

ANCOR 2009 Government Relations Priorities

Adopted by ANCOR Board of Directors February 6, 2009

ANCOR VISION

To be the premier provider association creating a world that values the full participation of all stakeholders.

ANCOR MISSION

To empower providers and people with disabilities to celebrate diversity and effect changes that ensures full participation.

ANCOR STRATEGIC OUTCOMES 2008-11

CREATE * EDUCATE * ADVOCATE

- ANCOR will serve as a leader in effecting change on both the national and state level through the identification, development and dissemination of creative solutions, broad collaboration, and state and national efforts to advance innovative service delivery, assure provider sustainability, and promote communities of choice. ***
- ANCOR will serve as a national leader, knowledge and research broker, and source of assistance on federal public policy and regulatory matters, including federal and state funding issues. ***
- ANCOR will serve as a national leader in addressing the current and growing direct support workforce crisis.***
- ANCOR will raise awareness and provide a framework from which to offer information, education and resources regarding performance excellence and quality outcomes. ***
- ANCOR will position itself as a knowledge broker, assisting customers as well as emerging customer groups to provide the most effective leading practices.
- ANCOR will promote, educate and share information and practices on the application of new and innovative technologies that improve, enhance and expand service delivery effectiveness and capacity.

*** Top priorities

UMBRELLA STRATEGIES

- ANCOR will diversify its funding streams to increase revenue to achieve its goals, mission and vision.
- ANCOR will use technology as the main platform on which to deliver information, knowledge and networking solutions efficiently and effectively to customers.
- ANCOR will leverage existing and aggressively seek out new partnerships to achieve its mission, vision and strategic objectives.
- ANCOR will actively articulate and promote its brand to a current and future customer base.

A new President and Administration and a new Congress always present a change in federal leadership and ensuing national public policy agenda and priorities. However, overshadowing the changes in leadership and framework of our national domestic agenda is an uncharacteristic recession not seen in generations. Fiscal conditions will affect the federal budget and annual appropriations.

The looming economic crisis affects every segment of American life, challenging public and private wellbeing for the next several years and influencing public policy decisions that shape services to people with disabilities and the providers who support them. With economic recovery the nation's top priority, the new Administration and Congress have identified the health care crisis as a top priority and reform essential to restoring the nation's overall economy and the financial security of Americans. Congressional leaders and the new Administration are calling for entitlement reforms to Medicare, Medicaid, and Social Security. Providers have a direct stake in federal responses to these issues.

While the challenges are great, there are opportunities for new solutions and a vigorous partnership between public and private sectors. The growth of the private sector is critical to the economic recovery of the nation and private providers have a role in helping to restore our nation's prosperity and ensuring the security and interests of individuals with disabilities of all ages.

The majority of people with disabilities supported and represented by ANCOR members have incomes below the federal poverty level. They depend upon the federal government for an array of health care, long-term supports, housing, employment, social services, income protections, and other benefits throughout their lives to live with dignity in their communities. However, most of these federal programs are under-funded and leave hundreds of thousands underserved or continually waiting for services.

It is crucial that our federal public policy include adequate investments in the infrastructure upon which individuals with disabilities and their families depend. Public investments are needed to address the pressing needs of people with disabilities, the growing demand for long-term supports that reflect the choices they prefer, and the fiscal sustainability and capacity of our nation's private sector to provide those quality supports.

For the past five years, [ANCOR has partnered with five leading national disability organizations](#) in outlining a legislative agenda in pursuit of federal public policy goals. That joint legislative agenda forms the background for ANCOR priorities in the 111th Congress. The following framework reflects ANCOR's specific 2009 public policy priorities.

Medicaid and SCHIP

Medicaid, together with the State Children's Health Insurance Program (SCHIP) provide federal and state funding for vital health and long-term supports to

ANCOR member constituencies—children and adults of all ages with disabilities. Medicaid is the nation's publicly financed health and long-term supports program for low-income individuals and the primary source of funding for coverage of individuals with significant disabilities. It is jointly funded by the federal government and states—with the federal government paying for about 57% of all Medicaid spending. However, each state administers Medicaid within broad federal guidelines. States have broad authority to define eligibility, benefits, provider payments and other aspects of their programs—resulting in wide variations in the states' programs. Medicaid is a powerful engine in state economies, supporting millions of jobs, and adding to local and state revenues. It is designed to provide an important counter-cyclical benefit during economic downturns when individuals' incomes fall or lose jobs and health care, when more people become eligible for Medicaid and states expand coverage. Due to the economic crisis, a majority of states face growing budget shortfalls and are cutting Medicaid spending. Research shows that in the past, a temporary infusion of additional federal Medicaid funding to states is an effective tool in averting or minimizing cuts in eligibility, benefits, and provider payments, and in generating jobs. It is critical that ANCOR maintain its national role in addressing federal legislative, administrative, and financing policies affecting Medicaid and evolving state responses.

