



Capitol News!

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Special Edition: President's Budget

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Dear NASHIA Member,

On Monday, President Obama released his fiscal year (FY) 2016 budget proposing to reverse sequestration cuts in many programs areas and to increase funding in other areas. The President recommended level funding for the Federal TBI Grant Program providing grants to States and state P&A's administered by the Health Resources and Services Administration (HRSA). (TBI stakeholders are pushing to move this program to the Administration for Community Living (ACL) to maximize services and resources with regard to other disability and aging programs administered by that Administration.)

Among the proposals include additional funding for the BRAIN Initiative; additional funding for the National Center on Injury Prevention and Control (NCIPC) to implement a system of concussion surveillance; funding to launch a Precision Medicine initiative; increased funding for special education; and a new Family Support Initiative to be administered by the ACL to help families who are supporting a family member with a disability or an older adult.

The brief, [*Middle Class Economics: Expanding Opportunities for People with Disabilities*](#), outlines how the President's Budget works toward extending the Money Follows the Person Rebalancing demonstration and expanding eligibility for the Community First Choice and 1915 (I) HCBS State plan options. Additionally, the Budget addresses transition for youth with disabilities, improvements to the VR system, access to home and community-based (HCBS) long term services and supports (LTSS) through Aging and Disability Resource Centers (ADRCs), HUD Section 811 expansion, and new transit investments.

Yesterday, the White House Domestic Policy Council and the *Curb Cuts to the Middle Class Initiative* hosted the White House Summit on Disability and Employment. The Summit provided businesses, philanthropies, and disability advocates with information about new and existing Federal resources designed to help employers hire more individuals with disabilities.

President's FY 2016 Budget

The President's budget is the first step in the appropriations process and is referred to the House/Senate Budget Committees and the Congressional Budget Office (CBO). The House and the Senate then propose budget resolutions that set targets for spending and tax revenue along with any policies that will need to move through reconciliation. Based on the budget bills, the House and Senate appropriations committee divide the discretionary spending available among the twelve appropriations bills to fund federal government beginning October 1, 2015. Discretionary spending refers to appropriated funding as opposed to mandatory entitlement programs. Budget highlights are as follows:

Department of Health and Human Services (HHS)

The President's FY 2016 Budget provides \$83.8 billion in discretionary funding for the Department of Health and Human Services (HHS) to help make coverage affordable, drive down long-term health care costs, and improve care for millions of Americans, as well as to train new health care providers, address public health priorities, assist vulnerable populations, and support medical research.

Administration for Community Living (ACL)

The budget reflects ACL's rapid growth over the past three years, as Congress has transferred additional programs in recognition of a cross-aging-and-disability focus on community living. Programs which have transferred, include the Paralysis Resource Center and the Limb Loss Resource Center; the State Health Insurance Assistance Program; the National Institute on Disability, Independent Living and Rehabilitation Research (formerly known as NIDRR); the Independent Living Program; and the Assistive Technology Program. Budget requests include:

- \$43.5 million in new funding to strengthen home and community-based services (HCBS), including \$38.5 million for programs for older adults.
- \$5 million additionally for Centers for Independent Living (CILs).
- An additional \$42.8 million for senior nutrition programs.
- An additional \$5.8 million in State and Native American caregiver support for older adults.
- Increased funding for the Lifespan Respite program by \$2.6 million to \$5 million total.
- An increase of \$21 million to continue its development of a national Adult Protective Services data system.
- A new \$15 million Family Support Initiative to help families who are supporting a family member with a disability or an older adult.
- An additional \$13.9 million, for a total of \$20 million, for the Aging and Disability Resource Center program.
- \$1 million for the National Clearinghouse for Long-Term Care Information, which increases awareness of and resources focused on the need to plan ahead for consumers long-term care needs.
- \$5 million in new funding to help young Americans with disabilities to transition successfully from adolescence and the supportive environment of school into adulthood.
- \$1.588 million in new funding to expand the efforts of Projects of National Significance and University Centers for Excellence in Developmental Disabilities.
- An additional \$4 million to bring the budget for the National Institute on Disability, Independent Living, and Rehabilitation Research to \$108 million.

