

116TH CONGRESS
2D SESSION

H. R. 8934

To ensure that Medicaid beneficiaries have the opportunity to receive care
in a home and community-based setting.

IN THE HOUSE OF REPRESENTATIVES

DECEMBER 10, 2020

Mr. CARTWRIGHT introduced the following bill; which was referred to the
Committee on Energy and Commerce

A BILL

To ensure that Medicaid beneficiaries have the opportunity
to receive care in a home and community-based setting.

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 “Community Integra-
5 tion Act of 2020”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

8 (1) The Supreme Court’s 1999 decision in
9 Olmstead v. L.C., 527 U.S. 581 (1999), held that
10 the unnecessary segregation of individuals with dis-

1 abilities is a violation of the Americans with Disabil-
2 ities Act of 1990 (42 U.S.C. 12101 et seq.).

3 (2) Under Olmstead, individuals generally have
4 the right to receive their supports and services in
5 home and community-based settings, rather than in
6 institutional settings, if they so choose.

7 (3) Olmstead envisioned that States would pro-
8 vide appropriate long-term services and supports to
9 individuals with disabilities through home and com-
10 munity-based services and end forced segregation in
11 nursing homes and other institutions.

12 (4) While there has been progress in rebal-
13 ancing State spending on individuals with disabilities
14 in institutions as compared to home and community-
15 based settings, more than 75 percent of States con-
16 tinue to spend the majority of their long-term care
17 dollars on nursing homes and other institutional set-
18 tings, and the number of individuals with disabilities
19 under age 65 in nursing homes increased between
20 2008 and 2012.

21 (5) As of June 2013, there were more than
22 200,000 individuals younger than age 65 in nursing
23 homes—almost 16 percent of the total nursing home
24 population.

1 (6) Thirty-eight studies published from 2005 to
2 2012 concluded that providing services in home and
3 community-based settings is less costly than pro-
4 viding care in a nursing home or other institutional
5 setting.

6 (7) No clear or centralized reporting system ex-
7 ists to compare how effectively States are meeting
8 the Olmstead mandate.

9 **SEC. 3. ENSURING MEDICAID BENEFICIARIES MAY ELECT**
10 **TO RECEIVE CARE IN A HOME AND COMMU-**
11 **NITY-BASED SETTING.**

12 (a) IN GENERAL.—Section 1902(a) of the Social Se-
13 curity Act (42 U.S.C. 1396a(a)) is amended—

14 (1) in paragraph (85), by striking “and” at the
15 end;

16 (2) in paragraph (86), by striking the period
17 and inserting “; and”; and

18 (3) by inserting after paragraph (86) the fol-
19 lowing new paragraph:

20 “(87) in the case of any individual with respect
21 to whom there has been a determination that the in-
22 dividual requires the level of care provided in a nurs-
23 ing facility, an intermediate care facility for the
24 mentally retarded, an institution for mental diseases,

1 or any other similarly restrictive or institutional set-
2 ting—

3 “(A) provide the individual with the choice
4 and opportunity to receive such care in a home
5 and community-based setting, including reha-
6 bilitative services, assistance and support in ac-
7 complishing activities of daily living, instru-
8 mental activities of daily living, and health-re-
9 lated tasks, and assistance in acquiring, main-
10 taining, or enhancing skills necessary to accom-
11 plish such activities, tasks, or services;

12 “(B) ensure that each such individual has
13 an equal opportunity (when compared to the re-
14 ceipt and availability of nursing facility serv-
15 ices) to receive care in a home and community-
16 based setting, if the individual so chooses, by
17 ensuring that the provision of such care in a
18 home and community-based setting is widely
19 available on a statewide basis for all such indi-
20 viduals within the State; and

21 “(C) meet the requirements of section
22 1904A (relating to the provision of care in a
23 home and community-based setting).”.

24 (b) REQUIREMENTS FOR COMMUNITY CARE OP-
25 TIONS.—Title XIX of the Social Security Act is amended

1 by inserting after section 1904 (42 U.S.C. 1396c) the fol-
2 lowing new section:

3 “PROVISIONS RELATED TO HOME AND COMMUNITY-
4 BASED CARE

5 “SEC. 1904A. (a) DEFINITIONS.—For purposes of
6 this section, section 1902(a)(87), and section
7 1905(a)(4)(A):

8 “(1) ACTIVITIES OF DAILY LIVING.—The term
9 ‘activities of daily living’ includes, but is not limited
10 to, tasks such as eating, toileting, grooming, dress-
11 ing, bathing, and transferring.

12 “(2) HEALTH-RELATED TASKS.—The term
13 ‘health-related tasks’ means specific tasks related to
14 the needs of an individual, including, but not limited
15 to, bowel or bladder care, wound care, use and care
16 of ventilators and feeding tubes, and the administra-
17 tion of medications and injections, which, in the
18 opinion of the individual’s physician, can be dele-
19 gated to be performed by an attendant.

