(Original Signature of Member)	•••
116TH CONGRESS H.R.	
To assist older Americans and people with disabilities affected by COVID-19.	-
IN THE HOUSE OF REPRESENTATIVES	
Mrs. DINGELL (for herself and) introduced the following bill; which we referred to the Committee on	as
A BILL	
To assist older Americans and people with disabilities affected by COVID-19.	
1 Be it enacted by the Senate and House of Represent	<i>a</i> -
2 tives of the United States of America in Congress assemble	d,
3 SECTION 1. SHORT TITLE; TABLE OF CONTENTS.	
4 (a) In General.—This Act may be cited as t	he
5 "Coronavirus Relief for Seniors and People with Disab	il-
6 ities Act of 2020".	
7 (b) Table of Contents.—The table of contents f	or

Sec. 1. Short title; table of contents.

8 this Act is as follows:

TITLE I—SUPPLEMENTAL APPROPRIATIONS

Sec. 101. Supplemental appropriations.

TITLE II—MEDICAID

Sec. 201. Expanded access to medical assistance for Medicare costs during the COVID-19 public health emergency.

Sec. 202. Authority to award Medicaid HCBS grants to respond to the COVID–19 public health emergency.

1 TITLE I—SUPPLEMENTAL 2 APPROPRIATIONS

3 SEC. 101. SUPPLEMENTAL APPROPRIATIONS.

- 4 The following sums are hereby appropriated, out of
- 5 any money in the Treasury not otherwise appropriated,
- 6 for the fiscal year ending September 30, 2020, and for
- 7 other purposes, namely:

8 DEPARTMENT OF HEALTH AND HUMAN

- 9 SERVICES
- 10 Centers for Medicare & Medicaid Services
- 11 SURVEY AND CERTIFICATION ACTIVITIES
- For an additional amount for survey and certification
- 13 activities authorized under sections 1862(g) and 1864 of
- 14 the Social Security Act (42 U.S.C. 1395y(g), 1395aa) and
- 15 section 353 of the Public Health Service Act (42 U.S.C.
- 16 263a), \$154,400,000, to remain available through Sep-
- 17 tember 30, 2021: Provided, That such amount is des-
- 18 ignated by the Congress as being for an emergency re-
- 19 quirement pursuant to section 251(b)(2)(A)(i) of the Bal-
- 20 anced Budget and Emergency Deficit Control Act of 1985.

TITLE II—MEDICAID 1 SEC. 201. EXPANDED ACCESS TO MEDICAL ASSISTANCE 3 FOR MEDICARE COSTS DURING THE COVID-19 4 PUBLIC HEALTH EMERGENCY. 5 (a) IN GENERAL.—Section 1902 of the Social Secu-6 rity Act (42 U.S.C. 1396a) is amended— 7 (1) in subsection (a)(10)(E)— 8 (A) in clause (iii), by striking "; and" and 9 inserting a semicolon; 10 (B) in clause (iv), by striking the semi-11 colon and inserting "; and"; and 12 (C) by adding at the end the following new 13 clause: "(v) during the period described in sub-14 15 section (ss), for making medical assistance 16 available for medicare cost-sharing (as defined 17 in section 1905(p)(3)) for— 18 "(I) individuals who are described in 19 clause (ii), (iii), or (iv); and 20 "(II) individuals—

1	"(aa) who are not described in
2	clauses (i) through (iv) but who are
3	eligible for, or enrolled in, the low-in-
4	come subsidy program under section
5	1860D-14; and
6	"(bb) whose application for such
7	medical assistance is received by the
8	State (or automatically initiated pur-
9	suant to the transmittal of data under
10	section 1144(c)(3)(B)) before the end
11	of the emergency period defined in
12	section $1135(g)(1)(B)$."; and
13	(2) by adding at the end the following new sub-
14	section:
15	"(ss) COVID-19 Emergency Assistance Pe-
16	RIOD.—For purposes of subsection (a)(10)(E)(v), the pe-
17	riod described in this subsection is the period—
18	"(1) beginning with the date of enactment of
19	this subsection; and
20	"(2) ending with the last day of the 12th month
21	that begins after the emergency period defined in
22	section $1135(g)(1)(B)$.".
23	(b) Transmittal of Data to States and Auto-
24	MATIC ENROLLMENT OF INDIVIDUALS.—Section

