

106TH CONGRESS
2^D SESSION

H. R. 4416

To amend title XIX of the Social Security Act to provide for coverage of community-based attendant services and supports under the Medicaid Program.

IN THE HOUSE OF REPRESENTATIVES

MAY 10, 2000

Mr. DAVIS of Illinois introduced the following bill; which was referred to the Committee on Commerce

A BILL

To amend title XIX of the Social Security Act to provide for coverage of community-based attendant services and supports under the Medicaid Program.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Medicaid Community
5 Attendant Services and Supports Act of 2000”.

6 **SEC. 2. STATEMENT OF FINDINGS, PURPOSES, AND POLICY.**

7 (a) FINDINGS.—The Congress finds the following:

8 (1) Many studies have found that an over-
9 whelming majority of individuals with disabilities

1 needing long-term services and supports would pre-
2 fer to receive them in home and community-based
3 settings rather than in institutions. However, re-
4 search on the provision of long-term services and
5 supports under the Medicaid program (conducted by
6 and on behalf of the Department of Health and
7 Human Services) has revealed a significant bias to-
8 ward funding these services in institutional rather
9 than home and community-based settings. The ex-
10 tent of this bias is indicated by the fact that sev-
11 enty-five percent of Medicaid funds for long-term
12 services and supports are expended in nursing homes
13 and intermediate care facilities for the mentally re-
14 tarded while approximately twenty-five percent pays
15 for services in home and community-based settings.

16 (2) Because of this bias, significant numbers of
17 individuals with disabilities of all ages who would
18 prefer to live in the community and could do so with
19 community attendant services and supports, are
20 forced to live in unnecessarily segregated institu-
21 tional settings if they want to receive needed services
22 and supports. Benefit packages provided in these
23 settings are medically-oriented and constitute bar-
24 riers to the receipt of the types of services individ-
25 uals need and want. Decisions regarding the provi-

1 sion of services and supports are too often influ-
2 enced by what is reimbursable rather than what in-
3 dividuals need and want.

4 (3) There is a growing recognition that dis-
5 ability is a natural part of the human experience
6 that in no way diminishes a person's right to—

7 (A) live independently;

8 (B) enjoy self-determination;

9 (C) make choices;

10 (D) contribute to society; and

11 (E) enjoy full inclusion and integration in
12 the mainstream of American society.

13 (4) Long-term services and supports provided
14 under the Medicaid program must meet the evolving
15 and changing needs and preferences of individuals
16 with disabilities, including the preference of living
17 within one's own home or living with one's own fam-
18 ily and becoming productive members of the commu-
19 nity.

20 (5) The goals of the Nation properly include
21 providing individuals with disabilities with—

22 (A) meaningful choice of receiving long-
23 term services and supports in the most inte-
24 grated setting appropriate;

1 (B) the greatest possible control over the
2 services received; and

3 (C) quality services that maximize social
4 functioning in the home and community.

5 (b) PURPOSES.—The purposes of this Act are as fol-
6 lows:

7 (1) to provide that States shall offer community
8 attendant services and supports for eligible individ-
9 uals with disabilities, and

10 (2) to provide financial assistance to the States
11 to support systems change initiatives designed to as-
12 sist each State to develop and enhance a comprehen-
13 sive consumer-responsive statewide system of long-
14 term services and supports that provides real con-
15 sumer choice and direction consistent with the prin-
16 ciple that services and supports are provided in the
17 most integrated setting appropriate to meeting the
18 unique needs of the individual.

19 (c) POLICY.—It is the policy of the United States
20 that all programs, projects, and activities receiving assist-
21 ance under this Act shall be carried out in a manner con-
22 sistent with the following principles:

23 (1) Individuals with disabilities, or, as appro-
24 priate, their representatives, must be empowered to
25 exercise real choice in selecting long-term services

1 and supports that are of high quality, are cost-effective
2 tive and meet the unique needs of the individual in
3 the most integrated setting appropriate;

4 (2) No person should be forced into an institu-
5 tion to receive services that can be effectively and ef-
6 ficiently delivered in the home or community;

7 (3) Federal and State policies, practices, and
8 procedures should facilitate and be responsive to, not
9 impede, an individual's choice; and

10 (4) Individuals and their families receiving
11 long-term services and supports must be involved in
12 decision-making about their own care and be pro-
13 vided with sufficient information to make informed
14 choices.

