



CCD Long Term Supports and Services Task Force 2026 Legislative Priorities

The Long-Term Services and Supports (LTSS) Task Force addresses the services and supports that enable individuals with disabilities of all ages to live in their own homes and communities, known as Home and Community-Based Services (HCBS). HCBS, which are primarily provided through Medicaid, are necessary for community integration, full participation, independent living, and economic self-sufficiency for many people with disabilities and older adults. HCBS makes it possible for them to fully exercise their civil and human rights.

The following is a description of the Task Force's legislative priorities, broken down by topic and including specific legislation when available. The Task Force will also support other legislation that furthers the Task Force's priorities or mission statement on a case-by-case basis.

Policy Priorities for 2026

Mitigating Cuts to HCBS as a Result of the Passage of HR 1

In 2025, Congress passed H.R. 1, the budget reconciliation bill, often referred to as the One Big Beautiful Bill Act, cutting nearly \$1 trillion from Medicaid and creating new barriers to coverage. The Congressional Budget Office (CBO) estimates the cuts will lead to nearly 10 million people, including people with disabilities, losing their health insurance. H.R. 1 also reduces state financing for Medicaid programs. These cuts and provisions imperil Medicaid coverage for health insurance and long-term care needs. Medicaid HCBS is optional for states to provide, allowing states to set limits to the number of people who enroll as well as waitlists, even when people with disabilities are eligible for services. Often states cut or roll back optional services like HCBS when budgets are cut, increasing the likelihood of service reductions and longer waits. If HCBS were mandatory for states to provide, it would limit states' ability to cut HCBS during budget shortfalls. The Task Force will advocate for legislation to repeal the harmful Medicaid cuts, including:



- Repeal the Medicaid provisions in H.R. 1 and restore Medicaid funding by passing *The Protecting Healthcare and Lowering Costs Act of 2025* (S. 2556 /H.R. 4849).

Extending Money Follows the Person and Spousal Impoverishment Protections

The Money Follows the Person (MFP) program allows states to rebalance Medicaid funds towards HCBS. This program enables people with disabilities to transition from institutions to community settings. Meanwhile, spousal impoverishment protections allow the spouse of an HCBS enrollee to retain some income and resources to pay for their essential needs while their spouse receives long-term care. These protections are guaranteed for individuals whose spouse is receiving care in an institution. However, funding for MFP and spousal impoverishment protections when the spouse receives HCBS is limited, with the current funding set to expire in 2027. The Task Force will work to permanently authorize funding for these programs.

Expand Home and Community-Based Services and Address the Medicaid Institutional Bias

The Medicaid system is authorized in a manner that leads to an institutional bias: institutional services like nursing facilities are mandatory, while home and community-based services (HCBS) are optional. As a result, people with disabilities and older adults who prefer to receive services in their own homes and communities often must wait on years-long waitlists for HCBS, while others live in states where the services they need are simply not offered. As a result, many individuals receive inadequate levels of services. KFF reports **over 600,000** people were on Medicaid home care waiting/interest lists in 2025, and the average time to access services was **32 months** (I/DD waivers longer).

The Task Force supports legislative proposals that would invest in HCBS and eliminate or reduce the institutional bias in Medicaid. These include the following bills:

- The *HCBS Access Act* is a bill to eliminate the institutional bias in Medicaid and require coverage of HCBS. It would also provide a much needed investment in



HCBS, including investing in the direct care workforce by addressing insufficient payment rates and requiring that rate increases are passed on to direct care workers; increasing the availability of personal care services; expanding access to community-based behavioral health services; providing support to family caregivers; improving coordination of HCBS with housing, transportation, and employment supports; and would permanently reauthorize Money Follows the Person and HCBS spousal impoverishment protections.

- The *HCBS Relief Act (S. 2076)* is a bill that would provide states a 10% increase in the federal matching rate for Medicaid-funded HCBS for two years. The HCBS Relief Act could help states raise wages and benefits for direct care workers, address waiting lists, expand the workforce, and otherwise provide immediate relief for individuals who depend on HCBS.
- The Task Force supports legislation such as the Strengthening Medicaid for Serious Mental Illness Act (HR 3320). This bill allows state Medicaid programs to cover intensive community-based services for adults with serious mental illnesses.

