

COVID-19 Vaccine Access for People With Disabilities

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Filling the need for trusted information on national health issues.

Presentation Overview

- COVID-19's Impact on Nonelderly Adults with Disabilities
- New CMS Vaccine Reporting/Education Rules
- The Intersection of Medicaid and *Olmstead*
- Medicaid's Role In Reducing Institutional Bias
- Medicaid Waiver Waiting Lists and Other Utilization Limits
- Looking Ahead

What else is known about COVID-19 among people with disabilities?

- Nonelderly PWD who receive LTSS in settings other than nursing homes face similar COVID-19 risk factors compared to people in nursing homes
- Nonelderly PWD who are members of racial or ethnic minority groups are disproportionately affected by COVID-19
- Nonelderly PWD who rely on LTSS to meet daily needs also risk experiencing adverse health outcomes due to interruptions in care caused by the pandemic
- Direct care workers who provide LTSS to PWD outside of nursing homes also face increased risks from COVID-19, like their nursing home counterparts.

How were people with disabilities reflected in state vaccine prioritization plans?

- Some plans prioritized people with disabilities explicitly while others prioritized people with high-risk medical conditions
- Some plans split people with disabilities into different priority groups based on age or type of disability
- All plans included people in nursing homes in Phase 1a, and most included ALFs. The few plans that mentioned other LTSS settings did not typically place them at the same priority level as nursing homes.
- Few plans explicitly mentioned direct care workers who provide LTSS in settings other than nursing homes

Figure 5

Which Long-Term Care Settings are Subject to New COVID Vaccine Reporting and Education Rules?

Nursing Homes	ICF/IIDs	Inpatient Behav.	Community-Based Settings
<ul style="list-style-type: none">• Must report vaccine & therapeutics data to CDC weekly• Must educate & offer vaccine to residents & staff	<ul style="list-style-type: none">• Not required to report vaccine & therapeutics data to CDC• Must educate & offer vaccine to residents & staff	<ul style="list-style-type: none">• Not required to report vaccine & therapeutics data to CDC• Not required to educate or offer vaccine to residents & staff	<ul style="list-style-type: none">• Not required to report vaccine & therapeutics data to CDC• Not required to educate or offer vaccine to residents & staff

NOTES: Nursing homes include Medicare skilled nursing facilities and Medicaid nursing facilities. ICF/IID = intermediate care facilities for individuals with intellectual/developmental disabilities. Inpatient behavioral health facilities include inpatient psychiatric hospitals, forensic hospitals, and psychiatric residential treatment facilities. Community-based settings include settings where Medicaid-funded home & community-based services are provided, such as assisted living facilities, group homes, adult foster care homes, and supervised apartments.

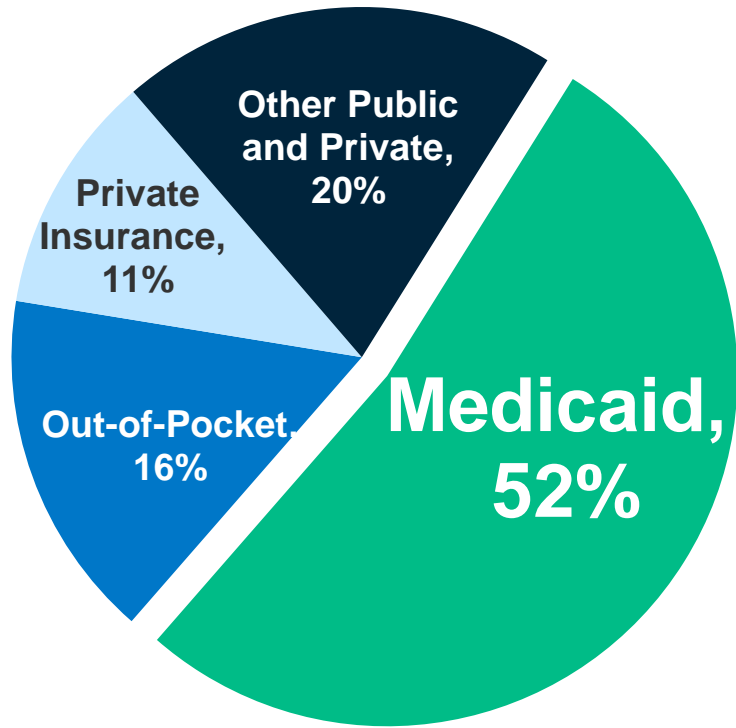
SOURCE: 86 Fed. Reg. 26306-26336 (May 13, 2021).

