

Issue Brief

Affordable Care Act – Assistive Technology

The Patient Protection and Affordable Care Act (ACA; P.L. 111-148) made significant progress in expanding access to health care. Specifically, for people with disabilities, the ACA required that they must be able to fully participate in the nation's health care system along with equitable access to health coverage programs without being burdened by disproportionate costs; and the care provides continuity of care that helps treat and prevent chronic conditions many of which create a need for assistive technology to mitigate the impact of such conditions (<http://www.asha.org/Practice/Health-Care-Reform/Patient-Protection-and-Affordable-Care-Act/>). The following key features of this large healthcare law directly impact people with disabilities and access to and acquisition of assistive technology.

ESSENTIAL HEALTH BENEFITS

One key aspect of the ACA that directly impacts people with disabilities and assistive technology is the ACA mandated standard benefits and coverage – essential health benefits (EHB) - to be used by individual and group health plans in health insurance exchanges. Included in these standard benefits and coverage are rehabilitative and habilitative services and devices. Rehabilitation services and devices, which can include a wide range of services, therapies, devices and supports, including physical therapy, occupational therapy, speech-language pathology and audiology services, and other therapies that improve function and support independent living within the community, as well as durable medical equipment, prosthetic limbs, orthopedic braces, and augmentative communication devices are included in EHB within the ACA mandate.

An important difference between rehabilitation and habilitation services and devices is the fact that habilitation services are provided in order for a person to attain, maintain or prevent deterioration of a skill or function never learned or acquired due to a disabling condition. Rehabilitation services and devices, on the other hand, are provided to help a person regain, maintain or prevent deterioration of a skill that has been acquired but then lost or impaired due to illness, injury, or disabling condition.

It is important to note, that during the Congressional debate in 2008 over the Affordable Care Act (ACA), at no time was an amendment offered or adopted to strike coverage of habilitation services and devices from what would be required in the EHB package of coverage. Out of all the categories that Congress could have chosen to specifically list in the statute, it chose rehabilitative and habilitative services and devices. This is highly significant legislative history and clearly evinces Congressional intent to ensure these benefits are covered in the EHB package. (<http://www.asha.org/practice/Health-Care-Reform/Essential-Health-Benefits/>)

LONG TERM SERVICES AND SUPPORTS

The ACA addresses long-term care services to help guarantee that individuals who need such care receive it and to find ways to help make such care available not only in institutions but also in the community (ACA, 2010, §2406(b)1-2). Some examples include:

Community First Choice Option

The program offers incentives through Medicaid to encourage states to provide programs that help seniors stay at home rather than enter an institution. Most states currently provide personal care services through the optional personal care services state plan benefit. The Affordable Care Act establishes Community First Choice (CFC) under Section 1915(k) of the Social Security Act as a new Medicaid state plan option that allows states to provide statewide home and community-based attendant services and supports to individuals who would otherwise require an institutional level of care (LOC). States taking up this option receive a 6 percent increase in their federal medical assistance percentage (FMAP) for CFC services. There is no time limit or expiration on the enhanced FMAP, and the Centers for Medicare & Medicaid Services (CMS) has indicated that the enhanced FMAP also will be available for required CFC activities such as assessments and person-centered planning.

Money Follows the Person (MFP)

Extended for 5 years, this approach helps states develop demonstration projects that allow them to make changes to long-term care strategies and help people avoid institutions altogether or transition from institutions to their communities. Money Follows the Person (MFP) is a federal Medicaid demonstration designed to incentivize states to shift Medicaid long-term services and supports spending from institutional to home and community-based settings. MFP was first authorized in the Deficit Reduction Act of 2005, and then extended through 2016 in the Affordable Care Act. Under the demonstration, participating states receive one year of enhanced federal funding for home and community-based and transition services for every Medicaid beneficiary who moves from an institution to a community-based setting. MFP provides the assistive technology a consumer may need to support a full transition into their community. Many State Assistive Technology Programs work with MFP to help with the assessment and procurement of such an AT device. (Musumeci, MaryBeth and Reaves, Erica L., Kaiser Family Foundation, <http://kff.org/medicaid/issue-brief/medicaids-money-follows-the-person-demonstration-helping-beneficiaries-return-home/>)

Medicaid Expansion

Included in the ACA, was the option for states to expand Medicaid eligibility to people with annual incomes below 138 percent of the federal poverty level, or \$26,347 for a family of three and \$15,417 for an individual. A recent study published in the American Journal on Public Health cites that prior to the passage of ACA; many people with disabilities were required to live in poverty to maintain their Medicaid eligibility. The expansion of Medicaid resulted in respondents of this study (who were people with disabilities) who lived in expansion states were significantly more likely to be employed compared with those in non-expansion states. With Medicaid expansion, people with disabilities are able to enter the workforce and increase earnings while maintaining Medicaid coverage which provides a wide range of needed assistive technology. (Artiga, Samantha; Rudowitz, Robin; and Young, Katherine; <http://kff.org/medicaid/issue-brief/what-coverage-and-financing-at-risk-under-repeal-of-aca-medicaid-expansion/>)

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