Reduce Institutionalization of Youth with Disabilities

The Task Force supports legislation, such as the Family First Prevention Services Act (FFPSA) of 2018, which includes protections to reduce the use of long-term congregate care facilities for children in foster care with significant behavioral health needs and support these children in the community.

Another bill, the Better Results through In-community Delivery, Greater Enforcement, and Stronger Services (BRIDGES) for Kids Act would reform the system of supports for children through a multi-pronged approach that would increase the federal Medicaid matching rate for intensive home- and community-based services for children and youth with mental health and substance use conditions. It targets reforms for youth residential treatment facilities (RTFs) and expands intensive in-community supports.

Improve Data Collection, Analysis, and Public Reporting



The Task Force supports legislation to improve quality and ensure equity, including data on both demand for and access to HCBS and the workforce. This includes the:

- Creating a Standard Occupational Classification (SOC) for Direct Support Professionals (DSPs). DSPs provide support that covers a wide range of habilitation services, including support and skill-building for activities of daily living, employment, transportation, and other supports that promote independence and community inclusion. Currently, “Direct Support Professional” is not recognized at the federal level because it does not have a unique classification. This contributes to inaccurate and inconsistent data collection. The bipartisan Recognizing the Role of Direct Support Professionals Act (H.R.6137) would urge the Office of Management and Budget to consider the creation of a DSP SOC. A distinct SOC code enables better federal and state workforce measurement, wage tracking, and program planning.

Reduce the Use of Estate Recovery

The Task Force supports efforts to repeal or limit estate recovery. Current federal law requires state Medicaid programs to seek repayment of Medicaid long-term care benefits, even if the state would prefer not to seek that recovery. States must seek recovery from heirs of the deceased Medicaid recipient, preventing families from building generational wealth through homeownership, exacerbating existing economic inequities. These rules are especially detrimental to families that have lower homeownership rates because of discriminatory lending and housing policies, and the families of people with disabilities, who need months or years of long-term services and supports. These efforts include:

The Stop Unfair Medicaid Recoveries Act (H.R. 6951) would repeal the federal estate recovery mandate and limit liens. It would end the federal requirement that forces states to pursue repayment from the families and estates of deceased Medicaid recipients who received long-term care.

Address the Direct Care Workforce Crisis



Even as demand for direct care workers continues to rise, the field is in a deep workforce crisis. Because this workforce is funded largely through Medicaid, many direct care workers face low pay, high turnover, inadequate benefits, and few clear opportunities to advance. These conditions contribute to shortages that leave people without reliable services and supports. Many people have coverage on paper, but cannot reliably access authorized hours because providers can't hire and retain workers. The crisis also has racial equity implications: more than half of direct care workers are Black, Indigenous, and people of color (BIPOC), and most are women of color.

This has a profound impact on the quality of life of people with disabilities. All too often, Medicaid enrollees with LTSS needs are left with an entitlement to services.

The LTSS Task Force supports the following proposals to support the direct care workforce:

- Legislation to increase direct care workforce wages and benefits, and explore innovative solutions for back-up services. In addition, enhanced administrative match funding should be made available to states and providers to support pipeline initiatives that will train, recruit, and retain the workforce and improve the likelihood of their beginning, success, continuation, and availability during personal or public emergencies. The *HCBS Relief Act* and the *HCBS Access Act* are proposals that would strengthen and expand this workforce and increase services and supports to people with disabilities.
- Legislation that creates a baseline for funding and increases wage protections for direct support professionals, including home care and domestic workers.

The LTSS Task Force strives to be a resource on legislation that impacts Medicaid long-term services and supports. Please reach out to the co-chairs for more information.

2025 Task Force Co-Chairs



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Task Force Meetings

The LTSS Task Force meets virtually every second Thursday of the month at 12:30 pm ET.