

106TH CONGRESS  
1ST SESSION

# S. 1935

To amend title XIX of the Social Security Act to provide for coverage of community attendant services and supports under the medicaid program.

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## IN THE SENATE OF THE UNITED STATES

NOVEMBER 16, 1999

Mr. HARKIN (for himself and Mr. SPECTER) introduced the following bill;  
which was read twice and referred to the Committee on Finance

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## A BILL

To amend title XIX of the Social Security Act to provide for coverage of community attendant services and supports under the medicaid program.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

3       **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Medicaid Community  
5       Attendant Services and Supports Act of 1999”.

6       **SEC. 2. FINDINGS, PURPOSES, AND POLICY.**

7       (a) FINDINGS.—Congress makes the following find-  
8       ings:

9               (1) Many studies have found that an over-  
10       whelming majority of individuals with disabilities

1       needing long-term services and supports would pre-  
2       fer to receive them in home and community-based  
3       settings rather than in institutions. However, re-  
4       search on the provision of long-term services and  
5       supports under the medicaid program (conducted by  
6       and on behalf of the Department of Health and  
7       Human Services) has revealed a significant bias to-  
8       ward funding these services in institutional rather  
9       than home and community-based settings. The ex-  
10      tent of this bias is indicated by the fact that 75 per-  
11      cent of medicaid funds for long-term services and  
12      supports are expended in nursing homes and inter-  
13      mediate care facilities for the mentally retarded  
14      while approximately 25 percent of such funds pays  
15      for services in home and community-based settings.

16           (2) Because of this bias, significant numbers of  
17      individuals with disabilities of all ages who would  
18      prefer to live in the community and could do so with  
19      community attendant services and supports are  
20      forced to live in unnecessarily segregated institu-  
21      tional settings if they want to receive needed services  
22      and supports. Benefit packages provided in these  
23      settings are medically-oriented and constitute bar-  
24      riers to the receipt of the types of services individ-  
25      uals need and want. Decisions regarding the provi-

1 sion of services and supports are too often influ-  
2 enced by what is reimbursable rather than by what  
3 individuals need and want.

4 (3) There is a growing recognition that dis-  
5 ability is a natural part of the human experience  
6 that in no way diminishes an individual's right to—

7 (A) live independently;

8 (B) enjoy self-determination;

9 (C) make choices;

10 (D) contribute to society; and

11 (E) enjoy full inclusion and integration in  
12 the mainstream of American society.

13 (4) Long-term services and supports provided  
14 under the medicaid program must meet the evolving  
15 and changing needs and preferences of individuals  
16 with disabilities, including the preferences for living  
17 within one's own home or living with one's own fam-  
18 ily and becoming productive members of the commu-  
19 nity.

20 (5) The goals of the Nation properly include  
21 providing individuals with disabilities with—

22 (A) a meaningful choice of receiving long-  
23 term services and supports in the most inte-  
24 grated setting appropriate;

1 (B) the greatest possible control over the  
2 services received; and

3 (C) quality services that maximize social  
4 functioning in the home and community.

5 (b) PURPOSES.—The purposes of this Act are as fol-  
6 lows:

7 (1) To provide that States shall offer commu-  
8 nity attendant services and supports for eligible indi-  
9 viduals with disabilities.

10 (2) To provide financial assistance to States to  
11 support systems change initiatives that are designed  
12 to assist each State in developing and enhancing a  
13 comprehensive consumer-responsive statewide system  
14 of long-term services and supports that provides real  
15 consumer choice and direction consistent with the  
16 principle that services and supports should be pro-  
17 vided in the most integrated setting appropriate to  
18 meeting the unique needs of the individual.

19 (c) POLICY.—It is the policy of the United States  
20 that all programs, projects, and activities receiving assist-  
21 ance under this Act shall be carried out in a manner con-  
22 sistent with the following principles:

23 (1) Individuals with disabilities, or, as appro-  
24 priate, their representatives, must be empowered to  
25 exercise real choice in selecting long-term services

1 and supports that are of high quality, cost-effective,  
 2 and meet the unique needs of the individual in the  
 3 most integrated setting appropriate.

