

MiCASSA Legislation

Issue

Legislation entitled, The Medicaid Community-Based Attendant Services and Supports Act of 2003 (MiCASSA - HR 2032; S 971) requires states to mandate Medicaid coverage of personal attendant care and therefore would decrease funding for optional Medicaid programs and come at the expense of vulnerable and frail seniors and the seriously disabled who choose to receive services in a facility setting.

Background

AHCA strongly believes that people with disabilities should receive care in the least restrictive setting. However, some people with disabilities or frail elderly individuals cannot safely receive services in a home or in a community-based setting because of their need for close care or 24-hour nursing care. For them, the nursing facility, Intermediate Care Facility for the Mentally Retarded (ICF/MR), or waived home is the most appropriate place of care. It is important to preserve their choice regarding where they receive services: in their home, with family assistance, in community-based facilities or in institutions. AHCA fundamentally believes the institutional setting has a proper place in the continuum of long term care. The US Supreme Court ruled in the landmark *Olmstead* case, "Each person is entitled to treatment in the most integrated setting possible for that person—recognizing that, on a case-by-case basis, that setting may be an institution."

The MiCASSA legislation would amend Medicaid law to require states to offer a new open-ended entitlement program for attendant care services that are selected, managed and controlled by the individual. Because it is a mandate on states, states are forced to fund all who are eligible. As state Medicaid programs are currently strapped for funds, states may decrease funding to optional programs such as those for the mentally retarded in order to fund this new mandate. This would effectively decrease an individual's ability to choose facility based care.

States already have the ability to provide attendant care service programs under the Medicaid 1915(c) waiver option, and at least 32 do. AHCA believes that it is inconsistent to mandate this optional service on states when Congress has already provided this flexibility under the Medicaid program. For FY 2003, 33% of Medicaid long term care funding was devoted to funding home and community based care with 67% devoted to institutional care.

This bill is cost prohibitive. The Congressional Budget Office estimated in 1997 that this new entitlement program would cost the federal government \$10-20 billion a year.

Personal attendant care is not appropriate for all people with disabilities. A personal care attendant coming to their home for a few hours each day does not best, or safely, serve those individuals with profound and severe mental retardation. Because people with profound mental retardation need 24-hour care and monitoring, the family members and guardians of the individuals with profound mental retardation often choose institutions as the best source of care for their loved ones. Federal regulation defines institutions as facilities with 4 or more beds and they are licensed as ICF/MR or group homes. ICFs/MR are a home with personal and support services ensuring learning through active treatment. Group homes are similar but with no federal requirement for active treatment.

Status

The MiCASSA legislation has been referred to the Senate Finance Committee and the House Energy and Commerce Committee and no action has been taken. Senators Tom Harkin (D-IA) and Arlen Specter (R-PA) introduced S 971 and the bill has 18 co-sponsors. Representative Danny Davis (D-IL) introduced HR 2032 and it has 99 cosponsors.

Action

AHCA strongly calls upon Congress to oppose MiCASSA legislation and instead to work for solutions that would best serve all people with disabilities to choose where they live and receive services. We ask Congress to develop a broader, more comprehensive national policy that addresses the long term health care needs of all citizens -- and recognizes the need for and value of living arrangements that include adequately funded facilities as well as home and community-based settings

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