

## **EMPOWER Care Act Gets Individuals with Disabilities & Seniors Back Home**

*S. 2227, the Bipartisan Empower Care Act, introduced by Sens. Portman (R-OH) and Cantwell (D-WA) extends and improves the Money Follows the Person program (MFP). First authorized by President Bush in 2005 with strong bipartisan support, MFP gets individuals with disabilities and seniors out of nursing homes and back in their communities with family and friends.*

### **MFP Enhances Opportunities to Live Independently and Age with Dignity**

Medicaid requires states to provide care in nursing homes, but makes home and community-based services (HCBS) optional. MFP better rebalances Medicaid by providing grants to states to cover transitional services for individuals that wish to leave a nursing home or other institution. Thanks to MFP, over 75 thousand individuals with chronic conditions and disabilities and seniors have decided to transition from institutions back into the community through 2015.

### **MFP Rebalancing Demonstration is a Success Story – Improves Quality of Life**

At the end of 2015, more than 43 states and the District of Columbia were participating in the MFP demonstration. As part of an evaluation provided to Congress in a 2017 report, the Centers for Medicare and Medicaid Services (CMS) concludes there is strong evidence beneficiaries' quality of life improves when they transition from institutional to community-based LTSS. MFP participants experienced increases across all seven quality-of-life domains measured, and the improvements were largely sustained after two years.

### **States Save with Money Follows the Person**

Providing LTSS in the home is more cost effective than institutional care, among other reasons because it eliminates the need for Medicaid to cover the cost of room and board in a nursing home. On average, per-beneficiary per-month expenditures for those participating in the rebalancing demonstration declined by \$1,840 (23 percent) during the first year of transitioning from a nursing homes to home and community-based LTSS, saving \$978 million. CMS also finds that MFP participants are less likely to be readmitted to institutional care than other beneficiaries who transition but do not participate in the program.

### **The Time is Now: Money Follows the Person Expired in September 2016**

Unfortunately, the MFP program expired over a year ago. States can continue to use their remaining grant funding through 2020, but that is not enough to maintain the program at current levels, and certainly will not allow states to expand the number of participants. Overall, states have had to scale back plans submitted to CMS by approximately 40%. This means fewer individuals will be able to be transitioned out of institutional settings into the care setting of their choice. *The EMPOWER Care Act resolves that by reauthorizing the program through 2022.*

### **The EMPOWER Care Act Makes Improvements to the Program**

S. 2227 improves the MFP program by reducing the number of days someone must be in a nursing home before becoming eligible to transition from 90 to 60. (Evidence shows that the longer someone remains in a nursing home, the harder it can be for them to transition out.) The legislation also enhances the reporting and accountability of MFP funding and requires HHS to conduct a best practices evaluation of the program that will include the most effective state strategies for transitioning beneficiaries from institutional to qualified community settings, and how such strategies may vary for different types of beneficiaries.

**Conclusion: Sponsor the EMPOWER Care Act Today!**