Short-term and Immediate Priority in Federal Economy Recovery Plan

- Provide a significant and immediate, two-year, temporary increase in the federal share of Medicaid spending (FMAP) to states to address budget shortfalls and avert Medicaid cuts in eligibility, benefits, and provider payments; to restore/create DSP jobs; and to expand home and community supports.
- Provide temporary federal Medicaid funding for moratoria on seven CMS regulations beyond March 31, 2009.
- Provide permanent SCHIP reauthorization and appropriations beyond March 31, 2009.

Other 2009 Medicaid Priorities

- Maintain the entitlement and vital federal role that Medicaid plays in financing supports and services to individuals with disabilities.
- Maximize use of federal funding to support choices of individuals with disabilities.
- Seek withdrawal of CMS habilitation/rehab, case management/TCM, provider tax, and outpatient regulations.
- Establish an increased FMAP and other Medicaid incentives to expand home and community based services (HCBS).
- Establish increased FMAP for states that commit to eliminating the wage differential between workers in community services and workers in government-operated.

- Establish federal requirement for states to annually update provider reimbursement rates that reflect actual costs of providing Medicaid-funded supports and services.
- Require federal funding of all Medicaid requirements imposed upon and/or passed along by states to private providers.
- Obtain federal authorization requiring notification, provider input, comment, and transparency at state level prior to CMS action on state 1115 Medicaid reforms and any Medicaid waiver and state plan changes.
- Ensure that people with disabilities using HCBS waiver or option services may live in settings of their choice.
- Require federal assurance of transparency and provider involvement in CMS issuance of regulations, guidelines, and policy interpretations.
- Ensure that Medicaid managed care does not reduce the overall resources available to systems intended to provide long-term supports.
- Ensure that Medicaid managed care long-term supports is a voluntary informed determination by the individual/representative.
- Require Medicaid savings derived from improving efficiencies and cost-effectiveness in delivery of long-term supports be reinvested in Medicaid long-term supports.
- Obtain federal authorization that Medicaid continue coverage of habilitation and an expansion to all states under the rehabilitation/clinical service options.
- Provide written comments and respond to CMS guidance on Deficit Reduction Act proposed, interim and final regulations (e.g., 1915(i); 1915(j)).
- Provide written comments and respond to CMS proposals/regulations regarding 1915(c) home and community-based waivers.
- Obtain inclusion in CMS work groups addressing balancing of state long-term supports systems; quality outcomes; and workforce recruitment and retention.
- Obtain inclusion in CMS work groups revising ICFs/MR guidelines.

Direct Support Professional Workforce Crisis

The demand for long term supports is a critical issue in the 21st century. The lynchpin for providing quality supports and services to individuals with disabilities of all ages is a well-trained, adequately compensated direct support professional (DSP) workforce. ANCOR's National Advocacy Campaign was created to provide a focus on the critical direct support workforce issue. As employers in the private sector, providers have been experiencing a crisis in the recruitment and retention of DSPs—a crisis that undercuts their capacity to support the choices of individuals with disabilities to live and work in their homes and communities. Medicaid is the largest public source of funding for long-term supports. However, private providers are held to fixed Medicaid reimbursement rates. Unlike other employers in the private sector, these Medicaid-funded providers cannot pass

cost increases onto their customers—people with disabilities who rely on Supplemental Security Income. The current economic recession and state Medicaid cuts have added to this workforce crisis as providers are forced to layoff their most valuable asset—DSP employees. ANCOR must continue its national NAC leadership role in raising awareness of this workforce crisis, developing federal responses, and distributing state initiatives.

