

Agenda

ADVOCACY, OUTREACH, AND EDUCATION COMMITTEE

Thursday, September 3, 2020

12:15 PM – 1:45 PM

Zoom (email kate.larose@vermont.gov for meeting access)

- 12:15 pm – 12:17 pm** **Introductions** (Sam Liss, Chair)
- 12:17 pm – 12:18 pm** **Approval of Agenda** (Sam Liss)
- 12:18 pm – 12:20 pm** **Open for Public Comment**
- 12:20 pm – 12:22 pm** **Approval of Minutes** (Sam Liss)
[Minutes from May 7, 2020](#)
- 12:22 pm – 12:42 pm** **[SSA Request for Comment- Economic Mobility](#)** (Group)
Discussion: Hiring of PWD/Remote Work Potential
- 12:42 pm - 1:15 pm** **Legislative Updates** (Group)
Federal Legislation
- 1) Further COVID-19 Legislative Response
 - 2) MFP Reauthorization/Extension Act
 - 3) National Council on Independent Living (NCIL) policy proposals on Childhood Disability Beneficiaries (CBDs) and eliminating the termination age of 65 for Medicaid Buy Ins (MBIs) (S. 3010; HR 5429)
 - 4) [The ABLE Age Adjustment Act](#) (S.651; HR 1814)
 - 5) Sen. Casey Employment/Disability Summit Follow Up
- State Legislation**
- 1) COVID-19 Related Legislation
 - 2) First Responders Commission- DAIL/VR Participation
 - 3) Legislation On-Hold:
 - Minimum Wage
 - Paid Family Leave
 - Attendant Services Program (ASP)
- 1:15 pm - 1:30 pm** **Calendar of Upcoming Events** (Group)
- 1) SILC Olmstead Meeting- Corrections Transition
 - 2) Getting the Record Straight Project – Initial Report Release
- 1:30 pm – 1:45 pm** **Other Business** (Chair)
- 1) SILC Emergency Preparedness Kit
 - 2) New SILC Website
 - 3) VFN 2020 Virtual Conference Report (Martha)
 - 4) Medicaid Eligibility Implications- Unemployment Insurance/COVID

5) Stimulus Payments

1:45 pm

Adjournment (Chair)

Legislative Updates Tracking Sheet
ADVOCACY, OUTREACH, AND EDUCATION COMMITTEE

September 2020 Update:

Federal

Please note, as of now, no significant legislation regarding disability issues is expected for the remainder of this Congress and calendar year. Thus it is not expected that the ABLE Age Adjustment Act nor any other definitive legislation will proceed.

Very short Continuing Resolutions (CRs) are expected to simply keep the government running. However, being that funding for MFP and Home and Community-based Medicaid spousal impoverishment protections ends Nov. 30th, a short-term extension is expected for that.

At this time, the House has passed the HEROES Act; the Senate is working on the HEALS Act – both versions of a 4th COVID stimulus package. The versions are vastly different and, though an agreement is possible, one is not expected.

The Senate version does NOT contain any provisions specific to disabilities (nor any cash payments at this time); it DOES, however, contain provisions to waive employer liability from ADA and other applicable laws due to situations arising from the COVID-19 pandemic. Those provisions are very broad and go much beyond direct relationship to the pandemic. Disability advocates are strongly opposed to these provisions; they seem, to some, as an “end-around” conforming to ADA and other requirements.

Sen. Casey held his Disability/Employment Summit and has proposed new legislation to meet the needs of PWD – particularly regarding employment. These bills are NOT expected to gain traction this year but are duly noted (see handout).

Good news: The Social Security Administration (SSA) has finalized a rule to streamline appeals of overpayments that occurred as the result of changes to policy due to the pandemic. SSA will invoke the equity and good conscience clauses of the SSA Act to make it easy for beneficiaries to NOT pay back overpayments that resulted from no fault of their own.

State

VR/DAIL is monitoring S. 243, which passed State Senate and remains in House Health Care. The bill establishes a First Responders Wellness Commission (as the result of the pandemic). There are 23 seats on the Commission as written; VR/DAIL would like an additional seat for VR/DAIL because the VR Employer Assistance Program (EAP), headed by Steve Dickens is often a key player and first step to aid First Responders who have suffered trauma (e.g. PTSD).

A more urgent “companion” bill, S. 342, was passed by legislature and signed into law by Gov. Scott. This bill temporarily (through calendar year) invokes presumptive

eligibility for worker's compensation for First Responders suffering trauma during the pandemic.

No significant cuts to disability services were made in Q1 of the State budget. We were told drastic cuts are unlikely for the rest of SFY 2021. However, Commissioner Hutt was very concerned about drastic cuts for SFY 2022.

The State budget gap could run as high as \$200M - \$400M. Of the \$1.25B Federal allotment to Vermont for the pandemic, \$150M was set aside for budget gap relief; however, Federal legislation is necessary to free up this money for a budget gap. No such Federal legislation thus far.

Some hope for unfreezing the general-funded ASP program for session 2021. A key legislator indicated the possibility.

In addition, there is expected to be a renewed push for a paid family leave bill – considering the necessities that arose from the pandemic.

Federal Legislation

A. MFP Reauthorization/Extension Act (HR 3253)

Money Follows the Person Bill (Medicaid)

May 2, 2019 Update: More good news! Short-Term Money Follows the Person Extension signed into law through the end of this year! Now we need to wait (and advocate for) a long-term extension.

September 5, 2019 Update: There are several bills before congress that would allow for long term extensions of the MFP Medicaid Demonstration Act which provides federal money for people transitioning out of nursing homes and provides for spousal asset protection. Instead, Congress has passed short term extensions.

November 7, 2019 Update: No movement.

