Dear Leaders Schumer and McConnell and Speaker Pelosi and Leader McCarthy,

The undersigned member organizations of the Disability and Aging Collaborative (DAC), and other state and national organizations, write to urge you to include workforce investments and permanent extension of the Medicaid Money Follows the Person Program (MFP) and Spousal Impoverishment Protections in the next legislative package. The direct care workforce supporting older adults and people with disabilities in all settings has been underfunded for decades, and the pandemic exposed the lack of value that we have put in this workforce with the low wages across settings and across the country. This human infrastructure is vital to access to long-term services and supports (LTSS) for our constituencies. To better support those in need of services, permanent reauthorization is necessary to ensure that states continue to participate in the MFP program and everyone who wants to transition from institutions to the community can get the support to do so. Permanent extension of the spousal impoverishment protections to HCBS is necessary to ensure states fully implement these protections and married people have the same access to HCBS as they do to institutional services.

The MFP program provides enhanced funding to states to help transition individuals who want to move out of institutional care and back to the community. The enhanced funding assists with the costs such as identifying and coordinating affordable and accessible housing and providing additional services and supports to make successful transitions. MFP has helped over 107,000 people with disabilities and older adults transition back to their communities as of the end of 2020. MFP has consistently led to positive outcomes for people with disabilities and older adults and shown cost-savings to states since it began in 2005. The Centers for Medicare & Medicaid Services (CMS) found an average cost savings of $22,080 in the first year per older

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adult participant, $21,396 for people with physical disabilities, and $48,156 for people with intellectual disabilities.\(^2\)

The program works, and without it, people with disabilities and older adults would be stuck in institutions and other segregated settings. In fact, recent analyses “suggest that after five years of operating an MFP demonstration, approximately 25 percent of older adult MFP participants and 50 percent of MFP participants with intellectual disabilities in 17 grantees states would not have transitioned if MFP had not been implemented.” \(^3\)

However, this success is at risk of ending without permanent reauthorization and funding. After a lapse in funding and a series of short-term reauthorizations, \textbf{the number of transitions declined by 50\% from 2017 to 2019}, \(^4\) and several states stopped transitions or dropped out of the program entirely while awaiting the assurance of long-term funding. The number of states participating went from 44 to 33 during this same time period. \textbf{Permanent reauthorization is necessary so that states know the funding is sustainable and can build on this success or restart programs they have ended due to the unpredictability of the recent short-term extensions.}

Medicaid’s “spousal impoverishment protections” make it possible for an individual who needs a nursing home level of care to qualify for Medicaid while allowing their spouse to retain a modest amount of income and resources. Since 1988, federal Medicaid law has required states to apply these protections to spouses of individuals receiving institutional LTSS. This has helped ensure that the spouse who is not receiving LTSS can continue to pay for rent, food, and medication while the spouse who needs LTSS receives their needed care in a facility. Congress extended this protection to eligibility for HCBS in all states beginning in 2014, so that married couples have the same financial protections whether receiving services in a facility or in the community.

This common-sense policy ensures that couples can continue to live together in their homes and communities as they age and families can stay together when caring for loved ones with dementia, multiple sclerosis, and other disabilities. \textbf{Permanently authorizing the extension of spousal impoverishment protections to HCBS is an important step towards ending the institutional bias.}

On behalf of people with disabilities and older adults, we request that Congress pass the permanent reauthorization of both Money Follows the Person and HCBS Spousal Impoverishment Protections this year. For additional information or questions, feel free to contact DAC co-chairs Nicole Jorwic (jorwic@thearc.org), Natalie Kean (nkean@justiceinaging.org), Howard Bedlin (howard.bedlin@ncoa.org), and David Goldfarb (goldfarb@thearc.org).

Sincerely,

AARP
Access Living
Aging Life Care Association
American Association on Health and Disability
American Association on Intellectual and Developmental Disabilities
American Civil Liberties Union
American Network of Community Options and Resources (ANCOR)
American Therapeutic Recreation Association
Association of University Centers on Disabilities (AUCD)
The Arc of the United States
The Arc of Colorado
The Arc of Delaware
The Arc of Indiana
The Arc of Kentucky
The Arc of Massachusetts
The Arc of Minnesota
The Arc of New Jersey
The Arc of New Mexico
The Arc of North Dakota
The Arc of Oregon
The Arc of South Carolina
The Arc of Tennessee
The Arc of West Virginia
Autism Society of America
Autistic Self Advocacy Network
Arkansas Long-Term Care Ombudsman Program
Association of Programs for Rural Independent Living
Autism Speaks
Bay Path Elder Services
Bet Tzedek Legal Services
Buffalo Trace Long Term Care Ombudsman Program
California Advocates for Nursing Home Reform
California Association of Public Authorities for IHSS
California Down Syndrome Advocacy Coalition (CDAC)
California Foundation for Independent Living Centers
Caring Across Generations
Meals on Wheels of America
Medicare Rights Center
Missouri Hospice and Palliative Care Association
National Academy of Elder Law Attorneys
National Association for Home Care and Hospice
National Association of Area Agencies on Aging (N4A)
National Association of Councils on Developmental Disabilities
National Association of State Directors of Developmental Disabilities Services
National Association of State Head Injury Administrators
National Association of State Long-Term Care Ombudsman Programs (NASOP)
National Committee to Preserve Social Security and Medicare
National Council on Aging
National Council on Independent Living
National ADAPT
ADAPT Montana
ADAPT of Texas
National Association of Social Workers (NASW)
National Consumer Voice for Quality Long-Term Care
National Disability Rights Network
National Down Syndrome Congress
National Health Law Program
Nevada Disability Advocacy & Law Center
National Respite Coalition
National Women’s Law Center
Nursing Home Victims Coalition Inc.
Oklahoma Disability Law Center, Inc.
Office of the State Long-Term Care Ombudsman
Ohio Region 5 Long-Term Care Ombudsman Program
On Lok PACE
Our Mother’s Voice
Paralyzed Veterans of America
Partners in Care Foundation
Personal Assistance Services Council
Personal Attendant Coalition of Texas
Protection and Advocacy Project North Dakota
Protection and Advocacy for People with Disabilities South Carolina
Service Employees International Union (SEIU)
Starkloff Disability Institute
SKIL Resource Center
SourceAmerica
Three Rivers Inc.
Topeka Independent Living Resource Center
United Spinal Association
United Spinal Association, Iowa Chapter
United Spinal Association, Louisiana Chapter
United Spinal Association, New Mexico Chapter
United Spinal, Oregon Spinal Cord Injury Connection
United Spinal, South Carolina Spinal Cord Association