

## Protecting Essential Disability Services and Workforce in Your State: SUPPORT THE DISABILITY COMMUNITY ACT (HR 5902)

### ISSUE SUMMARY:

Implementing the new Department of Labor (DOL) overtime exemption rule presents significant and unique challenges for intellectual and developmental disability (IDD) community service providers who are funded nearly exclusively through the Medicaid program. Specifically, the Medicaid Home and Community-Based Services (HCBS) program is the key funding mechanism which assists providers in ensuring that millions of individuals with IDD and their families have support with daily life functions such as: getting ready in the morning, grocery shopping, establishing employment and ensuring they are integrated in society. Disability service providers are price takers, not price setters, relying on fixed reimbursement rates which are negotiated by states. **Unless adequate funding is in place, providers will have to make difficult decisions which will likely result in reduction of services or wages, or both, leading to disastrous consequences for the individuals they serve.**

The American Network of Community Options and Resources (ANCOR) has been working for decades to support the workforce that in turn supports individuals with disabilities with intellectual and developmental disabilities to live in the community and outside of state-run institutions. **This is why we are calling on Congress to pass the Disability Community Act of 2016 (H.R. 5902) and keep the services for people with IDD stable across the nation.**

### THE DISABILITY COMMUNITY ACT

**Proposes a highly targeted Medicaid bump (FMAP bump) to comply with DOL's Overtime Exemption Rule, DOL's Home Care Rule and CMS' HCBS Settings Rule.**

- The legislation focuses on these three rules because they are three major federal rules that impact community integration for individuals with IDD, but are not achievable without funding in place.
- States would quantify the **additional** costs of compliance with these three federal rules over any and/or all quarters in years 2017, 2018, and 2019. The federal government would provide additional assistance over these three years while providers effectively spend that time working with their states to update funding and rates.
- The bill narrowly targets HCBS IDD providers because this specific population relies almost 100 percent on Medicaid funding, which is unique. Unlike other Medicaid providers, IDD providers do not receive alternative revenue such as private pay or health insurance funding.

**Creates a way to pay for the bill with the electronic visit verification (EVV) section, which has widespread bipartisan support.**

- This pay-for would create savings over the course of 10 years by reducing funds to states that did not use EVV systems for personal care or home health services. These services impact intellectual and developmental disabilities and other disability populations.
- Any EVV system put in place would require stakeholder involvement at the state level, be minimally burdensome, and not require that services be provided solely in home, among other requirements.
- Due to the above reasonable requirements, this pay-for enjoys widespread bipartisan support.

**Removes the offensive and antiquated reference of "mental retardation" and replaces it with "intellectual and developmental disabilities" in the portion of the Social Security Act where Medicaid law resides.**

The Disability Community Act is a bipartisan bill led by U.S. Representatives Paul Tonko (D-NY) and Steve Stivers (R-OH) as well as the leaders of the Bipartisan Disabilities Caucus, Representatives Jim Langevin (D-RI) and Gregg Harper (R-MS). Please contact their staff or Esmé Grant Grewal, ANCOR Senior Director of Government Relations, at [egrant@ancor.org](mailto:egrant@ancor.org) for more information on supporting the Disability Community Act.