



Capitol News!

March 5, 2014

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Dear NASHIA Member:

Yesterday, the President released his recommendations for Fiscal Year (FY) 2015 beginning October 1, 2104. This issue of *Capitol News* contains an overview of the recommendations.

Next week, the National Association of State Head Injury Administrators (NASHIA) will be represented at the annual Congressional Brain Injury Task Force Awareness Day activities to be held on Wednesday, March 12, 2014. If you are unable to attend, we encourage you to contact your Representative and Senators to invite them to the Fair, Briefing and Reception (schedule is further in this e-mail). Be sure to let them know of the needs in your State and how the TBI Act reauthorization (H.R. 1098) and funding to the Department of Health and Humans Services can help with services and resources in your State. Materials are available on the NASHIA [website](#) under Public Policy Priorities and Key Issues.

For those who will be attending, we look forward to seeing you. Materials will be also available on the NASHIA table exhibit to help you with your office visits.

This Week in Congress

Both the House and Senate are in session this week. The House voted again today on a bill to repeal the individual responsibility portion of the Affordable Care Act (ACA). This is the 50th attempt to repeal the ACA by the House.



Appropriations

President Releases FY 2015 Budget

Yesterday, President Obama released his [FY2015 Budget](#) with proposed spending for federal programs and recommendations for generating income. The proposed \$3.9 trillion budget package adheres to the overall spending levels set by Congress in the Bipartisan Budget Act of 2013 passed in December. The Budget emphasizes the President's priorities for education, including

pre-kindergarten, transportation infrastructure, *Now is the Time Initiative* to reduce gun violence, containing Medicaid/Medicare costs, and implementing provisions of the Affordable Care Act (ACA). Below are highlights of recommendations contained in the Budget.

➤ **Department of Health and Human Services**

The Budget reflects programs and initiatives to continue the Department of Health and Human Services' (HHS) efforts to implement the Affordable Care Act. The Administration again proposes eliminating the Preventative Health and Health Services Block Grant, which provides funding for States to support prevention of chronic disease. The Administration believes the block grant is duplicative of existing programs that could be more effectively implemented through the Centers for Disease Control and Prevention (CDC). Highlights of the HHS Budget include:

- **Level funding (\$9 million) for the HRSA TBI Act Program**, which provides funding for grants to States and to the state Protection & Advocacy Systems.
- **Just under \$7 million for the Centers for Disease Control and Prevention (CDC) to collect TBI data**, increase public awareness, and conduct public health research.
- **A \$43 million overall increase for the National Injury Center for Prevention and Control within CDC.**
- A significant **increase for the BRAIN Initiative** from about \$100 million in FY 2014 to approximately \$200 million for FY 2015. Funds to support the project are from the National Institutes of Health (NIH), the National Science Foundation, and the Defense Advanced Research Project Agencies, along with private sector partners.
- **A \$4 million proposed increase for the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NIH).**
- **Level funding (\$5 million) for falls prevention among older adults** in the Administration for Community Living (ACL).
- **An increase of \$5 million for the Aging and Disability Resource Centers (ACL).**
- **Level funding for Family Caregiver support services** in the ACL.
- **Level funding for Developmental Disabilities Network programs**, including \$37 million for University Centers for Excellence in Developmental Disabilities.
- **Level funding for the "Autism and Other Developmental Disorders" budget line** - which funds Leadership Education in Neurodevelopmental Disabilities program under the Health Resources and Services Administration (\$47 million).
- **Funding for a new program, National Clearinghouse for Long-Term Care Information**, in the amount of \$1 million to be administered by the ACL

Administration for Community Living (ACL)

The FY 2015 Budget requests \$2.1 billion for the Administration for Community Living (ACL) to administer programs on behalf of both older adults and individuals with disabilities across the lifespan. In FY 2015, the Budget prioritizes efforts to address elder abuse, assist transitioning youth with intellectual and developmental disabilities, support caregivers, help older adults and people with disabilities access services and supports, and improve the coordination of programs across federal government that serve these populations. The Budget also includes \$5 million for falls prevention, which was first funded in FY 2014, to help participants achieve improved strength,

balance, and mobility and also provide education on how to avoid falls.

The Budget request includes \$173 million to fund programs designed to support family and informal caregivers and \$44 million to continue funding for the Protection and Advocacy programs to protect the legal and human rights of all people with developmental disabilities. This includes \$5 million to ensure that individuals with disabilities are able to fully participate in every step of the voting process.

