

Project 2020 Provisions in Health Reform

The following is a description of the provisions in the *America's Healthy Future Act* (which is Chairman Baucus's health reform bill that will be amended by the Senate Finance Committee this week) that relate to the three parts of *Project 2020*, S. 1257. It also outlines how Senator Cantwell's six amendments would improve the mark.

Single Entry Point / Aging and Disability Resource Centers

Senate Finance Committee Chairman Baucus's bill—or “mark”—is titled “America's Healthy Future Act” and includes \$50 million over five years in funding for ADRCs.

- Cantwell amendment #284 increases the authorized funding for ADRCs to \$727 million over 10 years, which means it is still subject to the appropriations process—like the OAA—in order to get funding. This includes funding for evaluation and technical assistance.
- Cantwell amendment #285 adds mandatory funding of \$727 million over 10 years as outlined in S. 1257 (Project 2020) for ADRCs without the need to go through the appropriations process. This includes funding for evaluation and technical assistance. The amendment includes an offset and is budget neutral.

The preferred amendment #285 states:

Title: Provide mandatory funding to allow for full national implementation of Aging and Disability Resource Centers (ADRC).

Description: The amendment modifies the Aging and Disability Resource Center (ADRC) section in the Chairman's Mark to provide mandatory funding for ADRCs. The funding totals \$727 million for the years 2010 through 2020 years. This funding expands the Mark's current proposal to allow for full national implementation of the ADRC pilot project.

ADRCs are model tested and proven demonstration projects under the Administration on Aging (AoA) and the Centers for Medicare and Medicaid (CMS). The amendment modifies the Mark to reflect current policy and ensure that the Secretary of Health and Human Services has the authority and resources to make grants to the states for ADRCs through the Administration on Aging, which administers the program. Demonstrations have achieved savings by diverting Medicaid eligible clients who qualify for institutional care to the Medicaid home and community based service (HCBS) waivers.

The amendment reflects Subtitle A of S. 1217, Project 2020: Building on the Promise of Home and Community-Based Services Act of 2009.

Evidence-Based Disease Prevention and Health Promotion

The Mark includes \$200 million in funding for the Secretary of HHS to create an initiative to provide incentives to Medicare beneficiaries and states to create incentives to Medicaid beneficiaries who successfully complete “healthy lifestyle programs.” “Programs would target the following risk factors: high blood pressure, high cholesterol; tobacco use, overweight or obesity, diabetes and falls.”

- Cantwell amendment #286 would authorize funding in the amount of \$1.14 billion over 10 years for the full roll out of evidence-based health promotion and disease prevention programs outlined in *Project 2020*, but funding would be subject to the appropriations process like OAA. This includes funding for evaluation and technical assistance.
- Cantwell amendment #287 would provide mandatory funding of \$1.14 billion over 10 years as outlined in S. 1257 (*Project 2020*) for the evidence-based health promotion and disease prevention programs outlined in *Project 2020*. It is not subject to the appropriations process. This includes funding for evaluation and technical assistance. The amendment includes an offset and is budget neutral.

The preferred amendment #287 states:

Title: *Provide for mandatory funding for national implementation of evidence-based wellness and disease prevention programs for older Americans to reduce the necessity of institutional care.*

Description: *The amendment would provide \$1.14 billion over 10 years in mandatory funding to allow full implementation of demonstration projects currently authorized under the Older Americans Act. Wellness promotion and disease prevention programs are cost-effective, non-clinical programs. Currently, 26 Centers for Disease Control and Prevention approved pilot projects are operating across the nation. States that have piloted these programs see documented savings by helping participants avoid hospitalizations and unnecessary physician visits. Workforce training is provided to ensure the various evidence-based programs have sufficient staff. Under this amendment, all states would be eligible to receive funding for programs of this type.*

The amendment reflects Subtitle B of S. 1217, Project 2020: Building on the Promise of Home and Community-Based Services Act of 2009.



PROJECT 2020

Building on the Promise of Home
and Community-Based Services



Nursing Home Diversion

The Chairman's Mark does not include a nursing home diversion program as outlined in *Project 2020*. However, it does reauthorize and provide funding for Money Follows the Person.

- Cantwell amendment #288 would authorize funding in the amount of \$11.49 billion over 10 years through the Aging Services Network for a non-Medicaid nursing home diversion program as outlined in S. 1257 (*Project 2020*). This includes funding for evaluation and technical assistance. Funding would be subject to the appropriations process like OAA funding.
- Cantwell amendment #289 would provide mandatory funding in the amount of \$11.49 billion over 10 years through the Aging Services Network for a non-Medicaid nursing home diversion program as outlined in S. 1257 (*Project 2020*) so that spend down to Medicaid and entry into the nursing home is prevented or delayed on the front end. This includes funding for evaluation and technical assistance. The amendment includes an offset and is budget neutral. Funding would not be subject to the appropriations process.

The preferred amendment #289 states:

Title: National implementation of current Administration on Aging (AoA) and Centers for Medicare and Medicaid Services (CMS) nursing home diversion projects.

Description: The amendment provides for \$11.49 billion over 10 years in mandatory funding to nationally implement current non-Medicaid nursing home diversion projects which prevent institutionalization and asset spend down to Medicaid eligibility. These programs prevent impoverishment and provide for a consumer-directed option allowing consumers to purchase services and supports that help them to remain independent. Such services including homemaker support, assistive technology, and minor adaptive and rehabilitative home repairs.

The amendment reflects Subtitle C of S. 1217, Project 2020: Building on the Promise of Home and Community-Based Services Act of 2009.