4 (2) No individual should be forced into an insti-  
 5 tution to receive services that can be effectively and  
 6 efficiently delivered in the home or community.

7 (3) Federal and State policies, practices, and  
 8 procedures should facilitate and be responsive to,  
 9 and not impede, an individual's choice in selecting  
 10 long-term services and supports.

11 (4) Individuals and their families receiving  
 12 long-term services and supports must be involved in  
 13 decisionmaking about their own care and be pro-  
 14 vided with sufficient information to make informed  
 15 choices.

16 **SEC. 3. COVERAGE OF COMMUNITY ATTENDANT SERVICES**  
 17 **AND SUPPORTS UNDER THE MEDICAID PRO-**  
 18 **GRAM.**

19 (a) REQUIRED COVERAGE FOR INDIVIDUALS ENTI-  
 20 TLED TO NURSING FACILITY SERVICES OR ELIGIBLE FOR  
 21 INTERMEDIATE CARE FACILITY SERVICES FOR THE MEN-  
 22 TALLY RETARDED.—Section 1902(a)(10)(D) of the Social  
 23 Security Act (42 U.S.C. 1396a(a)(10)(D)) is amended—

24 (1) by inserting “(i)” after “(D)”;

25 (2) by adding “and” after the semicolon; and

(3) by adding at the end the following:

“(ii) subject to section 1935, for the inclusion of community attendant services and supports for any individual who is eligible for medical assistance under the State plan and with respect to whom there has been a determination that the individual requires the level of care provided in a nursing facility or an intermediate care facility for the mentally retarded (whether or not coverage of such intermediate care facility is provided under the State plan) and who requires such community attendant services and supports based on functional need and without regard to age or disability;”.

(b) MEDICAID COVERAGE OF COMMUNITY ATTENDANT SERVICES AND SUPPORTS.—

(1) IN GENERAL.—Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) is amended—

(A) by redesignating section 1935 as section 1936; and

(B) by inserting after section 1934 the following:

“COMMUNITY ATTENDANT SERVICES AND SUPPORTS

“SEC. 1935. (a) DEFINITIONS.—In this title:

“(1) COMMUNITY ATTENDANT SERVICES AND SUPPORTS.—

“(A) IN GENERAL.—The term ‘community attendant services and supports’ means attendant services and supports furnished to an individual, as needed, to assist in accomplishing activities of daily living, instrumental activities of daily living, and health-related functions through hands-on assistance, supervision, or cueing—

“(i) under a plan of services and supports that is based on an assessment of functional need and that is agreed to by the individual or, as appropriate, the individual’s representative;

“(ii) in a home or community setting, which may include a school, workplace, or recreation or religious facility, but does not include a nursing facility, an intermediate care facility for the mentally retarded, or other congregate facility;

“(iii) under an agency-provider model or other model (as defined in paragraph (2)(C)); and

“(iv) the furnishing of which is selected, managed, and dismissed by the in-

1           dividual, or, as appropriate, with assistance  
2           from the individual's representative.

3           “(B) INCLUDED SERVICES AND SUP-  
4           PORTS.—Such term includes—

5                 “(i) tasks necessary to assist an indi-  
6                 vidual in accomplishing activities of daily  
7                 living, instrumental activities of daily liv-  
8                 ing, and health-related functions;

9                 “(ii) acquisition, maintenance, and en-  
10                hancement of skills necessary for the indi-  
11                vidual to accomplish activities of daily liv-  
12                ing, instrumental activities of daily living,  
13                and health-related functions;

14               “(iii) backup systems or mechanisms  
15                (such as the use of beepers) to ensure con-  
16                tinuity of services and supports; and

17               “(iv) voluntary training on how to se-  
18                lect, manage, and dismiss attendants.

19           “(C) EXCLUDED SERVICES AND SUP-  
20           PORTS.—Subject to subparagraph (D), such  
21           term does not include—

22                “(i) provision of room and board for  
23                the individual;

24                “(ii) special education and related  
25                services provided under the Individuals



with Disabilities Education Act and vocational rehabilitation services provided under the Rehabilitation Act of 1973;

“(iii) assistive technology devices and assistive technology services;

“(iv) durable medical equipment; or

“(v) home modifications.

