THE PARTNERSHIP FOR MEDICAID

July 22, 2019

The Honorable Mitch McConnell Majority Leader United States Senate S-230 Capitol Bldg. Washington, D.C. 20510

The Honorable Chuck Grassley Chairman Senate Finance Committee 219 Dirksen Senate Office Bldg. Washington, D.C. 20510 The Honorable Chuck Schumer Minority Leader United States Senate S-221 Capitol Bldg. Washington, D.C. 20510

The Honorable Ron Wyden Ranking Member Senate Finance Committee 219 Dirksen Senate Office Bldg. Washington, D.C. 20510

Dear Leader McConnell, Minority Leader Schumer, Chairman Grassley and Ranking Member Wyden:

The undersigned members of the <u>Partnership for Medicaid</u> are writing to express our support for the extension of three (3) existing Medicaid demonstration programs whose common objective is helping older adults, people with disabilities and people with serious mental illnesses and addiction disorders to live in the community with friends and family.

We note that H.R. 3253, the Empowering Beneficiaries, Ensuring Access, and Strengthening Accountability Act of 2019 passed with overwhelming bipartisan support in the House – 371 to 46 on June 18, 2019; it provides for a multi-year extension of: Money Follows the Person (MFP), the Certified Community Behavioral Health Clinic (CCBHC) Medicaid demonstration and the Medicaid Spousal Impoverishment provisions.

The **Money Follows the Person (MFP)** demonstration helps states rebalance their Medicaid long-term care systems. According to the Centers for Medicare and Medicaid Services, over 91,000 people with chronic conditions and disabilities have transitioned from institutions back into the community through MFP programs. At this writing, fortythree (43) states and the District of Columbia participate in MFP with the joint goal of building sustainable community-based long-term service and supports for older adults and people with disabilities.

Similarly, the **Certified Community Behavioral Health Clinics (CCBHCs)** demonstration helps to divert people with serious mental illnesses and/or substance use disorders from hospital emergency departments, county jails and homeless shelters. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), nearly 400,000 patients with mental health and Opioid Use Disorders (OUDs) have received community-based services in the first year of implementation alone. For example, early data suggests that CCBHCs are reducing drug overdose deaths in New York State and diverting people in psychiatric crisis from Oklahoma county jails. Finally, the **Medicaid Spousal Impoverishment provisions for home and communitybased services** provide special protections for the spouses of Medicaid beneficiaries to ensure that the spouses have the minimum support needed to continue living in the community while their husband or wife receives long-term care benefits at home or in the community. Specifically, these provisions protect certain income and assets to support the community spouse's living expenses and prevent financial insolvency helping to ensure that families can stay together when someone requires long-term care and can be served at home rather than in an institution.

The Partnership for Medicaid strongly urges the Senate to extend the MFP, CCBHC and Spousal Impoverishment provisions. We thank you for your consideration of these critical issues within our nation's social safety net.

Sincerely,

AFL-CIO

America's Essential Hospitals Association for Community Affiliated Plans Association of Clinicians for the Underserved Catholic Health Association of the United States Children's Hospital Association Easterseals Medicaid Health Plans of America National Association of Counties National Association of Pediatric Nurse Practitioners National Council for Behavioral Health National Health Care for the Homeless Council National Hispanic Medical Association The Jewish Federations of North America