



What 2022 Holds for I/DD: 4 Areas to Watch

While the past two years have been difficult and often devastating for I/DD providers, there are some promising opportunities on the horizon. The services have gained attention from policymakers, legislators, and others who have come to appreciate the needs and challenges of supporting individuals with I/DD.

Looking ahead, there are four key national issues to keep on your radar this year. These may shape the future of I/DD, and it is important to continue to get the word out, share stories, and keep this people with disabilities and their providers and direct support professionals (DSPs) front and center in 2022.

> I/DD Is In The Spotlight

The pandemic has brought more attention than ever to I/DD, and this focus likely will continue. For instance, the most recent Build Back Better (BBB) legislative proposal includes \$150 billion for Medicaid home and community-based services (HCBS), which – among other efforts – provides support for the I/DD programs (including better wages for DSPs) and enables greater access to I/DD services for those who need them. This means more money going to the states to help people with I/DD and other disabilities get necessary care in their home or community.

While the future of BBB remains in limbo (it has passed the U.S. House of Representatives but has stalled in the Senate), some elements of the bill – including the focus on HCBS – may move forward in some capacity.

Elsewhere, the American Rescue Plan Act, the COVID-19 relief bill passed late last year, included a big funding boost for HCBS and care for people with disabilities. Funds – a total of over \$12 billion – are now

available, and all 50 states and the District of Columbia have been fully approved to claim them retroactive to April 2021 so they can start implementing activities they detailed in their spending plans. States are using this funding to reduce or eliminate HCBS waiting lists, add new services and programs, increase the availability of programs or increase rates for HCBS providers to help with DSP workforce recruitment and retention issues.

It's worth noting that these plans were approved on different bases – some received approval on a partial or conditional basis. States can draw on their funds now, regardless of the specific approval status of their plans; however, some states may not have begun their in-state distribution. Funds can be spent through March 2024.

> Move to Get People Out of Institutions and into HCBS Continues

The Money Follows the Person Rebalancing Demonstration Program (MFP), designed to help increase the use of HCBS while decreasing institutional care, may get a boost. Build Back Better includes a proposal for a permanent extension of this program, with \$450,000,000 budgeted for each fiscal year after 2021. In the meantime, the program is funded through next year.

There are two recent changes to MFP worth noting that have become law. First, the minimum time a person has to spend in an institution before they qualify for MFP has been reduced from 90 to 60 days. The second change is that skilled nursing care stay is included in that 60 days.





> Growing Attention to Staffing Crisis May Benefit I/DD

That there is a staffing crisis in healthcare, including I/DD services, is no secret. Increasingly, policymakers are acknowledging the urgency of workforce issues. And there are some promising solutions on the horizon. For instance, the Build Back Better Act includes a proposal that would provide grants to invest in DSPs.

It is also encouraging that many of the budget proposals being considered by state legislatures this year include a mix of temporary and statutory provider rate increases, and the Centers for Medicare & Medicaid Services (CMS) is partnering more closely with states and on workforce challenges as well. Other possible solutions being considered include career ladders, programs to bring in and train immigrants/refugees for direct support work and benefits such as childcare, education/training and transportation to attract and retain workers.

> Telehealth Proved Its Worth: Is It Here to Stay

Telehealth clearly showed its value during the pandemic. Practitioners – from physicians and pharmacists to physical therapists, social workers and others – were able to use this technology to provide patient care even as quarantines and lockdowns persisted.

The American Rescue Plan proposed to continue and expanded telehealth funding and reimbursement due to the pandemic. This means that Medicare patients can receive telehealth services for behavioral health care in their homes anywhere in the country. It also expanded pediatric telehealth behavioral/mental health care access with \$14.2 million in grants.

Elsewhere, when CMS released its Proposed Rule Revisions to Payment Policies under the Medicare Physician Fee Schedule last year, it included several telehealth provisions. These either extended waivers enacted during the COVID public health

emergency or added new services. At the same time, a bipartisan group of 30 senators sent a letter to the Biden administration last year calling for efforts to make telehealth waivers permanent. An at least two-year extension of pandemic telehealth policies is currently being weighed by lawmakers on Capitol Hill. Whatever happens, it's clear that telehealth is here to stay.

Silver Lining?

A few positives have arisen from the pandemic. Among them, it proved the value of essential HCBS services and the DSP workforce, and policymakers sat up and took notice. It also exposed gaps and weaknesses in the system such as rate setting deficiencies, poor data collection, inequities in access and quality of supports and lagging use of technology and other innovations. The good news is that there has been some true advocacy directed at the need to invest more funding in HCBS and I/DD, and this is producing results. It's up to all of us to continue partnering with ANCOR, the state associations, and other key stakeholders to keep the steady drumbeat sounding and ensure that policymakers and others don't lose focus.

Pharmacy Alternatives has the most expertise in the I/DD market and has been meeting the needs of individuals and agencies for over 30 years. We share your commitment to making a difference every day with closed-door pharmacy services for specialized populations delivered locally in all 50 states. Learn how our services and hands-on support can help you empower those you support to live life to the fullest.