

PASS THE EMPOWER CARE ACT

EMPOWER Care Act Gets Individuals with Disabilities & Seniors Back Home

The Empower Care Act – a bipartisan bill introduced in the Senate (S. 2227) by Sens. Portman (R-OH) and Cantwell (D-WA) and in the House (H.R. 5306) by Congresspersons Guthrie (R-KY) and Dingell (D-MI) – 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. MFP has assisted more than 75,000 individuals move into a setting of their choice, and has helped 44 states improve access to community-based long term care, also known as “home and community-based services” (HCBS).

Time is running out: MFP funding to help people transition ends this year

Unfortunately, the MFP program expired in 2016. States can use their remaining grant funding through 2020, but have already had to scale back their programs by approximately 40%. **Without additional funding, every state will stop transitioning new individuals this year.** This will kill momentum to help individuals to transition from institutions back into the community care setting of their choice. *The EMPOWER Care Act resolves that by reauthorizing the program through 2022.* We must act now to extend this important program before funding runs out entirely and the programs that thoughtfully transitioned individuals back to the community are completely dismantled.

MFP Enhances Opportunities to Live Independently and Age with Dignity

Medicaid requires states to provide care in nursing homes, but HCBS is optional. MFP incentivizes investment in HCBS by providing federal funding for transitional services for individuals who wish to leave a nursing home or other institution. Thanks to MFP, over 75,000 seniors and people with chronic conditions and disabilities and have transitioned back into the community through 2015.

MFP Rebalancing Demonstration is a Success Story that Improves Quality of Life

At the end of 2015, nearly all states had an MFP demonstration. In a 2017 evaluation, the Centers for Medicare and Medicaid Services (CMS) found strong evidence that beneficiaries' quality of life improves when they transition from institutional long-term care to HCBS. 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 long term care in the home costs less than institutional care. Average monthly expenses for MFP participants declined by \$1,840 (23 percent) in the first year after transitioning from a nursing home to HCBS. 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 EMPOWER Care Act Makes Improvements to the MFP Program

The EMPOWER Care Act improves MFP by reducing how long someone must be in a nursing home before becoming eligible to transition from 90 days to 60. (The longer someone remains in a nursing home, the harder it can be for them to transition out.) The bill also enhances the reporting and accountability of MFP funding and requires the federal government to identify and share the most effective state strategies for transitioning beneficiaries from institutional to qualified community settings, including how such strategies vary for different types of beneficiaries.