

# S. 910: Disability Integration Act of 2017

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## Disability Integration Act of 2017

This bill prohibits states or local governments that provide institutional placements for individuals with disabilities who need long-term assistance with daily living activities or health-related tasks, and prohibits insurance providers that fund such long-term services, from denying community-based services that would enable such individuals to live in the community and lead an independent life.

States, local governments, or insurance providers may not discriminate against such individuals in the provision of community-based services by: (1) imposing prohibited eligibility criteria, cost caps, waiting lists, or payment structures; (2) failing to provide a specific community-based service; or (3) requiring an individual to receive a service in a congregate or disability-specific setting.

Community-based services must be offered to individuals with such disabilities prior to institutionalization. Institutionalized individuals must be notified regularly of community-based alternatives.

States, local governments, and public insurance providers must assess: (1) transportation barriers that prevent individuals from receiving services in integrated settings, and (2) the availability of integrated employment opportunities.

The Department of Justice (DOJ) and the Department of Health and Human Services (HHS) must issue regulations requiring states, local governments, or insurance providers to offer community-based long-term services to individuals with such disabilities who would otherwise qualify for institutional placement. State and local governments, in conjunction with housing agencies, must ensure sufficient availability of affordable, accessible, and integrated housing that is not a disability-specific residential setting or a setting where services are tied to tenancy.

Such regulations must also require states and local governments to begin implementing a transition plan to achieve the requirements of this bill within 12 years after its enactment. For 10 years after issuance of the regulations, HHS must determine annually whether each state is complying with the transition plan. If a state is complying, HHS must increase by five percentage points the federal medical assistance percentage for a state requesting an increase for expenditures on home and community-based services furnished under the state Medicaid plan under title XIX (Medicaid) of the Social Security Act, or a waiver of such plan, that are identified as: (1) improvements to ensure accessibility or self-directed receipt of such services, (2) funding shifts from institutional settings to integrated community-based services, or (3) environmental modifications for housing targeted toward the lowest income individuals.

The bill provides for DOJ enforcement and allows civil actions by individuals subjected to, or about to be subjected to, a violation of this bill.