15 **SEC. 3. COVERAGE OF COMMUNITY ATTENDANT SERVICES**
16 **AND SUPPORTS UNDER THE MEDICAID PRO-**
17 **GRAM.**

18 (a) **REQUIRING COVERAGE FOR INDIVIDUALS ENTI-**
19 **TLED TO NURSING FACILITY SERVICES OR ELIGIBLE FOR**
20 **INTERMEDIATE CARE FACILITY SERVICES FOR THE MEN-**
21 **TALLY RETARDED.—**

22 (1) Section 1902(a)(10)(D) of the Social Secu-
23 rity Act (42 U.S.C. 1396a(a)(10)(D)) is amended—

24 (A) by inserting “(i)” after “(D)”, and

25 (B) by adding at the end the following:

1 “(ii) subject to section 1935(b), for
2 the inclusion of community attendant serv-
3 ices and supports for any individual who,
4 under the State plan, has a level of sever-
5 ity of physical or mental impairment that
6 entitles such individual to nursing facility
7 services or qualifies an individual to inter-
8 mediate care facility services for the men-
9 tally retarded and who requires such com-
10 munity attendant services and supports
11 based on functional need and without re-
12 gard to age or disability;”.

13 (2) Section 1902(a)(10)(A) of the Social Secu-
14 rity Act (42 U.S.C. 1396a(a)(10)(A)) is amended by
15 striking “(17) and (21)” and inserting “(17), (21),
16 and (27)”.

17 (b) MEDICAID COVERAGE OF COMMUNITY ATTEND-
18 ANT SERVICES AND SUPPORTS.—

19 (1) IN GENERAL.—Title XIX of the Social Se-
20 curity Act is amended—

21 (A) by redesignating section 1935 as sec-
22 tion 1936, and

23 (B) by inserting after section 1934 the fol-
24 lowing new section:

1 “COVERAGE OF COMMUNITY ATTENDANT SERVICES AND
2 SUPPORTS

3 “SEC. 1935. (a) COMMUNITY ATTENDANT SERVICES
4 AND SUPPORTS DEFINED.—

5 “(1) IN GENERAL.—In this title, the term ‘com-
6 munity attendant services and supports’ means at-
7 tendant services and supports furnished to an indi-
8 vidual, as needed, to assist in accomplishing activi-
9 ties of daily living, instrumental activities of daily
10 living, and health-related functions through any (or
11 all) of hands-on assistance, supervision, and
12 cueing—

13 “(A) under a plan of services and supports
14 that is based on an assessment of functional
15 need and that is agreed to by the individual or,
16 as appropriate, the individual’s representative;

17 “(B) in a home or community setting,
18 which may include a school, workplace, or recre-
19 ation or religious facility, but does not include
20 a nursing facility, an intermediate care facility
21 for the mentally retarded, or other large con-
22 gregate setting;

23 “(C) under an agency-provider model and
24 other models (as defined in paragraph (5)); and

1 “(D) the furnishing of which is selected,
2 managed, and dismissed by the individual or, as
3 appropriate, with assistance from the individ-
4 ual’s representative.

5 “(2) ATTENDANT SERVICES AND SUPPORTS IN-
6 CLUDED.—Such term includes—

7 “(A) tasks necessary to assist an individual
8 in accomplishing activities of daily living, in-
9 strumental activities of daily living, and health-
10 related functions;

11 “(B) acquisition, maintenance, and en-
12 hancement of skills necessary for the individual
13 to accomplish activities of daily living, instru-
14 mental activities of daily living, and health-re-
15 lated functions;

16 “(C) back-up systems or mechanisms (such
17 as the use of beepers) to ensure continuity of
18 services and supports; and

19 “(D) voluntary training for the individual
20 on how to select, manage, and dismiss attend-
21 ants.

22 “(3) EXCLUDED SERVICES AND SUPPORTS.—
23 Subject to paragraph (4), such term does not
24 include—

1 “(A) provision of room and board for the
2 individual;

3 “(B) special education and related services
4 provided under the Individuals with Disabilities
5 Education Act and vocational rehabilitation
6 services provided under the Rehabilitation Act
7 of 1973;

8 “(C) assistive technology devices and as-
9 sistive technology services;

10 “(D) durable medical equipment; and

11 “(E) home modifications.

12 “(4) FLEXIBILITY IN TRANSITION TO COMMU-
13 NITY-BASED HOME SETTING.—Such term may in-
14 clude expenditures for transitional costs, such as
15 rent and utility deposits, first month’s rent and utili-
16 ties, bedding, basic kitchen supplies, accessibility
17 modifications, and other necessities required for an
18 individual to make the transition from a nursing fa-
19 cility or intermediate care facility for the mentally
20 retarded to a community-based home setting where
21 the person resides.

