June 25, 2020

Honorable Richard Neal, Chairman
Honorable Kevin Brady, Ranking Member
Ways and Means Committee
United States House of Representatives
Washington, D.C. 20510

Re: Hearing on Examining the COVID-19 Nursing Home Crisis

Dear Chairman Neal and Ranking Member Brady,

The Consortium for Citizens with Disabilities (CCD) is the largest coalition of national organizations working together to advocate 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. The undersigned co-chairs of the CCD Long Term Services and Supports Task Force write in response to today’s hearing, “Examining the COVID-19 Nursing Home Crisis.”

People with disabilities and older adults face a particularly high risk of complications and death if exposed to COVID-19, a risk that has been elevated by the severe outbreaks in institutional and congregate settings across the country. While the media and public have understandably focused on the outbreaks and deaths in nursing homes, people with disabilities and older adults face increased risks in all institutional and congregate settings, which we addressed in an April 21, 2020 letter regarding the Centers for Medicare and Medicaid Services’ (CMS) “New Nursing Homes COVID-19 Transparency Effort” (attached). None of these institutional and congregate settings have been immune to the COVID-19 crisis and conversations around safety must
address all of them, not only nursing homes, if we hope to effectively mitigate the outbreaks these settings face.

Furthermore, given the danger such settings pose to people with disabilities and older adults, conversations around safety must also include strategies to divert unnecessary admissions and to assist people with transitioning back to the community. As we noted in a May 5, 2020 letter regarding CMS’ announced creation of an independent commission to address safety and quality in nursing homes, identifying resources to assist with diversion and transition from institutional settings should be a key part of any strategy to address the impact this crisis is having on such settings (attached). Diverting people from unnecessary admissions into nursing homes and other institutional settings and transitioning people who currently reside in such settings to settings in the community that are smaller and more individualized addresses COVID-19 safety concerns inherent in larger settings. Emphasizing diversion and transition also helps avoid unnecessary institutionalization, vindicating the civil rights of individuals with disabilities to live in community-based settings. We were pleased to see that the Nursing Home COVID-19 Protection and Prevention Act, which was recently introduced in the Senate by Senators Casey and Whitehouse, covers people in a range of institutional settings and includes a focus on transition to the community.

One of the most important ways to prevent unnecessary placement of people with disabilities and older adults in nursing homes and other institutions during the COVID-19 crisis is to increase funding for home and community based services (HCBS). The dedicated funding for HCBS that the House included in the HEROES Act is a crucial component of addressing the crisis in nursing homes. Over 250 disability organizations sent a letter on June 15 to the Senate urging inclusion of HCBS funding in the final COVID-19 relief package (attached). This funding would help more people with disabilities and older adults receive the services they need in their homes and communities, allowing them to better protect their health during this pandemic.

The dangers posed by institutional and congregate settings did not start with the COVID-19 crisis. Instead, COVID-19 has laid bare the risks inherent in nursing homes and other congregate facilities, where infection control and other safety concerns have always existed. We need to invest in state HCBS systems not only during this acute crisis, but beyond. This is why we also have urged Congress to permanently reauthorize the Money Follows the Person program (MFP), which provides enhanced funding to states that thus far has helped over 91,000 seniors and people with disabilities who want to move out of institutional care and back to the community make that transition (attached).
We appreciate the opportunity to provide written testimony and thank you for your consideration. If you have any questions, feel free to contact Alison Barkoff (abarkoff@cpr-us.org).

Sincerely,

*Long-Term Services and Supports Co-Chairs*

Alison Barkoff  
Center for Public Representation

Julia Bascom  
Autistic Self Advocacy Network

Dan Berland  
National Association of State Directors of Developmental Disabilities Services

Nicole Jorwic  
The Arc of the United States

Jennifer Lav  
National Health Law Program

Sarah Meek  
American Network of Community Options And Resources (ANCOR)

Attachments:

April 21, 2020 Letter from CCD LTSS Task Force to CMS re Nursing Home Transparency Initiative