“(D) FLEXIBILITY IN TRANSITION TO COMMUNITY-BASED HOME SETTING.—Such term may include expenditures for transitional costs, such as rent and utility deposits, first months’s rent and utilities, bedding, basic kitchen supplies, and other necessities required for an individual to make the transition from a nursing facility or intermediate care facility for the mentally retarded to a community-based home setting where the individual resides.

“(2) ADDITIONAL DEFINITIONS.—

“(A) ACTIVITIES OF DAILY LIVING.—The term ‘activities of daily living’ includes eating, toileting, grooming, dressing, bathing, and transferring.

“(B) CONSUMER DIRECTED.—The term ‘consumer directed’ means a method of providing services and supports that allow the indi-

vidual, or where appropriate, the individual's representative, maximum control of the community attendant services and supports, regardless of who acts as the employer of record.

“(C) DELIVERY MODELS.—

“(i) AGENCY-PROVIDER MODEL.—The term ‘agency-provider model’ means, with respect to the provision of community attendant services and supports for an individual, a method of providing consumer-directed services and supports under which entities contract for the provision of such services and supports.

“(ii) OTHER MODELS.—The term ‘other models’ means methods, other than an agency-provider model, for the provision of consumer-directed services and supports. Such models may include the provision of vouchers, direct cash payments, or use of a fiscal agent to assist in obtaining services.

“(D) HEALTH-RELATED FUNCTIONS.—The term ‘health-related functions’ means functions that can be delegated or assigned by licensed

1 health-care professionals under State law to be  
 2 performed by an attendant.

3 “(E) INSTRUMENTAL ACTIVITIES OF DAILY  
 4 LIVING.—The term ‘instrumental activities of  
 5 daily living’ includes meal planning and prepa-  
 6 ration, managing finances, shopping for food,  
 7 clothing and other essential items, performing  
 8 essential household chores, communicating by  
 9 phone and other media, and getting around and  
 10 participating in the community.

11 “(F) INDIVIDUAL’S REPRESENTATIVE.—  
 12 The term ‘individual’s representative’ means a  
 13 parent, a family member, a guardian, an advo-  
 14 cate, or an authorized representative of an indi-  
 15 vidual.

16 “(b) LIMITATION ON AMOUNTS OF EXPENDITURES  
 17 UNDER THIS TITLE.—In carrying out section  
 18 1902(a)(10)(D)(ii), a State shall permit an individual who  
 19 has a level of severity of physical or mental impairment  
 20 that entitles such individual to medical assistance with re-  
 21 spect to nursing facility services or qualifies the individual  
 22 for intermediate care facility services for the mentally re-  
 23 tardated to choose to receive medical assistance for commu-  
 24 nity attendant services and supports (rather than medical  
 25 assistance for such institutional services and supports), in

1 the most integrated setting appropriate to the needs of  
2 the individual, so long as the aggregate amount of the  
3 Federal expenditures for community attendant services  
4 and supports for all such individuals in a fiscal year does  
5 not exceed the total that would have been expended for  
6 such individuals to receive such institutional services and  
7 supports in the year.

8       “(c) MAINTENANCE OF EFFORT.—With respect to a  
9 fiscal year quarter, no Federal funds may be paid to a  
10 State for medical assistance provided to individuals de-  
11 scribed in section 1902(a)(10)(D)(ii) for such fiscal year  
12 quarter if the Secretary determines that the total of the  
13 State expenditures for programs to enable such individuals  
14 with disabilities to receive community attendant services  
15 and supports (or services and supports that are similar  
16 to such services and supports) under other provisions of  
17 this title for the preceding fiscal year quarter is less than  
18 the total of such expenditures for the same fiscal year  
19 quarter for the preceding fiscal year.

20       “(d) STATE QUALITY ASSURANCE PROGRAM.—In  
21 order to continue to receive Federal financial participation  
22 for providing community attendant services and supports  
23 under this section, a State shall, at a minimum, establish  
24 and maintain a quality assurance program that provides  
25 for the following:

1           “(1) The State shall establish requirements, as  
2           appropriate, for agency-based and other models that  
3           include—

4                   “(A) minimum qualifications and training  
5                   requirements, as appropriate for agency-based  
6                   and other models;

7                   “(B) financial operating standards; and

8                   “(C) an appeals procedure for eligibility  
9                   denials and a procedure for resolving disagree-  
10                  ments over the terms of an individualized plan.

