

**The Affordable Care Act:
Individuals with Disabilities, Individuals with Chronic Conditions and
Individuals Who Are Aging**

Pulling It All Together

Disabled and Elderly Health Programs Group

Provisions of the ACA: Individuals with Disabilities, Chronic Conditions and Individuals who are Aging

The Affordable Care Act includes numerous opportunities to improve the care and services available to individuals with disabilities, individuals with chronic conditions, and individuals who are aging

Provisions of The Affordable Care Act: Section 2302: Concurrent Care for Children

Children electing hospice care may
continue to receive curative treatment.

Provisions of The Affordable Care Act: Section 2401: Community First Choice Option

- Adds Section 1915(k) to the Social Security Act.
- Optional State Plan benefit to offer Attendant Care and related supports to individuals, providing opportunities for self-direction.
- Includes 6% enhanced FMAP
- Statewide – in community (not institutions)

Provisions of The Affordable Care Act: Section 2402: Removing Barriers to HCBS

- Removing Barriers to HCBS
 - 2402(a) – Secretary to Develop Rules Related to HCBS
 - Directs the Secretary to promulgate rules on HCBS to ensure that systems have systems in place for HCBS related to allocation of resources, providers, maximum choice and control.
 - CMS is working in a cross-HHS workgroup on this provision.

Provisions of The Affordable Care Act: Section 2402: Removing Barriers to HCBS, Cont'd

- Section 1915(i) established by DRA of 2005. Effective January 1, 2007
- State option to amend the state plan to offer HCBS as a state plan benefit
- Unique type of State plan benefit with similarities to HCBS waivers
- Breaks the “eligibility link” between HCBS and institutional care now required under 1915(c) HCBS waivers
- 1915(i) was modified through the ACA with the changes becoming effective October 1, 2010

Provisions of The Affordable Care Act: Section 2403: Money Follows the Person

- Provides for the extension and expansion of Money Follows the Person through 2016.
- Extension of the MFP Demonstration Program offers States substantial resources and additional program flexibilities to remove barriers.
- New States can apply to join program.

Provisions of The Affordable Care Act: Section 2701: Adult Health Quality Measures

- Development of core set of quality measures for adults eligible for Medicaid.
- Establishment of a Medicaid Quality Measurement Program

Provisions of The Affordable Care Act: Section 2703: Health Homes for Individuals with Chronic Conditions

- Adds Section 1945 to the Social Security Act
- Enables States to offer Health Homes to individuals with certain chronic conditions.
- Provides opportunity for person-centered system of care
- Coordinated care to ensure access to a multi-disciplinary array of services to treat the “whole” person
- For State designed programs that meet the requirements, enhanced FMAP (90%) is available for the coordination services.

Provisions of The Affordable Care Act: Section 10202: Balancing Incentive Program

- Effective October 1, 2011
- BIP offers a targeted FMAP increase to States that undertake structural reforms to increase nursing home diversions and access to HCBS.
- The enhanced matching payments are tied to the percentage of a State's long-term services and supports that is offered through HCBS.
- Requires States to implement structural changes including: a no wrong door—single entry point system, conflict-free case management services, and core standardized assessment instruments.

Provisions of The Affordable Care Act: Section 6407: Home Health Face to Face Encounters

- Requires face to face encounter by a physician before certification of need for Home Health services
- Effective 1/1/2010

Provisions of The Affordable Care Act: Provisions to Improve Care Coordination for Dually Eligible Individuals

Subtitle H – Improved Coordination for Dual Eligible Beneficiaries

Section 2601 – 5 Year period for Medicaid waivers for individuals dually eligible

Section 2602 –Establishes Federal Coordinated Health Care Office (FCHCO)

- More effectively integrate benefits, and
- Improve coordination between Federal government and states to ensure full access to services for duals

