Starting January 1, 2014, the Health Care Reform Law:

- Prohibits insurance companies from denying coverage to anyone with pre-existing conditions.
- Ensures that minimum covered benefits include products and services that enable people with disabilities to maintain and improve function, such as rehabilitation and habilitation services and devices and mental health services.
- Requires insurers to accept any employer and individual that applies for coverage (guaranteed issue).
- Requires group plans to eliminate annual limits on coverage.
- Plans sold through the exchange may only vary premiums based on age, tobacco use, and family composition.
- Expands Medicaid to cover individuals 64 years of age and under with incomes up to 133 percent of the federal poverty line.

About the National Academy of Elder Law Attorneys (NAELA)

NAELA, founded in 1987, is a national association of Elder and Special Needs Law attorneys devoted to the education and training of attorneys who can meet the needs of seniors and people with disabilities, and who advocate for the needs of such individuals.

While NAELA Elder and Special Needs Law attorneys work one-on-one with clients in their local areas, NAELA also examines and advocates on national public policy issues facing seniors and people with disabilities in America including long-term health care; planning for retirement; estate planning and probate; guardianship and conservatorship; health care decision making; and elder abuse and neglect.

This informational brochure is provided as a public service and is not intended as legal advice. Such advice should be obtained from a qualified Elder and Special Needs Law attorney.

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For more information about health care reform and how to plan for your future, contact:
The Patient Protection and Affordable Care Act, the health care reform law, includes significant insurance market reforms and consumer protections which provide expanded access to health insurance to individuals who previously were unable to obtain affordable coverage. People with special needs will benefit from many of these changes.

Starting March 23, 2010, the Health Care Reform Law:
• Extended federal funding for the Medicaid Money Follows the Person (MFP) program through September 2016. The MFP program provides a financial incentive to states to help Medicaid-enrolled individuals to move out of nursing facilities and into the community. In MFP, Medicaid coverage follows the person to the community and pays for the home and community-based services they require. The law also reduces the amount of time an individual must reside in a nursing facility in order to qualify for the MFP program from 180 days to 90 days.

Starting July 1, 2010, the Health Care Reform Law:
• Provided assistance to individuals with pre-existing conditions through the establishment of high-risk pools.

Starting September 23, 2010, the Health Care Reform Law:
• Prohibited insurance companies from denying children coverage based on a pre-existing condition.
• Required individual and group plans to extend dependent coverage to adult children up to age 26, prohibited rescissions of coverage, and eliminated waiting periods for coverage of greater than 90 days.
• Required group plans to eliminate lifetime limits on coverage.

Starting January 1, 2011, the Health Care Reform Law:
• Establishes the CLASS program, a national long-term care insurance program that will provide a modest cash benefit to enrollees for the purchase of long-term care services. An individual must be employed and 18 or older to enroll. In order to receive benefits, an enrolled individual must:
  – be unable to perform activities of daily living; and
  – have paid premiums for at least five years.
The program starts in 2011, but initial enrollment is not expected until 2012 or 2013.

Starting October 1, 2011 (through October 1, 2016), the Health Care Reform Law:
• Establishes the “Community First Choice” program, in which states can choose to participate, for purposes of providing community-based supports and services to individuals with disabilities who:
  – are Medicaid-eligible;
  – require an institutional level of care; and
  – have income below 150 percent of the federal poverty level (unless the state’s income eligibility standard for nursing facility care is higher, in which case the state may apply the latter.)
States that choose to participate will be eligible to receive additional federal Medicaid money for the program’s expenses.

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