11           “(2) The State shall modify the quality assur-  
12           ance program, where appropriate, to maximize con-  
13           sumer independence and consumer direction in both  
14           agency-provided and other models.

15           “(3) The State shall provide a system that al-  
16           lows for the external monitoring of the quality of  
17           services by entities consisting of consumers and their  
18           representatives, disability organizations, providers,  
19           family, members of the community, and others.

20           “(4) The State provides ongoing monitoring of  
21           the health and well-being of each recipient.

22           “(5) The State shall require that quality assur-  
23           ance mechanisms appropriate for the individual  
24           should be included in the individual’s written plan.

1           “(6) The State shall establish a process for  
2           mandatory reporting, investigation, and resolution of  
3           allegations of neglect, abuse, or exploitation.

4           “(7) The State shall obtain meaningful con-  
5           sumer input, including consumer surveys, that meas-  
6           ure the extent to which a participant receives the  
7           services and supports described in the individual’s  
8           plan and the participant’s satisfaction with such  
9           services and supports.

10          “(8) The State shall make available to the pub-  
11          lic the findings of the quality assurance program.

12          “(9) The State shall establish an on-going pub-  
13          lic process for the development, implementation, and  
14          review of the State’s quality assurance program.

15          “(10) The State shall develop and implement a  
16          program of sanctions.

17          “(e) FEDERAL ROLE IN QUALITY ASSURANCE.—The  
18          Secretary shall conduct a periodic sample review of out-  
19          comes for individuals based upon the individual’s plan of  
20          support and based upon the quality assurance program of  
21          the State. The Secretary may conduct targeted reviews  
22          upon receipt of allegations of neglect, abuse, or exploi-  
23          tation. The Secretary shall develop guidelines for States  
24          to use in developing sanctions.

1       “(f) REQUIREMENT TO EXPAND ELIGIBILITY.—Ef-  
 2       fective October 1, 2000, a State may not exercise the op-  
 3       tion of coverage of individuals under section  
 4       1902(a)(10)(A)(ii)(V) without providing coverage under  
 5       section 1902(a)(10)(A)(ii)(VI).

6       “(g) REPORT ON IMPACT OF SECTION.—The Sec-  
 7       retary shall submit to Congress periodic reports on the  
 8       impact of this section on beneficiaries, States, and the  
 9       Federal Government.”.

10       (c) INCLUSION IN OPTIONAL ELIGIBILITY CLASSI-  
 11       FICATION.—Section 1902(a)(10)(A)(ii)(VI) of the Social  
 12       Security Act (42 U.S.C. 1396a(a)(10)(A)(ii)(VI)) is  
 13       amended by inserting “or community attendant services  
 14       and supports described in section 1935” after “section  
 15       1915” each place such term appears.

16       (d) COVERAGE AS MEDICAL ASSISTANCE.—

17               (1) IN GENERAL.—Section 1905(a) of the So-  
 18       cial Security Act (42 U.S.C. 1396d) is amended—

19                       (A) by striking “and” at the end of para-  
 20                       graph (26);

21                       (B) by redesignating paragraph (27) as  
 22                       paragraph (28); and

23                       (C) by inserting after paragraph (26) the  
 24                       following:

“(27) community attendant services and supports (to the extent allowed and as defined in section 1935); and”.

(2) CONFORMING AMENDMENTS.—

(A) Section 1902(j) of the Social Security Act (42 U.S.C. 1396a(j)) is amended by striking “of of” and inserting “of”.

(B) Section 1902(a)(10)(C)(iv) of the Social Security Act (42 U.S.C. 1396a(a)(10)(C)(iv)) is amended by inserting “and (27)” after “(24)”.