The Intersection of Medicaid and *Olmstead*

- *Olmstead vs. L.C.*: SCOTUS held that unjustified segregation of persons with disabilities constitutes discrimination in violation of the Americans with Disabilities Act (ADA). States have a community integration obligation when serving people with disabilities.
- ***Olmstead* does not change or interpret federal Medicaid law.**
- However, Medicaid plays a key role in community integration as the major payer for long-term services and supports (LTSS), including the home and community-based services (HCBS) on which people with disabilities rely to live independently in the community.

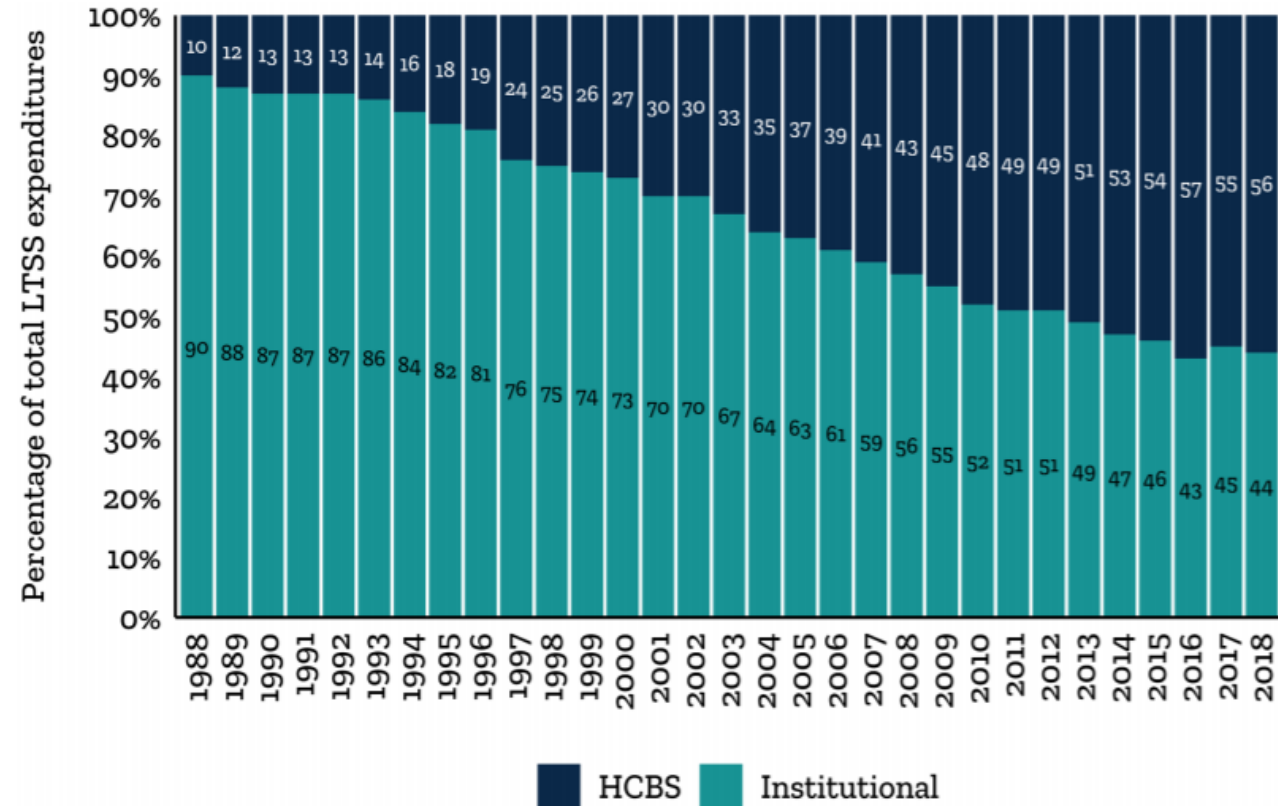
Figure 7

Medicaid's Role in Reducing Institutional Bias: Spending on Long-Term Services and Supports



National LTSS Spending, FY 2018 = \$379 billion

Figure IV.3. Medicaid HCBS and institutional LTSS expenditures as a percentage of total Medicaid LTSS expenditures, FY 1988 to 2018



NOTE: Total LTSS expenditures include spending on residential care facilities, nursing homes, home health services, and home and community-based waiver services. Expenditures also include spending on ambulance providers and some post-acute care. This chart does not include Medicare spending on post-acute care (\$83.3 billion in 2018). All home and community-based waiver services are attributed to Medicaid.

SOURCE: KFF estimates based on 2018 National Health Expenditure Accounts data from CMS, Office of the Actuary.



