

## NOP Community Integration Glossary Document

Americans with Disabilities Act (ADA): Passed in 1990, this law provides protection from discrimination for people with disabilities in the areas of employment, programs and services of State and local governments, public accommodations, telecommunications, and other miscellaneous areas of life.

Americans with Disabilities Act Amendments Act (ADAAA): Passed in 2008, this amendment to the ADA restored the ADA to its original intent by reversing earlier Supreme Court decisions. It did this by clarifying what is considered a major life activity, thereby clarifying who is protected by the ADA.

Balancing Incentive Program (BIP): Established as part of the Affordable Care Act in 2010, BIP authorized grants to States to increase access to home and community based services (HCBS). States that spent less than 50% of their long term services and supports (LTSS) budgets on non-institutional services were eligible. BIP increased the Federal Medical Assistance Percentage (FMAP) to States that made changes to increase access to non-institutional LTSS and increase diversion from institutions.

Cash and Counseling Program (C&C): A Medicaid demonstration intended to introduce or expand participant direction of personal assistance services among Medicaid-eligible people with disabilities. It allowed disabled people to find, hire, and train their own caregivers, including family members. This was a new concept. Up until then, the money was given to provider agencies that controlled these activities for the disabled person.

Centers for Medicare and Medicaid Services (CMS): A Federal agency within the Department of Health and Human Services (HHS). CMS administers the country's healthcare programs, which means they oversee Medicaid, Medicare, State and Federal health insurance marketplaces, and other programs.

Children's Health Insurance Program (CHIP): A program funded by both the Federal government and the States. CHIP provides health coverage to children through Medicaid, and it also provides low-cost health coverage to children in families that earn too much money to qualify for Medicaid but not enough to buy private insurance.

Community First Choice Option (CFC)/1915(k): Established under the Affordable Care Act in 2010, CFC is a Medicaid State Plan option that incentivizes States to provide long term services and supports (LTSS) in the community instead of in institutional settings. It does this by giving participating States an FMAP increase. These are States who provide new or expanded home and community based services (HCBS).

Community Integration: This refers to people with disabilities being fully participating, equally valued members of their communities who have control over their own lives, including the services and supports necessary for their full participation.

Demonstration Project (in Medicaid): Projects funded by Medicaid to test and measure the effect of potential program changes.

Enhanced Match (or enhanced FMAP): When the Federal Government pays States a larger share of the cost of a program for meeting certain requirements.

Federal Medical Assistance Percentage (FMAP): This is the percentage of State Medicaid payment reimbursed by the Federal government. The FMAP determines the amount of money the Federal government will contribute to State Medicaid programs to pay for covered services. FMAP is calculated annually.

Freedom of Choice Waiver (also known as 1915(b) Waivers): A Medicaid waiver that allows States to create managed care programs

Home and Community Based Services (HCBS): Long term services and supports (LTSS) paid for by Medicaid that are provided in home and community based settings. See "Home and Community Based Settings Rule" for more information.

Home and Community Based Settings Rule: This Rule describes which services and settings the Federal Government considers HCBS and which are not HCBS. The goal is to make sure money that's supposed to go to HCBS does not go to institutions. However, some congregate settings, like group homes, can receive HCBS funding.

Institution: Any settings where some people with disabilities are congregated and/or segregated and have limited control over their lives. Institutions can be of any size. People in institutions often did not make the choice to live there and usually cannot leave when they want to.

Institutional Bias: The way the long term services and supports (LTSS) system, by design, often forces disabled people into institutional settings to receive the services and supports they need.

Integration Mandate: Part of the Americans with Disabilities Act (ADA) that requires State and local governments to "administer services, programs, and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities."

Katie Beckett Waiver/ TEFRA State Plan Option: The Katie Beckett waiver was created in 1981, and the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA) expanded it by creating a new State Plan option. This allows the family of disabled children to deem the child's income as separate from the family's income so the child can qualify for Medicaid (if they are otherwise qualified) without the traditionally required 30-day hospital stay. This allows States to provide Medicaid services and supports to children (under age 19) in their homes or communities, regardless of parents' income.

Long Term Services and Supports (LTSS): A broad range of personal care and medical assistance that helps people with disabilities in their everyday lives. This can include,

but is not limited to, services and supports including personal assistance (from a personal care attendant, direct support professional, or other individual), transportation, home health, technology, supported employment, and other services and supports.

**Medicaid:** A government healthcare program. Medicaid is a joint Federal/State entitlement program. Every State has its own Medicaid program that receives funding from the Federal government. Medicaid helps many people who need healthcare, and also pays for long term services and supports (LTSS).