PROGRAM	FY 2015	FY 2016
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	Enacted	President's Budget	+/- FY 2015
Health and Independence for Older Adults			
Home & Community-Based Supportive Services	347,724	386,182	38,458
Nutrition Services	814,657	874,557	59,900
<i>Congregate Nutrition Services (non-add)</i>	438,191	458,091	19,900
<i>Home-Delivered Nutrition Services (non-add)</i>	216,397	236,397	20,000
<i>Nutrition Services Incentive Program (non-add)</i>	160,069	160,069	--
<i>Nutrition Innovations (non-add)</i>	--	20,000	20,000
Preventive Health Services	19,848	19,848	--
<i>Chronic Disease Self-Management Education [PPHF]</i>	8,000	8,000	--
<i>Falls Prevention [PPHF]</i>	5,000	5,000	--
Native American Nutrition & Supportive Services	26,158	29,100	2,942
Aging Network Support Activities	9,961	9,961	--
<i>Holocaust Survivor Assistance (non-add)</i>	2,500	2,500	--
<i>Subtotal, Health and Independence</i>	1,231,348	1,332,648	101,300
Caregiver & Family Support Services			
Family Caregiver Support Services	145,586	150,586	5,000
Family Support	--	15,000	15,000
Native American Caregiver Support Services	6,031	6,800	769
Alzheimer's Disease Supportive Services Program	3,800	3,800	--
<i>Alzheimer's Disease Initiative-Services [PPHF]</i>	10,500	10,500	--
Lifespan Respite Care	2,360	5,000	2,640
<i>Subtotal, Caregiver & Family</i>	168,277	191,686	23,409
Protection of Vulnerable Adults			
Long-Term Care Ombudsman Program	15,885	15,885	--
Prevention of Elder Abuse & Neglect	4,773	4,773	--
Senior Medicare Patrol Program	8,910	8,910	--
<i>Health Care Fraud and Abuse Control [HCFAC]</i>	8,710	8,710	--
Elder Rights Support Activities	7,874	28,874	21,000
<i>Elder Justice (non-add)</i>	4,000	25,000	21,000
<i>Subtotal, Vulnerable Adults</i>	46,152	67,152	21,000
Disability Programs, Research & Services			
State Councils on Developmental Disabilities	71,692	71,692	--
Developmental Disabilities Protection and Advocacy	38,734	38,734	--
University Centers for Excellence in Developmental Disabilities	37,674	38,619	945
Projects of National Significance	8,857	14,500	5,643
<i>Youth Transitions (non-add)</i>	--	5,000	5,000

National Institute on Disability, Independent Living, and Rehabilitation Research	103,970	108,000	4,030
Independent Living	101,183	106,183	5,000
<i>Subtotal, Disability Programs</i>	362,110	377,728	15,618
Consumer Information, Access & Outreach			
Aging and Disability Resource Centers	6,119	20,000	13,881
State Health Insurance Assistance Program	52,115	52,115	--
Voting Access for People with Disabilities (HAVA)	4,963	4,963	--
Assistive Technology	33,000	31,000	(2,000)
<i>Alzheimer's Disease Initiative-Communications Campaign [PPHF]</i>	4,200	4,200	--
National Clearinghouse for Long-Term Care Information	--	1,000	1,000
Limb Loss Resource Center	2,800	2,810	10
Paralysis Resource Center	6,700	6,700	--
<i>Medicare Improvements for Patients and Providers Act [TRA/BBA]2/</i>	8,750	--	(8,750)
<i>Subtotal, Consumer Information</i>	118,647	122,788	4,141
Program Administration	37,709	40,063	2,354
Subtotal, Program Level	1,964,243	2,132,065	167,822
Less: Funds From Mandatory Sources			
HCFAC Wedge Funds	(8,710)	(8,710)	--
Prevention & Public Health Fund (ACA)	(27,700)	(27,700)	--
Medicare Improvements for Patients and Providers Act	(8,750)	--	8,750
Total, Discretionary Budget Authority	919,083	2,095,655	176,572

Centers for Disease Control and Prevention (CDC)

The FY 2016 President's Budget request for CDC and the Agency for Toxic Substances and Disease Registry (ATSDR) includes a total funding level of \$11,519,365,000 in discretionary budget authority, mandatory funding, and the Affordable Care Act Prevention and Public Health Fund (PPHF). This is an overall increase of \$249,953,000 above the FY 2015 Enacted level. The CDC program level request of \$7,010,103,000 (excluding mandatory programs except the Prevention Fund) for FY 2016 is an increase of \$110,685,000 compared to the FY 2015 Enacted level.