22 “(5) DEFINITIONS.—In this section:

23 “(A) The term ‘activities of daily living’ in-
24 cludes eating, toileting, grooming, dressing,
25 bathing, and transferring.

1 “(B) The term ‘instrumental activities of
2 daily living’ includes meal planning and prepa-
3 ration, managing finances, shopping for food,
4 clothing, and other essential items, performing
5 essential household chores, communicating by
6 phone and other media, and getting around and
7 participating in the community.

8 “(C) The term ‘health-related functions’
9 means functions that can be delegated or as-
10 signed by licensed health-care professional
11 under State law to be performed by an attend-
12 ant.

13 “(D) The term ‘individual’s representative’
14 means a parent, a family member, a guardian,
15 an advocate, or an authorized representative of
16 an individual.

17 “(E) The term ‘consumer-directed’ means
18 methods of providing services and supports that
19 allow the individual, or where appropriate the
20 individual’s representative, maximum control of
21 the community attendant services and supports,
22 regardless of who acts as the employer of
23 record.

24 “(b) LIMITATION ON AMOUNTS OF EXPENDITURES
25 UNDER THIS TITLE.—In carrying out section

1 1902(a)(10)(D)(ii), a State shall permit an individual who
2 has a level of severity of physical or mental impairment
3 that entitles such individual to medical assistance with re-
4 spect to nursing facility services or qualifies an individual
5 for intermediate care facility services for the mentally re-
6 tarded to choose to receive medical assistance for commu-
7 nity-based attendant services and supports (rather than
8 medical assistance for such institutional services and sup-
9 ports), in the most integrated setting appropriate to the
10 needs of the individual, so long as the aggregate amount
11 of the Federal expenditures for such individuals in a fiscal
12 year does not exceed the total that would have been ex-
13 pended for such individuals to receive such institutional
14 services and supports in the year.

15 “(c) MAINTENANCE OF EFFORT REQUIREMENT.—
16 With respect to a fiscal year quarter, no Federal funds
17 may be paid to a State for medical assistance provided
18 to individuals described in section 1902(a)(10)(D)(ii) for
19 such fiscal year quarter if the Secretary determines that
20 the total of the State expenditures for programs to enable
21 such individuals with disabilities to receive community-
22 based attendant services and supports under other provi-
23 sions of this title for the preceding fiscal year quarter is
24 less than the total of such expenditures for the same fiscal
25 year quarter of the preceding fiscal year.

1 “(d) DELIVERY MODELS.—For purposes of this sec-
2 tion:

3 “(1) AGENCY-PROVIDER MODEL.—The term
4 ‘agency-provider model’ means, with respect to the
5 provision of community attendant services and sup-
6 ports for an individual, a method of providing con-
7 sumer-directed services and supports under which
8 entities contract for the provision of such services
9 and supports.

10 “(2) OTHER MODELS.—The term ‘other models’
11 means methods, other than an agency-provider
12 model, for provision of consumer-directed services
13 and supports. Such models may include the provi-
14 sion of vouchers, direct cash payments, or use of a
15 fiscal agent to assist in obtaining services.

16 “(e) STATE QUALITY ASSURANCE PROGRAM.—A
17 State shall, in order to continue to receive Federal finan-
18 cial participation for providing services and supports
19 under this section, be required to, at a minimum, establish
20 and maintain a quality assurance program that provides
21 the following:

22 “(1) The State shall establish requirements, as
23 appropriate for agency-based and other models,
24 including—

1 “(A) minimum qualifications and training
2 requirements, as appropriate for agency-based
3 and other models;

4 “(B) financial operating standards; and

5 “(C) an appeals procedure for eligibility
6 denials and a procedure for resolving disagree-
7 ments over the terms of an individualized plan.

8 “(2) The State shall modify its quality assur-
9 ance program, where appropriate, to maximize con-
10 sumer independence and consumer direction in both
11 agency-provided and other models.

12 “(3) The State shall provide a system that pro-
13 vides for the external monitoring of the quality of
14 services by entities consisting of consumers and their
15 representatives, disability organizations, providers,
16 family, members of the community, and others.

17 “(4) The State shall provide ongoing moni-
18 toring of the health and well-being of each recipient.

19 “(5) The State shall require that quality assur-
20 ance mechanisms appropriate for the individual
21 should be included in the individual’s written plan.

