

Legislation Seeks HCBS Expansion

FMAP Incentive Payments Aimed At Boosting Implementation

A spate of legislation introduced recently in both chambers of Congress are aimed at expanding Medicaid home- and community-based services (HCBS) programs through grants and “incentive payments” to states.

The Home and Community Balanced Incentives Act of 2009, introduced by Sens. Maria Cantwell (D-Wash.) and Herb Kohl (D-Wis.), would provide several states with “resources and financial incentives to broaden the range of Medicaid services offered to people in their homes and communities, allowing more of them to live as independently as possible while still receiving the care they need.”

Under the legislation, the “incentive payments” would go to states that spend less than 50 percent of its long term care expenditures on non-institutional services. Payments would go to the states in the form of enhanced

federal medical assistance percentages (FMAP). States would be required to use them only for non-institutionally based long term care services.

Additional provisions of the measure would require the application of spousal impoverishment protections to recipients of HCBS and streamline the application and approval process for combined 1915(c) waivers.

The legislation also requires states to create a statewide “no wrong door” single-entry point system for long term care services.

A second measure, also introduced by Cantwell, seeks to establish long-term services and supports through single-entry point systems, evidence-based disease prevention and health promotion programs, and enhanced nursing facil-

ity diversion programs. The measure, Building on the Promise of Home- and Community-Based Services Act of 2009, is co-sponsored by Sen. Debbie Stabenow (D-Mich.).

Reps. Bruce Braley (D-Iowa) and Paul Sarbanes (D-Md.) introduced a companion measure in the House.

The National Association of State Units on Aging and the National Association of Area Agencies on Aging are pushing the bill as part of an initiative, Project 2020, which builds on “best practices in community-based long term care.”

A third measure, introduced by Rep. Eliot Engel (D-N.Y.), is aimed at providing Medicaid impoverishment protections to spouses of beneficiaries receiving HCBS.

—Meg LaPorte



Home, Community Service Definition Could Change

The Centers for Medicare & Medicaid Services (CMS) is proposing to allow states to combine Medicaid waivers and establish guidelines to define home- and community-based services (HCBS) under Medicaid for the first time.

According to an Advance Notice Proposed Rulemaking (ANPR), published in the June 22 *Federal Register*, CMS will publish proposed amendments to Medicaid HCBS 1915(c) waiver regulations.

The ANPR solicits comments on the merits of providing states with the option to combine the existing three waiver targeting groups and on the

most effective means to define home and community settings.

Last October, CMS released a draft white paper proposing the changes. CMS also proposed a definition of HCBS settings in a prior notice of proposed rulemaking.

CMS agreed with several comments by the American Health Care Association (AHCA) and the National Center for Assisted Living.

“I’m very pleased that CMS agreed with many of our previous comments on the issue, including that states develop, with public input, clear guidance on defining HCBS settings, that CMS provide guidance to the states

that encourages the inclusion of the full range of state licensed, certified, or registered settings, and that the size of the setting may not be indicative of the opportunities for community integration,” says Janice Zalen, senior director of special programs for AHCA.

Zalen, however, expressed disappointment with CMS because it “seems to imply that person-centered planning and care cannot or does not occur in institutions.”

In fact, she says, many nursing, assisted living, and other long term care residential settings provide person-centered care and services.

—Lisa Gelhaus