**disABILITY LINK – Legislative and Social Policy Report – July 2018**

There is never a shortage of items to include in a legislative and policy report on disability rights, after all, there are people with disabilities in all areas of life, we are the most diverse of all so-called minority groups, anything that impacts anyone is likely to impact people with disabilities.  For the sake of brevity, I am addressing a couple of pieces of legislation that has required attention in the past few weeks.

disABILITY LINK staff and consumers participated vigorously in the recent “call in” activities around The Disability Integration Act (DIA) and the Empower Care Act.  The DIA (S910, <https://www.congress.gov/bill/115th-congress/senate-bill/910>) secures the right for all people with disabilities to live in the community (and has been included in these reports regularly).  The EMPOWER (Ensuring Medicaid Provides Opportunities for Widespread Equity, Resources) Care Act (S2227, <https://www.congress.gov/bill/115th-congress/senate-bill/2227>) extends and improves the Money Follows the Person Program so more people can transition out of institutions and back into the community.  There are several good reasons (here as per this America Association of People with Disabilities report) to support such legislation and call your congressional legislators to ask them to co-sponsor:

1.  Enhances Opportunities - Medicaid requires states to provide care in nursing homes, but makes home and community-based services (HCBS) optional. MFP re-balances Medicaid by providing grants to states to cover transitional services. Thanks to MFP, over 75,000 individuals with chronic conditions and disabilities and seniors have been able to transition from institutions back into the community since 2015.

2.  Improves Quality of Life - At the end of 2015, more than 43 states and the District of Columbia were participating in the MFP demonstration. As part of an evaluation provided to Congress in a 2017 report, the Centers for Medicare and Medicaid Services (CMS) concluded that there is strong evidence beneficiaries’ quality of life improves when they transition from institutional to community-based long-term services and supports (LTSS). MFP participants experienced increases across all seven quality-of-life domains measured, and the improvements were largely sustained after two years.

3.  Saves Money - Providing LTSS in the home is more cost effective than institutional care because, among other reasons, it eliminates the need for Medicaid to cover the cost of room and board in a nursing home. On average, per-beneficiary per-month expenditures for those participating in the re-balancing demonstration declined by $1,840 (23 percent) during the first year of transition from a nursing home to home and community-based LTSS, saving $978 million. CMS also found that MFP participants are less likely to be readmitted to institutional care than other beneficiaries who transition but do not participate in the program.

4.  Expired Program - The MFP program expired over a year ago. States can continue to use their remaining grant funding through 2020, but that is not enough to maintain the program at current levels, and certainly will not allow states to expand the number of participants. Overall, states have had to scale back plans submitted to CMS by approximately 40%. This means fewer individuals will be able to transition out of institutional settings into the care setting of their choice*.* The EMPOWER Care Act solves that problem by reauthorizing the program through 2022.

5.  Improvements - S. 2227, the EMPOWER Care Act, improves MFP by reducing the number of days someone must be in a nursing home before becoming eligible to transition from 90 to 60 (evidence shows that the longer someone remains in a nursing home, the harder it can be to transition out). The legislation also enhances the reporting and accountability of MFP funding and requires the Department of Health and Human Services to conduct a best practices evaluation that covers the most effective state strategies for transitioning beneficiaries from institutional to qualified community settings and how such strategies may vary for different types of beneficiaries.