National Center for Injury Prevention and Control (NCIPC)

The budget supports the prevention of injuries and violent acts that occur outside of the workplace, contributing to CDC's overall goal of preventing the leading causes of disease, disability, and death. CDC's FY 2016 request of \$256,977,000 for Injury Prevention and Control is \$86,530,000 above the FY 2015 Enacted level and includes increases as noted for the following programs, including a new concussion surveillance program:

- \$5M for Domestic and Sexual Violence
- \$5.6M for Rape Prevention & Education (to fund research centers for evaluation)
- \$10M for Gun Violence Prevention Research

- \$12.2M for National Violent Death Reporting System (would fully fund NVDRS nationally)
- \$48M for Prescription Drug Overdose (expansion of \$20M funded in FY15 to fund all states)
- \$5.6M for Illicit Opioid Use Risk Factors (to address the troubling growth in use of illicit opioids)
- \$5M for Concussion Surveillance (create a national surveillance system to accurately determine the incidence of sports-related concussions among youth ages 5-21)

Health and Development for People with Disabilities Budget Request

CDC's Human Development and Disability program prevents disease and promotes equity in health and development for children and adults with disabilities. CDC's FY 2016 request of \$52,440,000 from the Affordable Care Act Prevention and Public Health Fund for Health and Development for People with Disabilities is level with the FY 2015 Enacted level. In FY 2015 and 2016, CDC will support the Disability and Health System Data Systems to document and disseminate disability and health data and seek to expand the utility of this innovative resource with enhancements. In FY 2016, CDC will continue to fund 18 State disability and health programs. The Disability and Health State program funding opportunity announcement will be revised and recompeted for new State awards.

Centers for Medicare and Medicaid Services (CMS)

The FY 2016 Budget estimate for the Centers for Medicare & Medicaid Services (CMS) is \$970.8 billion in mandatory and discretionary outlays, a net increase of \$74 billion above the FY 2015 level. This request finances Medicare, Medicaid, the Children's Health Insurance Program (CHIP), private health insurance programs and oversight, program integrity efforts, and operating costs. Recommendations include:

- Extending coverage for the Children's Health Insurance Program (CHIP), which is set to end in 2015, unless reauthorized. The proposal is paid for through an increase in tobacco taxes.
- Reforms to Medicare and Medicaid that are projected to save more than \$400 billion over the next ten years.

Medicare

The President's proposal to reduce Medicare spending, which, if enacted, is estimated to extend the solvency of the Medicare Hospital Insurance Trust Fund by approximately five years. These cost-savings provisions would:

- Reduce Medicare payments to providers, mostly post-acute care providers, which would result in more than one-third (34%) of the proposed Medicare savings overall.
- Repeal the Sustainable Growth Rate (SGR) formula and proposes about \$54 in new Medicare spending, including provisions to reform physician payments and eliminate the 190-day lifetime limit on inpatient psychiatric care.
- Restructure payments for post-acute care services using a bundled payment approach, beginning in 2020. Would reduce payment updates for certain post-acute care providers, equalize payments for certain conditions commonly treated in inpatient rehabilitation facilities (IRFs) and skilled nursing facilities (SNFs), and require that 75 percent of IRF patients require intensive rehabilitative services, beginning in 2016.
- Would establish a comprehensive hospital-wide readmissions measure and change the documentation requirements for the hospital-acquired conditions program.
- Would exclude certain services from the in-office ancillary services exception; modify the documentation requirements for face-to-face encounters for durable medical equipment,

prosthetics, orthotics and supplies claims; clarify the Medicare Fraction in the Medicare DSH statute; implement value-based purchasing for SNFs, home health agencies (HHAs), ambulatory surgical centers (ASCs), hospital outpatient departments (HOPDs), and community mental health centers; and expand the availability of Medicare data released to qualified entities.