The Budget requests \$52 million to fund the State Health Insurance Assistance Program, which supports counselors and community-based organizations which provide Medicare beneficiaries who have a disability and/or who are elderly, as well as those nearing Medicare eligibility, with one-on-one outreach and counseling on the health insurance options available to them.

Centers for Medicare and Medicaid Services (CMS)

The FY 2015 Budget estimate for the Centers for Medicare & Medicaid Services (CMS) is \$897.3 billion in mandatory and discretionary spending, a net increase of \$54.3 billion above the FY 2014 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. The Budget proposes extending the Money Follows the Person demonstration period through FY 2020 enabling States to continue rebalancing their long-term care systems and transition individuals to home and community-based services within the existing appropriation. Among other changes, the proposal would modify the demonstration to allow funds to be used to prevent individuals from ever entering an institution. There are several provisions designed to contain and reduce costs:

- **Implement Bundled Payment for Post-Acute Care Providers:** Beginning in 2019, this proposal would implement bundled payment for post-acute care providers, including long term care hospitals, IRFs, SNFs, and home health providers. Payments would be bundled for at least half of the total payments for post-acute care providers. Rates based on patient characteristics and other factors will be set so as to produce a permanent and total cumulative adjustment of 2.85 percent by 2021. Beneficiary coinsurance would equal that under current law (e.g., to the extent the beneficiary uses SNF services, they would be responsible for the current law coinsurance rate). [\$8.7 billion in savings over 10 years]
- **Encourage Appropriate Use of Inpatient Rehabilitation Facilities:** This proposal would adjust the standard for classifying a facility as an IRF. Under current law, at least 60 percent of patient cases admitted to an Inpatient Rehabilitation Facility (IRF) must meet one or more of 13 designated severity conditions. This standard was changed to 60 percent from 75 percent in the Medicare, Medicaid, and SCHIP Extension Act of 2007. Beginning in 2015, this proposal would reinstitute the 75 percent standard to ensure that health facilities are classified appropriately based on the patients they serve. [\$2.4 billion in savings over 10 years]
- **Adjust Skilled Nursing Facilities Payments to Reduce Hospital Readmissions:** This proposal reduces SNF payments by up to three percent beginning in 2018 for facilities with high rates of care-sensitive preventable readmissions. [\$1.9 billion in savings over 10 years]
- **Equalize Payments for Certain Conditions Treated in Inpatient Rehabilitation Facilities and Skilled Nursing Facilities:** This proposal would adjust payments for three conditions involving hips and knees, pulmonary conditions, as well as other conditions selected by the Secretary. While these conditions are commonly treated at both Inpatient Rehabilitation Facilities (IRFs) and Skilled Nursing Facilities (SNFs), Medicare payments are significantly higher when services are provided in an IRF. Beginning in 2015, this proposal would improve financial incentives to encourage efficient and appropriate

provision of care by reducing the disparity in Medicare payments between the settings. IRFs provide intensive inpatient rehabilitation that may not be appropriate for patients with relatively uncomplicated conditions that could be treated in a SNF. [\$1.6 billion in savings over 10 years]

- **Bundled Payments:** The Bundled Payments for Care Improvement initiative seeks to better coordinate care by providing a bundled Medicare payment for an episode of care involving one or more providers. Providers paid through the bundle may include (among others) hospitals, physicians, and skilled nursing facilities. The CMS Innovation Center has begun testing four initial models as part of the broader Bundled Payments initiative - each model incorporates a somewhat different set of services and payment arrangements. However, within each model, providers or other risk-bearing organizations must offer a discount to Medicare as a condition of participation in the initiative. As of October 2013, providers were participating in all four of the bundled payment models. Additional participants will be added during 2014.
- **State Innovation Models:** This model provides up to \$300 million to assist States in transforming their health care payment and delivery systems. In order to qualify for awards, States proposed reforms that incorporated multiple payers and that are expected to improve quality of care and the health of the State population, while reducing costs. Some States are receiving funding to support the design of new payment and delivery models or for similar pre-testing work. Other (more advanced) States have received funding to support the testing of such models. State awardees were announced in February 2013. See the associated map, which shows states currently receiving funding. The Innovation Center plans to make additional funds available to states on a competitive basis during 2014.
- **Maryland All-Payer Model:** In January 2014, the Innovation Center announced that it was collaborating with the State of Maryland on a new model testing the impact of all-payer hospital rate-setting on the quality and cost of care. While Maryland has utilized all-payer rate setting for over three decades, this new model will allow the State to focus more directly on the challenges currently facing Maryland's hospitals. In particular, the new model will require limited overall cost growth, measurable savings for Medicare, and improvement on various key quality measures. If this model meets key goals over its initial five-year testing period, Maryland will have the opportunity to propose approaches to expand the model to other provider types, in addition to hospitals.