January 9, 2020 Update: In the 2020 budget MFP was reauthorized through May 22, 2020 and it has been paired with the home and community based spousal impoverishment protections. Additional language may be added to include Centers for Independent Living in this bill. Sarah added that in Vermont we are mandated to provide care to people transitioning out of nursing homes. Appreciation was shared for Patrick Flood, Dave Yacovone and others who helped to change the focus in Vermont.

March 5, 2020 Update: Advocates are hoping that there will be a germane reauthorization vehicle in May to append these two reauthorizations to and are hoping for permanent authorization. Marlina asked if this includes people transitioning out of corrections. Diane said this is not the case. Sam

shared that it sounds like Pallone's office is amenable to having some of this funding going to Centers for Independent Living.

May 7, 2020 Update: In Stimulus Package 3, the authorization for Money Follows the Person was extended from May 22nd to November 30th along with Spousal Impoverishment Protections. There will need to be future discussions in this session or the next to extend the authorization or to make it permanent. There is also hope that the Centers for Independent Living will be written into this given the role they play in transitioning people back into the community and so advocates will be looking for this moving forward.

B. National Council on Independent Living (NCIL) Proposals (S. 3010; HR 5429)

- 1.) **Eliminate work disincentives for Childhood Disability Beneficiaries** (CDBs), and
- 2.) **Eliminating the termination age of 65 for Medicaid Buy Ins** (MBIs) as authorized in the Ticket to Work Program of 1999. Senator's Portman and Casey may sponsor the bill appending it to an appropriations bill or the Empower Care Act. It is moving slowly.

November 7, 2019 Update: There is bipartisan support of these two policy proposals, and it is hoped that these get appended to the next continuing resolution. Republican Mary Cantwell of the State of Washington would most likely support this bill but does not want to be a co-sponsor. Republican Representative Don Young from Alaska may be interested in being a co-sponsor. Both policy proposals would slightly change the Social Security Act. There has been requests to reopen the regulations and NCIL has written opposing reopening them.

January 9, 2020 Update: Sam shared that it is a moot point in Vermont but there is incongruity in other states. The CBD portion of the bill was dropped and NCIL is unclear as to why. Congressman Welch has an intent to introduce both bills and is still waiting for a co-sponsor. Social Security's Chief Actuary Steven Goss conducted a cost analysis and the Congressional Budget Office recently came back with a figure of a cost of \$25 million per year. The field feels that this amount is misleading as it does not acknowledge that many will age into Medicare, which will have a cost associated with it. Field staff are putting in employment information for consumers who are over the age of 65 and this is not taken into account in the analysis. Sen. Portman has found the paid-fors and is thinking of inserting into a health care bill in May. Sens. Portman and Casey indicated that they would tack it into budget and drug pricing bills, but neither were able to happen.

March 5, 2020 Update: There continues to be bipartisan support here and it's just about getting people's attention. In Vermont this is called Medicaid for Working Persons with Disabilities. Vermont did away with buy-ins a few years after it was instituted as the found that the administrative cost outweighed the revenue from the buy-ins. In Vermont it can continue

beyond age 65. Federally we want to remove the age restriction from the Ticket to Work language. For some reason we don't understand the other proposal was dropped which would have cost- at most- \$2 million a year. Sam recently spoke with Congressman Welch's office last month and he is intent on introducing both.

May 7, 2020 Update: These two proposals are relatively low cost. There is a discrepancy in the authorization clauses in MBI and the Balanced Budget Act of 1997 so we want to eliminate that age discrepancy. Kelly Buckland, ED of NCIL, thinks it is worth an ask in Stimulus Package 4 though it will be low priority given the current crisis. But simultaneously, there is work happening to append this to appropriations bill for 2021 which seems the more likely route.

C. The ABLE Age Adjustment Act (S.651; HR 1814)

Was introduced with strong bipartisan support. This bill increases from 26 to 46 the age threshold for tax-favored ABLE (Achieving a Better Life Experience) accounts. It requires large offsets so as not to increase taxes.

May 2, 2019 Update: The positive movement is the National Down Syndrome Society now supports it. The National Association of State Treasurers supports it as it is the right thing to do.

September 5, 2019 Update: It is gaining momentum in Congress on a bipartisan basis. Anyone who is eligible and takes out an ABLE Account is not subject to SSI limitation up until \$100,000 and can maintain their Medicaid no matter what they have in their account. An ABLE account is a tax-advantaged savings account available to individuals diagnosed with significant disabilities before age 26. Previously, only those who incurred disability prior to the age of 26 were eligible. This act raises eligibility up to age 46. Beth Pierce, Vermont State Treasurer and a member of the National Association of State Treasurers, is in support of this change. It would benefit our veterans. It is still in committee.

November 7, 2019 Update: Five years ago, President Obama signed into the law the original Able Act. It allowed for tax free ABLE Accounts to be set up for people with disabilities, but their disabilities had to set in before the age of 26, which is the key. Currently it is gaining momentum. One is the State Treasurers (including Beth Pierce of Vermont) are finding that it was greatly overestimated the number of people that would sign up. Eight million people were originally estimated as being eligible. Only 50,000 have taken advantage of it. Because of this shortage, people are not paying the fees into the program and without this the entire program may not be sustainable. The \$2 billion scored for the program will not come close to that with the 26-year eligibility cap. If the age was raised to 46, it is estimated that 6 million for a total of 14 million would be eligible. It is hoped that in the next continuing resolution that expires November 30, 2019 that this bill would be inserted into it. November 14th is the next call in day! Get the word out to have as many people as you know call their Congressional representative to

support this bill. Senator Casey is hosting a reception to gain publicity in order to pass this bill on November 19th at the Capitol Building in Washington, DC in the Russell Building in Room 385.

