

September 26, 2022

The Honorable Cathy McMorris Rogers
U.S. House of Representatives
House Energy and Commerce Committee
2322 Rayburn House Office Building
Washington, DC 20515

Dear Leader McMorris Rogers,

The Medicaid Health Plans of America (MHPA) thanks you and your fellow Energy and Commerce Republican colleagues for the opportunity to provide feedback on “Disability Policies in the 21st Century: Building Opportunities for Work and Inclusion.” We greatly appreciate your thoughtful and proactive approach to this critical policy area and look forward to not only providing feedback on this comprehensive memo/request for information (RFI), but to continue to collaborate with you as you develop solutions to improve the lives of those with disabilities.

Representing over 130-member health plans which serve more than 48 million Medicaid enrollees in 40 states, the District of Columbia and Puerto Rico, Medicaid Health Plans of America (MHPA) is committed to promoting and expanding meaningful health care coverage, which is critical to health equity. We support policies that protect and improve the Medicaid program for vulnerable populations, including people with disabilities, that rely on this critical safety net program. Below, please find responses to many of the items introduced in “Disability Policies in the 21st Century.”

ACCESS TO LONG-TERM SERVICES AND SUPPORTS

1.1 Regarding Medicaid’s Institutional Bias:

A. How can Congress reduce or eliminate the institutional bias in Medicaid?

MHPA’s support for managed long-term services and supports (MLTSS) is grounded in the belief that MLTSS are valued health care options for Medicaid beneficiaries that can make a meaningful difference in their lives, health outcomes, and quality of care. MLTSS include institutional services such as care received through nursing homes, as well as all home and community-based services (HCBS) such as personal care, social engagement, work supports, adult day care, home delivered meals, and transportation services. MHPA supports efforts to increase access to HCBS, when appropriate, to improve quality of life, to improve health outcomes, to build increasing social capital for beneficiaries, and to enable choice for older adults and those with disabilities.

We appreciate efforts by Congress to increase flexibility in the Medicaid program related to long-term services and supports (LTSS) that allow for increased community engagement and allow for states to offer HCBS as an alternative to institutional care.

The Money Follows the Person (MFP) demonstration supports state efforts to rebalance their LTSS system by transitioning individuals to community living. According to a 2022 CMS report, MFP has transitioned 107,128 people to community living between 2008 and 2020. Recent funding streams from

Congress on HCBS and the MFP demonstration have improved the ability of states to implement these services in their state Medicaid programs. To incentivize uptake more broadly across states, we recommend Congress consider adopting policy changes that encourage program enrollment and continue to provide financial support for states that have yet to expand HCBS and for states that are looking to expand coverage for existing HCBS programs.

We would also like to highlight the value that MLTSS provides when delivering care in states that allow HCBS. [In a report published by CMS](#), seven states that had waiting lists for HCBS waivers before the start of their MLTSS programs were interviewed after MLTSS was implemented. The report found that among those seven states, two eliminated their waiting lists and four decreased the number of people on their waiting lists after MLTSS programs began. The rate of decrease in wait ranged from 12% in New Mexico to 92% in Wisconsin. States electing to use managed care as a delivery system can have a positive impact on access to HCBS services.

B. What tools can Congress give to the Federal Government and states to help them enact policies to reduce or eliminate the institutional bias in Medicaid in the most cost-effective way? In your answer, please also address whether phasing in specific HCBS services as mandatory benefits over time or phasing in eligibility for such services by specific populations over time would be cost-effective solutions.

We recommend that Congress explore avenues to build on the flexibilities and person-centered supports that are today only available through waiver or waiver-like programs. By designing a benefit that maintains flexibility to align with consumer needs, Congress could establish a more sustainable benefit design that includes a suite of services inclusive of companion care, homemaker services, peer supports, nutritional programs, home modifications for accessibility & safety, and personal care. The availability of a suite of benefits and services to support independent living could disrupt the pipeline of beneficiaries from hospital discharge to institutional settings.

