



2024 Federal Agency Priorities for the CCD Long Term Supports and Services Task Force

The [LTSS Task Force](#) addresses the services and supports that enable individuals with disabilities of all ages to live in their own homes and communities, known as Home and Community-Based Services (HCBS). HCBS, which are primarily provided through Medicaid, are necessary for the community integration, full participation, independent living, and economic self-sufficiency for many people with disabilities and older adults and makes it possible for them to fully exercise their civil and human rights.

Commitment to Anti-Racism and Equity

CCD LTSS Task Force considers the equity impact of any administrative proposal we support, in accordance with the Task Force's anti-racism principles and objectives. Data collection, analysis, and publicly transparent reporting is critical to monitoring and measuring access to HCBS for all individuals, including those living at the intersection of multiple marginalized identities. The Task Force supports efforts to create a comprehensive, consistent, federal standard for demographic collection and ensure that states have the resources necessary to meet the standard. The Task Force also supports policies to advance equity among the direct care workforce providing crucial services to LTSS beneficiaries.

The Task Force federal agency priorities include:

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services (CMS)

- ***Home and Community Based Services "Settings Rule"***: Work with CMS to prioritize strong implementation of the HCBS Settings Rule, including implementation of person centered planning. Provide additional guidance, technical assistance (TA) to states, and ongoing monitoring.
- ***Monitor Unwinding***: Work with HHS, states, and community partners on strategies for unwinding emergency waivers, permanently incorporating beneficial changes into HCBS programs, and ensuring that individuals whose eligibility for Medicaid depends

on the need for LTSS are being redetermined for eligibility in an accurate, timely, and accessible manner.

- *Implement Regulations and Guidance to Improve HCBS Transparency and Access.* Collaborate with HHS, states, and community partners to implement changes included in the finalized Access Rule, and provide feedback on revisions to the 1915(c) waiver application and technical guide. Address lack of transparency regarding public information about HCBS.
- *Comment on Medicaid Waivers That Threaten Community Integration:* Call on CMS to rescind guidance and waivers that increase funding for psychiatric institutional placements instead of investing in community-based behavioral health care. Encourage CMS and HHS to support states to expand robust HCBS for people with mental health disabilities.
- *HCBS Quality Measures:* Work with CMS to implement quality measures for HCBS that emphasize person-centered services, compliance with the HCBS Settings Rule, and equity in access to HCBS. Quality measures should also promote linkage between HCBS and general health and behavioral health, in order to promote more integrated whole-person health and wellness.
- *Increase Equity in Access to HCBS:* Work with CMS, ACL and OCR to identify racial and other inequities in HCBS and develop strategies for addressing those inequities at the intersection of marginalized identities, including: requiring states to develop equity plans for their HCBS programs; providing TA and funding for outreach to Black, Indigenous, and other communities of color, including non-native English speakers and LGBTQ+, and providers that serve them; and prioritizing transition efforts in institutions disproportionately populated with residents from those communities.
- *Monitor HRSN in LTSS:* Work with CMS to continue focus on supporting states to maximize the capacity of Medicaid to support health-related social needs, as these can profoundly impact the ability of people with disabilities to access LTSS.
- *Workforce:* Together with ACL, work with states and community partners to develop strategies to address workforce shortages in Medicaid HCBS programs.

Administration for Community Living

- Ask ACL to prioritize research to identify, and policies to address, inequities in access to HCBS and coordinate related interagency initiatives including with CMS, OCR, and the National Institute of Health's Institute on Minority Health and Health Disparities.

- Work with ACL to focus resources on building the knowledge to address longstanding issues impacting LTSS, as ACL has done with projects addressing the direct care workforce shortage and improving services for persons with disabilities, including individuals dually diagnosed with developmental disabilities and behavioral health support needs, mental illness and substance use disorder.
- Work with ACL, states and community partners to develop strategies, and encourage interagency collaboration and communication, to address workforce shortages in Medicaid HCBS programs.

Department of Labor

- Ask DOL to engage regularly with HHS, including CMS and ACL, to address workforce shortages and align policies and initiatives which impact the direct care workforce supporting HCBS.
- Work with DOL to provide better awareness of the direct care workforce supporting HCBS and how the workforce shortage impacts access to LTSS.

Office for Civil Rights

- Advocate for the issuance of final *Section 1557, Section 504 Rules to Prevent Discrimination in LTSS*, and to ensure that LTSS is delivered in the most integrated setting.

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