January 9, 2020 Update: Sen. Casey's office is attempting to tack this on to the healthcare vehicle in May and he has pay-fors established. The feeling in NCIL is that it is stalled in the House. There are 18 co-sponsors in the Senate and only 2 of them are Republican. Advocates are currently attempting to garner support from constituents in Iowa, requesting that they call in to Grassley's about this and previous bills. The World Institute on Disability has a new executive director named Marcie Roth. Under her leadership they are looking to network with other organizations like NCIL particularly on this act, including writing a letter of support.

March 5, 2020 Update: This continues to pick up more and bipartisan support. For it to have a good chance of passing alone or being appended we will need more bipartisan support from Senate Finance, Senate Appropriations, House Ways and Means, and House Appropriations. Senators Grassley and Wyden would also be key sponsors to have on this. Sam will be speaking with Senator Leahy's office in the month ahead and he will mention this if Sen. Leahy is not already a sponsor. Sam mentioned that the raise to age 46 is especially important because of veterans, neuromuscular disorders that don't get diagnosed until later in life, and due to the fact that this has been unfunded. The question was asked why the lower age limit had initially been established. Diane shared that many of the advocates who initially helped to pass this were wealthy parents who wanted to be able to have funds available to their children without affecting benefits.

May 7, 2020 Update: Strongly bipartisan but could still use more co-sponsors. Has been gaining momentum but paid-fors still need to be identified given that it is somewhat costly. Will be looking at appending to the 2021 appropriations bill.

D. President's 2021 Budget

The president's budget includes many across the board decreases, particularly for independent living. About \$5 million was transferred from the Part B funding stream to Part C. There was a stipulation that these funds go only to employment incentive programs located within Centers for Independent Living, but this is now dead on arrival. Diane shared that this is something the administration can do without Congressional approval and shared that HHS and SSA partnered with support from Mathematica Policy Research and have \$40 million in grant funds to prevent people from going onto Social Security benefits. Sam reminded the committee that historically Independent Living was under the Department of Education like Vocational Rehabilitation but that it was moved after WIOA to the Administration for Community Living.

E. Social Security Administration Rulemaking

Sam shared information about the technical rule being proposed by SSA which will result in more frequent Continuing Disability Reviews (CDR) for people on SSI and SSDI. It has yet to be clearly defined, but the current thinking is that the Trump administration believes it will save money with more CDRs given the increases in better medical and assistance technology in recent years available to support people in rehabilitative employment and recovery. In plain language, this means that they anticipate a lot of people will be kicked off benefits, and it is anticipated that 4.4 million people will be affected. In theory or in rule Congress can ask for disability reviews more often, but SSA has never had the staff capacity. However, 11,000 new people were just hired which implies that there will be an eventual cost savings through reduction in benefits. A fourth CDR category of "likely to recover" is being proposed for people with severe neurological disabilities who might be able to return to work with new assistive technology, but the delineation of how this will differ from the already established categories of "not expected to recover", "expected to recover", and "possible to recover" is unclear. The fear in the field is that people who respond to the CDR as not working will trigger SSA to ask why not and then kick them off. Or if they say that they are working and still needing support SSA will deny benefits moving forward. Brian asked if other departments should come up with a response in preparation for requests from the field. It was shared that NCIL and the Consortium of Citizens with Disabilities (CCD) will be suggesting best practices in responding to the new rule.

Sam shared that there is some good news to report: SSA field offices will once again be open all day on Wednesdays, and they recently made the formal determination to not use applicants' social media content in disability determination.

March 5, 2020 Update: Public comment period was extended and nearly 150,000 comments were submitted that were not in favor. The decision is still pending and Sam suspects that SSA is reviewing the comments before making a decision. During the Reagan administration a similar process happened resulting in many people being kicked off of benefits. Sam shared that after this time period there was an increase of people with disabilities dying by suicide and that this was mentioned numerous times in the comments and there is a concern that this will be done in a reckless manner. Sherrie shared concerns that SSA is already unable to meet their current role given decreased capacity and that these proposed changes will only further exacerbate these problems while at the same time resulting in negative outcomes for people with disabilities. Sam mentioned that the rule regarding non-fluent English speakers is now in effect.

F. Family CARES Act:

This is also known as Stimulus Bill. It includes \$85 million in Part C money for

Centers for Independent Living. Part B money was requested for SILCs, but was not included in the bill. There was no extra money for VocRehab included. Agency of Education Secretary DeVos has decided not to ask for waivers for IDEA. According to NCIL, there is some uncertainty as to what the status is for request of waivers in the Rehab Act. Diane said that she recently emailed Sam language about how to request waivers and, based on that, does not believe there is lack of clarity. This language was recently sent to leaders on Capitol Hill but no decisions have been made yet so it is currently pending. Sam said that per yesterday's NCIL meeting there was still uncertainty about the waiver process so it seems confusing at this point from NCIL's perspective. DeVos asked for five waivers and Diane shared that of the three that will impact all VR agencies she is supportive and hopeful that Congress will pass these.

A. \$15 Per Hour Minimum Wage/Family Leave Bills

May 2, 2019 Update: The House General, Housing and Military Affairs Committee approved legislation Friday to increase Vermont's minimum wage to \$15 by 2024. The bill has already passed the Senate. The House committee didn't make many changes to the bill, but this week's deliberations were occasionally tense as lawmakers argued for protections to prevent the bill from hurting the business community. The bill, S.23, would raise the minimum wage to \$11.50 in 2020, \$12.25 in 2021, \$13.10 in 2022 and \$14.05 in 2023. The measure seemed to hit a speed bump Tuesday after an analysis found a bill amendment would have forced the state to increase Medicaid spending by as much as \$27.9 million over the next five years.

November 7, 2019 Update: Democrats are really trying to push this bill but there is concern that it will cut programs in other places and hurt those individuals with disabilities.

