



Understanding the Home and Community-Based Services COVID-19 Response Proposal

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Introduction

Millions of individuals with disabilities and older adults receive Medicaid Home and Community-Based services.¹ Extensive waiting lists also exist for Medicaid HCBS.² Direct care workers and providers are providing essential services that allow individuals with disabilities and older adults to remain in their homes. Without these essential supports, individuals are at risk of being placed in institutional settings or hospitalized.

Senator Bob Casey (D-PA) and Representative Debbie Dingell (D-MI) have introduced bills (S. 3544 and H.R. 6305) to increase funding for states' home- and community-based services for people with disabilities and older adults during and after the COVID-19 pandemic.

This money would help:

- **Ensure that older adults and people with disabilities can receive care at home if they need it**
- **Minimize waiting lists**

- **Increase wages and overtime pay for home health workers**
- **Provide sick, medical, and family leave to home health workers**

What are home and community-based services, or HCBS?

Home and community-based services (HCBS) are supports that older adults and people with disabilities receive in their own homes or in non-institutional facilities. HCBS are funded by Medicaid, rather than private insurance or Medicare.

Examples include:

- **Personal care attendant services** to help people with activities of daily living
- **Home care aides** to help people with other daily living tasks like grocery shopping, cooking, or house cleaning

¹ Over 2.5 million individuals receive HCBS through Section 1915 (c) or Section 1115 waivers; 1.2 million receive Personal Care state plan services; 600,000 receive Home Health state plan services; individuals also receive HCBS through other authorities, including Section 1915 (i) and Community First Choice. See Kaiser Family Foundation (February 4, 2020), [Medicaid Home and Community-Based Services Enrollment and Spending](#).

² Over 820,000 individuals nationally are on waiting lists for HCBS with an average wait time of 39 months. See Kaiser Family Foundation, [Key State Policy Choices About Medicaid Home and Community-Based Services](#).

What would this proposed funding help support?

- **Increasing home health and direct service workers' wages.** This wage increase would be a requirement for any agency providing HCBS under state Medicaid programs.
- **Providing paid leave, including sick leave, family leave, and medical leave to home health and direct service workers.** They would also receive hazard pay, overtime, and shift differential pay.
 - Covering travel expenses for workers to visit clients' homes.
- **Recruiting new direct service and home health workers.**
- **Providing HCBS to eligible people on waiting lists** for programs approved under §1115 or §1915 of the Social Security Act (42 U.S.C. 1315, 1396n).
- **Providing COVID-19 resources for workers,** including trainings and protective equipment.
- **Providing eligible family care providers with needed supplies, equipment, and pay.**
- **Creating accessible materials** about preventing, treating, and recovering from COVID-19.
- **Paying for American Sign Language interpreters** for people receiving HCBS
- **Helping day programs shift to home-based services**
- **Paying for home-based COVID-19 testing**

How would state Medicaid programs use this money after the COVID-19 emergency is over?

State funding would continue to help older adults and people with disabilities receiving Medicaid HCBS after the COVID-19 emergency in the following ways:

- Helping people move back home from temporary institutional placements, including by paying for moving costs.
- Resuming home and community-based services.
- Receiving mental health services and necessary rehabilitative services to regain skills lost while relocated during the public health emergency.
- Continuing home and community-based services for eligible Medicaid recipients who were served from a waiting list during the public health emergency.

Where does the money come from?

States would receive monthly payments equal to 15% of their average monthly Medicaid spending on Home and Community-Based Services. The proposal is currently structured as a grant program although other mechanism could be considered. States would be required to maintain their level of spending on home and community-based services, report on activities, and return any unused funds.

Key Points

If this legislation if passes, the money will go to:

- Wage increases, hazard pay, and paid leave for direct care providers and home health aides
- Home-based coronavirus testing
- Making information about COVID-19 accessible, including easy-to-read guides and ASL interpretation.
- Getting services to people who are currently on waiting lists
- Ensure that older adults and people with disabilities can receive care at home if they need it
- Helping family caregivers get equipment, money and supplies

Brief compiled from the original legislative text by the Community Living Policy Center

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Twitter: [@CLPolicy](https://twitter.com/CLPolicy)

Original S.3544 text: <https://bit.ly/Bills3544>

Original H.R. 6305: <https://bit.ly/BillHR6305>

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