May 5, 2020 Letter from CCD LTSS Task Force to CMS re Nursing Home Initiatives

June 15, 2020 Letter from CCD LTSS Task Force to Senate Leadership re Including HCBS Funding in the Coronavirus Relief Package

December 15, 2019 Letter from CCD LTSS Task Force to Congressional leadership re Permanent Funding of Money Follows the Person
April 21, 2020

Honorable Alex Azar  
Secretary, U.S. Department of Health and Human Services  
200 Independence Avenue S.W.  
Washington, DC 20201

Seema Verma  
Administrator, Centers for Medicare & Medicaid Services  
200 Independence Avenue S.W.  
Washington, DC 20201

Robert Redfield, M.D.  
Director, Centers for Disease Control and Prevention  
1600 Clifton Road  
Atlanta, GA 30329

By electronic mail

Dear Secretary Azar, Administrator Verma, and Director Redfield,

The Consortium for Citizens with Disabilities (CCD) is the largest coalition of national organizations working together to advocate 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. The undersigned co-chairs of the CCD Long-term Services and Supports taskforce write in response to the Administration’s “New Nursing Homes COVID-19 Transparency Effort” announcement earlier this week.

People with disabilities and older adults are, and will be, particularly at risk for COVID-19, facing a high risk of complications and death if exposed to the virus. While the media and public have understandably focused on the outbreaks and deaths in nursing homes across the country, people with disabilities and older adults face increased risks in all institutional and congregate settings. Like nursing facilities, there have been similar outbreaks and deaths in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IIDs), including in Illinois (where the outbreak has been so significant that the National Guard has been called in), Massachusetts (where nearly half of the residents in a state-
operated ICF are infected), Utah, Texas, and New Jersey just to name a few; Institutions for Mental Disease (IMDs) and other psychiatric and substance use disorder treatment facilities, including in Washington state, District of Columbia, and New York; and in group homes across the country, including across New York, Maryland, and New Jersey.

We strongly support the steps that CMS announced earlier this week to ensure transparency and information about infections and deaths in nursing homes. These critical steps include: (1) requiring nursing homes to inform residents, their families and representatives of cases of COVID-19 in their facilities; (2) requiring nursing homes to report cases of COVID-19 directly to the Centers for Disease Control and Prevention (CDC), as well as to state and local officials; and (3) requiring nursing homes to fully cooperate with CDC surveillance efforts around COVID-19 spread. **We implore CMS to extend these same requirements to all institutional settings -- including ICF-IIDs, IMDs, substance use disorder treatment facilities, and psychiatric residential treatment facilities -- and other Medicaid-funded congregate settings where older adults and people with disabilities live, including group homes and assisted living facilities.** The need for transparency, information and data collection is equally as critical to protecting the safety and welfare of people in these settings as they are for residents of nursing homes.

We appreciate all of the important efforts the Department has taken during the COVID-19 pandemic. We urge you to act quickly to help protect the lives of ALL people with disabilities and older adults residing in congregate facilities, who are at serious risk during this crisis. If you have any questions, feel free to contact Alison Barkoff (abarkoff@cpr-us.org).

Sincerely,

Long-Term Services and Supports Co-Chairs

Alison Barkoff, Center for Public Representation
Nicole Jorwic, The Arc of the United States

Julia Bascom, Autistic Self Advocacy Network
Jennifer Lav, National Health Law Program

Sarah Meek, American Network of Community Options and Resources (ANCOR)

Cc: Calder Lynch, Deputy Administrator, CMCS
Alissa DeBoy, Director, Disabled & Elderly Health Programs Group (DEHPG)
Melissa Harris, Deputy Director, DEHPG
David Wright, Director, Center for Clinical Standards and Quality, Quality and Safety Oversight Group
May 5, 2020

Honorable Alex Azar
Secretary, U.S. Department of Health and Human Services
200 Independence Avenue S.W.
Washington, DC  20201

Seema Verma
Administrator, Centers for Medicare & Medicaid Services
200 Independence Avenue S.W.
Washington, DC  20201

Lance Robertson
Administrator, Administration for Community Living
330 C St. S.W.
Washington, D.C. 20201

By electronic mail

Re: CMS Nursing Home Initiatives

Dear Secretary Azar, Administrator Verma, and Administrator Robertson:

The Consortium for Citizens with Disabilities (CCD) is the largest coalition of national organizations working together to advocate 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. The undersigned co-chairs of the CCD Long-term Services and Supports taskforce write in response to the Administration’s recent announcement of the creation of an independent commission to address safety and quality in nursing homes.