January 9, 2020 Update: There is currently agreement from the House Speaker and Senate President Pro Tempore that they will take up and vote on these bills this session, with a desire to move them through early in the session. The specifics are unclear at the moment and may include raising the wage to a dollar figure less than \$15 an hour or increasing the time frame for getting to \$15 an hour (i.e., \$12 an hour in three years and then reevaluate). Sarah shared that VCIL and Vermont Coalition for Disability Rights are both Raise the Wage members. Comments were submitted to the Raise the Wage Coalition and, as a result, the Coalition included language around not harming services, as well as benefits cliffs information. The Coalition has guiding principles that specifically named women and labor rights but not disability rights. As a result of the submitted comments, they have now included disability rights in the guiding principles and there is language that people with disabilities won't be harmed. However, this cannot be mandated without additional funding being allocated to services. It is unclear if the Governor will compromise and sign bills if passed, or veto.

March 5, 2020 Update: The legislature overrode the Governor's veto. Diane shared that DAILE is concerned that the legislature did not do adequate

research before passage and that it will result in service reductions. Diane shared that benefits counselors could help to provide additional information about work incentives and benefits cliffs. Family Leave did not override the veto, failed by one vote. Expects this to come back up again next biennium.

May 7, 2020 Update: The hope is that advocates will push for a better Paid Family and Medical Leave bill for next session.

B. Attendant Services Program (ASP)

Advocates are working through appropriations to unfreeze the Attendant Services Program (ASP). The Attendant Services Program has been frozen for more than four years. Advocates successfully advocated to have it return but with a smaller budget. The budget surplus was the rationale for the legislative push. Currently, and unique to Vermont, there is no resource/income limit for program; but there may be need to compromise to pass the bill. The program allows more people with disabilities (PWD) to gain and maintain employment. This program is for middle class individuals who would have to impoverish themselves in order to get services. Commissioner Monica Hutt agrees with the inequity but is concerned that when the legislature hears that people have funds in the bank, we may need to compromise on the resource/income limit. Bill Botzow suggested that the advocates work on the financial threshold not with the legislators in the best interest of individuals with disabilities. This will be VCIL's main legislative platform.

May 5, 2019 Update: At the last meeting, Sam reported that we were hoping to unfreeze the program to new applicants. Unfortunately, there is currently a gap in the State's budget. The bill is in Senate Appropriations and it is not considered a priority. Many individuals testified. It doesn't look good for the program to be unfrozen this session. Currently, no one can even apply so there is no wait list. The main advantage of the program is that those that are not eligible for Medicaid can receive their personal attendant care services but can also direct their care without impoverishing themselves.

September 5, 2019 Update: Unfreezing the ASP Program (General Funded PDAP) didn't get anywhere last legislative session. It has been suggested that we should at least implement a waiting list as this wouldn't cost anything. In addition, you can gauge the interest in the program. If we can't get it passed any other way, perhaps having a high-income limitation.

November 7, 2019 Update: No movement.

January 9, 2020 Update: Sarah reported that VCIL has been working on the VCDR platform which will soon be available on their website. Legislators have requested a disability package that prioritizes a handful of items that advocates will push for, but it was decided to not do it this session and instead focus on planning for the next biennium. For example, this might include platform items such as increased funding for the Vermont Association for the Blind and Visually Impaired and the Attendant Services Program. The

need for ASP exists. With more funding comes more outreach and more applications which result in a waiting list. The waiting list demonstrates need to the legislature, but Sarah noted that she is skeptical that the full need is being shown as people are being put in Medicaid ASP instead and continuing conversations are being held about that. Sarah also shared that VCIL and VCDR are not in favor of moving towards an asset limit, as the goal is for people to have the opportunity to build more assets. Brian asked how return on investment can be demonstrated and Sarah shared that— because many people in the program have already aged out of working age and because the program was frozen a few years ago— the numbers in the program remain small, making return on investment harder to calculate.

March 5, 2020 Update: Sam shared that advocates are now favoring having a waiting list as a compromise. Another compromise would be to have a high income/asset limit threshold. Diane asked if there has ever been discussion about tying the program to employment (at the moment very few people in the program are employed). Sam said that this discussion has happened in the past though it currently not part of the legislation. Sherrie wondered if this might be tied to people being able to stay in their homes and communities instead of going to skilled nursing facilities.

May 7, 2020 Update: Will not go anywhere this session given COVID-19 situation.

C. An act relating to health insurance coverage for hearing aids (H. 348, S. 137)

There is momentum in these bills on both the house and senate sides given that the states of Maine and New Hampshire recently passed similar laws. Group members acknowledge that they would like to see similar legislation in the future for dentures, especially given that lack of dentures present barriers to people seeking employment.

March 5th, 2020 Update: Diane said that she is surprised that there isn't currently a constituent group working on this, mobilizing and contacting their legislators. Members wondered if it would fit well under the work of Community of Vermont Elders (COVE), VCDR, or AARP. Diane said that she will follow-up to see if Commissioner Levine has come up with an estimated cost of increase in subsidy to the state under the Affordable Care Act. Will Pendlebury and Bill Hudson have been taking a lead on this but due to being state employees their involvement in this must be limited and they will be available to the Ad Hoc committee to provide information. Sam shared that recent studies have confirmed that untreated hearing loss contributes to increase in dementia and it was noted these costs are considerably more expensive than the cost of a hearing aid, not to mention the loss of being able to live independently and be employed. Marlana shared that people in corrections facilities are unable to get hearing aids and it impacts them negatively. Sherrie asked if a smaller group can work on this.

Sam asked for a motion to create a time limited Ad hoc work group. Sherrie moved it was seconded. No further discussion. All approved. Vote unanimous 6-0-0

May 7, 2020 Update: Will not go anywhere this session given COVID-19 situation.

D. COVID-19 Related Legislation

This includes unemployment and Gov. Scott's Stay Home, Stay Safe orders, which were recently relaxed. We will continue to stay tuned.