Health Resources and Services Administration (HRSA)

The HRSA FY 2015 Budget requests additional funding for community health centers, rural health and for training health care providers. FY 2015 Budget requests include \$1.3 billion to improve the health of mothers and children, an increase of \$126 million. This level includes \$500 million in FY 2015 and \$15 billion through FY 2024 to extend and expand the Maternal, Infant, and Early Childhood Home Visiting program, through which States are implementing evidence-based home visiting programs that enable nurses, social workers, and other professionals to meet with at-risk families and connect them to assistance to support the child's health, development, and ability to learn.

Centers for Disease Control and Prevention (CDC)

The Budget includes \$194 million for injury prevention and control activities, an increase of \$43 million above FY 2014. The Budget includes \$34 million for the *Now is the Time* initiative, including \$10 million to conduct research on the causes and prevention of gun violence and investigating links between video games, media images, and violence. The Budget also includes \$24 million to expand the National Violent Death Report System, which reports anonymous data on all types of violent deaths, to all 50 States during FY 2015.

National Institutes of Health (NIH)

The FY 2015 Budget requests \$30.4 billion for the National Institutes of Health (NIH), an increase of \$211 million, or 0.7 percent, over FY 2014. In FY 2015 NIH plans to spend \$100 million on research collaborations with academic institutions, the private sector, and other government agencies on the Brain Research through Advancing Innovative Neurotechnologies (BRAIN) Initiative. The NIH contribution is part of a \$200 million planned investment in FY 2015 by three government agencies (NIH, the National Science Foundation, and the Defense Advanced Research Project Agency) along with private sector partners.

Substance Abuse and Mental Health Services Administration (SAMHSA)

The Budget includes \$130 million within the Substance Abuse and Mental Health Services Administration (SAMHSA) for the *Now is the Time* initiative to reduce gun violence in our communities. This investment provides \$20 million to continue the Healthy Transitions program, which will assist 16 to 25 year-olds with mental illnesses and their families in accessing and navigating behavioral health treatment systems to ensure their vulnerability does not hinder their treatment.

➤ Department of Education

The Administration is requesting \$68.6 billion in discretionary appropriations for the Department of Education in 2015, an increase of \$1.3 billion, or 1.9 percent, more than the 2014 level and almost \$3 billion more than in 2013. The 2015 Budget renews the President's request for the \$75 billion mandatory Preschool for All (P4A) program as the centerpiece of his early learning agenda. The Administration has proposed changes to the Elementary and Secondary Education Act (ESEA) to ensure that the needs of students with disabilities are addressed throughout ESEA. The Administration is also working to improve the participation of individuals with disabilities in our nation's public workforce system and increase the employment of individuals with disabilities, including by providing grants to States and other entities to create innovative models for service delivery that are likely to improve their employment outcomes.

Programs proposed to be eliminated or consolidated include Elementary and Secondary School Counseling (\$49.6 million), with the justification that these activities could be supported under the proposed Successful, Safe, and Healthy Students program; and to reduce Supported Employment State Grants by \$27.5 million as, State VR agencies recognize supported employment as an integral part of the VR State Grants program and a viable employment option for individuals with the most significant disabilities and a separate funding stream is no longer needed.

The Budget includes a \$108 million request for the National Institute on Disability and Rehabilitation Research (NIDRR), an increase of \$4.0 million over the 2014 level for research activities in the employment domain.

Other highlights include:

- \$300 million for a new Race to the Top - Equity and Opportunity (RTT-Opportunity) competition centered on improving the academic performance of students in the Nation's highest poverty schools.
- Level funding for Parent Information Centers (\$27.4 million).
- \$14.4 billion for Title I College- and Career-Ready Students and \$11.6 billion for Special Education Grants to States to maintain support for students from low-income families attending high-poverty schools and students with disabilities.
- \$100 million for Promise Neighborhoods, an increase of \$43 million, for awards to a new cohort of high-need communities that develop plans combining effective, cradle-to-career services for children and families with comprehensive reforms centered on high-quality schools.

- \$70 million for Statewide Longitudinal Data Systems, an increase of \$35 million, to support expansion and enhancement of systems that support the integration of data on school-level finances, teacher and leader effectiveness, and academic achievement that can be used to analyze links between the distribution of educational resources and student outcomes, with the overall goal of improving the effectiveness and productivity of our education system.

