116TH CONGRESS
2D SESSION

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 was referred to the Committee on ____________________________

A BILL

To assist older Americans and people with disabilities affected by COVID–19.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) In General.—This Act may be cited as the “Coronavirus Relief for Seniors and People with Disabilities Act of 2020”.

(b) Table of Contents.—The table of contents for this Act is as follows:

Sec. 1. Short title; table of contents.
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.

TITLE I—SUPPLEMENTAL APPROPRIATIONS

SEC. 101. SUPPLEMENTAL APPROPRIATIONS.

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

Survey and Certification Activities

For an additional amount for survey and certification activities authorized under sections 1862(g) and 1864 of the Social Security Act (42 U.S.C. 1395y(g), 1395aa) and section 353 of the Public Health Service Act (42 U.S.C. 263a), $154,400,000, to remain available through September 30, 2021: Provided, That such amount is designated by the Congress as being for an emergency requirement pursuant to section 251(b)(2)(A)(i) of the Balanced Budget and Emergency Deficit Control Act of 1985.
TITLE II—MEDICAID

SEC. 201. EXPANDED ACCESS TO MEDICAL ASSISTANCE FOR MEDICARE COSTS DURING THE COVID-19 PUBLIC HEALTH EMERGENCY.

(a) In General.—Section 1902 of the Social Security Act (42 U.S.C. 1396a) is amended—

(1) in subsection (a)(10)(E)—

(A) in clause (iii), by striking “; and” and inserting a semicolon;

(B) in clause (iv), by striking the semicolon and inserting “; and”; and

(C) by adding at the end the following new clause:

“(v) during the period described in subsection (ss), for making medical assistance available for medicare cost-sharing (as defined in section 1905(p)(3)) for—

“(I) individuals who are described in clause (ii), (iii), or (iv); and

“(II) individuals—
“(aa) who are not described in clauses (i) through (iv) but who are eligible for, or enrolled in, the low-income subsidy program under section 1860D–14; and

“(bb) whose application for such medical assistance is received by the State (or automatically initiated pursuant to the transmittal of data under section 1144(c)(3)(B)) before the end of the emergency period defined in section 1135(g)(1)(B).”; and

(2) by adding at the end the following new subsection:

“(ss) COVID–19 EMERGENCY ASSISTANCE PERIOD.—For purposes of subsection (a)(10)(E)(v), the period described in this subsection is the period—

“(1) beginning with the date of enactment of this subsection; and

“(2) ending with the last day of the 12th month that begins after the emergency period defined in section 1135(g)(1)(B).”.

(b) TRANSMITTAL OF DATA TO STATES AND AUTOMATIC ENROLLMENT OF INDIVIDUALS.—Section
1144(c)(3) of the Social Security Act (42 U.S.C. 1320b–14(c)(3)) is amended—

(1) by striking “Beginning on January 1, 2010” and inserting the following:

“(A) TRANSMITTAL OF LIS APPLICATIONS TO STATES.—Beginning on January 1, 2010”;

and

(2) by adding at the end the following new subparagraph:

“(B) TRANSMITTAL OF LIS ENROLLMENT INFORMATION TO STATES DURING THE COVID-19 PUBLIC HEALTH EMERGENCY.—During the period described in section 1902(ss), the Secretary, in coordination with the Commissioner of Social Security, shall electronically transmit to the appropriate State Medicaid agency data related to each individual who is enrolled in the low-income subsidy program under section 1860D–14, and such transmittal shall initiate an application of the individual for benefits under the Medicare Savings Program with the State Medicaid agency. In order to ensure that such data transmittal provides effective assistance for purposes of State adjudication of applications for benefits under the Medicare Sav-
ings Program, the Secretary shall consult with
the States regarding the content, form, fre-
quency, and manner in which data (on a uni-
form basis for all States) shall be transmitted
under this subparagraph.”.

(c) Additional Appropriation for Administra-
tive Costs for the Department of Health and
Human Services and the Social Security Adminis-
tration.—

(1) In general.—There are hereby appro-
priated to carry out the requirement of subpara-
graph (B) of section 1144(c)(3) of the Social Secu-
ry Act (42 U.S.C. 1320b–14(e)(3)), as added by
subsection (b), out of any funds in the Treasury not
otherwise appropriated—

(A) $1,000,000 to the Secretary of Health
and Human Services, to remain available until
expended; and

(B) $1,000,000 to the Commissioner of
Social Security, to remain available until ex-
pended.