We appreciate the Administration’s efforts to protect the health and safety of people in nursing homes, where there have been extremely high numbers of outbreaks and deaths of residents. But as we discussed in our April 21, 2020 letter to you regarding your new “Nursing Homes COVID-19 Transparency Effort,” people with disabilities and older adults face increased risks in all institutional settings, not just nursing homes. Like nursing facilities, there have been similar outbreaks and deaths in
Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IIDs), including in Illinois, Massachusetts, Utah, Texas, and New Jersey just to name a few. In Illinois, the outbreak is so significant that the National Guard has been called in, and in Massachusetts nearly half the residents (44 individuals) of a state-operated ICF have been infected. Serious outbreaks are also taking place in Institutions for Mental Disease (IMDs) and other psychiatric and substance use disorder treatment facilities, including in Washington state, District of Columbia, and New York.

The lives of people with disabilities in these settings are equally as at risk – and equally as worth protecting – as people in nursing homes. We again implore you to expand any efforts to protect the lives of people in nursing homes from COVID-19 to other Medicaid-funded institutional and congregate settings.

We know that people with disabilities and older adults are at higher risk for infection and death from COVID-19 in institutional settings. As the Administration moves forward with its safety initiatives, we encourage you to include strategies for diverting people from unnecessary admissions and transitioning people from institutions to smaller, more individualized settings in the community. This not only is critical to addressing safety concerns, but also would help vindicate the civil rights of these individuals to receive services in the community instead of in institutional settings under the Americans with Disabilities Act and the Supreme Court’s decision in *Olmstead v. L.C*. We encourage CMS to work with states – and for ACL to work with its disability and aging networks – to identify resources available to assist with diversion and transition activities.

We appreciate all of the important efforts the Department has taken during the COVID-19 pandemic. We urge you to act quickly to help protect the lives of ALL people with disabilities and older adults residing in institutions, who are at serious risk during this crisis. If you are willing, we would be interested in meeting with you to discuss these strategies further. Please contact Alison Barkoff (abarkoff@cpr-us.org) to schedule a meeting.

Sincerely,

*Long-Term Services and Supports Co-Chairs*

Alison Barkoff,  
Center for Public Representation  
Nicole Jorwic  
The Arc of the United States  

Julia Bascom,  
Autistic Self Advocacy Network  
Jennifer Lav,  
National Health Law Program  

Sarah Meek  
American Network of Community  
Options and Resources (ANCOR)  

Cc: Calder Lynch, Deputy Administrator, CMCS  
David Wright, Director, Center for Clinical Standards and Quality, Quality and Safety Oversight Group  
Alissa DeBoy, Director, Disabled & Elderly Health Programs Group (DEHPG)  
Melissa Harris, Deputy Director, DEHPG  
Roger Severino, Director, Office of Civil Rights
June 15, 2020

The Honorable Mitch McConnell
Majority Leader
U.S. Senate
Washington, DC 20515

The Honorable Charles Schumer
Minority Leader
U.S. Senate
Washington, DC 20515

The 252 undersigned member organizations of the Consortium for Citizens with Disabilities (CCD), Disability and Aging Collaborative (DAC), and other state and national organizations write to urge you to include the vital needs of people with disabilities and aging adults in the next COVID-19 relief package.

While the COVID-19 legislative packages passed by Congress thus far were expansive, they all but ignored the critical needs of the disability and aging communities. Thankfully, the HEROES Act that passed the House on May 15, 2020 did include several provisions imperative to the lives of people with disabilities and aging adults. These provisions must remain in the bill that ultimately passes the Senate.

