ISSUES/ACTIVITIES IN 2007
The CCD Long Term Services and Supports Task Force continued its work on behalf of people with disabilities on a number of fronts.

Medicaid Regulations
In 2007, the LTSS Task Force actively monitored and opposed a series of proposed administrative regulations that would cut critical Medicaid long term services and supports. On August 13, CMS published a notice of proposed rulemaking (NPRM) that would amend the definition of Medicaid rehabilitation services to prohibit payment for habilitation services. On August 31, CMS issued another NPRM to limit reimbursement for certain Medicaid school-based administration and transportation services. Combined, these proposed regulations amount to a nearly $6 billion in Medicaid cuts over five years that would shift costs to states and negatively impact individuals with disabilities. The LTSS Task Force worked together with the Health and Education Task Forces to stop implementation of these new rules. CCD prepared and submitted written comments to CMS. In addition, CCD worked to obtain a moratorium preventing CMS from implementing these proposed rules. Initially, a 12 month moratorium was included as part of the CHAMP Act and compromised SCHIP reauthorization bills that were vetoed by the President. Ultimately, a six month moratorium (until June 30, 2008) on the proposed Medicaid rehab option and school based services/transportation regulations was included in the stopgap SCHIP/Medicare bill signed by the President on December 29, 2007.

The Lifespan Respite Care Act (P.L. 109-442) was signed into law on December 21, 2006. The bill authorizes $40 million for FY08 (increasing to $94.8 million by FY11) in competitive grants to states (including the territories) to develop or coordinate lifespan respite care programs for families providing care for an adult or child with a special need. The LTSS Task Force worked in coalition with the Lifespan Respite Coalition on appropriations. Initially, $10 million was provided in the House Labor-HHS-Education bill; $2 million was provided in the conference report that was vetoed by President Bush. Unfortunately, no money was provided in the final omnibus appropriations bill signed by the President on December 26, 2007.

Community Living Assistance Services and Supports Act (CLASS Act), S. 1758/H.R. 3001 -- The CLASS Act would establish a national, voluntary, premium-based long-term care insurance program, filling a major void in our national long term care system and helping relieve pressure on Medicaid as the sole payer of long-term care. Working individuals would enroll in the optional program and contribute monthly premiums into a trust fund. Enrollees
would pay premiums for a minimum of 5 years before they could become eligible for benefits. Payment of benefits would be based on functional disability needs. There are no lifetime limits on benefits or underwriting that often excludes individuals with disabilities from purchasing long-term care insurance. In addition, benefits would be paid in cash and the bill specifically allows individuals to hire family caregivers if desired. The CCD LTSS Task Force continues to work in coalition with aging groups to secure bi-partisan support for the bill.

**Community Choice Act, S. 799/H.R. 1621** – The Community Choice Act would amend Medicaid to mandate State Medicaid plan coverage of community-based attendant services and supports for certain Medicaid-eligible individuals. At a Senate Finance Committee hearing in September, Chairman Baucus (D-MT) stated he would request a new CBO score due to a study released that re-estimated the costs of implementation to be between $1.4-3.7 billion, much lower than the previous CBO estimate of approximately $13-25 billion. [wasn’t the original estimate $10 to 20 billion?]

**Direct Support Professionals Fairness and Security Act of 2007, H.R. 1279** – The LTSS Task Force supported the work of the Ad Hoc Direct Support Professionals Task Force in continuing to seek cosponsors of H.R. 1279. This bill would amend the Medicaid program to provide funds to states to enable them to increase the wages paid to targeted direct support professionals in providing services to individuals with disabilities. The program is designed as an option to states and would provide an enhanced federal medical assistance percentage (FMAP) for five years to states to increase wages. In order to receive the enhanced FMAP, states would be required to submit a five-year plan and must assure continuation of the increased wage rate after the five-year period.

**National Family Caregiver Support Program**
When Congress reauthorized the Older Americans Act in 2006, the LTSS Task Force worked to include new language with the purpose of expanding the program to support aging caregivers of adults with disabilities. Unfortunately, the Administration is narrowly interpreting the new language. The LTSS Task Force was successful in obtaining report language in the Labor-HHS-Education appropriations bill that clarifies congressional intent and the Task Force continues to work on a technical legislative fix to the law to address the issue.

**Deficit Reduction Act**
The LTSS Task Force monitored the implementation of the Deficit Reduction Act community-based options provisions. Task Force co-chairs educated key members of the Finance Committee regarding problems with the new options and possible legislative amendments.

**GOALS FOR 2008**
The Task Force will continue to monitor and seek corrections to the implementation of the long term services and supports provisions of the Deficit Reduction Act and the National Family Caregiver Support Program; advocate for full funding of the Lifespan Respite Care Act; monitor regulations and guidance on critical aspects of Medicaid – including the rehabilitation services option, school-based services, and targeted case management. The Task Force will continue to promote passage of the CLASS Act, Community Choice Act, and the Direct Support Professionals Fairness and Security Act. In addition, the Task Force will continue to strengthen its relationship with the Leadership Council of Aging Organizations (LCAO) to work on common goals.
CO-CHAIRS:

Marty Ford, The Arc and UCP Disability Policy Collaboration
Suellen Galbraith, American Network of Community Options and Resources
Kim Musheno, Association of University Centers on Disabilities
Lee Page, Paralyzed Veterans of America