(2) Supplement not supplant.—Any
amounts appropriated pursuant to this subsection
shall be in addition to any other amounts otherwise
appropriated pursuant to any other provision of law.
(d) **Budget Neutrality With Respect to Medicare Advantage Payments.**—The Secretary of Health and Human Services shall assess the effect of the amendments made by subsection (a) on payments to Medicare Advantage plans under part C of title XVIII of the Social Security Act (42 U.S.C. 1395w–21 et seq.) and make necessary adjustments to ensure that, during the COVID–19 emergency assistance period described in subsection (ss) of section 1902 of the Social Security Act (42 U.S.C. 1396a) (as added by subsection (a)), risk-adjusted payments under such part with respect to individuals newly enrolled in the Medicare Savings Program (as defined in section 1144 of the Social Security Act (42 U.S.C. 1320b–14)) pursuant to such amendments do not exceed such payments that would have been made under such part with respect to such individuals if such subsection had not been enacted.

(e) **Federal Medical Assistance Percentage.**—Section 1905 of the Social Security Act (42 U.S.C. 1396d) is amended—

(1) in subsection (b), by striking “and (ff)” and inserting “(ff), and (gg)”;

(2) by adding at the end the following:

“(gg) Increased FMAP for Additional Expenditures for Medicare Cost-sharing Provided Dur-
Notwithstanding subsection (b), the Federal medical assistance percentage for a State shall be 100 percent—

“(1) with respect to the additional amounts expended by the State for medical assistance provided during the period described in section 1902(ss) under the State plan under this title or a waiver of such plan that are attributable to the requirements imposed by section 1902(a)(10)(E)(v);

“(2) with respect to expenditures described in section 1903(a)(7) that—

“(A) are made by the State during the period described in section 1902(ss); and

“(B) the State demonstrates to the satisfaction of the Secretary are attributable to administrative costs related to meeting such requirements; and

“(3) with respect to expenditures that are made by the State to determine whether individuals who are provided medical assistance for medicare cost-sharing under section 1902(a)(10)(E)(v)(II) remain eligible for such assistance after the period described in section 1902(ss).”.
SEC. 202. AUTHORITY TO AWARD MEDICAID HCBS GRANTS TO RESPOND TO THE COVID–19 PUBLIC HEALTH EMERGENCY.

(a) In General.—The Secretary is authorized to award grants to States in accordance with this section to enhance access to home and community-based services during the COVID–19 public health emergency period.

(b) Definitions.—In this section:

(1) COVID–19 public health emergency period.—The term “COVID–19 public health emergency period” means the portion of the emergency period defined in paragraph (1)(B) of section 1135(g) of the Social Security Act (42 U.S.C. 1320b–5(g)) beginning on or after the date of the enactment of this Act.

(2) Eligible individual.—The term “eligible individual” means an individual who is eligible for or enrolled for medical assistance under a State Medicaid program.

(3) Home and community-based services.—The term “home and community-based services” means, with respect to a State Medicaid program, home and community-based services (including home health and personal care services) that are provided under the State’s qualified HCBS program.
or that could be provided under such a program but
are otherwise provided under the Medicaid program.

(4) **Indian tribe.**—The term “Indian tribe”
means an Indian tribe, a tribal organization, or an
urban Indian organization (as such terms are de-

fined in section 4 of the Indian Health Care Im-

provement Act (25 U.S.C. 1603)), and includes a
tribal consortium of Indian tribes or tribal organiza-
tions (as so defined).

(5) **Medicaid program.**—The term “Medicaid
program” means, with respect to a State, the State
program under title XIX of the Social Security Act
(42 U.S.C. 1396 et seq.) (including any waiver or
demonstration under such title or under section
1115 of such Act (42 U.S.C. 1315) relating to such
title).

(6) **Secretary.**—The term “Secretary” means
the Secretary of Health and Human Services.

(7) **State.**—The term “State” has the mean-
ing given such term for purposes of title XIX of the
Social Security Act (42 U.S.C. 1396 et seq.).