In particular, the dedicated funding for Medicaid Home and Community-based (HCBS) services is of utmost importance for the disability and aging communities. Those funds are necessary to support the workforce that provides critical services to people with disabilities and aging adults, the service providers that employ that workforce, and the people who rely on those services to live safely in their homes and communities. The home and community-based service system, already overburdened before the pandemic, does not have the resources it needs to safely support people with disabilities and aging adults through this crisis. Without additional resources, aging adults and people with disabilities will be forced to leave their homes and communities and move into congregate settings, a failure to safeguard their civil rights and a grave risk to their health—as demonstrated by severe and persistent outbreaks in nursing facilities, institutions and other congregate settings.

We were pleased to see that the HEROES Act included a broad FMAP increase for Medicaid. Millions of people with disabilities, aging adults and their families rely on the Medicaid system
to support them in their homes and communities and for their other healthcare needs. When faced with budget crises and other stressors, states have often responded by cutting Medicaid benefits, eligibility or payments to providers. During a pandemic it is imperative that funding flows to states to support the stability of the Medicaid program. We urge you to support a broad FMAP increase and urge you to maintain the strong maintenance of effort (MOE) protections that were included in the Families First Act. Any weakening of the MOE would put Medicaid coverage, eligibility and services at risk.

The broad FMAP enhancement, while important, is not targeted to vitally important HCBS programs, which every state relies on to keep people out of, or enable them to transition from, institutions. Because HCBS are optional Medicaid services, they are some of the most at risk for cuts in budget crises, placing people with disabilities and older adults at serious risk of unnecessary institutionalization. The funding dedicated to HCBS is necessary to keep people with disabilities and aging adults safely in their homes and communities. Therefore, we again urge that the package ultimately passed in the Senate MUST INCLUDE the targeted 10 percent FMAP increase for HCBS included in the House package in addition to a broader FMAP increase for all Medicaid services.

We must act now to prevent much of the worst impact of this outbreak, and we are grateful for the prompt action so far taken. We urge the Senate to address the serious, destabilizing deficits facing our Nation’s only publicly funded long-term care system by including both the broad enhanced FMAP and the targeted enhanced FMAP for HCBS in its coronavirus response package. For additional information or questions, feel free to contact CCD LTSS and DAC co-chair Nicole Jorwic: jorwic@thearc.org.

