



Top 10 Ways the Better Care Better Jobs Act Helps Older Adults & People with Disabilities

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Medicaid Home and Community Based Services (HCBS) play a critical role in helping people with disabilities and older adults to receive the care and supports they need, at home, in their communities. Years of underfunding and neglect have left HCBS systems struggling to cope with demand, resulting in long-waitlists and workforce shortages, that were exacerbated by the challenges of the COVID-19 pandemic. Congress now has the opportunity to take another huge step forward towards improving the lives of people with disabilities and older adults. The [Better Care Better Jobs Act](#) would make critically needed long-term investments in Medicaid-funded HCBS systems.

The Better Care Better Jobs Act (BCBJA):

- 1. Gives states a much-needed infusion of federal funds for HCBS via a long-term 10% increase states' federal matching assistance percentage (FMAP) for these services.** This means that when states spend more on HCBS, they will receive more money Federal money in return. While specific estimates regarding how much BCBJA would increase federal funding to states are not yet available, a different bill that provided just a one-year time- limited 10% FMAP bump for HCBS was estimated at [\\$12.7 billion](#) in new federal funding.
- 2. Turns current short-term investments for HCBS into more meaningful, long-term opportunities to build and sustain a better functioning HCBS system.** Thanks to the [American Rescue Plan Act](#) (APRA), states received a 10% FMAP bump for HCBS expenditures to help with the immediate fallout from COVID-19. The current increase ended March 2022, and states must fully spend the new federal funding by March 2025. BCBJA carefully builds upon ARPA, extending the FMAP bump beyond one year, and allowing states to invest in longer term goals and make much-need, sustained improvements to HCBS programs and services.

3. **Requires states to maintain eligibility for HCBS and maintain HCBS services in exchange for increased funding.** The BCBJA contains a maintenance of effort (MOE) provision that protects enrollees from cuts in the services or programs they rely on in the future, and helps ensure that HCBS services remain available for those who need them.
4. **Potentially makes more than 3 million new individuals eligible for HCBS by expanding the financial eligibility for the services.** The BCBJA requires states to “expand financial eligibility for home and community based services up to federal limits.” [Economists estimate](#) that if all states raise the income limits for HCBS waivers to the federal maximum allowable, this would result in up to 3.2 million new individuals eligible for HCBS.
5. **Invests in the direct care workforce by addressing insufficient payment rates for HCBS and ensuring that rate increases are passed on to direct care workers.** Direct support professionals, for example, are disproportionately women of color, and are paid a [median hourly wage](#) of less than \$14 per hour, with an [weighted average national turnover rate of over 43%](#). Low wages and high turnover, taken together, creates gaps in available services and supports, leaving individuals with an entitlement to services, but no one to provide it. HCBS reforms and service expansions require this long-overdue investment in the direct care workforce.
6. **Helps individuals with disabilities join the workforce via improvements to the Medicaid buy-in program for workers with disabilities.** Because most employer sponsored insurance does not cover HCBS, individuals who rely on Medicaid-funded HCBS who can and want to work may not be able to do so for fear of losing services. To remedy this, in 1997 and again in 1999, Congress created programs that allow some people receiving HCBS to earn above Medicaid income limits. However, [these programs are underutilized, inconsistent, and difficult to navigate](#). BCBJA requires states to improve such programs, making it easier for people with disabilities to choose to work without sacrificing life-saving services.
7. **Requires states to increase the availability of personal care services.** Personal care services (PCS) are a Medicaid-funded service that helps individuals with activities of daily living (such as bathing, eating, or dressing) or instrumental activities of daily living (including cooking, cleaning, or transportation). In fiscal year 2020, [fourteen states did not cover PCS](#) for those who are not on waivers. Expanding state plan PCS in these states could address immediate needs of those who are not eligible for waiver services or are on sometimes years-long [waiting lists for waiver services](#).

8. **Improves funding for and access to behavioral health services for individuals with psychiatric disabilities.** BCBJA does this in two ways. First, it specifically includes community-based behavioral health services in the definition of HCBS, instead of limiting the definition of HCBS to waiver-funded services. This approach breaks down disability-specific silos that exist between Medicaid services funded via different authorities, and dismantles barriers to cross-disability reform efforts. Second, the BCBJA specifically requires states to expand access to behavioral health services in exchange for the enhanced federal funding.
9. **Improves HCBS quality.** In addition to investing directly in expanding HCBS services and eligibility and the workforce that provides these services, the BCBJA includes provisions to improve the quality of HCBS services. The Secretary must develop and publish quality measures, and then states must adopt and publicly report on such measures. BCBJA contains an 80% administrative match for these activities.
10. **Requires states to designate an Ombuds office to help enrollees navigate HCBS programs.** BCBJA requires states to designate an Ombuds office to assist enrollees in navigating the programs and to identify and report systemic problems with accessing services. This approach can provide more immediate resolutions that do not have the same data lag often present in performance measure reporting.