1	1144(c)(3) of the Social Security Act (42 U.S.C. 1320b-
2	14(c)(3)) is amended—
3	(1) by striking "Beginning on January 1,
4	2010" and inserting the following:
5	"(A) Transmittal of Lis applications
6	TO STATES.—Beginning on January 1, 2010";
7	and
8	(2) by adding at the end the following new sub-
9	paragraph:
10	"(B) Transmittal of LIS enrollment
11	INFORMATION TO STATES DURING THE COVID-
12	19 PUBLIC HEALTH EMERGENCY.—During the
13	period described in section 1902(ss), the Sec-
14	retary, in coordination with the Commissioner
15	of Social Security, shall electronically transmit
16	to the appropriate State Medicaid agency data
17	related to each individual who is enrolled in the
18	low-income subsidy program under section
19	1860D–14, and such transmittal shall initiate
20	an application of the individual for benefits
21	under the Medicare Savings Program with the
22	State Medicaid agency. In order to ensure that
23	such data transmittal provides effective assist-
24	ance for purposes of State adjudication of ap-
25	plications for benefits under the Medicare Sav-

1	ings Program, the Secretary shall consult with
2	the States regarding the content, form, fre-
3	quency, and manner in which data (on a uni-
4	form basis for all States) shall be transmitted
5	under this subparagraph.".
6	(c) Additional Appropriation for Administra-
7	TIVE COSTS FOR THE DEPARTMENT OF HEALTH AND
8	HUMAN SERVICES AND THE SOCIAL SECURITY ADMINIS-
9	TRATION.—
10	(1) In general.—There are hereby appro-
11	priated to carry out the requirement of subpara-
12	graph (B) of section 1144(c)(3) of the Social Secu-
13	rity Act (42 U.S.C. 1320b–14(c)(3)), as added by
14	subsection (b), out of any funds in the Treasury not
15	otherwise appropriated—
16	(A) \$1,000,000 to the Secretary of Health
17	and Human Services, to remain available until
18	expended; and
19	(B) \$1,000,000 to the Commissioner of
20	Social Security, to remain available until ex-
21	pended.
22	(2) Supplement not supplant.—Any
23	amounts appropriated pursuant to this subsection
24	shall be in addition to any other amounts otherwise
25	appropriated pursuant to any other provision of law.

1	(d) Budget Neutrality With Respect to Medi-
2	CARE ADVANTAGE PAYMENTS.—The Secretary of Health
3	and Human Services shall assess the effect of the amend-
4	ments made by subsection (a) on payments to Medicare
5	Advantage plans under part C of title XVIII of the Social
6	Security Act (42 U.S.C. 1395w–21 et seq.) and make nec-
7	essary adjustments to ensure that, during the COVID-
8	19 emergency assistance period described in subsection
9	(ss) of section 1902 of the Social Security Act (42 U.S.C.
10	1396a) (as added by subsection (a)), risk-adjusted pay-
11	ments under such part with respect to individuals newly
12	enrolled in the Medicare Savings Program (as defined in
13	section 1144 of the Social Security Act (42 U.S.C. 1320b-
14	14)) pursuant to such amendments do not exceed such
15	payments that would have been made under such part
16	with respect to such individuals if such subsection had not
17	been enacted.
18	(e) Federal Medical Assistance Percent-
19	AGE.—Section 1905 of the Social Security Act (42 U.S.C.
20	1396d) is amended—
21	(1) in subsection (b), by striking "and (ff)" and
22	inserting "(ff), and (gg)"; and
23	(2) by adding at the end the following:
24	"(gg) Increased FMAP for Additional Expend-
25	ITURES FOR MEDICARE COST-SHARING PROVIDED DUR-

1	ING THE COVID-19 PUBLIC HEALTH EMERGENCY.—
2	Notwithstanding subsection (b), the Federal medical as-
3	sistance percentage for a State shall be 100 percent—
4	"(1) with respect to the additional amounts ex-
5	pended by the State for medical assistance provided
6	during the period described in section 1902(ss)
7	under the State plan under this title or a waiver of
8	such plan that are attributable to the requirements
9	imposed by section $1902(a)(10)(E)(v)$;
10	"(2) with respect to expenditures described in
11	section 1903(a)(7) that—
12	"(A) are made by the State during the pe-
13	riod described in section 1902(ss); and
14	"(B) the State demonstrates to the satis-
15	faction of the Secretary are attributable to ad-
16	ministrative costs related to meeting such re-
17	quirements; and
18	"(3) with respect to expenditures that are made
19	by the State to determine whether individuals who
20	are provided medical assistance for medicare cost-
21	sharing under section $1902(a)(10)(E)(v)(II)$ remain
22	eligible for such assistance after the period described
23	in section 1902(ss).".

