



**CCD Long Term Services and Supports Task Force
2012 Annual Report**

2012 Issues

Affordable Care Act Implementation

The Long Term Services and Supports (LTSS) Task Force continued to focus on the implementation of the LTSS components of the Affordable Care Act through advocacy with the Department of Health and Human Services (HHS) Administration on Community Living and Centers for Medicare and Medicaid Services (CMS) especially focused on the Community First Choice Option, the Balancing Incentive Program, Section 2402(a) HCBS provision, the definition of home and community-based, and other LTSS options. The Task Force also continued to oppose repeal of the Community Living Assistance Services and Support (CLASS) program and work with partners to search for a fiscally solvent alternative.

Medicaid and Deficit Reduction

The Task Force collaborated with the Health and State Medicaid Task Forces to develop CCD Principles and Recommendations for Transitioning People with Disabilities into Medicaid Managed Care. The principles were disseminated to critical staff in CMS and key legislative staff. Individual LTSS Task Force members shared the principles with their grassroots members to assist them with state-level advocacy and ensure that the complex needs of people with disabilities are met.

The Task Force tracked Congress's efforts to address the federal deficit as it related to Medicaid. Working in conjunction with other CCD Task Forces, the LTSS Task Force advocated with Congress and the Administration to ensure that people with disabilities were not hurt by any proposed changes or cuts to Medicaid considered during the deficit reduction debate. To that end, Task Force members met with Congressional proponents of per-person caps under Medicaid and other structural changes to the program, expressed opposition to such changes and encouraged more emphasis on less costly community-based alternatives such as those included in the Affordable Care Act.

Managed Long Term Services and Supports

The Task Force tracked state HCBS and 1115 waivers, especially those states proposing to significantly alter their Medicaid programs and move state LTSS services into Managed Care or integrate and coordinate care for individuals eligible for both Medicaid and Medicare (Dual eligibles).

The Task Force secured a seat on the National Quality Forum's (NQF) Measure Applications Partnership's (MAP) Dual Eligible Beneficiaries Workgroup. The Workgroup focuses on quality and performance measures for persons with disabilities, particularly those dually eligible for Medicare and Medicaid.

These are evolving issues, which will continue to stay on the Task Force agenda.

Anticipated 2013 Issues

In 2013, the Task Force will focus on the following issues and activities:

- Addressing possible Medicaid proposals to cut or make structural changes to the program that would hurt people with disabilities;
- Encouraging implementation of the Affordable Care Act LTSS programs;
- Responding to proposed regulations from CMS and other agencies;
- Monitoring state efforts to save money through comprehensive changes to Medicaid LTSS including managed care, health homes, dual eligibles, and other integrated financing and delivery system models; and
- Advocating with the Administration around community living within HHS and across departments.

2012 Co-Chairs

Dan Berland, National Association of State Directors of Developmental Disabilities Services

Maureen Fitzgerald, The Arc of the United States

Lee Page, Paralyzed Veterans of America

Laura Weidner, National Multiple Sclerosis Society