

The Disability and Aging Collaborative &



March 2, 2026

The Honorable James Comer
United States House of Representatives
2410 Rayburn House Office Building
Washington, DC 20515

The Honorable Robert Garcia
United States House of Representatives
109 Cannon House Office Building
Washington, DC 20515

RE: The critical role and efficiency of Home and Community-Based Services (HCBS) in the lives of people with disabilities and older adults.

Dear Chairman Comer and Ranking Member Garcia:

On behalf of the undersigned co-chairs of the Long Term Services and Supports and Health Task Forces of the Consortium for Constituents with Disabilities (CCD) and the Disability and Aging Collaborative (DAC), we urge you to oppose actions by the Administration that would restrict crucial Medicaid home and community-based services (HCBS) and harm people with disabilities and older adults.

CCD is the largest coalition of national organizations advocating for federal public policy that ensures the self-determination, independence, empowerment, integration, and inclusion of children and adults with disabilities in all aspects of society. DAC is a coalition of national and state organizations that work together to advance long-term services and supports policy at the federal level.

We write today to express deep concern about the Centers for Medicare & Medicaid Services' (CMS) continued attacks on HCBS and drastic responses to concerns about fraud. We strongly disagree with CMS' implication that increased spending on HCBS and other integral services for people with disabilities and the increased number of direct care workers alone are indicative of issues with program integrity. The Administration is taking reckless and sweeping actions that put the health, well-being, and independence of people with disabilities and older adults at risk.

People with disabilities and older adults rely on Medicaid HCBS every day, when personal care aides and direct support professionals help a person with a disability find employment and

get ready for work or ensure they are able to eat, transport brings a grandmother with Alzheimer's to an adult day center to socialize and combat loneliness, and paid family caregivers fill the gaps in the direct care labor market. More than [1 in 4 people in the U.S. have disabilities](#), and across the country, more than [one in five adults receive ongoing support](#) with these and other everyday functional needs, like bathing, dressing, and taking medications.

Increased overall spending in HCBS reflects the [increase in the number of Medicaid HCBS enrollees](#) and is the result of decades of work by families, people with disabilities, and older adults who want to live, work, and age with dignity in their own homes and communities alongside federal and state efforts to rebalance funding to HCBS from institutional facility care. [Rebalancing](#) by utilizing Medicaid funding to keep people with disabilities and older adults in their communities instead of expensive institutions both serves more people and [can save considerable money](#).

Family caregivers and direct care workers for older adults and people with disabilities being paid through Medicaid are providing life-saving, essential care that will be compromised by these actions. The increase in direct care workers and in support for family caregivers also reflects the needs of [a rapidly aging population](#) and [already underpaid workforce](#). Employment projections from the Bureau of Labor Statistics demonstrate [the demand for direct care workers will continue to grow](#). Today's [workforce growth already has not kept pace with the demand for services](#). Family caregivers' work fills critical gaps in the labor market and looks different from the typical caregiving family members tend to do for each other, and instead can involve fully bathing and grooming a grown adult, transferring someone from a bed to a wheelchair, and even skilled medical care like changing tracheotomies and monitoring ventilators.

The people with disabilities and older adults who rely on Medicaid are harmed, not protected, when the funding for their services is frozen. During debates over Medicaid spending during 2025, we heard repeatedly that Members of Congress promise to protect Medicaid for people with disabilities and older adults. Freezing hundreds of millions of dollars that pay for Medicaid HCBS does not protect people with disabilities and older adults.

More funding, not less, is needed for care. There are real crises facing the aging and disability care system. The [US population is older today than it has ever been](#), and [people turning 65 have a nearly 70 percent chance of needing long-term care](#). There is a drastic shortage of direct care workers [across every state](#). Care is not affordable – [paying out of pocket for care costs tens or hundreds of thousands of dollars each year](#). Family caregivers are being pulled to their breaking points. Several states, including [Idaho](#), [Colorado](#), [Utah](#), [Missouri](#), and [Washington](#) are proposing eliminating or reducing funding for some or all HCBS following the drastic Medicaid cuts from

H.R.1. Measures such as targeted audits, data-driven oversight, and strengthened safeguards that would actually address fraud are being discounted and dismantled.

Access to Medicaid HCBS is a matter of life, death, and independence for millions of Americans with disabilities, older adults, and their families and loved ones. **We strongly oppose the overly broad actions CMS is taking to freeze funding for Medicaid HCBS services in Minnesota and the threats to freeze funding for services across the country.** The result is the same: taking away critical services from people with disabilities and older adults who have nowhere else to turn. If you have any questions, contact Tory Cross, (tory@caringacross.org) and Natalie Kean (nkean@justiceinaging.org).

Sincerely,

The Undersigned CCD and DAC Co-Chairs

Co-Chairs of the Consortium for Constituents with Disabilities LTSS Task Force

Kim Musheno, The Arc of the United States

Tory Cross, Caring Across Generations

Gelila Selassie, Justice in Aging

Jennifer Lav, National Health Law Program

Co-Chairs of the Consortium for Constituents with Disabilities Health Task Force

Michael Lewis, American Association of People with Disabilities

Caroline Bergner, American Speech-Language-Hearing Association

Greg Robinson, Autistic Self Advocacy Network

Brit Vanneman, National Health Law Program

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