Sincerely,

Agencies on Aging of CT
Aging Life Care Association
Aging Services Consultant
Alabama Conference of Executives of The Arc
Alabama Lifespan Respite
Alzheimer's Association
Alzheimer's Impact Movement
Altarum, Program to Improve Eldercare
American Association on Health and Disability
American Association on Intellectual and Developmental Disabilities
American Civil Liberties Union
American Dance Therapy Association
American Geriatrics Society
American Kidney Fund
American Network of Community Options & Resources (ANCOR)
American Physical Therapy Association
American Therapeutic Recreation Association
Chicagoland Disabled People of Color Coalition
Children’s Aid
Christopher & Dana Reeve Foundation
Chronic Disease Coalition
Coachella Valley Autism Society
Coalition on Human Needs
Colorado Cross-Disability Coalition
CommunicationFIRST
Community Catalyst
Community Options, Inc.
Congress of California Seniors
Cure SMA
DC Special Kids
Democratic Disability Caucus of FLORIDA
Disability Rights Education and Defense Fund (DREDF)
Disability Rights Florida
Disability Voices United
DISABLED QUEERS IN ACTION (NAT)
Down Syndrome Alliance of the Midlands
Down Syndrome Association of Central California
Down Syndrome Association of Connecticut
Down Syndrome Association of Northern Virginia
Down Syndrome Connection of the Bay Area
Down Syndrome Foundation of Florida
Down Syndrome Guild of Greater Kansas City
Down Syndrome Partnership of North Texas
Easterseals
Easterseals Serving Southern Georgia and the Big Bend of Florida
Epilepsy Alliance America
Epilepsy Foundation
Epilepsy Services of New Jersey
Equality North Carolina
Exceptional Family Center
Families USA
Family Caregiver Alliance
Family Caregiver Alliance of Rhode Island
Family Voices
GEORGIA ADAPT
Howard County Autism Society
Human Rights Campaign
Idaho Association of Area Agencies on Aging (I4A)
Indiana Association of Area Agencies on Aging
Kansas ADAPT
Kern Down Syndrome Network
KIIDS (Knowledge & Information about Individuals with Down Syndrome)
Lakeshore Foundation
Lifespan of Greater Rochester
Lifespan Respite WA at PAVE
Little Lobbyists
Lupus and Allied Diseases Association, Inc.
Lutheran Services in America - Disability Network
Maryland Respite Care Coalition
Massachusetts Down Syndrome Congress
MassADAPT
Medicare Rights Center
Mental Health Association in Michigan
Mississippi Family Caregiver Coalition
Missouri Association of Area Agencies on Aging
Montana ADAPT
Montana Lifespan Respite Coalition
NAACP
Nassau Suffolk Chapter of the Autism Society of America
National Academy of Elder Law Attorneys
National ADAPT
National Adult Day Services Association (NADSA)
National Asian Pacific Center on Aging (NAPCA)
National Association of Area Agencies on Aging (n4a)
National Association of Councils on Developmental Disabilities
National Association for Home Care & Hospice
National Association of Nutrition and Aging Services Programs (NANASP)
National Association of RSVP Directors (NARSVD)
National Association of State Directors of Developmental Disabilities Services (NASDDDS)
National Association of State Head Injury Administrators
National Coalition for the Homeless
National Consumer Voice for Quality Long-Term Care
National Council on Aging
National Council on Independent Living
National Disability Rights Network
National Down Syndrome Congress
National Health Council
National Health Law Program
National MLTSS Health Plan Association
National Multiple Sclerosis Society
National Organization for Rare Disorders
National Organization on Disability
National Organizations for Rare Disorders
National PACE Association
National Respite Coalition
National Senior Corps Association
NC Association of Area Agencies on Aging
NETWORK Lobby for Catholic Social Justice
Network of Occupational Therapy Practitioners with Disabilities and Supporters (NOTPD)
Nevada Lifespan Respite Care Coalition
New Jersey Lifespan Respite Coalition
New Mexico Caregivers Coalition
North Central PA ADAPT
North Dakota Protection & Advocacy Project
Northeastern IL AgeGuide
NYS Caregiving and Respite Coalition
Oregon State Council for Retired Citizens
Paralyzed Veterans of America
Paraquad
Partners in Caregiving, LLC
Partnership for Inclusive Disaster Strategies
Personal Attendant Coalition of Texas
Public Advocacy for Kids (PAK)
RetireSafe
Roads to Freedom Center for Independent Living
San Antonio ADAPT
Service Employees International Union (SEIU)
Social Security Works
Sooner SUCCESS
South Carolina ADAPT
South Carolina Association of Area Agencies on Aging
TASH
Tennessee Respite Coalition
Texas ADAPT
The Arc of Anchorage (Alaska state chapter)
The Arc Georgia
The Arc Maryland
The Arc Michigan
The Arc New York
The Arc of Arizona
The Arc of California
The Arc of Central Alabama
The Arc of Colorado
The Arc of Connecticut, Inc.
The Arc of Delaware
The Arc of Greater Pittsburgh/Achieva
The Arc of Harrisonburg and Rockingham County
The Arc of Florida, Inc.
The Arc of Illinois
The Arc of Indiana
The Arc of Iowa
The Arc of Massachusetts
The Arc of Nebraska
The Arc of New Jersey
The Arc of New Mexico
The Arc of North Carolina
The Arc of Ohio
The Arc of Oregon
The Arc of Pennsylvania
The Arc of Rhode Island
The Arc of South Carolina
The Arc of Texas
The Arc of the Mid Ohio Valley
The Arc of Virginia
The Arc of Washington State
The Arc of West Virginia
The Arc Tennessee
The Arc of the United States
The Arc Wisconsin
The Coelho Center for Disability Law, Policy and Innovation
The Family Resource Network
The Gerontological Society of America
The Illinois Respite Coalition
The Kelsey
The Starkloff Disability Institute
TARC
Topeka Independent Living Resource Center
Touch the Future Inc
Union for Reform Judaism
United Seniors of Oregon
United States International Council on Disabilities
United States International Council on Disabilities
Verde Valley Seniors in Action Coalition aka Northern Arizona Seniors in Action Coalition
Virginia Association of Area agencies on Aging
Washington Association of Area Agencies on Aging
Williams Syndrome Association
WomenHeart: The National Coalition for Women with Heart Disease
World Institute on Disability
Dear Leaders McConnell and Schumer and Speaker Pelosi and Leader McCarthy,