Worth Noting...Newly Eligible Individuals

Estimated 16 million new covered lives

Many will have significant health challenges

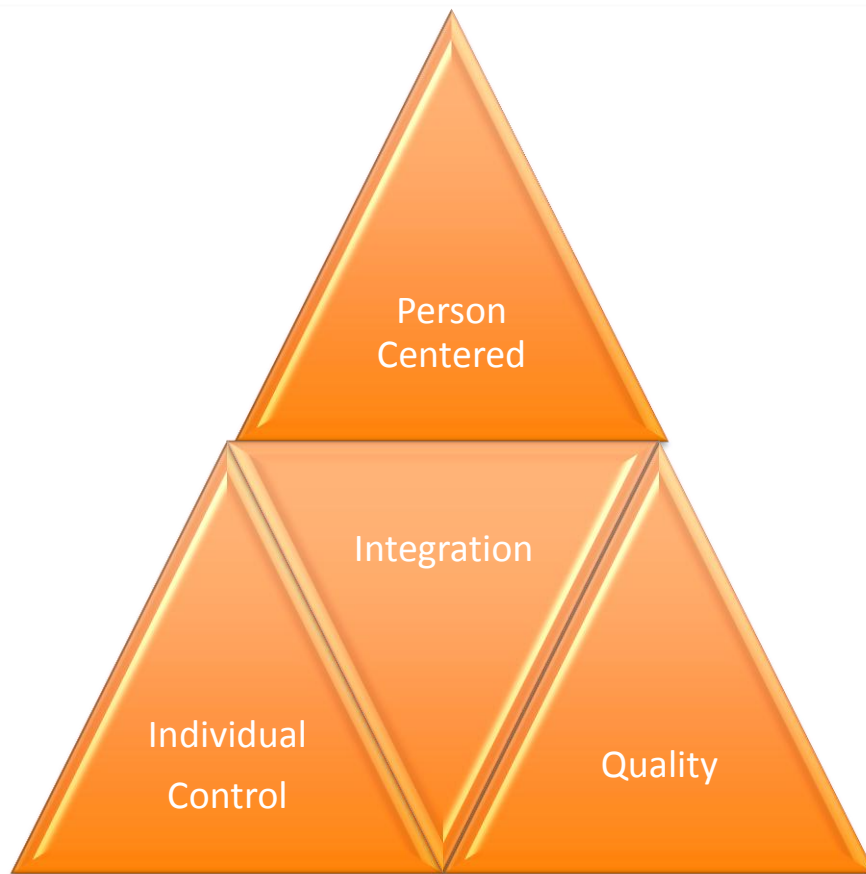
For example, an estimated 5.4 million people who are currently uninsured and have a MH/SUD problem would gain coverage under the ACA

50% of those individuals are likely to be served Medicaid.

Common Themes – Uncommon Opportunities

- This is a time of unprecedented opportunity to transform the system of care for individuals with disabilities

The Foundation for a Redesigned Service System for Individuals with Chronic Conditions



Person Centered

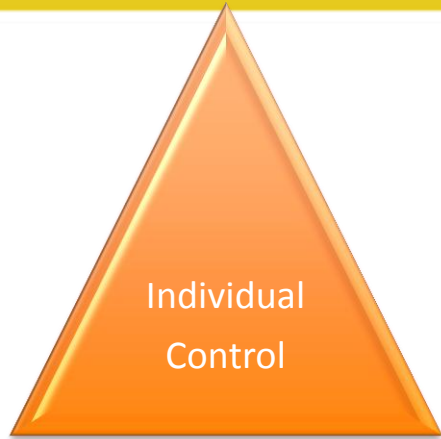


Person
Centered

The following provisions explicitly or implicitly require a strong person-centered planning approach, including functional assessment tools:

- Community First Choice Option
- Removing Barriers to HCBS – both in 1915(i) and Secretarial rulemaking
- Quality Measurement
- Health Homes for Individuals with Chronic Conditions
- Balancing Incentive Program
- Money Follows the Person
- Home Health – Face to Face Encounters

Individual Control



The following provisions allow for or explicitly require self-direction and other attributes maximizing individual control:

- Community First Choice Option
- Removing Barriers to HCBS – both in 1915(i) and Secretarial rulemaking
- Quality Measurement
- Health Homes for Individuals with Chronic Conditions
- Balancing Incentive Program
- Money Follows the Person