We would also encourage Congress to consider adopting the following safeguards and suggestions to further support and promote Medicaid program flexibilities that are person-centered and can help individuals live safely and successfully in the community:

- **Access, Quality, and Person-Centered Safeguards.**
 - **Appropriate Access.** Beneficiaries should have access to services and supports that are appropriate, improve quality of life, and that best meet the needs and goals of the individual. Safeguards should be considered that ensure that beneficiaries have the supports and services that align with their individualized needs for such services and supports.
 - **Quality Care through Quality Driven Services and Supports.** Beneficiaries should have access to a combination of needed services and supports that is high-quality, comprehensive, and cost effective.
 - **Person-Centered.** Beneficiaries should be treated with dignity and respect; they should be included and engaged across the care continuum; and they should be empowered with the freedom, control, and responsibility to make informed choices that include care plans reflecting the needs and preferences of the beneficiary, as appropriate. For example, a beneficiary may express a strong preference to remain in their home and, if appropriate, their care plan should align with this interest.

- **Provider education and training.** Education campaigns and trainings present an opportunity to increase participation in HCBS. Providers may not be aware that HCBS is available for patients in certain states and are therefore not always making beneficiaries aware of the option even when it is available. We encourage resources be made available to increase awareness of this option in provider communities so they can inform their patients of the option to live in the community when feasible.
- **Workforce Support.** The workforce crisis is a complicating factor that should be addressed via outreach and engagement across communities and sectors. While the severity varies by state and discipline, the impact is strongly felt with high-need specialties as well as in rural areas and tribal communities. We believe strategies to increase and diversify the pool of providers for Medicaid to support the whole person needs of beneficiaries that choose to remain in their home and communities would help mitigate the effects of provider shortages, be a valuable investment in the health care workforce, incentivize provider participation in high-quality programs designed for Medicaid populations, and augment and maximize the caregiving workforce.
- **Portability.** HCBS wait lists can have the effect of disincentivizing people with disabilities from moving to a different state for fear of rejoining the wait list. Reciprocity between HCBS states would allow these individuals the freedom and independence to move to other states.

C. Should waitlists be eliminated for certain classes of beneficiaries immediately (such as military or veteran families with disabled children) while other waitlist reforms are implemented over a longer period of time?

Most individuals and families want to live in the community. We encourage Congress to make sustainable, thoughtful shifts to reducing barriers to community living for all individuals. By intervening early, before hospitalization or institutional placement, individuals have the strongest opportunity to live safely and successfully in the community.

Congress should work with the Administration to explore additional pathways to supporting individuals with disabilities by ensuring increased access to home and community-based services and supports as the preferred and more cost-effective option to hospitalization or institutional placement. HCBS provide access to care and services in the most integrated setting suited to the individuals' needs and allows for choice and dignity.

We also encourage Congress to consider strategies to address the unique needs of children and youth with complex medical conditions that require LTSS. The transition point for youths aging into adulthood is an opportunity for Congress to consider safeguards that ensure children and youth who receive in-home community-living supports would continue to receive these supports into adulthood.

1.3 In regard to ensuring that Medicaid beneficiaries can better utilize the existing eligibility pathways, so that people with disabilities are not held back by bureaucracy and red tape:

D. How can Congress use existing eligibility pathways to support people with disabilities? How can Congress streamline pathways to reduce confusion among beneficiaries and their family members and

case workers? Instead of expanding eligibility to new beneficiary groups or increasing resource levels, how can Congress simplify eligibility pathways for states and beneficiaries so that they can more easily take advantage of the existing opportunities that may be available for them?

While Medicaid is a federal-state partnership, individual states have processes and systems for eligibility determinations and enrollment that can make it difficult to recommend uniform strategies. However, we encourage Congress to support efforts by CMS to help identify best practices and technical assistance for states that would streamline eligibility pathways for people with disabilities and address specific barriers to eligibility determinations and enrollment by geographic area and provider type. For example, Congress could take steps to clarify existing eligibility pathways for individuals with disabilities and encourage CMS to work with its state partners to raise awareness across the states about the full range of services they are permitted to provide to beneficiaries through programs such as the Ticket to Work pathway.

1.5 In order to build upon the existing infrastructure available to support family caregivers, including ensuring access to respite care and essential caregiving training:

C. What discretionary programs for caregiver training are working? Which programs should be reviewed and reconsidered by Congress?