Legislation with No Movement to Report at This Time

- [**Stop the Wait Act**](#) (S.2496; H.R.4386)
This bill would eliminate the five-month waiting period plus eliminate the general two-year waiting period for Medicare after determination of SSDI. This bill is important because when people begin receiving the appropriate healthcare the sooner they are able to get back to work.
- [**Capability Act**](#) (H.R. 3070)
Representatives Seth Moulton (D-MA) and Cathy McMorris Rodgers (R-WA) introduced on June 4th, 2019 an amendment to the Rehabilitation Act of 1973 in order to establish a demonstration program to assist transition-aged youth with covered disabilities in obtaining customized, competitive integrated employment. This Act may be cited as the "Customized Approaches to Providing and Building Independent Lives of Inclusion for Transition-aged Youth Act of 2019" or the "CAPABILITY Act of 2019". The bill creates six competitive grants for states that would span four years. The states that earn the grants would use them on pre-employment transition services that support Americans with autism spectrum disorder or intellectual and developmental disabilities that comply with requirements applicable to competitive, integrated employment.

On June 3, 2019 the bill was referred to the House Committee on Education and Labor. The details will be in the regulations.

- [**Disability Employment Incentive Act**](#) (S.255)
A bill to amend the Internal Revenue Code of 1986 to include individuals receiving Social Security Disability Insurance benefits under the work opportunity credit, increase the work opportunity credit for vocational rehabilitation referrals, qualified SSI recipients, and qualified SSDI recipients, expand the disabled access credit, and enhance the deduction for expenditures to remove architectural and transportation barriers in the handicapped and elderly.

On January 29, 2019, the bill was reintroduced. The bill text had not changed from last year. It will expand three existing tax credits to support employers who hire individuals with disabilities and make workplaces more accessible to those employees.

September 5, 2019 Update: There is bipartisan support and is just sitting in committee. 1) It would double the opportunity tax credit from \$15K to \$30K 2) employers could include those on SSDI and SSI and 3) extends credits to employers who eliminate transportation and physical barriers to employment for people with disabilities and seniors.

- [Long Term Unemployment Elimination Act](#) (S.1920)
On June 20, 2019, U.S. Senators Chris Van Hollen (D-Md.) and Ron Wyden (R-Ore.) introduced the Long-Term Unemployment Elimination Act, which would create an innovative federal program that would generate real job opportunities for people who have been unemployed for six months or more. It would provide another funding stream through the Workforce Investment Board and encourage them to utilize their influence to reduce the possibility that PWD and others with difficulty obtaining employment to have extended periods of unemployment. This bill is in the first stage of the legislative process. It will typically be considered by committee next before it is possibly sent on to the House or Senate as a whole. It is supported by a wide range of groups.

- [Empower Care Act](#) (Money Follows the Person Reauthorization) (H.R.5306; S.2227)
Would reauthorize, and appropriate money follows the person Medicaid demonstration project that shifts money from institution care to home and community-based care. This is important because more people with disabilities could live at their homes and be able to work. The president signed three months of appropriation.

May 2, 2019 Update: We are still waiting for longer term legislation.

September 5, 2019 Update: This bill is still sitting in Congress.

- U.S. Representatives Brett Guthrie (R-KY) and Debbie Dingell (D-MI) introduced a **companion bill** in the U.S. House of Representatives which is **identical to the Senate bill S. 2227, the EMPOWER Act**. This bill would renew the Money Follows the Person (MFP) program as well as improve it.

September 5 Update: This bill is still sitting in Congress.

- [Transformation to Competitive Employment Act](#) (S.260; HR 873)
Provides states, services providers, subminimum wage certificate holders, and other agencies with the resources they need to create competitive integrated employment service delivery models and the inclusive wraparound services that some individuals with disabilities will need. The clauses are also in the [Raise the Wage Act](#) (Senator Sanders)

September 5 Update: This is a continuation of several bills presented over several congresses. For Vermont, however, it is a moot point as Vermont already dispensed with sheltered workshops with Competitive Integrated Employment being the focus. It would allow for appropriations for the sheltered workshops to transition to integrated sustainable employment.

Senator Grassley promised that when Congress reconvenes to move NCLS remove employment disincentives and Sam interpreted that he would put it in an appropriations bill.

November 7, 2019 Update: This bill would phase out sheltered workshops for people with disabilities and also has funding to transition to competitive integrated employment. This bill has bipartisan backing.

- **The Social Security 2100 Act (H.R. 860)**, Introduced in the House on 1/30/2019, this bill increases various Old Age, Survivors, and Disability Insurance (OASDI) benefits and related taxes.
 - The bill increases the primary insurance amount (e.g., the amount a Social Security beneficiary receives if the beneficiary begins receiving benefits at normal retirement age) by increasing the percentage of the beneficiary's average indexed monthly earnings used to calculate the amount.
 - The Bureau of Labor Statistics shall publish a Consumer Price Index for Elderly Consumers, which the Social Security Administration (SSA) shall use to calculate cost-of-living adjustments to benefits. Currently, the SSA uses a price index for wage earners to make such adjustments.
 - The bill increases the minimum benefit amount for individuals who worked for more than 10 years by creating an alternative minimum benefit. A qualifying beneficiary shall receive that alternative minimum if it is higher than the standard calculated benefit amount.
 - The bill increases the income threshold that a beneficiary must reach before Social Security benefits are taxable.
 - Increased benefits from this bill shall not count as income when determining an individual's eligibility or benefit amounts for (1) Medicaid, (2) the Children's Health Insurance Program, or (3) the Supplemental Security Income program.
 - Income above \$400,000 shall be included when calculating Social Security benefits and taxes. The bill also increases rates for the payroll and self-employment taxes that fund OASDI.
 - The bill establishes the Social Security Trust Fund, which replaces the Federal Old-Age and Survivors Insurance Trust Fund and the Federal Disability Insurance Trust Fund.