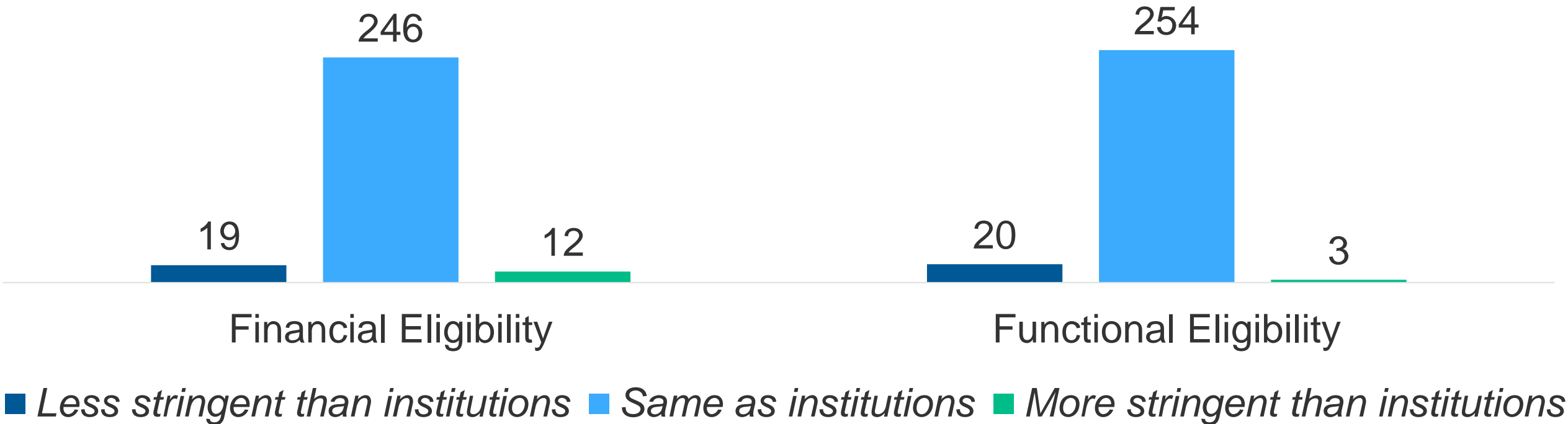
Medicaid's Role In Reducing Institutional Bias: Federal Grant Programs

- Money Follows the Person
 - 42 states participate in MFP
 - As of December 31st, 2019, states had transitioned 101,540 people to community living through MFP
- Balancing Incentive Program
 - 18 states participated in BIP
 - States increased the share of LTSS spending on HCBS, through there was variation by states and target populations
 - Most states achieved the required infrastructure changes

Figure 9

Medicaid's Role In Reducing Institutional Bias: Aligning Eligibility Criteria for HCBS Waivers

Financial and Functional Eligibility Criteria for Medicaid HCBS Waivers Compared to Institutions

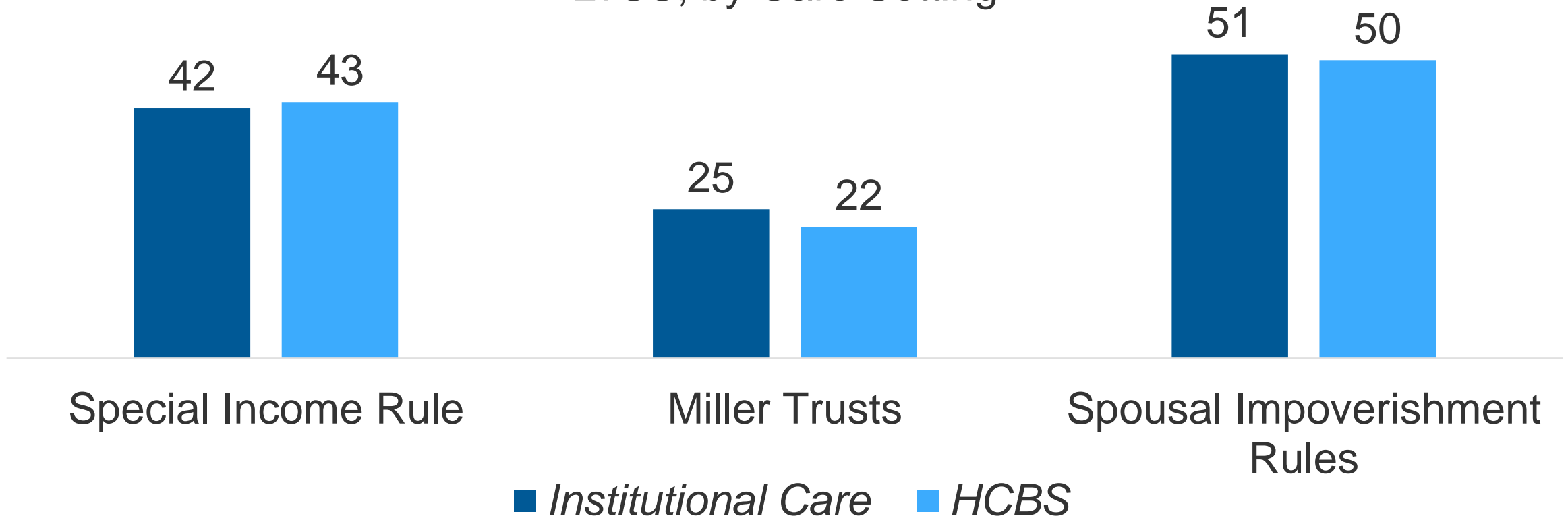


SOURCE: KFF Medicaid HCBS Waiver Survey, FY 2018.