Quality



Quality

The following provisions include explicit quality requirements:

- Community First Choice Option
- Removing Barriers to HCBS – both in 1915(i) and Secretarial rulemaking
- Quality Measurement
- Health Homes for Individuals with Chronic Conditions
- Balancing Incentive Program
- Money Follows the Person
- Provisions related to individuals dually eligible for Medicare and Medicaid

Integration



Integration

The following provisions promote or require improved integration and strong coordination (Medicare/Medicaid; acute/primary/LTC and behavioral; community integration):

- Community First Choice Option
- Removing Barriers to HCBS – both in 1915(i) and Secretarial rulemaking
- Quality Measurement
- Health Homes for Individuals with Chronic Conditions
- Balancing Incentive Program
- Money Follows the Person
- Provisions related to individuals dually eligible for Medicare and Medicaid

Additional Commonalities

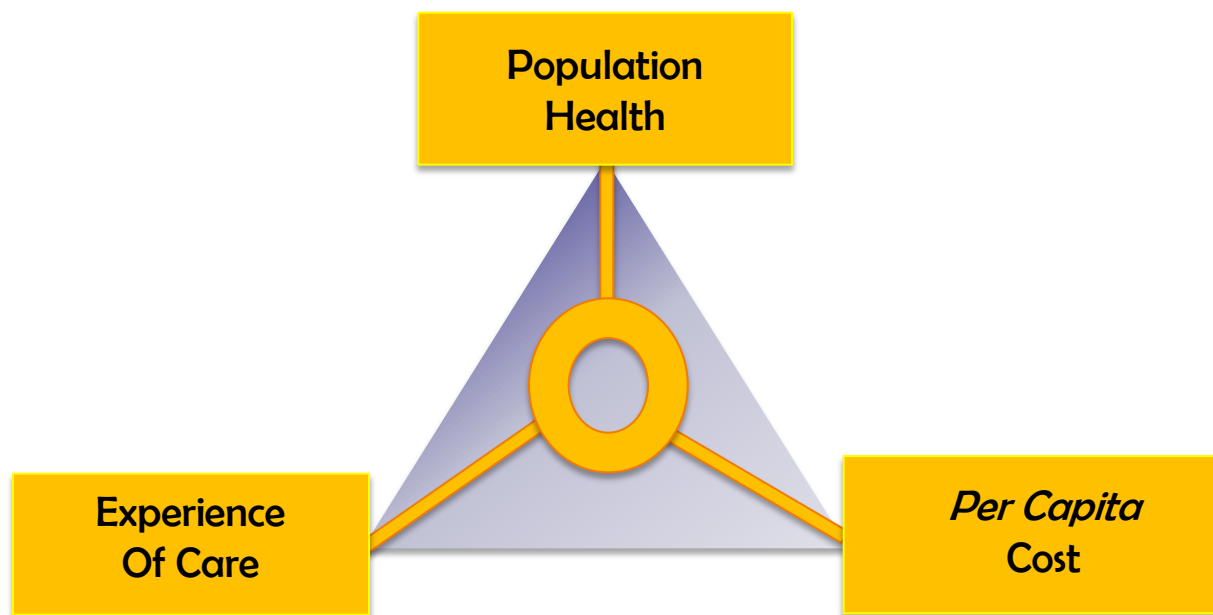
Opportunities for Enhanced FMAP:

- Health Homes
- Balancing Incentives
- Community First Choice Option

Challenge: Pull it All Together

- Opportunities for Efficiencies in Program Design and Development
- Opportunities to Coordinate Efforts to achieve improved care, improved experiences of care, and cost savings....the Triple Aim

The “Triple Aim”



Additional Context

In addition to the Affordable Care Act – there are additional contextual pieces important in this discussion...

- The Americans with Disabilities Act and the Olmstead Decision through the Community Living Initiative
- The Mental Parity and Addictions Equity Act of 2008 is the law of the land
- State Budgets

Discussion: Opportunities and Challenges

- How do we take the most advantage of the opportunities of these new tools in these challenging economic times?