20 “(3) HOME AND COMMUNITY-BASED SET-
21 TING.—The term ‘home and community-based set-
22 ting’ means, with respect to an individual who re-
23 quires a level of care provided in a nursing facility,
24 an intermediate care facility for the mentally re-
25 tardated, an institution for mental diseases, or any

1 other similarly restrictive or institutional setting, a
2 setting that—

3 “(A) includes a house, an apartment, a
4 townhouse, a condominium, or any similar pub-
5 lic or private housing where the individual re-
6 sides that—

7 “(i) is owned or leased by the indi-
8 vidual or a member of the individual’s fam-
9 ily;

10 “(ii) ensures the individual’s privacy,
11 dignity, respect, and freedom from coer-
12 cion; and

13 “(iii) maximizes the individual’s au-
14 tonomy and independence;

15 “(B) is integrated in, and provides access
16 to, the general community in which the setting
17 is located so that the individual has access to
18 the community and opportunities to seek em-
19 ployment and work in competitive integrated
20 settings, participate in community life, control
21 and utilize personal resources, benefit from
22 community services, and participate in the com-
23 munity in an overall manner that is comparable
24 to that available to individuals who are not indi-
25 viduals with disabilities; and

1 “(C) has the services and supports that the
2 individual needs in order to live as independ-
3 ently as possible.

4 “(4) INSTRUMENTAL ACTIVITIES OF DAILY LIV-
5 ING.—The term ‘instrumental activities of daily liv-
6 ing’ means activities related to living independently
7 in the community and includes, but is not limited to,
8 meal planning and preparation, managing finances,
9 shopping for food, clothing, and other items, per-
10 forming household chores, communicating by phone
11 or other media, and traveling around and partici-
12 pating in the community.

13 “(5) PUBLIC ENTITY.—The term ‘public entity’
14 means a public entity as defined in subparagraphs
15 (A) and (B) of section 201(1) of the Americans with
16 Disabilities Act of 1990.

17 “(b) REQUIREMENTS FOR PROVIDING SERVICES IN
18 HOME AND COMMUNITY-BASED SETTINGS.—With respect
19 to the availability and provision of services under the State
20 plan under this title, or under any waiver of State plan
21 requirements (subject to section 3(d) of the Community
22 Integration Act of 2020), in a home and community-based
23 setting to any individual who requires a level of care pro-
24 vided in a nursing facility, an intermediate care facility
25 for the mentally retarded, an institution for mental dis-

1 eases, or any other similarly restrictive or institutional set-
2 ting, any public entity that receives payment under the
3 State plan or waiver for providing services to such an indi-
4 vidual shall not—

5 “(1) impose or utilize policies, practices, or pro-
6 cedures, such as unnecessary requirements or arbi-
7 trary service or cost caps, that limit the availability
8 of services in home and community-based settings to
9 an individual with a disability (including individuals
10 with the most significant disabilities) who need such
11 services;

12 “(2) impose or utilize policies, practices, or pro-
13 cedures that limit the availability of services in a
14 home and community-based setting (including assist-
15 ance and support in accomplishing activities of daily
16 living, instrumental activities of daily living, health-
17 related tasks, and rehabilitative services) based on
18 the specific disability of an otherwise eligible indi-
19 vidual;

20 “(3) impose or utilize policies, practices, or pro-
21 cedures that arbitrarily restrict an individual with a
22 disability from full and meaningful participation in
23 community life;

24 “(4) impose or utilize policies, practices, or pro-
25 cedures that unnecessarily delay or restrict the pro-

1 vision of services in a home and community-based
2 setting to any individual who requires such services;

3 “(5) fail to establish and utilize adequate pay-
4 ment structures to maintain a sufficient workforce
5 to provide services in home and community-based
6 settings to any individual who requires such services;

7 “(6) fail to provide information, on an ongoing
8 basis, to help any individual who receives care in a
9 nursing facility, an intermediate care facility for the
10 mentally retarded, an institution for mental diseases,
11 or any other similarly restrictive or institutional set-
12 ting, understand the individual’s right to choose to
13 receive such care in a home and community-based
14 setting; or

15 “(7) fail to provide information to help any in-
16 dividual that requires the level of care provided in a
17 nursing facility, an intermediate care facility for the
18 mentally retarded, an institution for mental diseases,
19 or any other similarly restrictive or institutional set-
20 ting, prior to the individual’s placement in such a fa-
21 cility or an institution, understand the individual’s
22 right to choose to receive such care in a home and
23 community-based setting.

24 “(c) PLAN TO INCREASE AFFORDABLE AND ACCES-
25 SIBLE HOUSING.—Not later than 180 days after the en-

1 actment of this section, each State shall develop a state-
 2 wide plan to increase the availability of affordable and ac-
 3 cessible private and public housing stock for individuals
 4 with disabilities (including accessible housing for individ-
 5 uals with physical disabilities and those using mobility de-
 6 vices).