**SEC. 4. GRANTS TO DEVELOP AND ESTABLISH REAL CHOICE SYSTEMS CHANGE INITIATIVES.**

(a) ESTABLISHMENT.—

(1) IN GENERAL.—The Secretary of Health and Human Services (referred to in this section as the “Secretary”) shall award grants described in subsection (b) to States to support real choice systems change initiatives that establish specific action steps and specific timetables to provide consumer-responsive long term services and supports to eligible individuals in the most integrated setting appropriate based on the unique strengths and needs of the individual and the priorities and concerns of the indi-



1       vidual (or, as appropriate, the individual’s represent-  
2       ative).

3           (2) ELIGIBILITY.—To be eligible for a grant  
4       under this section, a State shall—

5           (A) establish the Consumer Task Force in  
6       accordance with subsection (d); and

7           (B) submit an application at such time, in  
8       such manner, and containing such information  
9       as the Secretary may determine. The applica-  
10      tion shall be jointly developed and signed by the  
11      designated State official and the chairperson of  
12      such Task Force, acting on behalf of and at the  
13      direction of the Task Force.

14          (3) DEFINITION OF STATE.—In this section,  
15      the term “State” means each of the 50 States, the  
16      District of Columbia, Puerto Rico, Guam, the  
17      United States Virgin Islands, American Samoa, and  
18      the Commonwealth of the Northern Mariana Is-  
19      lands.

20          (b) GRANTS FOR REAL CHOICE SYSTEMS CHANGE  
21      INITIATIVES.—

22           (1) IN GENERAL.—From funds appropriated  
23      under subsection (f), the Secretary shall award  
24      grants to States to—

1 (A) support the establishment, implemen-  
2 tation, and operation of the State real choice  
3 systems change initiatives described in sub-  
4 section (a); and

5 (B) conduct outreach campaigns regarding  
6 the existence of such initiatives.

7 (2) DETERMINATION OF AWARDS; STATE AL-  
8 LOTMENTS.—The Secretary shall develop a formula  
9 for the distribution of funds to States for each fiscal  
10 year under subsection (a). Such formula shall give  
11 preference to States that have a relatively higher  
12 proportion of long-term services and supports fur-  
13 nished to individuals in an institutional setting but  
14 who have a plan described in an application sub-  
15 mitted under subsection (a)(2).

16 (c) AUTHORIZED ACTIVITIES.—A State that receives  
17 a grant under this section shall use the funds made avail-  
18 able through the grant to accomplish the purposes de-  
19 scribed in subsection (a) and, in accomplishing such pur-  
20 poses, may carry out any of the following systems change  
21 activities:

22 (1) NEEDS ASSESSMENT AND DATA GATH-  
23 ERING.—The State may use funds to conduct a  
24 statewide needs assessment that may be based on  
25 data in existence on the date on which the assess-

1       ment is initiated and may include information about  
2       the number of individuals within the State who are  
3       receiving long-term services and supports in unnec-  
4       essarily segregated settings, the nature and extent to  
5       which current programs respond to the preferences  
6       of individuals with disabilities to receive services in  
7       home and community-based settings as well as in in-  
8       stitutional settings, and the expected change in de-  
9       mand for services provided in home and community  
10      settings as well as institutional settings.

11           (2) INSTITUTIONAL BIAS.—The State may use  
12      funds to identify, develop, and implement strategies  
13      for modifying policies, practices, and procedures that  
14      unnecessarily bias the provision of long-term services  
15      and supports toward institutional settings and away  
16      from home and community-based settings, including  
17      policies, practices, and procedures governing  
18      statewideness, comparability in amount, duration,  
19      and scope of services, financial eligibility, individual-  
20      ized functional assessments and screenings (includ-  
21      ing individual and family involvement), and knowl-  
22      edge about service options.

23           (3) OVER MEDICALIZATION OF SERVICES.—The  
24      State may use funds to identify, develop, and imple-  
25      ment strategies for modifying policies, practices, and

1 procedures that unnecessarily bias the provision of  
 2 long-term services and supports by health care pro-  
 3 fessionals to the extent that quality services and  
 4 supports can be provided by other qualified individ-  
 5 uals, including policies, practices, and procedures  
 6 governing service authorization, case management,  
 7 and service coordination, service delivery options,  
 8 quality controls, and supervision and training.