Special Education and Rehabilitation Services: The President's FY 2015 budget request provides increased investments in education for children with disabilities as well as targeted investments that encourage innovation and advance the employment and independence of individuals with disabilities. Highlights include:

- **IDEA Part B Grants to States (\$11.6 billion).** These formula grants support States and districts in providing special education and related services to students with disabilities ages 3 through 21.
- **IDEA Part B Preschool Grants (\$353 million).** These formula grants help States provide FAPE in the least restrictive environment to all children with disabilities ages 3 through 5. This request, supplemented by the funds requested for the IDEA Part B Grants to States program, would help ensure that 750,000 young children with disabilities will be ready to succeed when they enter school.
- **IDEA Part C Grants for Infants and Families (\$442 million).** These formula grants help States implement statewide systems of early intervention services to assist all eligible infants and toddlers with disabilities from birth through age two and their families. The request would increase the average State allocation by over \$60,000 to help States serve an estimated 340,000 infants and toddlers.
- **Results Driven Accountability (RDA) Incentive grants (\$100 million):** Within the IDEA Grants to States program, this request includes \$100 million for RDA grants to improve special education services for children with disabilities served under Parts B and C of IDEA. States receiving incentive grants would have a demonstrated commitment to using results data in their IDEA-required LEA determinations, consistent with the Department's RDA system, to support their efforts to implement evidence-based practices that have a demonstrated positive impact on results for children with disabilities.
- **Preschool for All (\$1.3 billion).** This new initiative would provide universal access to high-quality preschool for four-year-old children from low and moderate income families, including children with disabilities. The program would give more children with disabilities and developmental delays the opportunity to participate in inclusive, high-quality preschool programs to prepare them for success in school and in life.
- **Preschool Development Grants (\$500 million).** This program provide competitive grants to States and localities to build or enhance high-quality preschool program infrastructure or to scale up high-quality programs in targeted communities that could serve as models for the Preschool for All initiative.

Rehabilitation Services and Disability Research: The Budget provides \$3.7 billion to support Vocational Rehabilitation and independent living services for individuals with disabilities through research, training, demonstration, technical assistance, evaluation, and direct service programs. The \$3.3 billion request for the Vocational Rehabilitation (VR) State Grants program includes an increase of \$33.0 million over the FY 2014 mandatory level. The Administration proposes to eliminate separate funding authorities for the smaller VR-related programs under the Rehabilitation Act to reduce duplication of effort and administrative costs, streamline program administration at the federal and local levels, and improve accountability.

Direct service programs proposed for elimination include Supported Employment State Grants and the Migrant and Seasonal Farmworkers program. The Administration is also proposing appropriations language that would override the requirement to reserve the portion of the Training Program funds currently provided to State VR agencies to support in-service training for agency personnel. To lessen the potential impact of this proposal, the Administration is also proposing language that would give the Department flexibility to allocate up to \$33 million of the funds provided for the Vocational Rehabilitation State Grants program to States in accordance with a formula determined by the Secretary.

Assistive Technology (AT) programs support grants to States to increase access to and funding for assistive technology devices and services for individuals with disabilities of all ages. The request includes \$25.7 million for the AT State grant program, \$4.3 million for the Protection and Advocacy for Assistive Technology program, and \$1.0 million for technical assistance required under the AT Act's National Activities authority. The proposed decrease reflects the elimination of funding for a separate alternative financing program (AFP) that was authorized in the 2014 appropriations act. When Congress reauthorized the AT Act, it eliminated the separate AFP and required States to conduct State financing activities, including alternative financing loan programs, under the AT State grant program. Therefore, no funds are requested in fiscal year 2015 for this duplicative competitive grant program. Reduced \$2 million.

National Institute on Disability and Rehabilitation Research (NIDRR): The President's Budget recommends increasing funds for the of the U.S. Department of Education. In FY 2013, NIDRR was funded at \$104 million with FY 2015 funding to be increased to \$108 million. NIDRR administers grants to the TBI Model Systems, which is a collection of research centers located across the U.S. that conduct disability and rehabilitation research.

➤ **Department of Housing and Urban Development (HUD)**

The President's Budget request includes \$1 billion in mandatory funding for the National Housing Trust Fund (NHTF), which the Administration anticipates would create 16,000 units affordable to extremely low income households. The President proposes restoring tenant-based Section 8 vouchers that were lost due to sequestration, in addition to maintaining all tenancies in 2014. The President's Budget would cut the HOME Investment Partnerships program, adding to the approximately 40% funding cut the program has experienced since FY 2012.