7 “(d) AVAILABILITY OF REMEDIES AND PROCE-
 8 DURES.—

9 “(1) IN GENERAL.—The remedies and proce-
 10 dures set forth in sections 203 and 505 of the Amer-
 11 icans with Disabilities Act of 1990 shall be available
 12 to any person aggrieved by the failure of—

13 “(A) a State to comply with this section or
 14 section 1902(a)(87); or

15 “(B) a public entity (including a State) to
 16 comply with the requirements of subsection (b).

17 “(2) RULE OF CONSTRUCTION.—Nothing in
 18 paragraph (1) shall be construed to limit any rem-
 19 edy or right of action that otherwise is available to
 20 an aggrieved person under this title.

21 “(e) ENFORCEMENT BY THE SECRETARY.—

22 “(1) IN GENERAL.—The Secretary may reduce
 23 the Federal medical assistance percentage applicable
 24 to the State (as determined under section 1905(b))

1 if the Secretary determines that the State has vio-
2 lated the requirements of subsection (b).

3 “(2) RULE OF CONSTRUCTION.—Nothing in
4 paragraph (1) shall be construed to limit any rem-
5 edy or right of action that is otherwise available to
6 the Secretary.

7 “(f) REPORTING REQUIREMENTS.—With respect to
8 fiscal year 2020, and for each fiscal year thereafter, each
9 State shall submit to the Administrator of the Administra-
10 tion for Community Living of the Department of Health
11 and Human Services, not later than April 1 of the suc-
12 ceeding fiscal year, a report, in such form and manner
13 as the Secretary shall require, that includes—

14 “(1) the total number of individuals enrolled in
15 the State plan or under a waiver of the plan during
16 such fiscal year that required the level of care pro-
17 vided in a nursing facility, an intermediate care fa-
18 cility for the mentally retarded, an institution for
19 mental diseases, or any other similarly restrictive or
20 institutional setting, disaggregated by the type of fa-
21 cility or setting;

22 “(2) with respect to the total number described
23 in paragraph (1), the total number of individuals de-
24 scribed in that paragraph who received care in a
25 nursing facility, an intermediate care facility for the

1 mentally retarded, an institution for mental diseases,
2 or any other similarly restrictive or institutional set-
3 ting, disaggregated by the type of facility or setting;
4 and

5 “(3) with respect to the total number described
6 in paragraph (2), the total number of individuals de-
7 scribed in that paragraph who were transitioned
8 from a nursing facility, an intermediate care facility
9 for the mentally retarded, an institution for mental
10 diseases, or any other similarly restrictive or institu-
11 tional setting to a home and community-based set-
12 ting, disaggregated by the type of home and commu-
13 nity-based setting.”.

14 (c) INCLUSION AS A MANDATORY SERVICE.—Section
15 1905(a)(4)(A) of the Social Security Act (42 U.S.C.
16 1396d(a)(4)(A)) is amended by striking “other than” and
17 inserting “including similar services such as rehabilitative
18 services and assistance and support in accomplishing ac-
19 tivities of daily living, instrumental activities of daily liv-
20 ing, and health-related tasks, that are provided, at the in-
21 dividual’s option, in a home and community-based setting
22 (as defined in section 1904A(a)(3)), but not including”.

23 (d) APPLICATION TO WAIVERS.—Notwithstanding
24 section 1904A of the Social Security Act (as added by sub-
25 section (b)), such section and sections 1902(a)(87) and

1 1905(a)(4)(A) of the Social Security Act (42 U.S.C. 1396
2 et seq.), as amended by subsections (a) and (c), respec-
3 tively, shall not apply to any individuals who are eligible
4 for medical assistance for home and community-based
5 services under a waiver under section 1115 or 1915 of
6 the Social Security Act (42 U.S.C. 1315, 1396n) and who
7 are receiving such services, to the extent such sections (as
8 so added or amended) are inconsistent with any such waiv-
9 er.

10 (e) EFFECTIVE DATE.—

11 (1) IN GENERAL.—Except as provided in para-
12 graph (2), the amendments made by this section
13 shall take effect on October 1, 2021.

14 (2) DELAY PERMITTED IF STATE LEGISLATION
15 REQUIRED.—In the case of a State plan under sec-
16 tion 1902 of the Social Security Act (42 U.S.C.
17 1396a) which the Secretary of Health and Human
18 Services determines requires State legislation (other
19 than legislation appropriating funds) in order for the
20 plan to meet the additional requirements imposed by
21 the amendments made by this section, the State
22 plan shall not be regarded as failing to comply with
23 the requirements of such section 1902 solely on the
24 basis of the failure of the plan to meet such addi-
25 tional requirements before the first day of the first

1 calendar quarter beginning after the close of the
2 first regular session of the State legislature that be-
3 gins after the date of enactment of this Act. For
4 purposes of the previous sentence, in the case of a
5 State that has a 2-year legislative session, each year
6 of such session shall be deemed to be a separate reg-
7 ular session of the State legislature.

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