(8) **Qualified HCBS program.**—The term
“qualified HCBS program” means a program pro-
viding home and community-based services operating
under a State Medicaid program, whether or not op-
erating under waiver authority.

(c) GRANTS TO STATES.—

(1) IN GENERAL.—During the COVID–19 pub-
lic health emergency period, the Secretary may
award grants to States with applications meeting the
requirements of paragraph (2).

(2) APPLICATION REQUIREMENTS.—A State
seeking a grant under this section shall submit an
application to the Secretary at such time, in such
form and manner, and containing such information
as the Secretary shall require.

(3) LIMITATIONS.—

(A) TERMINATION OF AUTHORITY.—The
Secretary shall not award any grants under this
section with respect to a State that submits an
application after the date that is 60 days after
the end of the COVID–19 public health emer-
gency period.

(B) USE OF FUNDS.—A State to which a
grant is made under this section shall only use
grant funds in accordance with subsection (d).

(C) MAINTENANCE OF STATE EFFORT.—
Federal funds paid to a State pursuant to this
section must be used to supplement, but not
supplant, the level of State funds expended for
home and community-based services for eligible
individuals programs in effect for such individ-
uals at the time the grant is awarded under
this section.

(4) Monthly Grant Payment Amounts.—

(A) In General.—Subject to paragraph
(5), the Secretary shall pay to each State that
is awarded a grant under this section, for each
month during the State’s grant period (as de-
defined in subparagraph (C)), an amount equal to
15 percent of the amount determined for the
State under subparagraph (B).

(B) Average Monthly HCBS Expendi-
tures.—The amount determined for a State
under this subparagraph is the amount equal
to—

(i) the sum of—

(I) the average annual amount of
State expenditures under title XIX of
the Social Security Act (42 U.S.C.
1396 et seq.) that are attributable to
providing medical assistance for home
and community-based services for the
3 most recent fiscal years for which data is available; and

(II) the average annual amount, if any, received by the State pursuant to an MFP demonstration project conducted under section 6071 of the Deficit Reduction Act of 2005 (42 U.S.C. 1396a note) for the 3 most recent fiscal years for which data is available; divided by

(ii) 12.

(C) GRANT PERIOD DEFINED.—In this paragraph, the term “grant period” means, with respect to a State, the period of months—

(i) beginning with the month in which the Secretary approves the State’s application for a grant under this section; and

(ii) ending with the 12th month that begins after the end of the COVID–19 public health emergency period.

(5) GRANTS TO INDIAN TRIBES.—

(A) IN GENERAL.—During the COVID–19 public health emergency period, the Secretary may award grants to an Indian tribe in the same manner, and subject to the same require-
ments, as apply to a State, except as otherwise provided in this paragraph.

(B) APPLICATION.—Any Indian tribe seeking a grant under this section shall submit to the Secretary an application that includes (in addition to any other information the Secretary shall require) an identification of the population and service area or areas to be served by the activities and programs that will be funded by the grant.

(C) MONTHLY GRANT PAYMENT AMOUNTS.—

(i) IN GENERAL.—The Secretary shall pay to each Indian tribe that is awarded a grant under this section, for each month during the tribe’s grant period (as defined in clause (iii)), an amount equal to 15 percent of the amount determined for the tribe under clause (ii).

(ii) TRIBAL SHARE OF MONTHLY HCBS EXPENDITURES.—The amount determined for an Indian tribe under this clause is equal to the—

(I) the total of the average annual amount of State expenditures
made by a State or States under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) that are attributable to providing medical assistance for home and community-based services to eligible individuals who reside in the service area or areas identified by the tribe pursuant to subparagraph (B) for the 3 most recent fiscal years for which data is available; divided by (II) 12.

(iii) GRANT PERIOD.—The term “grant period” has the same meaning with respect to an Indian tribe as the term has with respect to a State under paragraph (4)(C).

(D) REDUCTION OF STATE GRANT AMOUNTS.—If any State in which lies a service area or areas identified by an Indian tribe in a successful grant application pursuant to subparagraph (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
paragraph that is attributable to expenditures by the State.