1	SEC. 202. AUTHORITY TO AWARD MEDICAID HCBS GRANTS
2	TO RESPOND TO THE COVID-19 PUBLIC
3	HEALTH EMERGENCY.
4	(a) In General.—The Secretary is authorized to
5	award grants to States in accordance with this section to
6	enhance access to home and community-based services
7	during the COVID–19 public health emergency period.
8	(b) DEFINITIONS.—In this section:
9	(1) COVID-19 Public Health Emergency
10	PERIOD.—The term "COVID-19 public health emer-
11	gency period" means the portion of the emergency
12	period defined in paragraph (1)(B) of section
13	1135(g) of the Social Security Act (42 U.S.C.
14	1320b–5(g)) beginning on or after the date of the
15	enactment of this Act.
16	(2) ELIGIBLE INDIVIDUAL.—The term "eligible
17	individual" means an individual who is eligible for or
18	enrolled for medical assistance under a State Med-
19	icaid program.
20	(3) Home and community-based serv-
21	ICES.—The term "home and community-based serv-
22	ices" means, with respect to a State Medicaid pro-
23	gram, home and community-based services (includ-
24	ing home health and personal care services) that are
25	provided under the State's qualified HCBS program

1	or that could be provided under such a program but
2	are otherwise provided under the Medicaid program.
3	(4) Indian tribe.—The term "Indian tribe"
4	means an Indian tribe, a tribal organization, or an
5	urban Indian organization (as such terms are de-
6	fined in section 4 of the Indian Health Care Im-
7	provement Act (25 U.S.C. 1603)), and includes a
8	tribal consortium of Indian tribes or tribal organiza-
9	tions (as so defined).
10	(5) Medicaid Program.—The term "Medicaid
11	program" means, with respect to a State, the State
12	program under title XIX of the Social Security Act
13	(42 U.S.C. 1396 et seq.) (including any waiver or
14	demonstration under such title or under section
15	1115 of such Act (42 U.S.C. 1315) relating to such
16	title).
17	(6) Secretary.—The term "Secretary" means
18	the Secretary of Health and Human Services.
19	(7) STATE.—The term "State" has the mean-
20	ing given such term for purposes of title XIX of the
21	Social Security Act (42 U.S.C. 1396 et seq.).
22	(8) QUALIFIED HCBS PROGRAM.—The term
23	"qualified HCBS program" means a program pro-
24	viding home and community-based services operating

1	under a State Medicaid program, whether or not op-
2	erating under waiver authority.
3	(e) Grants to States.—
4	(1) In general.—During the COVID-19 pub-
5	lic health emergency period, the Secretary may
6	award grants to States with applications meeting the
7	requirements of paragraph (2).
8	(2) Application requirements.—A State
9	seeking a grant under this section shall submit an
10	application to the Secretary at such time, in such
11	form and manner, and containing such information
12	as the Secretary shall require.
13	(3) Limitations.—
14	(A) TERMINATION OF AUTHORITY.—The
15	Secretary shall not award any grants under this
16	section with respect to a State that submits an
17	application after the date that is 60 days after
18	the end of the COVID-19 public health emer-
19	gency period.
20	(B) USE OF FUNDS.—A State to which a
21	grant is made under this section shall only use
22	grant funds in accordance with subsection (d).
23	(C) Maintenance of state effort.—
24	Federal funds paid to a State pursuant to this
25	section must be used to supplement, but not

1	supplant, the level of State funds expended for
2	home and community-based services for eligible
3	individuals programs in effect for such individ-
4	uals at the time the grant is awarded under
5	this section.
6	(4) Monthly grant payment amounts.—
7	(A) In general.—Subject to paragraph
8	(5), the Secretary shall pay to each State that
9	is awarded a grant under this section, for each
10	month during the State's grant period (as de-
11	fined in subparagraph (C)), an amount equal to
12	15 percent of the amount determined for the
13	State under subparagraph (B).
14	(B) Average monthly hcbs expendi-
15	TURES.—The amount determined for a State
16	under this subparagraph is the amount equal
17	to—
18	(i) the sum of—
19	(I) the average annual amount of
20	State expenditures under title XIX of
21	the Social Security Act (42 U.S.C.
22	1396 et seq.) that are attributable to
23	providing medical assistance for home
24	and community-based services for the