Addressing workforce challenges and supporting paid and unpaid caregivers remain some of the most critical pieces to the long-term care conversation. The need for caregivers is outpacing supply and will pose a significant challenge to meeting population health needs for the foreseeable future. MHPA calls on Congress to support efforts to augment the provider workforce through investments in the health care workforce that include family caregivers.

ACCOMODATIONS IN DAILY LIFE AND IN THE COMMUNITY

2.1 In order to ensure greater access to more affordable assistive technologies:

A. Should Congress consider authorizing Medicaid to reimburse for the cost of technologies that may have secondary uses that are not necessary or assistive, even if the primary usage is for assistive technology purposes? If so, what, if any, limitations should Congress consider when authorizing such flexibilities? Please provide any data on the cost effectiveness of such technologies.

Remote patient monitoring and telehealth are valuable tools that can support and maximize access to care and provide people with increased self-sufficiency and independence. While we understand Congressional concern about funding assistive technology, we must underscore that the integration of technology into daily life has presented significant opportunities to optimize technology for the benefit of beneficiaries and their caregivers that can support and enhance the delivery of in-home services, reduce caregiver burden, and potentially improve a person's quality of life.

2.2 Health care accommodations must be accessible to all Americans, regardless of whether they have disabilities or not. In order to ensure federal protections that support accommodations to health care:

C. How have telehealth and other remote monitoring technologies been used to improve accessibility to health care services for people with disabilities? How did the utilization of such services during the pandemic improve access to care or mitigate a worsening of access to care? What should Congress consider when examining future extensions of telehealth and remote monitoring authorizations?

Meeting the care and support needs of the Medicaid beneficiaries we serve is critical to our mission and our sustainability as Medicaid managed care organizations. We believe there is a shared effort to ensure individuals have access to health care settings and community settings that allow them to maintain their best health and well-being.

During the COVID-19 pandemic, we saw firsthand the value of telemedicine to facilitate access to services and supports in areas where beneficiaries may have difficulty finding a provider. Individuals can have various motivations for seeking care remotely, including a lack of mobility or an immunocompromised health status, and telehealth access gives individuals choice on how to interact with their provider. The ability of enrollees to be able to self-determine where they receive care is important to maintaining health and well-being. For these options to be available to people with disabilities, telehealth must not only be available, but must also be compliant and accessible.

To build on efforts to expand the availability and accessibility of telehealth, we encourage efforts to increase access to broadband internet services and smart-enabled devices for Medicaid beneficiaries. To address the digital divide and increase health equity, we encourage investments in broadband infrastructure to make telehealth more accessible in areas with limited access. The Lifeline program from the Federal Communications Commission (FCC) and the Emergency Broadband Benefit provide critical access to affordable phones and broadband. According to an FCC report, as of June 20, 2021, approximately 6.9 million subscribers were enrolled in the program – Congress can act to expand eligibility and access to these programs to ensure that low-income individuals are able to access telehealth services more reliably.

We also encourage investments in telehealth platforms that are accessible for individuals with varying types of disabilities to allow them the freedom to choose care delivery models that suit their needs; we specifically refer to [The National Council on Independent Living's guidance](#) on how telehealth can be made more accessible for people with disabilities.

We believe steps could be taken to address how telehealth fits into network adequacy requirements and support efforts to encourage states to move away from the hub-and-spoke model of telehealth, and instead continue investing in broadband and technology access through grants and funding to promote direct-to-consumer telehealth.

Through partnerships with providers, states, and CMS, Medicaid health plans continue to deploy innovative solutions that improve access and maximize the caregiving workforce. We encourage Congress to continue to support and invest in telehealth where evidence-based, appropriate, and needed.

Again, thank you for this opportunity and we look forward to working with you and your staff as you advance this critical work to improve the lives of people with disabilities. If you have any questions or would like additional information, please contact Shannon Attanasio, Vice President, Government Relations and Advocacy, at sattanasio@mhpa.org.

Sincerely,

/s/

Shannon Attanasio
Vice President, Government Relations and Advocacy