9 (4) INTERAGENCY COORDINATION; SINGLE  
 10 POINT OF ENTRY.—The State may support activities  
 11 to identify and coordinate Federal and State poli-  
 12 cies, resources, and services, relating to the provision  
 13 of long-term services and supports, including the  
 14 convening of interagency work groups and the enter-  
 15 ing into of interagency agreements that provide for  
 16 a single point of entry and the design and implemen-  
 17 tation of a coordinated screening and assessment  
 18 system for all persons eligible for long-term services  
 19 and supports.

20 (5) TRAINING AND TECHNICAL ASSISTANCE.—  
 21 The State may carry out directly, or may provide  
 22 support to a public or private entity to carry out  
 23 training and technical assistance activities that are  
 24 provided for individuals with disabilities, and, as ap-  
 25 propriate, their representatives, attendants, and

1 other personnel (including professionals, paraprofes-  
2 sionals, volunteers, and other members of the com-  
3 munity).

4 (6) PUBLIC AWARENESS.—The State may sup-  
5 port a public awareness program that is designed to  
6 provide information relating to the availability of  
7 choices available to individuals with disabilities for  
8 receiving long-term services and support in the most  
9 integrated setting appropriate.

10 (7) DOWNSIZING OF LARGE INSTITUTIONS.—  
11 The State may use funds to support the per capita  
12 increased fixed costs in institutional settings directly  
13 related to the movement of individuals with disabil-  
14 ities out of specific facilities and into community-  
15 based settings.

16 (8) TRANSITIONAL COSTS.—The State may use  
17 funds to provide transitional costs described in sec-  
18 tion 1935(a)(1)(D) of the Social Security Act, as  
19 added by this Act.

20 (9) TASK FORCE.—The State may use funds to  
21 support the operation of the Consumer Task Force  
22 established under subsection (d).

23 (10) DEMONSTRATIONS OF NEW AP-  
24 PROACHES.—The State may use funds to conduct,  
25 on a time-limited basis, the demonstration of new

1 approaches to accomplishing the purposes described  
2 in subsection (a).

3 (11) OTHER ACTIVITIES.—The State may use  
4 funds for any systems change activities that are not  
5 described in any of the preceding paragraphs of this  
6 subsection and that are necessary for developing, im-  
7 plementing, or evaluating the comprehensive state-  
8 wide system of long term services and supports.

9 (d) CONSUMER TASK FORCE.—

10 (1) ESTABLISHMENT AND DUTIES.—To be eli-  
11 gible to receive a grant under this section, each  
12 State shall establish a Consumer Task Force (re-  
13 ferred to in this section as the “Task Force”) to as-  
14 sist the State in the development, implementation,  
15 and evaluation of real choice systems change initia-  
16 tives.

17 (2) APPOINTMENT.—Members of the Task  
18 Force shall be appointed by the Chief Executive Of-  
19 ficer of the State in accordance with the require-  
20 ments of paragraph (3), after the solicitation of rec-  
21 ommendations from representatives of organizations  
22 representing a broad range of individuals with dis-  
23 abilities and organizations interested in individuals  
24 with disabilities.

25 (3) COMPOSITION.—

1 (A) IN GENERAL.—The Task Force shall  
2 represent a broad range of individuals with dis-  
3 abilities from diverse backgrounds and shall in-  
4 clude representatives from Developmental Dis-  
5 abilities Councils, State Independent Living  
6 Councils, Commissions on Aging, organizations  
7 that provide services to individuals with disabil-  
8 ities and consumers of long-term services and  
9 supports.

10 (B) INDIVIDUALS WITH DISABILITIES.—A  
11 majority of the members of the Task Force  
12 shall be individuals with disabilities or the rep-  
13 resentatives of such individuals.

14 (C) LIMITATION.—The Task Force shall  
15 not include employees of any State agency pro-  
16 viding services to individuals with disabilities  
17 other than employees of agencies described in  
18 the Developmental Disabilities Assistance and  
19 Bill of Rights Act (42 U.S.C. 6000 et seq.).

20 (e) AVAILABILITY OF FUNDS.—

21 (1) FUNDS ALLOTTED TO STATES.—Funds al-  
22 lotted to a State under a grant made under this sec-  
23 tion for a fiscal year shall remain available until ex-  
24 pended.