September 5 Update: House Majority Leader Pelosi indicated that this would come to a House vote prior to the end of the year. This would extend the base of social security benefits for everyone. PWD tend to work less months than people without disabilities. The bill raises the social security benefit based upon the number of months worked. The National Council on Independent Living (NCIL) expressed the concern that it might increase the disparity but were reassured that this would not happen.

Senator Casey's Virtual Disability Employment Summit. 7/24/20

Welcome

Mr. Koert Wehberg, Executive Director, Philadelphia Mayor's Commission on People with Disabilities

Opening Remarks

U.S. Senator Bob Casey (D-PA)

Restarting Disability Employment

Panelists will discuss the challenges of bringing people with disabilities back to work during the COVID-19 health crisis.

- U.S. Senator Bob Casey
- Ms. Mary Hartley, Chair, Pennsylvania Employment First Oversight Commission
- Ms. Shannon Austin, Executive Director, Pennsylvania Office of Vocational Rehabilitation

Strengthening Disability Employment

Experts will discuss the combined role of government, non-profits, and employers in expanding disability employment in the short and long term.

- Ms. Julia Barol, President, Transition Consult, LLC and Employment and Transition, Temple University Institute on Disabilities
- Ms. Susan Schonfeld, Executive Director, Community Integrated Services
- Ms. Keri Gray, Founder and CEO, Keri Gray Group
- Ms. Taryn Williams, Managing Director of Poverty to Prosperity Program, The Center for American Progress

Closing Remarks

U.S. Senator Bob Casey

Additional Resources

[Senator Casey's Disability Digest: Pandemic Puts Disability Employment at Even Greater Risk](#)

[Senator Casey's Disability Employment Incentive Act \(S.255\) Intro 1/29/19](#)

his bill expands tax credits and deductions that are available for employers who hire and retain employees with disabilities.

The bill expands the work opportunity tax credit to include the hiring of employees who receive Social Security Disability Insurance (SSDI) benefits. For employers who hire vocational rehabilitation referrals, Supplemental Security Income recipients, or SSDI recipients, the bill also (1) increases the amount of wages that may be taken into account for the credit, and (2) allows an additional credit for second-year wages.

With respect to the tax credit for expenditures by eligible small businesses to provide access to disabled individuals, the bill increases the limits that apply to (1) the amount of expenditures that are eligible for the credit, and (2) the gross receipts and full-time employees of eligible small businesses.

The bill also expands the tax deduction for expenditures to remove architectural and transportation barriers to the handicapped and elderly. The bill modifies the deduction to (1) increase limitation on the amount of the deduction, and (2) allow the deduction to be used for certain improvements in the accessibility of Internet or telecommunications services to handicapped and elderly individuals.

[Senator Casey's Home and Community-Based Services \(HCBS\) Infrastructure Improvement Act \(S.3277\) – Intro 2/12/20](#)

This bill requires the Centers for Medicare & Medicaid Services to award grants for states to develop the infrastructure of Medicaid home- and community-based services (i.e., long-term, person-centered services in noninstitutional settings). States must use grant funds for projects relating to the accessibility and quality of care, such as workforce development, housing support, and transportation services.

Senator Casey's Coronavirus Relief for Seniors and People with Disabilities Act (S. 3544) Introduced 3/19/20 – 27 co-sponsors including Sinema

The bill will address critical health and economic needs for older adults, people with disabilities, front-line workers and family caregivers. Increase funding for nursing home surveys to promote infection control. Cover the cost of treatment for low-income seniors and boost the economy. Through Medicaid grants to States, the bill would provide funding to ensure that seniors and people with disabilities who need care at home can receive it. States need these additional, new dollars to minimize waiting lists for home and community-based services and to provide wage increases as well as overtime pay and paid sick, medical and family leave to home health workers. Make sure seniors and people with disabilities have healthy food and other services at home: The bill would provide increased, emergency funding for programs that allow seniors and people with disabilities to remain healthy and safe at home—where the Centers for Disease Control (CDC) urges they remain during the COVID-19 outbreak. Funding would allow States and community-based providers to offer 3 meals a day, 7 days a week during the emergency; provide shelf-stable food to more seniors through the Senior Food Box program; provide respite care and other supports to family caregivers; support ombudsman programs that must transition to virtual services while nursing homes are locked down to limit the spread of COVID-19; and more.

Senator Casey's COVID-19 Recovery for Seniors and People with Disabilities Act (S.3740) 5/14/20 – no summary yet – 9 co-sponsors

Focus the Social Security Administration (SSA) solely on helping people access critical benefits: The bill would require the SSA temporarily halt activities that may require seniors and people with disabilities to make otherwise unnecessary doctor's visits or other appointments. The bill would expand eligibility for these programs by increasing the extremely low asset and income limits for SSI and increasing the substantial gainful activity limit for SSDI. The bill would also suspend the 5-month waiting period.

Coronavirus Relief for Seniors and People with Disabilities Act (S. 3544)

Sponsored by: Bob Casey (D-PA)

Why do we need the Coronavirus Relief for Seniors and People with Disabilities Act?

More than [105 million Americans—or about 4 in 10 adults](#)—are at heightened risk if infected with the novel coronavirus (COVID-19), including older adults, people with disabilities and those with underlying health conditions. The front-line workers and family caregivers who support these individuals also face increased risks, requiring additional resources and supports to protect their health and well-being.

What would the Coronavirus Relief for Seniors and People with Disabilities Act do? The bill will address critical health and economic needs for older adults, people with disabilities, front-line workers and family caregivers. **Specifically, the bill would:**

Increase funding for nursing home surveys to promote infection control: The Centers for Medicare & Medicaid Services (CMS) has deployed its armament of state inspectors to assess nursing facilities' infection control practices as COVID-19 continues to spread. Well before COVID-19, these essential activities were already operating at a deficit, as the Trump Administration requested a \$44.8 million increase for health facility surveys and inspections in FY2021. Emergency funds are needed to support CMS and States as they work to save lives and mitigate the spread of COVID-19 in nursing homes.

