employment services for people with disabilities. The bipartisan Problem Solvers Caucus in the house also [has released several proposals for fixing "problems with the Affordable Care Act."](#)

For more information, read [The Hill article](#).

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Anniversary of the Americans with Disabilities Act (ADA) on July 26, 2017 and Gains Made by People with Disabilities in Employment and Community Integration

July 26, 2017 of this year marked the 27th anniversary of the Americans with Disabilities Act (ADA), the nation's foremost civil rights law for people with disabilities. Since the passage of the ADA, Americans with disabilities have made great strides in their fight for full equality and inclusion in society. More Americans with disabilities than ever are [employed in the community](#), have transitioned into [the community from restrictive institutions](#), and have made their voices heard in public life.

Here are some of the ways that the government celebrated the 27th anniversary of the ADA:

- ODEP Deputy Assistant Secretary Jennifer Sheehy [released a blog](#) on how the ADA can aid job seekers with disabilities, and the Employment Assistance and Resource Network (EARN) on Disability Inclusion released a [special July 26, 2017 newsletter](#);
- Department of Labor Secretary Alexander Acosta [emphasized that people with disabilities](#) are an important and underutilized talent pool in the American workforce;
- The new White House administration [released its first declaration](#) of an ADA anniversary; and
- [Various cities](#) and municipalities throughout our country celebrated the ADA's anniversary with conferences, [marches](#), and presentations.

The ADA National Network also [released a toolkit](#), which offers press kits, sample language, and other information for any groups that wished to celebrate the ADA's 27th anniversary.

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HCBS Transition Plans Update

Kentucky Receives Final Approval for Its HCBS Transition Plan

On June 13, 2017, Kentucky received [final approval](#) for its home and community-based services (HCBS) Transition Plan from the Center for Medicare and Medicaid Services (CMS). Final approval was granted because Kentucky: (a) conducted a site-specific assessment of all settings receiving HCBS Medicaid funding and outlined ways that it would rectify any lack of compliance; (b) created a method for communicating with beneficiaries in settings that will not or cannot come into compliance with the Final Rule; and (c) outlined a detailed plan explaining how heightened scrutiny procedures will work within the state.

Kentucky, as part of its response to the concerns CMS outlined in its initial approval letter, made

changes to its Transition Plan to ensure that its non-residential HCBS settings comply with the Final Rule. Non-residential settings are generally settings that provide integrated day services and supported employment services to beneficiaries. The changes Kentucky made include creating an improved process for compliance monitoring in these setting, which includes an open-ended survey for beneficiaries that asks them about their experiences.

For more information on the final approval of Kentucky’s HCBS Transition Plan, [read the final approval letter](#).

Arkansas Receives Final Approval for its HCBS Transition Plan

On June 2, 2017, Arkansas [received final](#) approval for its HCBS Transition Plan from CMS. Final approval was granted because Arkansas: (a) established “ongoing quality assurance measures” that will ensure all settings remain in compliance with the Final Rule in the future; and (b) added additional details on how the state will determine which settings are submitted for heightened scrutiny, with a particular focus on the fact that consensus from stakeholders determines the state’s final decision.

Arkansas made several revisions to its Transition Plan as part of the response to concerns CMS raised in its initial approval letter. One of the most substantial revisions Arkansas made was in providing clarity on how the state would ensure that beneficiaries have access to non-disability-specific settings, including employment.

For more information, [read the final Arkansas approval letter](#).

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Kentucky Submits Amendment to add a Work Requirement to its Medicaid Section 1115 Waiver

On July 3, 2017, Kentucky submitted [an amendment](#) to its Section 1115 waiver proposal, [Kentucky HEALTH](#), which would make changes to Kentucky’s Medicaid expansion. The proposal with its amendment would require all adults covered by the Medicaid expansion, as well as some non-medically-fragile Medicaid enrollees, to work up to 20 hours per week to maintain Medicaid coverage. Competitive integrated employment, job search or job training activities, volunteer work, education, or caring for a relative with a condition that prevents them from working would qualify as work. Most adults with disabilities would not have to adhere to the work requirements. However, the proposal only excludes adults who are “on Medicaid due to a disability.” Expansion of adults and other people with disabilities who did not qualify on the basis of disability for Medicaid would ultimately have to adhere to the work requirements.

The proposal also (a) requires all Medicaid enrollees making over 100 percent of the federal poverty level (FPL) to pay premiums to maintain Medicaid coverage; (b) would create an open enrollment period for Medicaid; it also prohibits people who do not reapply for coverage within the enrollment period, or who fail to pay a premium, from reapplying for coverage for six

months; and (c) would add a high-deductible health savings account and an incentive account for purchasing extra coverage.

For more information, read the [original Kentucky HEALTH proposal](#) and [its amendment](#).

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Mathematica Policy Research Releases Money Follows the Person Demonstration Program Annual Report for 2015

Mathematica Policy Research (MPR) recently released its [2015 Annual Evaluation Report](#) for CMS's national Money Follows the Person (MFP) rebalancing demonstration program. The MFP demonstration program is a grant offered by CMS that provides support to transition beneficiaries from institutional settings to community-based settings. It offers program beneficiaries a comprehensive suite of long-term services and supports (LTSS) that a beneficiary may require to live successfully in the community and to adjust to community life. LTSS may include supported employment services and other services someone may require to prepare for and/or engage in employment. The program also funds a rebalancing effort in the states to shift funding for long-term services and supports from institutional to community-based settings. The Annual Evaluation Report describes the changes that have been made to the demonstration program since transitions began in 2007 through fiscal year 2015.

MPR found that the largest number of transitions into the community were made during calendar year 2015 due to the high growth rate of the program. The transitions generated health care cost savings of \$204 to \$978 million because it was less expensive to serve beneficiaries in the community than in institutions. MPR also found that the quality of life of the beneficiaries who transitioned increased. Most beneficiaries noted that they were much happier with where they lived. Most also reported that unmet care needs had actually decreased since leaving the institution.

For more information, [read the 2015 Annual Evaluation Report](#).

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Center for Medicare and Medicaid Services (CMS) and Truven Health Analytics Release Report on Medicaid-Funded Long-term Services and Supports Expenditures for FY 2015

Truven Health Analytics, a division of IBM Watson Health Business, produces annual reports each year of Medicaid long-term services and supports expenditures and how they change over time. Truven recently released its latest report, "[Medicaid Expenditures for Long-Term Services and Supports \(LTSS\) in FY 2015](#)." The report shows that Medicaid-funded HCBS have continued to grow, with overall spending on Medicaid-funded HCBS growing from 53 percent in fiscal year (FY) 2014 to 55 percent in FY 2015. Home and community-based services include supported employment services and other services that assist people in preparing for work and/or

engaging in employment. Medicaid-funded long-term services and supports represent 30 percent of total Medicaid expenditures. However, growth rates for this decade are low as compared with the growth rate in previous decades.

The largest growth rates are in Medicaid managed care. Spending on managed care increased by 25 percent from FY 2014 to FY 2015. Funding for Medicaid state plan authorities and demonstration programs, such as Section 1915(i) and the Money Follows the Person demonstration programs, also has increased.

For more information, [read the Truven Health Analytics report](#).

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