1           (2) FUNDS NOT ALLOTTED TO STATES.—Funds  
2       not allotted to States in the fiscal year for which  
3       they are appropriated shall remain available in suc-  
4       ceeding fiscal years for allotment by the Secretary  
5       using the allotment formula established by the Sec-  
6       retary under subsection (b)(2).

7       (f) ANNUAL REPORT.—A State that receives a grant  
8       under this section shall submit an annual report to the  
9       Secretary on the use of funds provided under the grant.  
10      Each report shall include the percentage increase in the  
11      number of eligible individuals in the State who receive  
12      long-term services and supports in the most integrated  
13      setting appropriate, including through community attend-  
14      ant services and supports and other community-based set-  
15      tings.

16      (g) APPROPRIATION.—Out of any funds in the Treas-  
17      ury not otherwise appropriated, there is authorized to be  
18      appropriated and there is appropriated to make grants  
19      under this section for—

20           (1) fiscal year 2001, \$25,000,000; and

21           (2) for fiscal year 2002 and each fiscal year  
22      thereafter, such sums as may be necessary to carry  
23      out this section.



1 **SEC. 5. STATE OPTION FOR ELIGIBILITY FOR INDIVIDUALS.**

2 (a) IN GENERAL.—Section 1903(f) of the Social Se-  
3 curity Act (42 U.S.C. 1396b(f)) is amended—

4 (1) in paragraph (4)(C), by inserting “subject  
5 to paragraph (5),” after “does not exceed”, and

6 (2) by adding at the end the following:

7 “(5)(A) A State may waive the income, resources,  
8 and deeming limitations described in paragraph (4)(C) in  
9 such cases as the State finds the potential for employment  
10 opportunities would be enhanced through the provision of  
11 medical assistance for community attendant services and  
12 supports in accordance with section 1935.

13 “(B) In the case of an individual who is eligible for  
14 medical assistance described in subparagraph (A) only as  
15 a result of the application of such subparagraph, the State  
16 may, notwithstanding section 1916(b), impose a premium  
17 based on a sliding scale related to income.”.

18 (b) EFFECTIVE DATE.—The amendments made by  
19 subsection (a) shall apply to medical assistance provided  
20 for community attendant services and supports described  
21 in section 1935 of the Social Security Act furnished on  
22 or after October 1, 2000.

23 **SEC. 6. STUDIES AND REPORTS.**

24 (a) REVIEW OF, AND REPORT ON, REGULATIONS.—  
25 The National Council on Disability established under title  
26 IV of the Rehabilitation Act of 1973 (29 U.S.C. 780 et

1 seq.) shall review regulations in existence under title XIX  
 2 of the Social Security Act (42 U.S.C. 1396 et seq.) on  
 3 the date of enactment of this Act insofar as such regula-  
 4 tions regulate the provision of home health services, per-  
 5 sonal care services, and other services in home and com-  
 6 munity-based settings and, not later than 1 year after  
 7 such date, submit a report to Congress on the results of  
 8 such study, together with any recommendations for legis-  
 9 lation that the Council determines to be appropriate as  
 10 a result of the study.

11 (b) REPORT ON REDUCED TITLE XIX EXPENDI-  
 12 TURES.—Not later than 1 year after the date of enact-  
 13 ment of this Act, the Secretary of Health and Human  
 14 Services shall submit to Congress a report on how expendi-  
 15 tures under the medicaid program under title XIX of the  
 16 Social Security Act (42 U.S.C. 1396 et seq.) can be re-  
 17 duced by the furnishing of community attendant services  
 18 and supports in accordance with section 1935 of such Act  
 19 (as added by section 3 of this Act).

20 **SEC. 7. TASK FORCE ON FINANCING OF LONG-TERM CARE**  
 21 **SERVICES.**

22 The Secretary of Health and Human Services shall  
 23 establish a task force to examine appropriate methods for  
 24 financing long-term services and supports. The task force  
 25 shall include significant representation of individuals (and

- 1 representatives of individuals) who receive such services
- 2 and supports.