Figure 10

Medicaid's Role In Reducing Institutional Bias: Expanding Financial Eligibility for Medicaid LTSS

Number of States Expanding Financial Eligibility for Medicaid LTSS, by Care Setting

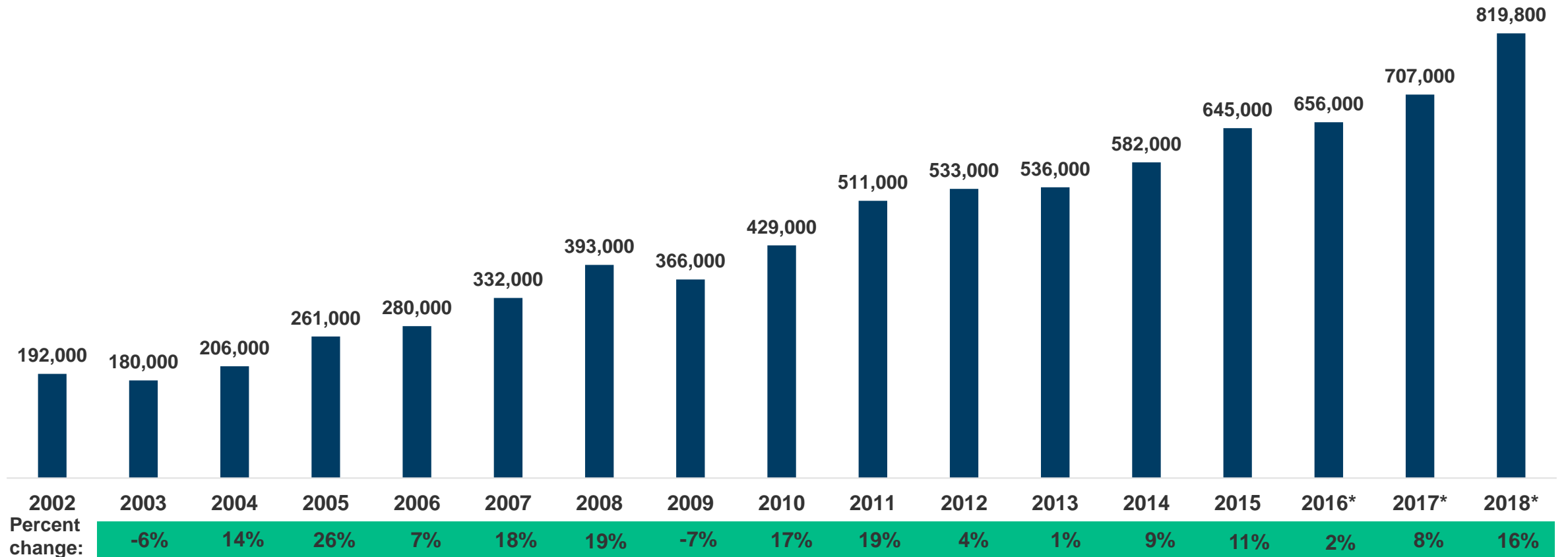


SOURCE: KFF Medicaid Financial Eligibility Survey for Seniors and People with Disabilities, 2018.

Figure 11

Medicaid Waiver Waiting Lists and Other Utilization Limits

Total waiting list enrollment by year:*



NOTES: Percent change is calculated using unrounded totals. *Beginning in 2016, totals include Section 1916 (c) and Section 1115 HCBS waiver waiting lists except that CA and NY did not report enrollment for Section 1115 waiting lists; prior years include only Section 1915 (c) waiver waiting lists.

SOURCE: Kaiser Family Foundation Medicaid FY 2002-2018 HCBS program surveys.



Looking Ahead

- **Pandemic's continued impact on long-term care settings and people with disabilities**
 - Continued vaccine access for folks in institutional and community-based settings
 - Long-term structural changes to protect such settings and populations against impacts of future infectious disease outbreaks
- **Policies to increase funding for Medicaid HCBS**
 - American Rescue Plan FMAP bump
 - Better Care Better Jobs Act



Thank you.