**Medicaid State Plan:** State Medicaid Agencies all have their own State plans, which are agreements between the State and the Federal government to provide health insurance to State citizens. Medicaid State Plans require that certain specific services always be offered by States.

**Medicaid Waiver:** An exception to the usual requirements of Medicaid granted to the State by CMS. Under a Medicaid waiver, a State can waive certain Medicaid program requirements, allowing them to provide services and supports for people who might not otherwise be eligible for Medicaid or in ways they might not be otherwise covered; for example: HCBS waivers allow some people who would otherwise be required by Medicaid to receive services and supports in institutional settings to receive them in the community.

**Money Follows the Person:** A demonstration program that was designed to help States transition people with disabilities from institutions into the community and rebalance their Medicaid long term care systems. States that are awarded grants receive an enhanced Medicaid matching rate to provide relevant services and supports. Part of the success of this program was its unique design to allow Medicaid dollars to be used for non-transitional Medicaid expenditures such as: first month's rent, security deposit, furniture, and home modifications.

**Olmstead Decision:** A U.S. Supreme Court ruling that upheld the Americans with Disabilities Act's (ADA) integration mandate by ruling that unjustified segregation of people with disabilities constitutes discrimination under the ADA, and that people with disabilities must be provided with community based services when they are appropriate, wanted by the individual, and can be reasonable accommodated. The case was brought by Lois Curtis and Elaine Wilson, two individuals with intellectual and psychiatric disabilities who, after voluntary psychiatric institutionalizations, remained stuck in the State-run facility.

**Patient Protection and Affordable Care Act:** The healthcare law that was passed in 2010. People commonly refer to this law as the Affordable Care Act (ACA). Some people also call it Obamacare. The law reformed the American health care system, vastly expanding coverage to millions of additional people, including through Medicaid. It also put in place a lot of requirements and protections so more people could access the healthcare they need.

**Personal Assistance:** Direct services provided by one person to another to support people with disabilities. Personal care attendants (PCAs), direct support professional (DSPs), family caregivers, and others provide this. This can include things like assistance with activities of daily living (for example: bathing, dressing, or toileting) and instrumental activities of daily living (for example: laundry, grocery shopping, paying bills, or medication management).

**Person-Centered Plan:** A document that explains what services and supports a person gets that are reflective of what is important to and for the person. The HCBS Settings Rule provides rules to make sure the person-centered plan is really person-centered, meaning that the plan and the planning process is driven by the person.

**Reasonable Accommodation (RA):** Any modification to a program or service that is deemed within the ability for the entity to do in order to help a disabled person participate in the relevant activity.

**Rebalancing:** In this context, this refers to efforts to shift funding away from institutional settings and toward community based options.

**Segregated Setting:** A location meant only for people having a certain quality or characteristic in common. In the disability community, segregated settings often refer to residential settings, sheltered workshops, or other settings where disabled people live, work, receive services, or participate with only or almost only other disabled people.

**Self-Directed Services (in Medicaid):** Services where participants (or their representatives) have decision-making authority and take direct responsibility to manage them with the assistance of a system of available supports.

**Self-Direction:** A philosophy that supports disabled people in making decisions about their own lives.

**Spousal Impoverishment Protections:** Protections under Medicaid that make it possible for spouses to separate their income and assets when one partner goes into an institutional setting. This rule allows for the spouse in an institution to qualify for Medicaid as a household of one, while allowing the spouse in the community to keep some income and assets and not become impoverished. In 2010, Congress expanded this rule to include people who receive HCBS; this part, however, is not permanent.

**Transition (services):** In this context, this often refers to moving people out of institutional settings and into the community with the appropriate services and supports. All CILs are required to provide a set of transition services which includes: moving people out of institutions and into the community; providing assistance to people who are at risk of entering institutions so they may remain in the community (also known as diversion); and helping disabled youth who have completed their secondary education or otherwise left school move on to postsecondary life.

1915(c) Medicaid Waivers/Home and Community Based Services (HCBS) Waivers: These allow States to develop and provide Medicaid services and supports to people in settings designated as home and community based settings, rather than in large congregate settings. This allows some people to get services and supports in their own homes; it also pays for services and supports provided in smaller congregate settings like group homes.

1915(i) Medicaid State Plan Option: These allow States to provide certain home and community based services (HCBS) to people who do not require an ‘institutional level of care’ and therefore would not be eligible for 1915(c) waivers, as long as they are under certain income limits.

1915(j) Self-Directed Personal Assistant Services (PAS): These allow people to self-direct their services for State Plan personal care and / or the 1915(c) (home and community based services) waivers. Participants must receive choice counseling and must be allowed to manage, direct, and make key decisions about their services.