Short-term and Immediate Priority in Federal Economy Recovery Plan

- Provide for immediate, temporary increase in the federal share of Medicaid spending (FMAP) to states to address loss of DSP jobs and investment in job creation.
- Provide for additional federal funding to assist states in training across the long-term support workforce.

Other 2009 DSP Workforce Priorities

- Reintroduction of Capps/Terry legislation to provide enhanced federal Medicaid FMAP to states to pay for increased wages for direct support professionals in the private sector.
- Senate introduction of similar legislative approach.
- Include DSP and long-term workforce crisis in national health care reform.
- Provide federal requirement for states to develop and implement a plan to address all relevant components that drive the crisis, including low wages and reimbursement rates, high turnover, and inadequate training.
- Provide full federal appropriations of Title II workforce provisions in reauthorization of the Developmental Disabilities Act.
- Secure federally funded training program/grants to assist providers in recruitment and retention of DSPs.

Employment of Individuals with Disabilities

Obtaining and maintaining employment remains a significant barrier to individuals with disabilities. The employment rate of working-age people with disabilities in the United States was 36.9%, far below the 79.7% employment rate for working-age people without disabilities. For many individuals with significant disabilities, having the individualized training and supports to obtain and maintain employment is a critical component to living and working in the community. Yet, individuals with disabilities remain unrecognized as potential employees or as contributors to their local economies. Training and employment supports for individuals with significant disabilities must be considered as part of our federal investment in America's workforce as well as part of a federal economic recovery plan that will also yield dividends. ANCOR will continue to focus on federal programs and policies to enhance the role private providers can play in offering employment training and supports to individuals with disabilities that add to their self-sufficiency and integration in the community.

Short-term and Immediate Priority in Federal Economy Recovery Plan

- Support efforts to include employment and training provisions in the economic recovery plan efforts that promote and increase job opportunities for individuals with disabilities.
- Assure that people with disabilities will benefit from increased employment opportunities from any employment-related provisions in a federal economic recovery plan.

Other 2009 Employment Goals

- Improve and reauthorize the Rehabilitation Act and the Workforce Investment Act.
- Require mandatory provider involvement in the Workforce Investment Boards and One Stops.
- Increase federal funding for supported and customized employment programs.
- Ensure federal funding for provider involvement in programs that support in the transition from school to work.
- Promote providers as Employment Networks in the Ticket to Work program.
- Support programs and policies that promote business development opportunities for individuals with disabilities.
- Monitor the modernization of the Javits-Wagner-O'Day (JWOD) Program and ensure that people with significant disabilities remain a priority for participation in the program.
- Increase incentives to allow a phase out of the issuance of sub minimum wage certificates without harming the employment opportunities of people with significant disabilities.

Health Care Reform

For more than sixty years, presidents and Congress have attempted to address our nation's health-care system, structuring a system that ensures accessible, affordable, and high-quality health care that protects Americans against the economic effects of poor and catastrophic health care costs. Our current patchwork of public and private funding of health care finds 47 million Americans uninsured and 16 million more underinsured. With broad consensus throughout business, employer, labor, economic, and health care segments as well as the public, the 111th Congress and new Administration have identified health care reform as a top priority. People with disabilities are among the most medically underserved populations in our country. However, health care affects our economic competitiveness and drains public and private spending on other priorities. Providers of long term supports and services to individuals with

disabilities, already challenged to sustain their fiscal viability and recruit and retain a qualified direct support workforce, struggle as employers to offer health care coverage. The focus on affordable health care coverage and access to health services cannot overlook the demand for long term supports. Our nation lacks a coordinated, comprehensive approach to long term supports, relying primarily on the joint federal-state Medicaid program that requires most people to be impoverished to finance vital long term supports. Congress and the new Administration have signaled the need to reform entitlement programs, including Medicare and Medicaid programs. ANCOR, as a network of providers, employers, and advocates must be active participants and a source of expertise in federal reforms in health care and long term services and the choice and preference of individuals with disabilities for home and community supports.

Short-term and Immediate Priority in Federal Economy Recovery Plan

- Permanent reauthorization and expansion of the State Children's Health Insurance Program.
- Provide a significant and immediate, two-year, temporary increase in the federal share of Medicaid spending (FMAP) to states to avert cuts in eligibility, to restore/create DSP jobs, and to meet increased enrollment due to unemployment.