1	3 most recent fiscal years for which
2	data is available; and
3	(II) the average annual amount,
4	if any, received by the State pursuant
5	to an MFP demonstration project
6	conducted under section 6071 of the
7	Deficit Reduction Act of 2005 (42
8	U.S.C. 1396a note) for the 3 most re-
9	cent fiscal years for which data is
10	available; divided by
11	(ii) 12.
12	(C) Grant Period Defined.—In this
13	paragraph, the term "grant period" means,
14	with respect to a State, the period of months—
15	(i) beginning with the month in which
16	the Secretary approves the State's applica-
17	tion for a grant under this section; and
18	(ii) ending with the 12th month that
19	begins after the end of the COVID-19
20	public health emergency period.
21	(5) Grants to indian tribes.—
22	(A) In General.—During the COVID-19
23	public health emergency period, the Secretary
24	may award grants to an Indian tribe in the
25	same manner, and subject to the same require-

1	ments, as apply to a State, except as otherwise
2	provided in this paragraph.
3	(B) APPLICATION.—Any Indian tribe seek-
4	ing a grant under this section shall submit to
5	the Secretary an application that includes (in
6	addition to any other information the Secretary
7	shall require) an identification of the population
8	and service area or areas to be served by the
9	activities and programs that will be funded by
10	the grant.
11	(C) Monthly grant payment
12	AMOUNTS.—
13	(i) In general.—The Secretary shall
14	pay to each Indian tribe that is awarded a
15	grant under this section, for each month
16	during the tribe's grant period (as defined
17	in clause (iii)), an amount equal to 15 per-
18	cent of the amount determined for the
19	tribe under clause (ii).
20	(ii) Tribal share of monthly
21	HCBS EXPENDITURES.—The amount deter-
22	mined for an Indian tribe under this clause
23	is equal to the—
24	(I) the total of the average an-
25	nual amount of State expenditures

1 made by a State or States under title
2 XIX of the Social Security Act (42
3 U.S.C. 1396 et seq.) that are attrib-
4 utable to providing medical assistance
for home and community-based serv
6 ices to eligible individuals who reside
7 in the service area or areas identified
8 by the tribe pursuant to subparagraph
9 (B) for the 3 most recent fiscal years
o for which data is available; divided by
(II) 12.
2 (iii) Grant Period.—The term
"grant period" has the same meaning with
4 respect to an Indian tribe as the term has
5 with respect to a State under paragraph
6 (4)(C).
(D) REDUCTION OF STATE GRANT
8 AMOUNTS.—If any State in which lies a service
9 area or areas identified by an Indian tribe in a
successful grant application pursuant to sub-
paragraph (B) is also awarded a grant under
this section, the Secretary shall reduce the
amount payable to such State each month
under paragraph (4) by the portion of the
amount payable to the Indian tribe under this

1	paragraph that is attributable to expenditures
2	by the State.
3	(d) Permissible Uses of Funds.—
4	(1) In general.—A State to which a grant is
5	made under this section may use grant funds—
6	(A) to work with community partners such
7	as Area Agencies on Aging, Independent Living
8	Centers, non-profit home and community based
9	service providers, and other entities providing
10	home and community-based services;
11	(B) during the COVID-19 public health
12	emergency period, for the purposes described in
13	paragraph (2); and
14	(C) after the end of such period, for the
15	purposes described in paragraph (3).
16	(2) Permissible uses during the emer-
17	GENCY PERIOD.—The purposes described in this
18	paragraph for which a State may use grant funds
19	awarded under this section are the following:
20	(A) To increase rates for home health and
21	direct service worker agencies to provide home
22	and community-based services under the State
23	Medicaid program, provided that any agency or
24	individual that receives payment under such an

