



## Ten Ways the Better Care Better Jobs Act Helps Older Adults & People with Disabilities

[Jennifer Lav](#)

July 26, 2021 marks the 31<sup>st</sup> anniversary of the Americans with Disabilities Act (ACA). As we celebrate more than 30 years since one of the most important civil rights achievements for people with disabilities, Congress now has the opportunity to take another huge step forward towards improving the lives of people with disabilities and older adults. This opportunity, the [Better Care Better Jobs Act](#), would make critically needed long-term investments in Medicaid-funded home and community-based service (HCBS).

The Better Care Better Jobs Act (BCBJA):

1. **Gives states a much-needed infusion of federal funds for HCBS via a permanent 10% increase states' federal medical assistance percentage (FMAP) for these services.** When states spend more on HCBS, they will receive more 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 10% FMAP bump for HCBS was estimated to provide [\\$12.6 billion](#) in new federal funding.
2. **Turns current short-term investments in 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. As it stands, this increase ends in March 2022, and thus will primarily help states respond to the most immediate needs for people with disabilities receiving these services. BCBJA carefully builds upon ARPA,

extending the FMAP bump. It provides a stable framework for states to address longer term goals. The bill also boosts Medicaid administrative match rates related to expanding and enhancing HCBS from 50 to 80 percent over the next ten years, which will also help states invest in sustained and systemic improvements to their HCBS services and programs.

3. **Invests in the direct care workforce by addressing insufficient payment rates and requiring that rate increases are passed on to direct care workers.** For example, direct support professionals, like most direct care professionals, are disproportionately women of color, and are paid a median hourly wage of only [\\$12 an hour](#), with an average [national turnover rate of 42%](#) for the year 2019. 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. The BCJBA addresses this long-overdue investment in the direct care workforce.
4. **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 special waiver-funded services that primarily assist individuals with physical, intellectual, or developmental disabilities. 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.
5. **Potentially makes more than three 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 (300% of the federal poverty level), this would result in up to 3.2 million new individuals eligible for HCBS.

6. **Requires states to increase the availability of personal care services.** Medicaid-funded Personal care services (PCS) provide assistance to help individuals complete the activities that they need to get through their day and continue living in the community. This includes help with things like bathing, eating, or dressing, cooking, light chores, or transportation. [Seventeen states limit PCS](#) to Medicaid enrollees who qualify for special waiver programs. These waiver programs often have [years-long waiting lists](#). Expanding state plan PCS in these states could address immediate needs of those who need PCS but cannot access or are not eligible for these waivers.
7. **Requires states to maintain or increase HCBS services and eligibility in exchange for increased funding.** The BCBJA contains a strong “maintenance of effort” (MOE) provision that protects enrollees from future cuts in the services or programs they rely on, and helps ensure that HCBS services remain available for those who need them.
8. **Helps individuals with disabilities join the workforce by improving and expanding Medicaid programs designed to help workers with disabilities keep their services.** 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 workers with disabilities to pay premiums to maintain access to HCBS as their income rise above Medicaid 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.
9. **Improves and invests in HCBS quality.** In addition to investing directly in expanding HCBS services and eligibility and the HCBS workforce, the BCBJA includes provisions to improve HCBS quality through transparency and oversight. The Secretary of the Department of Health and Human Services must develop and publish a core set of quality measures that states must implement and publicly report annually. BCBJA also requires states to track and report performance by race, ethnicity and other key demographics to help

identify and track disparities in HCBS access and quality. The bill includes a permanent enhanced 80% 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.

For more information about the importance of HCBS and the direct care workforce, see:

*Keep Essential Care: Home and Community-Based Care*

Elizabeth Edwards, April 8, 2020 | [Link](#)

*Keep Essential Care: Direct Service Professionals*

Jennifer Lav, April 13, 2020 | [Link](#)

*Disability, Race, and Structural Inequity: COVID-19 and the Long-Term Care Workforce*

Dave Machledt, April 29, 2020 | [Link](#)

*COVID-19 Crisis: Unspoken Impacts on Older Adults and Persons with Disabilities*

Miriam Delaney Heard, May 12, 2020 | [Link](#)

*Health Disparities Facing Older Adults of Color amid COVID-19: Guest Blog by Justice in Aging*

Gelila Selassie, August 24, 2020 | [Link](#)

*Health Equity Blog Series Summary*

Zamir M. Brown, October 5, 2020 | [Link](#)

*The American Rescue Plan Act: What's it do for Health?*

Mara Youdelman, March 12, 2021 | [Link](#)

*The American Rescue Plan: Major Relief for People with Disabilities*

Dave Machledt, March 12, 2021 | [Link](#)

*The Time is Now to Vaccinate High-Risk People with Disabilities*

Hannah Eichner, March 15, 2021 | [Link](#)