Cover the cost of treatment for low-income seniors and boost the economy: The bill would leverage existing low-income assistance programs for people with Medicare to ensure seniors and people with disabilities living on low, fixed incomes can afford the treatment they need if diagnosed with COVID-19. Individuals living on incomes at or below roughly \$19,000 who have limited savings would be auto-enrolled in assistance to cover the cost of their Medicare Part B premiums and cost-sharing. The bill would also enhance economic stimulus by putting Medicare premium dollars back in beneficiaries' pockets. Seniors and people with disabilities would keep about \$145 per month, allowing them to buy needed essentials, like food and medicine.

Promote home and community-based services and protect home health workers: Through Medicaid grants to States, the bill would provide funding to ensure that seniors and people with disabilities who need care at home can receive it. States need these additional, new dollars to minimize waiting lists for home and community-based services and to provide wage increases as well as overtime pay and paid sick, medical and family leave to home health workers.

Make sure seniors and people with disabilities have healthy food and other services at home: The bill would provide increased, emergency funding for programs that allow seniors and people with disabilities to remain healthy and safe at home—where the Centers for Disease Control (CDC) urges they remain during the COVID-19 outbreak. Funding would allow States and community-based providers to offer 3 meals a day, 7 days a week during the emergency; provide shelf-stable food to more seniors through the Senior Food Box program; provide respite care and other supports to family caregivers; support ombudsman programs that must transition to virtual services while nursing homes are locked down to limit the spread of COVID-19; and more.

Co-Sponsors: Senators Booker (D-NJ), Brown (D-OH), Menendez (D-NJ), Jones (D-AL), Peters (D-MI), Duckworth (D-IL), Gillibrand (D-NY), Sinema (D-AZ), Blumenthal (D-CT), Kaine (D-VA), Hassan (D-NH), Reed (D-RI), Warren (D-MA), Smith (D-MN), Tester (D-MT), Sanders (I-VT), Shaheen (D-NH), Baldwin (D-WI), Klobuchar (D-MN), Rosen (D-NV), Markey (D-MA), Cortez Masto (D-NV), Merkley (D-OR), Coons (D-DE), Van Hollen (D-MD), Harris (D-CA) and Bennet (D-CO).

Supporters: More than **80 national and state organizations** representing older adults, people with disabilities and home health care workers, among others, support the bill, including:

For more information or to cosponsor, contact: Stacy Sanders at Stacy_Sanders@aging.senate.gov, Michael Gamel-McCormick at Michael_Gamel-McCormick@aging.senate.gov or Samantha Koehler at Samantha_Koehler@aging.senate.gov

1. Access Living
2. ACCSES
3. ACHEIVA
4. Alliance for Aging Research
5. Alliance for Retired Americans
6. Alzheimer's Association
7. Alzheimer's Foundation of America
8. Alzheimer's Impact Movement
9. American Academy of Physical Medicine and Rehabilitation
10. American Association on Health and Disability
11. American Council of the Blind
12. American Diabetes Association
13. American Network of Community Options and Resources
14. American Speech-Language-Hearing Association
15. American Physical Therapy Association
16. American Psychological Association
17. Arthritis Foundation
18. Assistive Technology Programs Association
19. Association of People Supporting Employment First
20. Association of University Centers on Disabilities (AUCD)
21. Autistic Self Advocacy Network
22. Autism Speaks
23. Brain Injury Association of America
24. California Health Advocates
25. Center for Medicare Advocacy
26. Center for Public Representation
27. Colorado Cross-Disability Coalition
28. Community Legal Services Philadelphia
29. Community Service Society of New York
30. Council of State Administrators of Vocational Rehabilitation
31. Cure Spinal Muscular Atrophy
32. Disability Rights and Education Defense Fund
33. Disability Rights North Carolina
34. Disability Pride Philadelphia, Inc.
35. Elder Justice Coalition
36. Empire Justice Center
37. Gerontological Society of America
38. Global Down Syndrome Foundation
39. Jewish Federation of Greater Philadelphia
40. Justice in Aging
41. KenCrest
42. Lakeshore Foundation
43. LiveOn NY
44. Lutheran Services in America
45. Lutheran Services in America-Disability Network
46. Meals on Wheels America
47. Medicaid Matters NY
48. Medicare Rights Center
49. National Academy of Elder Law Attorneys
50. National Adult Day Services Association
51. National Association of Area Agencies on Aging
52. National Association for Home Care and Hospice
53. National Association of Nutrition and Aging Services Programs
54. National Association of RSVP Directors
55. National Association of State Directors of Developmental Disability Services
56. National Association of State Head Injury Administrators
57. National Association of State Long-Term Care Ombudsman Programs
58. National Commodity Supplemental Food Program Association
59. National Consumer Voice for Quality Long-Term Care
60. National Council for Aging
61. National Association of Councils on Developmental Disabilities
62. National Center for Learning Disabilities
63. National Committee to Preserve Social Security and Medicare
64. National Council on Independent Living
65. National Down Syndrome Congress
66. National Down Syndrome Society
67. Network of Jewish Human Service Agencies
68. New York Legal Assistance Group
69. NY Statewide Senior Action Council
70. Pennsylvania Association of People Supporting Employment First
71. Pennsylvania Association of Area Agencies on Aging
72. Pennsylvania Provider Coalition Association
73. Pennsylvania Council on Independent Living
74. PHI
75. Program to Improve Eldercare, Altarum
76. Rehabilitation and Community Providers Association of Pennsylvania
77. SAGE
78. SEIU
79. Social Security Works
80. TASH
81. The Arc of the United States
82. The Jewish Federations of North America
83. The Support Sight Foundation Support
84. United Cerebral Palsy National
85. United Spinal Association

Home and Community-Based Services (HCBS) Infrastructure Improvement Act (S. 3277)

Sponsored by: Senator Bob Casey (D-PA)

Why do we need the HCBS Infrastructure Improvement Act (S. 3277)?