1	increased rate increases the compensation it
2	pays its home health or direct service workers.
3	(B) To provide paid sick leave, paid family
4	leave, and paid medical leave for home health
5	workers and direct service workers.
6	(C) To provide hazard pay, overtime pay,
7	and shift differential pay for home health work-
8	ers and direct service workers.
9	(D) To provide home and community-
10	based services to eligible individuals who are on
11	waiting lists for programs approved under sec-
12	tions 1115 or 1915 of the Social Security Act
13	(42 U.S.C. 1315, 1396n).
14	(E) To purchase emergency supplies and
15	equipment necessary to enhance access to serv-
16	ices and to protect the health and well-being of
17	home health workers and direct service workers.
18	(F) To pay for home health worker and di-
19	rect service worker travel to conduct home and
20	community-based services.
21	(G) To recruit new direct service workers
22	and home health workers.
23	(H) To support family care providers of el-
24	igible individuals with needed supplies and
25	equipment and pay.

1	(I) To pay for training for direct service
2	workers and home health workers that is spe-
3	cific to the COVID-19 public health emergency.
4	(J) To pay for assistive technologies, staff-
5	ing, and other costs incurred during the public
6	health emergency in order to facility community
7	integration and ensure an individual's person-
8	centered service plan continue to be fully imple-
9	mented.
10	(K) To support direct service workers and
11	home health workers going to nursing facilities,
12	hospitals, institutions, and quarantine settings
13	to provide services to eligible individuals who
14	usually receive home and community-based
15	services and have chosen to temporarily move to
16	a more restrictive setting.
17	(L) To prepare information and public
18	health and educational materials in accessible
19	formats about prevention, treatment, recovery
20	and other aspects of COVID-19 for eligible in-
21	dividuals, their families, and the general com-
22	munity served by home health and direct service
23	agencies, including formats accessible to people
24	with low literacy or intellectual disabilities.

1	(M) To pay for American sign language in-
2	terpreters to assist in providing home and com-
3	munity-based services to eligible individuals and
4	to inform the general public about COVID-19.
5	(N) To allow for day service providers to
6	shift to providing home-based services.
7	(O) To pay for COVID-19 testing in home
8	settings.
9	(P) To pay for other expenses deemed ap-
10	propriate by the Secretary and which meet the
11	criteria of the home and community- based set-
12	tings rule.
13	(3) Permissible uses after the emer-
14	GENCY PERIOD.—The purpose described in this
15	paragraph for which a State may use grant funds
16	awarded under this section is to assist eligible indi-
17	viduals who had to relocate to a nursing facility or
18	institutional setting from their homes during the
19	COVID-19 public health emergency period in—
20	(A) moving back to their homes (including
21	by paying for moving costs);
22	(B) resuming home and community-based
23	services;
24	(C) receiving mental health services and
25	necessary rehabilitative service to regain skills

1	lost while relocated during the public health
2	emergency period; and
3	(D) continuing home and community-based
4	services for eligible individuals who were served
5	from a waiting list for such services during the
6	public health emergency period.
7	(e) Reporting Requirements.—
8	(1) State reporting requirements.—Not
9	later than 18 months after the end of the COVID-
10	19 public health emergency period, any State that
11	received a grant under this section shall submit a re-
12	port to the Secretary that contains the following in-
13	formation:
14	(A) Activities and programs that were
15	funded using grant amounts.
16	(B) The number of eligible individuals who
17	were served by such activities and programs.
18	(C) The number of eligible individuals who
19	were able to resume home and community-
20	based services as a result of such activities and
21	programs.
22	(2) HHS REPORT.—Not later than 18 months
23	after the end of the COVID-19 public health emer-
24	gency period, the Secretary shall issue a public sum-
25	mary of the grants awarded under this section.

1 (f) APPROPRIATION.— 2 (1) In General.—Subject to paragraph (2), 3 there are appropriated for fiscal year 2020 from any 4 funds in the Treasury not otherwise appropriated 5 such sums as are necessary to carry out this section, 6 to remain available until expended. 7 (2)AVAILABILITY OF APPROPRIATIONS.— 8 Amounts made available under paragraph (1) shall 9 not be available for the awarding of grants to States 10 that do not submit an application for such a grant 11 before the date described in subsection (c)(3)(A). 12 (3) Unused grant funds.—A State that re-13 ceives a grant under this section shall return to the 14 Secretary any portion of such grant that is unused 15 as of the date that is 1 year after the last day of

the COVID-19 public health emergency period, and

such returned portion shall revert to the Treasury.

16

17