Numerous other HUD programs are increased slightly in the President's request including the Section 202 Housing for the Elderly and the Section 811 Housing for People with Disabilities programs, which would both have funding for new supportive housing units.

➤ **Social Security Administration**

The FY 2015 President's Budget requests \$12.024 billion for Social Security's Administrative (SSA) expenses and the request will replace some of the cuts due to sequestration in FY 2014. Most of the increase is for program integrity work, including to double the number of continuing disability reviews (CDR). In addition, the budget provides new authority and \$400 million in new resources for SSA, in partnership with other federal agencies, to test innovative strategies to help people with disabilities remain in the workforce. Early-intervention measures, such as supportive employment services for individuals with mental impairments, targeted incentives for employers to help workers with disabilities remain on the job, and opportunities for States to better coordinate services, have the potential to achieve long-term gains in the employment and the quality of life of people with disabilities, and the proposed demonstration authority will help build the evidence base for future program improvements.

The FY 2015 budget request includes \$100 million for information technology investments related to customer service modernization efforts. The Opportunity, Growth, and Security Initiative, which is a separate, fully paid-for series of additional investments in the President's Budget, invests an

additional \$150 million in SSA's customer service initiatives to further reduce wait times and enhance services for the public.

➤ **Department of Veterans Affairs (VA)**

The Budget proposes to establish a new Veterans Job Corps program funded by the Veterans Employment and Infrastructure Enhancement Transfer Fund in the amount of \$1 billion in mandatory funding over five years. The legislative proposal aims to help 20,000 veterans find employment within the next five years. The Budget proposes \$139 million for the Veterans Claims Intake Program (VCIP), which allows VA to digitize claims, thereby increasing efficiencies in claims processing.

The budget proposes \$1.6 billion to serve homeless and at-risk veterans, including \$500 million for the Supportive Services for Veteran Families program that provides homelessness prevention and rapid re-housing services. The proposal also includes \$321 million for the Department of Housing and Urban Development (HUD)-VA Supportive Housing program (HUD-VASH) and \$75 million in HUD funding for 10,000 new HUD-VASH vouchers to permanently house veterans.

House Chairman Releases Report on Federal Poverty Programs

Yesterday, House Budget Committee Chairman Paul Ryan (R-WI) released a report on federal poverty programs called *The War on Poverty: 50 Years Later*. The report provides an overview of federal anti-poverty programs and tax expenditures and is largely critical of anti-poverty efforts. For analysis, see the [Center on Budget and Policy Priorities](#). This report is an expected precursor to the budget resolution that Chairman Ryan has announced his plans to create. This year marks the 50th anniversary of President Johnson's War on Poverty.

Celebrating Brain Injury Awareness

Sponsored by the Congressional Brain Injury Task Force

March 12, 2014

Brain Injury Awareness Fair

10:00 am -- 2:00 pm

First Floor Foyer of the House Rayburn Office Building

Congressional Briefing

Returning to Work: Making Headway After Brain Injury

2:30 -- 4:00 pm

U.S. Capitol Visitor Center Meeting Room South

Speakers:

- * **John O'Neill, Ph.D., CRC**, Director, Employment and Disability Research, Kessler Foundation
- * **Jim Kelly, M.D., FAAN**, Director, National Intrepid Center of Excellence at Walter Reed National Military Medical Center
- * **Brian Nichols**, Manager of Warriors to Work, Wounded Warrior Project
- * **Sgt. John Irwin**, a Veteran of Afghanistan
- * **Grant Baldwin, Ph.D., M.P.H.**, Director of the Division of Unintentional Injury Prevention, CDC

Congressional Reception

Celebrating Brain Injury Awareness Month
5:00 - 7:00 pm
The Gold Room 2168, Rayburn House Office Building

Co-sponsored by:

Brain Injury Association of America
Consortium for Citizens with Disabilities Veterans and Military Families Task Force
Delphi Automotive
Friends of TBI Model Systems
National Association of State Head Injury Administrators
Wounded Warrior Project

The Congressional Brain Injury Task Force, co-chaired by Congressman Bill Pascrell, Jr. (D-NJ) and Congressman Thomas J. Rooney (R-FL), is comprised of over 120 bipartisan members, whose mission is to further education and awareness of brain injury -- including its incidence, prevalence, prevention and treatment.

This update was prepared by:

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The National Association of State Head Injury Administrators assists State government in promoting partnerships and building systems to meet the needs of individuals with brain injuries and their families.

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