Medicaid serves as the nation's primary source of coverage for long-term services and supports, funding [more than 50%](#) of care provided nationwide. In 2017, [4.6 million](#) Americans received these supports at home—which is where they overwhelmingly prefer to be. Over [61 million Americans](#) have a disability and, by the year 2060, the number of Americans ages 65 and older will reach [94.7 million](#). There is a significant need for long-term services and supports in homes and communities and it will only grow with time.

Through waivers and state plan options, Medicaid offers states several pathways to provide home and community-based services (HCBS). Yet, while states are shifting their Medicaid programs to offer home-based care, the need far outweighs the available services. In 2017, [more than 700,000 individuals](#) were on wait lists to receive HCBS through the most commonly used Medicaid waiver. Indeed, in 2016, states spent only [57%](#) of their total long-term services and supports budgets on HCBS. States need resources to improve their service delivery networks to meet the needs of people with disabilities and older adults.

What would the HCBS Infrastructure Improvement Act do (S. 3277)?

Today, states lack capacity to meet current and future HCBS needs and to maintain cost-effective, person-centered HCBS delivery systems. The HCBS Infrastructure Improvement Act would provide a one-time investment of federal funding to strengthen states' ability to improve quality of life for millions of older adults, people with disabilities, including those with intellectual and developmental disabilities, children and their families through multi-year grants to enhance their HCBS service delivery systems. States would have the flexibility to tailor funding to achieve three or more of the following goals:

- Expand the supply and availability of affordable, accessible **housing**;
- Provide accessible, affordable, reliable, equitable **transportation** options;
- Increase wages and benefits and support and sustain **direct care professionals**;
- Expand **competitive, integrated employment** for people with disabilities; and
- Build comprehensive, **no-wrong-door** application, referral and counseling systems.

Seven-year grants would be awarded to states following a planning process informed by a state-based Development and Implementation Council comprised of people with disabilities, older adults, family caregivers, direct care support professionals, HCBS providers, state and local government representatives, and more. Grant amounts would be determined based on each states' current spending on HCBS, with the opportunity to receive bonus payments based on a state's ability to target services to underserved populations.

Supporters: National Council on Aging (NCOA), SEIU, AFSCME, Association of University Centers on Disabilities (AUCD), The Arc of the United States, National Association of Home Care and Hospice (NAHC), Autistic Self Advocacy Network (ASAN), Autism Society of America (ASA), Association of Programs for Rural Independent Living (APRIL), Association of People Supporting Employment First (APSE), Association of Assistive Technology Programs (ATAP), Christopher and Dana Reeve Foundation, National Down Syndrome Congress (NDSC), Center for Public Representation (CPR), Collaboration to Promote Self Determination (CPSD), TASH, National Association of Councils on Developmental Disabilities (NACDD), Little Lobbyists, Paralyzed Veterans of America, ANCOR, National Disability Rights Network (NDRN), American Occupational Therapy Association (AOTA), National Alliance on Mental Illness (NAMI), National Association of State Directors of Developmental Disability Services (NASDDDS), National Council on Independent Living (NCIL), Jewish Federations of North America, American Association on Health and Disability, Lakeshore Foundation, JEV Human Services, Autism Speaks, National Center for Learning Disabilities and the Consortium for Citizens with Disabilities Long Term Services and Supports Taskforce.

Section-By-Section:

SECTION 3. Medicaid Home and Community-Based Services Infrastructure Improvement.

(b) Planning Grants. From 2021 to 2024, the U.S. Dept. of Health and Human Services (HHS) would award planning grants to states that apply to develop an HCBS infrastructure program. The Secretary would receive \$100 million for the planning grants, including \$3 million for technical assistance to States.

(c) HCBS Infrastructure Implementation Grants. One year after providing a planning grant to a State, the Secretary would award the State a 7-year HCBS infrastructure implementation grant. A State's HCBS infrastructure program must include at least three of the following priority areas:

- **Workforce and unpaid caregivers supports:** States would identify a plan to enhance the supply and retention of direct support professionals through strategies such as enhanced payment rates, training and career advancement programs, self-direction programming as well as supports for family caregivers, including assessments, respite care and financial assistance.
- **Employment supports:** States would identify a plan to support opportunities for competitive, integrated employment, including service delivery modifications and expansion as well as enhanced linkages with other programming to support people with disabilities to secure and retain employment.
- **Housing supports:** States would identify a plan to increase the availability of accessible, affordable housing for people with disabilities and older adults receiving HCBS through strategies such as scaling providing home modification programming and shared living.
- **Transportation supports:** States would identify a plan to improve access to accessible transportation, including first mile/last mile transport, through strategies such as partnerships with demand-responsive providers, non-disability specific providers, and others services as well as the development of other innovative transportation networks.
- **“No wrong door” single entry point system:** States would identify a plan to develop and implement a system to ensure people with disabilities and older adults can access all long-term services and supports for which they are eligible on a timely basis.

(d) Evaluation, Oversight and Quality. The Secretary would contract an external, independent qualified entity to conduct a comprehensive evaluation to of the HCBS infrastructure improvement programs to determine the effect of the programs on the availability, quality, and capacity of HCBS services.

(e) Financing Incentives. Based on a funding formula that takes into account a State's spending on HCBS services over the preceding 2 years, as well as a State's ability to target HCBS services to underserved populations, States would receive a 0.25 – 5% percentage increase in their federal Medicaid match for spending on HCBS services.