(d) PERMISSIBLE USES OF FUNDS.—

(1) IN GENERAL.—A State to which a grant is made under this section may use grant funds—

(A) to work with community partners such as Area Agencies on Aging, Independent Living Centers, non-profit home and community based service providers, and other entities providing home and community-based services;

(B) during the COVID–19 public health emergency period, for the purposes described in paragraph (2); and

(C) after the end of such period, for the purposes described in paragraph (3).

(2) PERMISSIBLE USES DURING THE EMERGENCY PERIOD.—The purposes described in this paragraph for which a State may use grant funds awarded under this section are the following:

(A) To increase rates for home health and direct service worker agencies to provide home and community-based services under the State Medicaid program, provided that any agency or individual that receives payment under such an
increased rate increases the compensation it pays its home health or direct service workers.

(B) To provide paid sick leave, paid family leave, and paid medical leave for home health workers and direct service workers.

(C) To provide hazard pay, overtime pay, and shift differential pay for home health workers and direct service workers.

(D) To provide home and community-based services to eligible individuals who are on waiting lists for programs approved under sections 1115 or 1915 of the Social Security Act (42 U.S.C. 1315, 1396n).

(E) To purchase emergency supplies and equipment necessary to enhance access to services and to protect the health and well-being of home health workers and direct service workers.

(F) To pay for home health worker and direct service worker travel to conduct home and community-based services.

(G) To recruit new direct service workers and home health workers.

(H) To support family care providers of eligible individuals with needed supplies and equipment and pay.
(I) To pay for training for direct service workers and home health workers that is specific to the COVID–19 public health emergency.

(J) To pay for assistive technologies, staffing, and other costs incurred during the public health emergency in order to facility community integration and ensure an individual’s person-centered service plan continue to be fully implemented.

(K) To support direct service workers and home health workers going to nursing facilities, hospitals, institutions, and quarantine settings to provide services to eligible individuals who usually receive home and community-based services and have chosen to temporarily move to a more restrictive setting.

(L) To prepare information and public health and educational materials in accessible formats about prevention, treatment, recovery and other aspects of COVID–19 for eligible individuals, their families, and the general community served by home health and direct service agencies, including formats accessible to people with low literacy or intellectual disabilities.
(M) To pay for American sign language interpreters to assist in providing home and community-based services to eligible individuals and to inform the general public about COVID–19.

(N) To allow for day service providers to shift to providing home-based services.

(O) To pay for COVID–19 testing in home settings.

(P) To pay for other expenses deemed appropriate by the Secretary and which meet the criteria of the home and community-based settings rule.

(3) PERMISSIBLE USES AFTER THE EMERGENCY PERIOD.—The purpose described in this paragraph for which a State may use grant funds awarded under this section is to assist eligible individuals who had to relocate to a nursing facility or institutional setting from their homes during the COVID–19 public health emergency period in—

(A) moving back to their homes (including by paying for moving costs);

(B) resuming home and community-based services;

(C) receiving mental health services and necessary rehabilitative service to regain skills
lost while relocated during the public health emergency period; and

(D) continuing home and community-based services for eligible individuals who were served from a waiting list for such services during the public health emergency period.

(e) REPORTING REQUIREMENTS.—

(1) STATE REPORTING REQUIREMENTS.—Not later than 18 months after the end of the COVID–19 public health emergency period, any State that received a grant under this section shall submit a report to the Secretary that contains the following information:

(A) Activities and programs that were funded using grant amounts.

(B) The number of eligible individuals who were served by such activities and programs.

(C) The number of eligible individuals who were able to resume home and community-based services as a result of such activities and programs.

(2) HHS REPORT.—Not later than 18 months after the end of the COVID–19 public health emergency period, the Secretary shall issue a public summary of the grants awarded under this section.
(f) Appropriation.—

(1) In general.—Subject to paragraph (2), there are appropriated for fiscal year 2020 from any funds in the Treasury not otherwise appropriated such sums as are necessary to carry out this section, to remain available until expended.

(2) Availability of appropriations.—Amounts made available under paragraph (1) shall not be available for the awarding of grants to States that do not submit an application for such a grant before the date described in subsection (c)(3)(A).

(3) Unused grant funds.—A State that receives a grant under this section shall return to the Secretary any portion of such grant that is unused 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.