

Disaster Relief Medicaid Act (DRMA)

S.1754 & H.R.3215

74 million people in the United States depend on Medicaid for health care and key supports that enable them to live in their communities.

The Problem: During a disaster, Medicaid enrollees, forced to evacuate across state and service boundaries, risk losing critical health care services and independence.

- They must reapply for Medicaid services in the new state.
- Medicaid services are interrupted during the application process.
- The application process can take months, especially if disability and medical documentation were lost in the disaster.

Without Medicaid services, disaster-impacted people with disabilities and older adults are at increased risk of deteriorating health and being sent to nursing homes or hospitals, in violation of their civil rights.

The Disaster Relief Medicaid Act:

Cuts through “Red tape” to prevent interruption in Medicaid Services: An individual enrolled in Medicaid at the time of evacuation is a “Relief Eligible Survivor.” When they cross state or service boundaries, they complete a one-page application form to continue their Medicaid Services.

Verification process: States verify eligibility, but there is no interruption in services during this process. In a determination of fraud, the individual is penalized and held liable for any received service expenses.

Limited Time: The Relief Coverage Period begins on the date of the disaster declaration and lasts for two years.

100% Federal Match: To help states respond in a timely way to increased demands for Medical services after a disaster.

Grants for Home and Community Based Services (HCBS) Emergency Corps: 5 states may receive grants to establish an emergency corps to provide HCBS.

Fulfills Legal Rights: Consistent with the Supreme Court Olmstead Decision determination that Individuals have a right to HCBS enabling them to continue to live independently in their communities. This applies during disasters.

Cost Effective: Community and Home Based Services cost significantly less than nursing homes and hospitalization.