



THE ARC, AAIDD, AUCD,  
UCP, NACDD AND SABLE

## FACT SHEET

### COMMUNITY CHOICE ACT

#### Background

Nearly half of all long-term services and supports are financed through Medicaid. However, there is a long-standing "institutional bias" within the Medicaid program. While states are required to provide services within nursing homes, community-based services and supports are optional. As a result, over 60% of Medicaid funding for long-term services and supports is spent on institutional services. The developmental disabilities service system has effectively utilized the Medicaid Home and Community Based Services waiver to shift the majority of funding from institutional settings towards the community. Yet the extent to which this has occurred varies considerably among states. In addition, there are extensive waiting lists within states for community-based services and supports. Not all states maintain detailed waiting list information, but, conservatively, hundreds of thousands of individuals with developmental disabilities are awaiting services. Many of these individuals are residing with aging family caregivers. Recent estimates indicate that over 711,478 adults with intellectual and developmental disabilities are living with family caregivers who are 60 years of age or older.

#### Community Choice Act

The Community Choice Act would provide Americans with equal access to community-based services and supports. It would provide individuals with disabilities in nursing homes and other institutional settings with options to receive community-based services. It would also help address waiting lists by providing guaranteed access to a community-based benefit within Medicaid. Specifically, the legislation would amend Medicaid to require state Medicaid plan coverage of community-based attendant services and supports for certain Medicaid-eligible individuals. States would receive an enhanced federal matching rate for meeting certain benchmarks and for serving people whose costs exceed 150 percent of average nursing home costs.

Services under this legislation would include services to assist individuals with activities of daily living (ADLs), instrumental activities of daily living (IADLs), and health-related tasks through hands-on assistance, supervision, or cueing. ADLs include assistance with eating, toileting, grooming, dressing, bathing, and transferring. IADLs include assistance with meal planning and preparation; managing finances; shopping for food, clothing, and other essential items; performing essential household chores; communicating by phone and other media; and traveling around and participating in the community. Health-related tasks are defined as those tasks that can be delegated or assigned by licensed health-care professionals under state law to be performed by an attendant. Services also include assistance in learning the skills necessary for the individual to accomplish these tasks him/herself. Services must be provided in a home or community setting based on a written plan.

States would be required to establish a Development and Implementation Council to work with the state in developing and implementing the state plan amendment necessary in order to provide the

services. The majority of Council members must be individuals with disabilities, elderly individuals, or representatives of such individuals, and must collaborate with providers and advocates. Services must be made available statewide and must be provided in the most integrated setting appropriate for the individual.

### **Action Taken by Congress and the Administration**

Senators Tom Harkin (D-IA) and Arlen Specter (R-PA) along with Representative Danny Davis (D-IL) introduced the Community Choice Act (S. 683; H.R. 1670) on March 23, 2009. The legislation has bi-partisan support. The Community Choice Act has been referenced in testimony at hearings concerning long-term services and supports within the context of health care reform.

### **Recommendations**

Members of Congress should co-sponsor and pass the Community Choice Act either as a stand-alone piece of legislation or as part of comprehensive health care reform that addresses the needs of Americans for long-term services and supports.

### **Relevant Committees**

Senate Finance Committee

House Energy and Commerce Committee (Subcommittee on Health)

For more information, please contact The Arc and United Cerebral Palsy Disability Policy Collaboration (202-783-2229), Association of University Centers on Disabilities (301-588-8252), American Association on Intellectual and Developmental Disabilities (202-387-1968), or National Association of Councils on Developmental Disabilities (703-739-4400).

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## TALKING POINTS FOR ADVOCATES

### FOR YOUR USE ONLY/NOT FOR DISTRIBUTION

#### COMMUNITY CHOICE ACT

- There is an institutional bias within Medicaid.
- Americans with disabilities do not have an equal choice of receiving home and community services.
- While states must provide Medicaid services and supports in nursing homes, community-based services and supports are optional.
- Over 60% of Medicaid funding for long-term services and supports is spent on institutional services.
- Most Americans would prefer to receive home and community-based services but are forced into more costly nursing homes and other institutions to get the services they need.
- Hundreds of thousands of individuals with disabilities and their families are on waiting lists for Medicaid home and community-based services.
- Senators Tom Harkin (D-MA) and Arlen Specter (R-PA) and Rep. Danny Davis (D-IL) introduced the Community Choice Act (S. 683/H.R. 1670).
- The Community Choice Act would guarantee access to community-based attendant services and supports within Medicaid.

#### Congress should:

- Pass the Community Choice Act so that it can become law as part of health reform.

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