After more recent “call in” activities by the disability community, at the end of June, the U.S. Senate passed its version of the "Farm Bill" (Manager's Amendment to the House version of the Farm Bill, [H.R. 2](https://remote.disabilitylink.org/OWA/redir.aspx?C=wn5ffZGah9zGDHR09Yee1XFpXchgYe7lIHNkU22NzyhIYYuhjODVCA..&URL=http%3a%2f%2fcqrcengage.com%2fthearc%2fapp%2fthru%3fep%3dAAAAC2Flc0NpcGhlcjAxGppkUb0DRHyHU-RMcwMdEUDjclv6NV8pM7WkiRJl1jauP4QYPlpIqMriXMz0FwUnOGlE4R7prDAM3FTsXI_N5N82-75HD5znbLv5DaRsubCxnAlj69mhag-iYiJUUMXEXcGNc7e6_EtEwpdPt_pOw-pTLbzOPnohStLcD5bvNs0GrV-2ey8MrFtLTsZnP_Nb%26lp%3d0) (the Agriculture and Nutrition Act of 2018 - <https://www.congress.gov/bill/115th-congress/house-bill/2>). The bill reauthorizes farm programs and policy as well as the [Supplemental Nutrition Assistance Program (SNAP)](https://remote.disabilitylink.org/OWA/redir.aspx?C=cG-uYvlvViYiFqcwTHrndJ-mCoBzRk3VGq-ciwkNrlVIYYuhjODVCA..&URL=http%3a%2f%2fcqrcengage.com%2fthearc%2fapp%2fthru%3fep%3dAAAAC2Flc0NpcGhlcjAx37EUUQK16KkNI5fzHnaK3-54bahWJiWy4XUzlaFZSPgm2GC3rqc6G_BJUkzgzSeiOfHTRSHDaKsaJtdMaOX6Dq1Gm4Rlob8A2mYzy6WXL3ufsro7PWweE2jqWFCyVUun0CoVTzG74ytq-tJAC7gaY9UnPr5gxp2H2EjbDJsCSS_N3J-Z2_lEP-36YokwwWwJhHheJhkIM8SsF11NaMlzVydHPmXGkE1p4BauCRiGz_kpyLH0jQAQ_0VCxCKfUHslRwSX8OQMf4gfV6-DJsjoUZNjYdkwoa-8ovn9mJRATj88TYS66Gxd9Sajp9xsKlGHbVhXnLApd1SgqdSU7zflltnfsUVcA7WiKWoE0IDrRT5HU-s6Z6-H_ZAgy2cNQ4gZTffL6cOKHvOiKR4oEeks9LOlJIBs9J_wuBPwWxbPjGeyk2RCeYtso2Yj1Iu7xqG4M64Q4685VfnV4949oDw1xWt7cQpqqeSKr53yJYvUQPvKokkvacouTIh0GU4GwLokOFt1-Vpt9XgTto-HwFQjrTZZkyeQyPACZYPRphfvfRXTXlOLP6z-fsflmtP5OZVOawn84-xx7WHvmzXkRbEy5D-ezbuJPGc6FjJgFA_jG89vTNifO3eywjWhpiKM6H-y7b4hPiF5Np5SQjQP_8tZmDEonx89RTJXsFuFAiuUUCE%26lp%3d0). It is a bipartisan bill that did not include cuts and other provisions that were contained in the House of Representative version of the bill. The next step will be a negotiation between the House and Senate to find a compromise between the two approaches. More than 11 million people with disabilities rely on SNAP to help put food on the table.  According to The Center on Budget and Policy Priorities, SNAP has a major role for the disability community.

Disability can have serious economic consequences **-** for example, one study estimates that by the tenth year after onset of a chronic and severe disability, average earnings fall by 76 percent, family income falls by 28 percent, and food and housing consumption falls by 25 percent.

People with disabilities are more likely to live in poverty, endure material hardships, and experience food insecurity - lower family income, higher disability-related expenses, and the challenges of providing needed assistance and care to family members with disabilities, undermine the economic well-being of people with disabilities and their families.  People with disabilities are at least twice as likely to live in poverty and struggle to put enough food on the table as people without disabilities.  Health conditions may be made worse by insufficient food or a low-quality diet.

SNAP provides needed food assistance to millions of people with disabilities - over 1 in 4 SNAP participants, equivalent to over 11 million individuals in 2015, have a functional or work limitation or receives federal government disability benefits, according to CBPP analysis of data from the 2015 National Health Interview Survey (NHIS).

SNAP helps people who may not qualify for disability benefits or who have not yet completed the often lengthy process to obtain disability benefits - SNAP assists many people with disabilities that limit work or daily life activities but who are not considered having a disability under SNAP rules.  This is because SNAP identifies individuals as having a disability based on their receipt of government disability payments (such as SSI and SSDI), which in turn generally limit payments to people who experience some of the most significant and more long-lasting disabilities.  Many individuals have disabilities that are more temporary or episodic, or otherwise do not meet the strict disability benefit standards; many others have not yet successfully completed the lengthy application, approval, and appeal process for government disability benefits.  CBPP estimates based on survey data show that about 28 percent of non-elderly adult SNAP participants have disabilities, and of those, more than two-fifths do not receive SSI or SSDI benefits.  This suggests that SNAP serves significantly more adults with disabilities than are recognized as disabled under current SNAP rules.

Recognizing the additional expenses many people with disabilities face, SNAP program rules give them consideration when determining eligibility and benefits - these accommodations can boost benefits and help individuals with disabilities with higher expenses qualify for SNAP, but they do not apply to individuals with disabilities who are not receiving disability benefits such as SSI or SSDI, so those individuals could be vulnerable to future eligibility restrictions or benefit cuts in SNAP, even if those changes exempt people who meet the program’s strict disability definition.

Research shows that SNAP works- while more research is needed to demonstrate SNAP’s specific effectiveness in improving the well-being of people with disabilities, an extensive body of evidence demonstrates that SNAP lifts millions of people out of poverty, helps families put food on the table, and can improve long-term health and economic outcomes.

SNAP can be strengthened to ensure that people with disabilities fully benefit from existing accommodations and extend these accommodations to people who have impairments but who SNAP does not recognize as having disabilities - states can ensure that individuals with disabilities receive full accommodations in the application process and are aware of and take full advantage of rules to benefit them, such as the medical expense deduction, which can enable them to qualify for larger benefits.

Thanks to everyone who called the Georgia Senators to let them know the importance of DIA, The EMPOWER Care Act and SNAP to the disability community, yet these issues are not settled. For contact information try <https://www.contactingcongress.org/> or the Congressional switchboard 202-224-3121.

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