22 “(6) The State shall establish a process for re-
23 porting, investigation, and resolution of allegations
24 of neglect, abuse, or exploitation.

1 “(7) The State shall obtain meaningful con-
2 sumer input, including consumer surveys, that meas-
3 ure the extent to which participants receive the serv-
4 ices and supports described in the individual plan
5 and participant satisfaction with such services and
6 supports.

7 “(8) The State shall make available to the pub-
8 lic the findings of the quality assurance program.

9 “(9) The State shall establish an on-going pub-
10 lic process for development, implementation, and re-
11 view of the State’s quality assurance program as de-
12 scribed in this subparagraph.

13 “(10) The State shall develop sanctions.

14 “(f) FEDERAL ROLE IN QUALITY ASSURANCE.—The
15 Secretary shall conduct a periodic sample review of out-
16 comes for individuals based upon the individual’s plan of
17 support and based upon the quality assurance program of
18 the state plan. The Secretary may conduct targeted re-
19 views upon receipt of allegations of neglect, abuse, or ex-
20 ploitation. The Secretary shall develop guidelines for
21 states to use in developing sanctions.

22 “(g) ELIGIBILITY.—Effective January 1, 2001, a
23 State may not exercise the option of coverage of individ-
24 uals under section 1902(a)(10)(A)(ii)(V) without pro-
25 viding coverage under section 1902(a)(10)(A)(ii)(VI).

1 “(h) REPORT ON IMPACT OF SECTION.—The Sec-
2 retary shall submit to Congress periodic reports on the
3 impact of this section on beneficiaries, States, and the
4 Federal Government.”.

5 (c) COVERAGE AS MEDICAL ASSISTANCE.—

6 (1) IN GENERAL.—Section 1905(a) of such Act
7 (42 U.S.C. 1396d) is amended—

8 (A) by striking “and” at the end of para-
9 graph (26),

10 (B) by redesignating paragraph (27) as
11 paragraph (28), and

12 (C) by inserting after paragraph (26) the
13 following new paragraph:

14 “(27) community attendant services and sup-
15 ports (to the extent allowed and as defined in section
16 1935); and”.

17 (2) ELIGIBILITY CLASSIFICATIONS.—Section
18 1902(a)(10)(A)(ii)(VI) of such Act (42 U.S.C.
19 1396a(a)(10)(A)(ii)(VI)) is amended by inserting
20 “or community attendant services and supports”
21 after “section 1915” each place it appears.

22 (3) CONFORMING AMENDMENT.—Section
23 1902(a)(10)(C)(iv) of such Act (42 U.S.C.
24 1396a(a)(10)(C)(iv)) is amended by striking “(24)”
25 and inserting “(27)”.

1 **SEC. 4. GRANTS TO DEVELOP AND ESTABLISH REAL**
2 **CHOICE SYSTEMS CHANGE INITIATIVES.**

3 (a) ESTABLISHMENT.—

4 (1) IN GENERAL.—The Secretary of Health and
5 Human Services (in this section referred to as the
6 “Secretary”) shall award grants described in sub-
7 section (b) to States to support real choice systems
8 change initiatives that establish specific actions steps
9 and specific timetables to provide consumer-respon-
10 sive long term services and supports to eligible indi-
11 viduals in the most integrated setting appropriate
12 based on the unique strengths and needs of the indi-
13 vidual and the priorities and concerns of the indi-
14 vidual (or, as appropriate, the individual’s represent-
15 ative). A State may submit an application for a
16 grant authorized under this section at such time, in
17 such manner, and containing such information as
18 the Secretary may determine. The application shall
19 be jointly developed and signed by the designated
20 state official and the chairperson of the task force
21 described in subsection (d), acting on behalf of and
22 at the direction of the task force.

23 (2) DEFINITION OF STATE.—In this section,
24 the term “State” means each of the 50 States, the
25 District of Columbia, Puerto Rico, Guam, the
26 United States Virgin Islands, American Samoa, and

1 the Commonwealth of the Northern Mariana Is-
2 lands.

3 (b) GRANTS FOR REAL CHOICE SYSTEMS CHANGE
4 INITIATIVES.—

5 (1) IN GENERAL.—Out of the funds appro-
6 priated under subsection (f), the Secretary shall
7 award grants to States to—

8 (A) support the establishment, implemen-
9 tation, and operation of the State real choice
10 systems change initiatives described in sub-
11 section (a); and

12 (B) conduct outreach campaigns regarding
13 the existence of such initiatives.