The undersigned member organizations of the Consortium for Citizens with Disabilities (CCD), Disability and Aging Collaborative (DAC), and other state and national organizations write to urge you to pass the permanent extension of the Money Follows the Person Program (MFP) and Spousal Impoverishment Protections included in the bi-partisan Prescription Drug Pricing Reduction and Health and Human Services Improvement Act. While we have appreciated the short-term extensions passed this Congress, and the 4 ½ year extension that the House passed in June 2019, permanent reauthorization is necessary to ensure that states continue to participate in the MFP program. Several states have already stopped transitions under MFP or even dropped out of the program entirely while awaiting the assurance of long-term funding.
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 states receive assists with the costs of transitioning people back to the community, including identifying and coordinating affordable and accessible housing and providing additional services and supports to make successful transitions. The program has helped over 91,000 people with disabilities and older adults transition back to their communities.

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 adult participant, $21,396 for people with physical disabilities, and $48,156 for people with intellectual disabilities.¹

The program works, and without it, people with disabilities and older adults would be stuck in institutions and other segregated settings. "The most recent empirical 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 grantee states would not have transitioned if MFP had not been implemented." ² We need a permanent reauthorization so that states know the funding is sustainable.

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 other spouse 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 care is provided 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 disabilities and conditions such as dementia, multiple sclerosis, or traumatic brain injury. But it is set to expire at the end of this year.

On behalf of people with disabilities and older adults, we request that Congress pass the permanent re-authorization of both Money Follows the Person and HCBS Spousal

Impoverishment Protections. For additional information or questions, feel free to contact CCD LTSS and DAC co-chair Nicole Jorwic: jorwic@thearc.org.

Sincerely,

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
APSE
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
Center for Elder Law and Justice
Center for Public Representation
Choice in Aging
Christopher & Dana Reeve Foundation
Coalition of Disability Health Equity
Colorado Cross-Disability Coalition
Community Catalyst
Community Residential Services Association
Delta Center for Independent Living
Disability Law Center
Disability Law Center of Alaska
Disability Law Center of Virginia
Disability Law Colorado
Disability Rights Education and Defense Fund
Disability Rights Arkansas
Disability Rights California
Disability Rights Florida
Disability Rights Iowa
Disability Rights Center-New Hampshire
Disability Rights New Jersey
Disability Rights New York
Disability Rights North Carolina
Disability Rights Ohio
Disability Rights South Dakota
Disability Tennessee
Disability Rights Texas
Disability Rights Vermont
Disability Rights Washington
Disability Rights West Virginia
Down Syndrome Alliance of the Midlands
Down Syndrome Association of Delaware
Down Syndrome Indiana, Inc.
Easter Seals
Epilepsy Foundation
Family Voices
Hawaii Disability Rights Center
Healthcare Rights Coalition
Independence Inc.
Independent Connection Inc.
Indiana Disability Rights
Individual Family Social Work Counseling
Iowa Developmental Disabilities Council
Lakeshore Foundation
Long Term Care Community Coalition
The Jewish Federations of North America
Justice in Aging
Lutheran Services in America-Disability Network
Life Path Inc.
Maine Long-Term Care Ombudsman Program
Meals on Wheels of America
Medicare Rights Center
Michigan Protection & Advocacy Service, Inc. (MPAS)
Missouri Hospice and Palliative Care Association
National Academy of Elder Law Attorneys
National Alliance for Caregiving
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 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
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
The Program to Improve Eldercare, Altarum
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
TASH
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