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## Five Reasons SCOTUS Decision is Good for Seniors

The recent good news from the Supreme Court offers attorneys an opportunity to reevaluate what the Affordable Care Act offers clients, and how it will improve the health and long-term care of low-income seniors.

### 1) The ACA will help seniors safely transition from the hospital back to the community

Most of the attention related to Medicare and the ACA concentrates on closing the Part D doughnut hole and eliminating cost-sharing for preventive services. While these are certainly tremendous changes to the Medicare benefit, other “hidden gems” in the ACA are sometimes overlooked. One significant improvement is the establishment of the Community Based Care Transitions Program in the Center for Medicare and Medicaid Innovation (CMMI). This program will provide Medicare patients with the support they need to safely transition from participating hospitals back home, in an effort to improve care and reduce hospital readmission. This is how it works: when a patient is discharged, a participating organization, like an area agency on aging, provides the patient with transitional services, like Meals on Wheels, access to a care manager, and transportation to medical appointments, to ensure the patient continues to receive proper care back home. Visit the [CCTP](#) website to find out if there is a program in your area.

### 2) The ACA will help seniors receive primary and preventive care at home

Another valuable initiative in the ACA is the Independence at Home demonstration. Championed by Rep. Edward Markey (D-MA) and Sen. Ron Wyden (D-OR), the Independence at Home program brings home-based primary care to some of Medicare’s sickest and most frail seniors who are unable to travel to a doctor’s office. The program allows doctors to provide primary care services and perform assessments in the patient’s home. So far, Centers for Medicare and Medicaid Services (CMS) has selected [16 primary care](#) practices to participate in the demonstration.

### 3) The ACA will increase seniors’ access to community long-term services and supports

The ACA introduced two important programs to provide greater access to community long-term service and supports: 1) the Balancing Incentive Payment Program (BIPP) and 2) the Community First Choice Option (CFCO). Through BIPP, states can receive an enhanced federal Medicaid match in exchange for shifting some Medicaid spending away from institutional to community-based care. Participating BIPP states must use the enhanced federal match to provide new or expanding community-based LTSS, and cannot restrict LTSS eligibility to more than the standards that were in place in December 2010. The ACA dedicated \$3 billion to BIPP and New Hampshire, Maryland, Iowa, Mississippi, Missouri and Georgia have already agreed to participate. The CFCO allows participating states to offer community-based attendant services as a state plan benefit to individuals who meet the state’s standard for nursing facility eligibility.

To avoid institutional care, these individuals will receive attendant services needed for ADLs and IADLs. Arizona and California are two of the first states to express interest in this option.

If you are interested in advocating for BIPP or CFCO in your state, the National Council on Aging hosted a webinar on BIPP and CFCO on August 2. You can listen to a recording [here](#).

**4) The ACA expands spousal impoverishment to include HCBS waivers**

2014 will be a big year for the ACA: the exchanges will be up and running, Medicaid expansion begins, and of importance to seniors and their families, the ACA's enhanced spousal impoverishment rule will go into effect. The ACA extends spousal impoverishment protections to *all* waiver programs, including spouses of HCBS waiver participants. The only downside to the expansion is that it sunsets after five years, on December 31, 2019.

**5) The ACA decision does not change the Medicaid MOE or Medicaid LTSS**

Along with joy, the June 28<sup>th</sup> decision introduced a new, unexpected stress regarding the future of Medicaid expansion. Under the decision, HHS cannot withhold federal Medicaid dollars if a state decides not to expand its Medicaid program for individuals under 65 with incomes below 133% of the federal poverty level. Despite the fact it is completely in the state's financial interest to expand Medicaid, some state leaders are threatening not to expand their Medicaid program. Strong and dedicated advocacy will be necessary in the coming months to ensure that all states expand Medicaid and take full opportunity of the resources offered under the ACA. In the meantime, it is important to remind worried clients and colleagues that the Court's limitation on Medicaid expansion *only* limits the *new* population to be covered and does nothing to limit or change the current Medicaid program. Although some state officials believe otherwise, the decision did not do anything to threaten Medicaid LTSS, change the maintenance-of-effort requirements, or limit the ACA's improvements to Medicaid for home- and community-based services.