Medicaid

The budget includes a number of proposed changes that would promote the use of HCBS options for States:

Pilot Comprehensive Long-Term Care State Plan Option: This eight-year pilot program would create a comprehensive long-term care State Plan option for up to five States. Participating States would be authorized to provide home and community-based care at the nursing facility level of care, creating equal access to home and community-based care and nursing facility care. This proposal works to end the institutional bias in long-term care and simplify State administration.

Allow States to Develop Age-Specific Health Home Programs: This proposal would allow States to target their Health Home programs by age. Currently, States are required to cover Health Home services for all categorically needy individuals with the specified chronic condition(s), regardless of age. Many States have voiced support for allowing age specific targeting of their Health Home model to better serve the needs of youth with chronic conditions.

Expand Eligibility for the 1915(i) Home and Community-Based Services State Plan Option: The Budget proposes to update eligibility requirements to increase States' flexibility in expanding access to HCBS under section 1915(i) of the Social Security Act. Under current law, certain noncategorically eligible individuals who meet the needs based criteria can only qualify for HCBS through the 1915(i) State plan option if they are also eligible for HCBS through a waiver program. Removing this requirement would reduce administrative burden on States and increase access to HCBS for the elderly and individuals with disabilities.

Allow Full Medicaid Benefits for Individuals in a Home and Community-Based Services State Plan Option: This proposal would provide States with the option to offer full Medicaid eligibility to medically needy individuals who access HCBS through the State plan option under section 1915(i) of the Social Security Act. Under current law, when a State elects to not apply the community income and resource rules for the medically needy, these individuals can only receive 1915(i) services and no other Medicaid services. This option will provide States with more opportunities to support the comprehensive health care needs of individuals with disabilities and the elderly.

Expand Eligibility Under the Community First Choice Option: This proposal would provide States with the option to make medical assistance available to individuals who would be eligible under the State Plan if they were in a nursing facility. Under current law, any State interested in the Community First Choice Option must create or maintain a 1915(c) waiver with at least one waiver service to make the benefit available to the special income group or provide eligibility for the Community First Choice benefit through another eligibility pathway. This approach is administratively burdensome for States. This proposal would provide equal access to services under the State plan option and provide States with additional tools to manage their long-term care home and community based service delivery systems.

Create Pilot to Expand PACE Eligibility to Individuals between Ages 21 and 55: This program provides comprehensive long-term services and supports to Medicaid and Medicare beneficiaries through an interdisciplinary team of health professionals who provide coordinated care to beneficiaries in the community. For most participants, the comprehensive service package includes medical and social services and enables them to receive care in the community rather than to receive care in a nursing home or other facility. Under current law, the program is limited to individuals who are 55 years old or older and who meet, among other requirements, the State's

nursing facility level of care. This proposal would create a pilot demonstration in selected States to expand eligibility to qualifying individuals between 21 years and 55 years of age. This effort would test whether the Program for All-Inclusive Care for the Elderly can effectively serve a younger population without increasing costs. The pilot would promote access to community services in line with the integration of the landmark Olmstead Supreme Court decision; supporting self-determination and achieving better health outcomes.

Health Resources and Services Administration

The FY 2016 President's program level request is \$10.4 billion for the Health Resources and Services Administration (HRSA). This is \$45 million above the FY 2015 Enacted Level.

Maternal and Child Health

This funding level will support an increase of \$100 million for the mandatory Home Visiting program, and a decrease of -\$2.5 million for Family to Family Health Information Centers. The increase in the Home Visiting program will allow up to 10 additional competitive State awards with 130,000 more home visits and 35,000 more participants served compared to FY2015 targets. The target for Tribal grantees will increase by 11 grantees. The requested funding will continue to support States and Tribal entities as they work with local implementing agencies to maintain programs and to expand home visiting services to additional at-risk communities. The authorization for the Family to Family program expires in FY 2015 and additional funds are not requested.