Other 2009 Health Care Priorities

- Protect existing health care entitlements under Medicaid.
- Build upon current public and private health care financing.
- Establish long term supports as part of national health care reform.
- Secure recruitment and retention of adequately trained and compensated direct support professional as a component of long term supports.
- Create a national, long term supports insurance program that is premium-based and non-means-tested; that will cover most workers; and that will provide cash benefits to assist beneficiaries in avoiding the need to impoverish themselves to qualify for Medicaid.
- Permanent reauthorization and expansion of the State Children's Health Insurance Program.
- Phase-out two-year Medicare waiting period so that people with disabilities qualify for Medicare when eligible for Social Security Disability Insurance (SSDI) benefits.
- Ensure that cost-cutting measures allowed under Medicare and Medicaid do not adversely affect beneficiaries with disabilities.
- Ensure that federal assistance to businesses for employer-based health care include application to not-for-profit providers.

Housing

Individuals with disabilities across the country, who often rely on SSI benefits to

live in their community, have long faced a housing crisis due to the lack of affordable and accessible housing. Many live in areas where the cost of housing is so high that it exceeds the amount they receive in monthly SSI benefits. The lack of affordable, accessible housing is a significant barrier to expanding home and community supports, community integration, and the full implementation of the Olmstead decision. It is also a barrier to private providers of community supports. Increasing the supply of affordable and accessible housing options is imperative in order to meet the growing unmet housing needs of people with disabilities and to help ANCOR providers realize national and state policy goals of increasing Medicaid funding for home and community supports.

- Reform and restructure the Section 811 Supportive Housing for Persons with Disabilities program to increase the number of units available, improve leveraging of other affordable housing funding streams, and develop a range of permanent, affordable, accessible, and integrated housing.
- Reform the Section 8 Housing Choice Voucher program to streamline the process and improve targeting vouchers to individuals with disabilities.
- Increase federal funding for the Section 8 Housing Choice Voucher program, the Section 811 Supportive Housing for Persons with Disabilities program, the HOME Investment Partnerships program, the Community Development Block Grant program, and U.S. Department of Agriculture housing programs.
- Provide increased funding for the National Affordable Housing Trust Fund with deeply targeted eligibility criteria to increase the availability of affordable and accessible housing for people with disabilities.
- Eliminate barriers that prevent people from renting or buying their own homes, through:
 - simplifying programs;
 - ensuring appropriate fair-market rents;
 - eliminating discrimination based on source of income (such as SSI);
 - permitting people to acquire assets;
 - providing funding to educate and train public housing authorities and service providers on the housing needs of people with disabilities;
 - ensuring that non-profit disability organizations can administer tenant-based rental assistance; and
 - ensuring fairness and equity.
- Monitor the administration and funding distribution of National Affordable Housing Trust Fund to states and eligible nonprofits.
- Oppose efforts to weaken fair housing protections and limit housing options.
- Monitor HUD's management of housing programs to ensure that they meet the housing needs of people with disabilities.

Labor and Workplace Issues

The health and safety of employees and their workplace is a priority to private providers of supports to people with disabilities. Federal laws affecting wage and hour standards, health and safety standards, and employee benefits affecting the private sector also affect the delivery of private long term supports. However, unlike other segments of the private sector, the costs of complying with these federal standards are not included in fixed-public provider payments nor can these costs be passed along to our customers—the majority of whom depend upon SSI and SSDI benefits for income. ANCOR urges Congressional and federal officials to consider the unique role of private providers as employers in delivering vital supports and services to the nation’s most vulnerable citizens. ANCOR cautions balancing new federal standards that add to the constant fiscal challenge of providing essential and cost-effective services, that have unintended consequences on the delivery of human services, and that threaten the sustainability and capacity of providers to meet national long-term supports’ goals.

- Maintain current National Labor Relations Act rights of employees to express their choice to organize through private ballot elections and oppose binding arbitration that would prohibit workers from voting on terms of new employment contracts and eliminate choice for workers.
- Monitor OSHA agenda, involve provider expertise, and comment on proposed OSHA regulations adversely affecting providers.
- Monitor changes in Family Medical Leave Act, involve provider expertise on adverse or unintended consequences, and comment on legislative and regulatory changes.
- Monitor legislative proposals affecting federal wage and hour exemptions that adversely affect providers under the Fair Labor Standard’s Act.

