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PMHC OPPOSES GRAHAM-CASSIDY-HELLER-JOHNSON PROPOSAL
Medicaid Partnership Urges Action for Home and Community-Based Care Access

WASHINGTON, DC – David J. Totaro, Chairman of the Partnership for Medicaid Home-Based Care (PMHC), issued the following statement as Congress considers the Graham-Cassidy-Heller-Johnson (GCHJ) proposal.

“Having had the opportunity to review the GCHJ proposal, we wish to express our opposition to passage in its current form and again urge the Senate to ensure that any legislation proceeding to a vote reflect the desire of millions of Americans to have improved access to home-based care and services. Home-based care has been well-documented as being a high-touch, low-cost, consumer-preferred solution that delivers clinically-advanced, cost-effective, and compassionate services to Americans every day. Indeed, it is for these reasons that Home and Community-Based Services (HCBS) have long enjoyed deep support among lawmakers and government officials who recognize it as a value-driven asset for the Medicaid program.

“We are concerned with the extent of the funding reductions that are projected to occur under GCHJ as well as with what we believe is the legislation’s insufficient emphasis on low-cost home-based care and services. We recognize that GCHJ institutes a reduction in the rate of growth of Medicaid spending, but we fear that the extent of that reduction is so significant as to constitute a severe cut and a historic transfer of cost to the states. We are similarly troubled by the inclusion of an untested Medicaid block grant mechanism in lieu of current expansion, subsidy, and related funding, since it will redistribute billions of dollars away from states with large and vulnerable Medicaid populations. Finally, we note the apparent contradiction between the deep funding cuts proposed by GCHJ and the reliance on provider innovation on which the CMS Innovation Center’s newly-announced initiative depends.

“In light of the Medicaid program’s statutory purpose, GCHJ’s dramatic changes cannot avoid directly impacting the elderly, disabled, and behaviorally unwell individuals for whom Congress established the program. As a result, we continue to strongly support the September 21, 2017 and June 26, 2017 consensus statement from the National Association of Medicaid Directors (NAMD) which called for thoughtful and deliberative consideration of Medicaid reform due to the complexity of the program.

“Although the Medicaid program plays a vital role across our nation, 1965-era aspects of the program are vestiges of a time long past. Nowhere is this as evident as the bias that still exists within the program for institutionalization of individuals who can be served equally well and at much lower cost in their homes and communities. Indeed, Medicaid still requires that individuals who want to remain in their homes instead be placed in nursing homes and other institutional facilities at greater cost to the Medicaid program and taxpayers.

“For that reason, PMHC encourages Congress to consider ways in which the Medicaid program can be appropriately modernized so that access to and the savings derived from home-based care and services can be improved. Among the PMHC’s proposed ideas are:

- “Adoption of a “Home First” model that would ensure individuals are offered home-based care and services if they qualify for and desire such placement, rather than being summarily routed to an institutional setting.
- “Stronger Medicaid program integrity via such improvements as open Electronic Visit Verification (EVV) systems, appropriate qualification standards for personal care aides, standardized payment rules and program processes, and minimum standards to ensure that utmost competency and integrity of all program participants.
- “Rebalanced Medicaid mandates putting home-based care and services on equal footing with institutional care through reduced state reliance on Medicaid Waivers to offer home and community-based services and extension of presumptive eligibility and spend-down policies to include individuals receiving home and community-based services.
- “Expanded access to long-term services and supports (LTSS) for people who are dually eligible for Medicaid and Medicare by allowing shared cost savings between Medicare and Medicaid so that their needs can be met in cost-effective HCBS.
- “Expanded utilization of smart home technology, which is already in use by private payers and Medicare Advantage plans, due to its demonstrated ability to continuously monitor individuals’ status and avoid unnecessary hospitalizations via proactive intervention.
- “Implementation of value-adding program updates relating to housing tax credits and vouchers, benefit and functional assessment tools for individuals with cognitive impairments, and payment accuracy to ensure appropriate allocation of resources and a reduction in Medicaid spending through expanded access to consumer-preferred, cost-effective home and community-based care and services.
- “Preservation of innovative programs such as the Community First Choice Option and Money Follows the Person that provide states with incentives for supporting Medicaid recipients in their homes and communities rather than in nursing homes or other institutional facilities.

“By strengthening Medicaid recipients’ access to high-quality, low-cost, consumer-preferred home and community-based services, we are confident that decision makers can achieve improved outcomes, increased quality of life and satisfaction, and significantly reduced program costs. As Congress thinks through various Medicaid reform proposals, we look forward to working with lawmakers to strengthen individuals’ access to high-quality, high-value home-based care.”

PMHC is comprised of organizations representing home care agencies, associations, MCOs and other payers, and business affiliates who have come together to improve the quality and integrity of Medicaid funded home- and community-based services (HCBS). Recognizing the integral role of home- and community-based care in the Medicaid program, the PMHC is dedicated to advancing and supporting public policies that bring accountability to and secure the Medicaid program for care recipients and taxpayers alike.

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