Dollars in Thousands)

Program	FY 2014 Final	FY 2015 Enacted	FY 2016 President's Budget	FY 2016 +/- FY 2015
Maternal and Child Health Block Grant	632,409	637,000	637,000	--
Autism and Other Developmental Disorders	47,099	47,099	47,099	--
Traumatic Brain Injury	9,321	9,321	9,321	-
Sickle Cell Service Demonstrations	4,455	4,455	4,455	--
James T. Walsh Universal Newborn Hearing Screening	17,818	17,818	17,818	--
Emergency Medical Services for Children	20,162	20,162	20,162	--
Healthy Start	100,746	102,000	102,000	--
Heritable Disorders	11,883	13,883	13,883	--
Family to Family Health Information Centers Current Law Mandatory/1	5,000	2,500	0	-2,500
Maternal, Infant and Early Childhood Visiting Program Current Law Mandatory/1	371,200	400,000	0	-400,000
Maternal, Infant and Early Childhood Visiting Program Proposed Mandatory	--	--	500,000	+500,000
Subtotal, Maternal	1,220,093	1,254,238	1,351,738	+97,500

and Child Health Bureau				
Subtotal, Discretionary MCHB (non add)	843,893	851,738	851,738	--
Subtotal, Mandatory MCHB (non add) 376,200	376,200	402,500	500,000	+97,500

National Institutes of Health (NIH)

For FY 2016, the National Institutes of Health (NIH) requests a total program level of \$31.3 billion which is \$1.0 billion above the FY 2015 Enacted level. The request includes \$135 million, including an increase of \$70 million for the BRAIN Initiative.

National Institute of Neurological Disorders and Stroke (NINDS)

The National Institute of Neurological Disorders and Stroke (NINDS) request is \$142.616 million, an increase of \$5.309 million or 3.86 percent, over the FY 2015 enacted level. Large observational studies, now underway, will provide critical information to improve clinical care for TBI and clinical trials of interventions. These studies include the Transforming Research and Clinical Knowledge in TBI (TRACK TBI) study of adults and children with TBI at 11 sites in the U.S. and the Multiple Medical Therapies for Pediatric TBI (ADAPT Trial), which will focus on 1000 children with severe TBI. Both of these studies are part of the continuing International TBI Research Initiative that was launched in FY 2014 in coordination with the European Union and the Canadian Institute of Health Research. These studies use the NINDS TBI Common Data Elements, developed with other Federal agencies and the international research community, and the NIH-Department of Defense led Federal Interagency TBI Informatics System (FITBIR) database to encourage sharing of data. With regard to the important public health issues of sports related TBI, NINDS will continue to work closely with the Foundation for NIH (fNIH) Sports and Health Research Program. The fNIH created this program with a major donation from the National Football League.

The program has launched two major cooperative projects to define the scope of long-term changes that occur in the brain years after a head injury or after multiple concussions and to improve diagnostic criteria, as well as several pilot projects. In 2016, the Neural Interfaces Program, will continue to solicit and support projects to translate advanced neural prosthetics and other devices up to and through "first in human" clinical demonstrations. NINDS supports device development through a series of funding opportunity announcements coordinated with NINDS Office of Translational Research and issued in FY 2014. The Cooperative Research to Enable and Advance Translational Enterprises - Devices (CREATE-Devices) program provides funding mechanisms tailored to the unique needs of device development at various stages and to the different FDA device approval pathways.

The *Repair and Plasticity Program* leads NINDS research on TBI, spinal cord injury, and peripheral nerve injury. Research covers the full spectrum from studies of mechanisms of immediate damage, through delayed effects in the hours after initial injury, to the laboratory development of interventions in animal models and clinical testing in people. The Program also supports fundamental studies of neural plasticity, that is, the ability of the brain and nervous system to change, including studies of neural stem cell biology. Neural plasticity has broad implications for recovery following injury or disease. The Repair and Plasticity Program also provides all NINDS programs with expertise in bioengineering and leads the Neural Interfaces Program, which for more than three decades has pioneered the development of devices that interface with the nervous system to restore lost functions. This program has made major contributions to the development of cochlear implants, technologies for deep brain stimulation (DBS), brain computer interfaces, and many other advances.

Systems and Cognitive Neuroscience Program supports research on how the brain carries out these complex functions, on their disruption in neurological disorders, and on promoting recovery.