14 (2) DETERMINATION OF AWARDS; STATE AL-
15 LOTMENTS.—The Secretary shall provide a formula
16 for the distribution of the total amount of the allot-
17 ments provided in each fiscal year under subpara-
18 graph (A) among States. Such formula shall give
19 preference to States that have a relatively higher
20 proportion of long-term services and supports fur-
21 nished to individuals in an institutional setting but
22 who have a plan described in an application sub-
23 mitted under subsection (a).

24 (c) AUTHORIZED ACTIVITIES.—Any State that re-
25 ceives a grant under this section shall use the funds made

1 available through the grant to accomplish the purposes de-
2 scribed in subsection (a) and, in accomplishing such pur-
3 poses, may carry out any of the following systems change
4 activities:

5 (1) NEEDS ASSESSMENT AND DATA GATH-
6 ERING.—The State may use funds to conduct a
7 statewide needs assessment that may be based on
8 data in existence on the date on which the assess-
9 ment is initiated and may include information about
10 the number of persons within the State who are re-
11 ceiving long term services and supports in unneces-
12 sarily segregated settings, the nature and extent to
13 which current programs respond to the preferences
14 of individuals with disabilities to receive services in
15 home and community-based settings as well as in in-
16 stitutional settings, and the expected change in de-
17 mand for services provided in home and community
18 settings as well as institutional settings.

19 (2) INSTITUTIONAL BIAS.—The State may use
20 funds to identify, develop and implement strategies
21 for modifying policies, practices, and procedures that
22 unnecessarily bias the provision of long-term services
23 and supports toward institutional settings and away
24 from home and community based setting, including
25 policies, practices and procedures governing

1 statewideness, comparability in amount, scope and
2 duration of services, financial eligibility, individual-
3 ized functional assessments and screenings (includ-
4 ing individual and family involvement), and knowl-
5 edge about service options.

6 (3) OVER MEDICALIZATION OF SERVICES.—The
7 State may use funds to identify, develop, and imple-
8 ment strategies for modifying policies, practices, and
9 procedures that unnecessarily bias the provision of
10 long term services and supports by health care pro-
11 fessionals to the extent that quality services and
12 supports can be provided by other qualified individ-
13 uals, including policies, practices, and procedures
14 governing service authorization, case management
15 and service coordination, service delivery options,
16 quality controls, and supervision and training.

17 (4) INTERAGENCY COORDINATION; SINGLE
18 POINT OF ENTRY.—The State may support activities
19 to identify and coordinate Federal and State poli-
20 cies, resources, and services, relating to the provision
21 of long term services and supports, including the
22 convening of interagency work groups and the enter-
23 ing into of interagency agreements that provide for
24 a single point of entry and the design and implemen-
25 tation of coordinated screening and assessment sys-

1 tem for all persons eligible for long term services
2 and supports.

3 (5) TRAINING AND TECHNICAL ASSISTANCE.—

4 The State may carry out directly, or may provide
5 support to a public or private entity to carry out
6 training and technical assistance activities that are
7 provided for individuals with disabilities, as appro-
8 priate, their representatives, attendants and per-
9 sonnel (including professionals, paraprofessionals,
10 volunteers, and other members of the community).

11 (6) PUBLIC AWARENESS.—The State may sup-

12 port a public awareness program design to provide
13 information relating to the availability of choices in-
14 dividuals with disabilities may select for receiving
15 long term services and support in the most inte-
16 grated setting appropriate.

17 (7) DOWNSIZING OF LARGE INSTITUTIONS.—

18 The State may use funds to support the per capita
19 increased fixed costs in institutional settings directly
20 related to the movement of individuals with disabil-
21 ities out of a specific facility into community-based
22 settings.

23 (8) TRANSITIONAL COSTS.—The State may use

24 funds to provide transitional costs described in sec-

1 tion 1935(a)(4) of the Social Security Act, as added
2 by section 3(b) of this Act.

3 (9) TASK FORCE.—The State may use these
4 funds to support the operation of the task force de-
5 scribed in subsection (d).

6 (10) DEMONSTRATIONS OF NEW AP-
7 PROACHES.—The State may use funds to conduct,
8 on a time-limited basis, the demonstration of new
9 approaches to accomplishing the purposes described
10 in subsection (a).

11 (11) OTHER ACTIVITIES.—The State may uti-
12 lize amounts made available through grants made
13 under subsection (b) for any systems change activi-
14 ties other than the activities described in another
15 paragraph of this subsection, that are necessary for
16 developing, implementing, or evaluating the com-
17 prehensive statewide system of long term services
18 and supports.

