

January 13, 2010

The Honorable Nancy Pelosi
Speaker
U.S. House of Representatives
Washington, DC 20515

The Honorable Henry Waxman
Chairman
House Energy and Commerce Committee
Washington, DC 20515

The Honorable Charles Rangel
Chairman
House Ways and Means Committee

The Honorable George Miller
Chairman
House Education and Labor Committee

Dear Speaker Pelosi and Chairmen Waxman, Rangel and Miller

The undersigned national organizations representing older adults, people with disabilities, and those who serve them write to thank you for your leadership on the *Affordable Health Care for America* Act. We are especially grateful for the inclusion of provisions related to improving long-term services and supports (LTSS) in this country, and as you begin merging the House and Senate bills we strongly urge you to not only keep in these provisions but also ask you to consider adding those LTSS provisions that were included in the Senate bill. Together, these multiple and complementary provisions have the promise of: increasing personal choice and independence, helping people live in their homes and communities, bending the cost curve on Medicaid, reducing caregiver stress, and offering financial assistance to middle class families currently paying out-of-pocket for long-term care needs.

We deeply appreciate inclusion of *Community Living Assistance Services and Supports (CLASS)* provisions in the House bill. Similar provisions are in the Senate bill, and we look forward to inclusion of the CLASS program in the final health care bill as well.

We appreciate the Sense of Congress included in the House Manager's Amendment that supports the view that states should be allowed to elect to implement a Medicaid *Community First Choice Option* that would cover community-based attendant services and supports for Medicaid beneficiaries who would otherwise qualify for institutional care and would provide an enhanced federal match for state Medicaid dollars. As you merge the bills, we urge you to adopt the language in the Senate bill that establishes this option for states.

We want to thank you for your commitment *to reducing barriers to home and community-based services* for people with LTSS needs, as well as to *improving spousal impoverishment protections* for HCBS beneficiaries. We greatly appreciate the November 7, 2009 colloquy between Energy and Commerce Committee Chairman Waxman and Health Subcommittee Chairman Pallone, in which Chairman Waxman stated: "I support the elimination of barriers to the provision of home and community-based services under Medicaid" and "I will continue to work with you and other Members to enact legislation that gives State Medicaid programs a robust option for offering low-income Americans the choice of receiving long-term care services in the

community rather than in a nursing home.” Chairman Pallone stated: “The Empowered at Home Act, H.R. 2688, which I sponsored with Representative DeGette, helps encourage States to improve and increase access to home and community-based services under their Medicaid programs. While we were not able to include these other provisions from the Empowered at Home Act in H.R. 3962, I hope that we can consider their inclusion in the final health reform bill that emerges from the conference with our Senate colleagues.” We urge you to adopt the provisions from the Senate bill on these issues.

Finally, we ask you to include *the state balancing incentives payments program* that is also in the current Senate bill. These four Medicaid HCBS provisions complement CLASS and each other, and are critically important elements of health care reform for seniors and people with disabilities. As you know, these are financially difficult times for states seeking to balance multiple policy objectives. If we are to succeed in reducing the cost curve for long-term care services and supports, we must provide states with additional tools for improving the allocation of Medicaid resources between institutional care and less costly home and community based care. These provisions offer the kinds of tools states need. Therefore, we note the importance of retaining all of the other Medicaid home and community-based services (HCBS) provisions currently in the Senate bill as they are currently structured and at their proposed funding levels.

We also support retaining Senate provisions that would extend the *Money Follows the Person Rebalancing Demonstration* and would allocate resources to *Aging and Disability Resource Centers*.

Currently, we spend approximately 73% of Medicaid long-term care resources devoted to older people and adults with physical disabilities on institutional care, even though most individuals prefer the often less expensive and more cost-effective HCBS. According to AARP’s Public Policy Institute, Medicaid dollars can support nearly three older people and adults with physical disabilities in home and community-based settings for every person in a nursing facility. According to a study by Stephen Kaye published in a 2009 *Health Affairs* article, states that invested in HCBS, over a relatively short period of time, were able to slow their rate of Medicaid spending on long-term care.

It is important to recall that, in July of last year, the SCAN Foundation released findings from Lake Research Partners showing that nearly 8 of 10 people surveyed would be more likely to support health reform if it improved coverage of home and community-based long-term care services.

Inclusion of the provisions discussed above will help families, strengthen support for health reform, promote choice and independence, reduce burdens on Medicaid and help to address what is likely the greatest unmet care need for millions of vulnerable Americans.

Sincerely,

AARP
APSE
Alzheimer's Association
American Association of Homes and Services for the Aging
American Association of People with Disabilities
American Association on Health and Disability
American Association on Intellectual & Developmental Disabilities
American Dance Therapy Association
American Network of Community Options and Resources
American Society on Aging
Association for Gerontology and Human Development in Historically Black Colleges and Universities
Association of University Centers on Disabilities
Autism Society
B'nai B'rith International
Bazelon Center for Mental Health Law
Brain Injury Association of America
Burton Blatt Institute
Catholic Health Association of the United States
Disability Rights Education and Defense Fund
Easter Seals
Families USA
Helen Keller National Center and the National Coalition on Deaf-Blindness
Higher Education Consortium for Special Education
The Jewish Federations of North America
Lutheran Services in America
NCCNHR: The National Consumer Voice for Quality Long-Term Care
NISH
National Academy of Elder Law Attorneys
National Alliance for Caregiving
National Association for Home Care and Hospice
National Association of Councils on Developmental Disabilities
National Association of Nutrition and Aging Services Programs
National Association of Professional Geriatric Care Managers
National Association of State Directors of Developmental Disabilities Services
National Association of State Head Injury Administrators
National Committee to Preserve Social Security and Medicare
National Council on Aging
National Council on Independent Living
National Disability Institute
National Disability Rights Network
National Down Syndrome Congress
National Multiple Sclerosis Society
National Respite Coalition
National Senior Citizens Law Center
National Spinal Cord Injury Association

OWL – The Voice of Midlife and Older Women

Paralyzed Veterans of America

SEIU

Services and Advocacy for Gay, Lesbian, Bisexual & Transgender Elders

TASH

The Arc of the United States

United Cerebral Palsy

United Spinal Association

Vets First

Volunteers of America

Wider Opportunities for Women

World Institute on Disability