Non-invasive brain imaging is an important research tool for this program, including monitoring of brain activity associated with specific cognitive and behavioral processes. Chronic pain disorders, including migraine and other headaches, are among the most prevalent of all medical conditions and are a high priority for this program. NINDS leads NIH pain research, which is coordinated through the Office of Pain Policy and the NIH Pain Consortium. NINDS also leads the Interagency Pain Research Coordinating Committee (IPRCC), which coordinates the wider Federal and private sector communities. In May 2014, NIH and the Interagency Pain Research Coordinating Committee launched the Interagency Pain Research Portfolio, a database that provides the public and the research community information on the breadth and details of pain research and training activities supported by six federal agencies. The NINDS Office of Pain Policy manages the database.

Department of Education

The budget request is \$70.7 billion in discretionary appropriations for the Education Department, a 5.4 percent increase over the previous year's funding. Highlights include:

- An increase of \$2.7 billion for Elementary and Secondary Education Act programs, including \$1 billion for Title I, to ensure that all students - which includes poor and minority students, students with disabilities, and English learners - graduate from high school prepared for college and careers.
- An increase of \$175 million for Individuals with Disabilities Education Act (IDEA) Part B grants to and another \$115 million for programs for younger children with disabilities.
- \$75 billion over 10 years for the Preschool for All proposal to provide universal high-quality preschool programs for all 4-year-olds from low- and moderate-income families.
- \$750 million for Preschool Development Grants, an increase of \$500 million, to help States lay the foundation for universal public preschool.
- \$5 billion over five years for a new, mandatory Teaching for Tomorrow program to support fundamental changes in how States and school districts recruit and prepare new teachers and strengthen professional support for teachers throughout their careers.
- \$350 million for Excellent Educators Grants to provide funds for States and school districts committed to implementing new systems that develop, support, reward and advance teachers and principals.
- \$60.3 billion for two years of free community college over the next 10 years.
- A \$29.7 billion investment in Pell Grants would maintain the purchasing power of this critical, need-based postsecondary grant assistance after 2017.
- \$200 million for an American Technical Training Fund joint effort with the U.S. Department of Labor to expand job opportunities

Rehabilitation Services Administration

For Rehabilitation Services, the Budget provides \$3.5 billion to support comprehensive and coordinated vocational rehabilitation services for individuals with disabilities through training, demonstration, and technical assistance; as well as other direct service programs to assist individuals with disabilities to live more independently in their communities. The \$3.4 billion request for the Vocational Rehabilitation (VR) State Grants program includes an increase of \$56.7 million over the fiscal year 2015 mandatory level, consistent with the inflation increase specified in the authorizing statute, to assist States and tribal governments in increasing the participation of individuals with disabilities in the workforce. WIOA strengthened the alignment of the VR program with other components of the workforce development system to ensure a coordinated and streamlined system.

The 2016 request also includes appropriations language that would allow the Department to use amounts under the VR State Grants program that would otherwise return to the Treasury to support innovative activities aimed at improving outcomes for individuals with disabilities. The requested language also would provide authority for these funds to remain available for Federal obligation until September 30, 2017.

The Administration requests \$30.5 million for the Supported Employment State Grants program, an increase of \$3 million over the 2015 level to assist State agencies in meeting the new challenges and opportunities resulting from WIOA. WIOA made several significant changes to this program in order to maximize the potential of individuals with the most significant disabilities, particularly youth, which require ongoing supports to achieve competitive integrated employment.

Section 491 of WIOA transferred several programs from the Department's Office of Special Education and Rehabilitative Services to the Administration for Community Living in the Department of Health and Human Services. Consequently, the Department's 2016 request does not include funds for the State Independent Living Services program, the Centers for Independent Living program, programs under the Assistive Technology Act of 1998 (including the Alternative Financing Program), and the National Institute on Disability and Rehabilitation Research.

This update was prepared by:

Susan L. Vaughn, Director of Public Policy, publicpolicy@nashia.org

William A.B. Ditto, MSW, is Chair of the NASHIA Public Policy Committee
Rebecca Wolfkiel is Governmental Relations Consultant, rwolfkiel@ridgepolicygroup.com

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in promoting partnerships and building systems to meet the needs
of individuals with brain injuries and their families.*

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