19 (d) CONSUMER TASK FORCE.—

20 (1) ESTABLISHMENT AND DUTIES.—To be eli-
21 gible to receive financial assistance under this sec-
22 tion, each State shall establish a task force to assist
23 the State in the development, implementation, and
24 evaluation of real choice systems change initiative.

1 (2) APPOINTMENT.—Members of the task force
2 shall be appointed by the Governor. The Governor
3 shall select members after soliciting recommenda-
4 tions from representatives of organizations rep-
5 resenting a broad range of individuals with disabil-
6 ities and organizations interested in individuals with
7 disabilities.

8 (3) COMPOSITION.—

9 (A) The task force shall represent a broad
10 range of individuals with disabilities from di-
11 verse backgrounds and shall include representa-
12 tives from Developmental Disabilities Councils,
13 State Independent Living Councils, Commis-
14 sions on Aging, organizations that provide serv-
15 ices to individuals with disabilities and con-
16 sumers of long-term services and supports.

17 (B) A majority of task force members shall
18 be individuals with disabilities or their rep-
19 resentatives.

20 (C) The task force shall not include em-
21 ployees of any State agency providing services
22 to individuals with disabilities other than em-
23 ployees of agencies described in the Develop-
24 mental Disabilities Assistance and Bill of
25 Rights Act.

1 (e) AVAILABILITY OF FUNDS.—

2 (1) FUNDS ALLOCATED TO STATES.—Funds al-
3 located to a State under a grant made under this
4 section for a fiscal year shall remain available until
5 expended.

6 (2) FUNDS NOT ALLOCATED TO STATES.—
7 Funds not allocated to States in the fiscal year for
8 which they are appropriated shall remain available
9 in succeeding fiscal years for allocation by the Sec-
10 retary using the allocation formula established by
11 the Secretary under subsection (b)(2).

12 (f) ANNUAL REPORT.—A State that receives a grant
13 under this section shall submit an annual report to the
14 Secretary on the use of funds provided under the grant.
15 Each report shall include the percentage increase in the
16 number of eligible individuals in the State who receive long
17 term services and supports in the most integrated setting
18 appropriate, including through community attendant serv-
19 ices and supports and other community-based settings.

20 (g) APPROPRIATION.—Out of any funds in the Treas-
21 ury not otherwise appropriated, there is authorized to be
22 appropriated and there is appropriated to make grants
23 under this section—

24 (1) for fiscal year 2001, \$25,000,000; and

1 (2) for each of fiscal years 2002 through 2010,
2 such amounts as may be appropriate.

3 **SEC. 5. STATE OPTION FOR ELIGIBILITY FOR INDIVIDUALS.**

4 (a) IN GENERAL.—Section 1903(f) of the Social Se-
5 curity Act (42 U.S.C. 1396b(f)) is amended—

6 (1) in paragraph (4)(C), by inserting “, subject
7 to paragraph (5),” after “does not exceed”; and

8 (2) by adding at the end the following:

9 “(5)(A) A State may waive the income, resources,
10 and deeming limitations described in paragraph (4)(C) in
11 such cases as the State finds the potential for employment
12 opportunities would be enhanced through the provision of
13 such services.

14 “(B) In the case of an individual who is made eligible
15 for medical assistance because of subparagraph (A), not-
16 withstanding section 1916(b), the State may impose a pre-
17 mium based on a sliding scale relating to income.”.

18 (b) EFFECTIVE DATE.—The amendments made by
19 subsection (a) shall apply to medical assistance provided
20 for items and services furnished on or after January 1,
21 2001.

22 **SEC. 6. REVIEW OF, AND REPORT ON, REGULATIONS.**

23 The National Council on Disability established under
24 title IV of the Rehabilitation Act of 1973 shall review ex-
25 isting regulations under title XIX of the Social Security

1 Act insofar as they regulate the provision of home health
2 services, personal care services, and other services in home
3 and community-based settings. The Secretary of Health
4 and Human Services shall submit to Congress a report
5 on how excessive utilization of medical services can be re-
6 duced under such title by using community attendant serv-
7 ices and supports.

8 **SEC. 7. TASK FORCE ON FINANCING OF LONG-TERM CARE**
9 **SERVICES.**

10 The Secretary of Health and Human Services shall
11 establish a task force to examine appropriate methods for
12 financing long-term services and supports. Such task force
13 shall include significant representation of individuals (and
14 representatives of individuals) who receive such services
15 and supports.

○