

## **FEDERAL AGENCY WATCH**

Federal Agency Watch is a synthesis of Federal agency news and activities related to traumatic brain injury. Federal Agency Watch is sent on a quarterly basis to keep those involved with traumatic brain injury informed on the Federal level.

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### **Department of Education (ED) – National Institute on Disability and Rehabilitation Research (NIDRR) – NIDRR Funds New National Center for Parents**

A new National Center for Parents with Disabilities and their Families has been established in Berkeley, California under the auspices of Through the Looking Glass, a non-profit organization founded in 1982. The Center will oversee several national research studies concerning parents with disabilities and their families, as well as provide consultations, trainings and publications to parents, family members and professionals.

The research and resources of the Center will address the nearly 9 million U.S. parents with disabilities - 15% of all American families. Parents with disabilities include mothers and fathers in all disability categories - such as parents with physical disabilities, deaf parents, blind parents, parents with psychiatric or cognitive disabilities.

The Center is funded by a \$500,000 per year Federal grant for three years from the Washington, DC-based National Institute on Disability and Rehabilitation Research (NIDRR), U.S. Department of Education.

The new Center will focus its research and resource activities on four critical areas that impact parents with disabilities: custody, family roles and personal assistance; para-transit; and, intervention with parents with cognitive disabilities and their children. One of the notable activities planned over the next three years is a scholarship program for high school seniors and college students whose parents have disabilities. The Center will be staffed by nationally recognized experts regarding parents with disabilities, most of whom have personal or family experience with disability or deafness.

More information about the Center and Through the Looking Glass is available at the organization's web site ([www.lookingglass.org](http://www.lookingglass.org)), through two toll-free numbers, 800-644-2666 (voice), 800-804-1616 (TDD/TTY), or by email at [tlg@lookingglass.org](mailto:tlg@lookingglass.org)

**Department of Health and Human Services (HHS) – Health Resources and Services Administration (HRSA) – President Obama Selects Top Rural Health Care Advocate to Oversee Key HHS Agency**

President Obama announced the appointment of one of the nation's top rural health care professionals as Administrator of the Health Resources and Services Administration (HRSA). Dr. Mary Wakefield, Director of the Center for Rural Health at the University of North Dakota, will oversee this critical agency, which helps to deliver health care to those who are uninsured and underserved by our current health care system.

In addition to Community Health Centers across the country upon which millions of uninsured Americans depend for coverage, HRSA oversees many programs that the Federal government runs to bring health care providers to underserved areas throughout the nation. In addition, HRSA will administer \$2.5 billion allocated in the Recovery Act to invest in our health care infrastructure and train health care professionals.

**Dr. Wakefield's Bio:**

Dr. Mary Wakefield was most recently the Associate Dean for Rural Health at the University of North Dakota School of Medicine and Health Sciences, where she was a tenured professor and Director of the Center for Rural Health. Dr. Wakefield has expertise in rural health care, quality and patient safety, Medicare payment policy, workforce issues, and public policy. She has authored many articles and columns on health policy and is on the editorial board of a number of professional journals.

Dr. Wakefield previously served as director of the Center for Health Policy, Research, and Ethics at George Mason University in Fairfax, VA. She also served as the Chief of Staff for United States Senator Kent Conrad (D-ND) from January 1993 to January 1996 and as Legislative Assistant and Chief of Staff to Senator Quentin Burdick (D-ND). Dr. Wakefield has served as a member of the Medicare Payment Advisory Commission and the Department of Veterans Affairs' Special Medical Advisory Group. She served as Chair of the Institute of Medicine (IOM) Committee on Health Care Quality for Rural

America and of the Catholic Health Initiatives Board of Trustees, and was a subcommittee chair for President Clinton's Advisory Commission on Consumer Protection and Quality in the Health Care Industry.

Dr. Wakefield received her M.S. in nursing and her Doctor of Philosophy from the University of Texas at Austin and her B.S. in nursing from the University of Mary at Bismarck, ND. She is a fellow in the American Academy of Nursing, and is a recipient of numerous awards including the American Organization of Nurse Executives (AONE) 2006 Nurse Research Award and the 2008 Nursing Economics Margaret D. Sovie Writer's Award.

### **Department of Health and Human Services (HHS) – Centers for Medicare & Medicaid Services (CMS) – CMS Issues Final Rule for Redesigning Medicaid, States Have Greater Flexibility in Benefit Offerings**

A final regulation giving States unprecedented flexibility in designing their own Medicaid programs, including adjusting their benefit package to more closely align with beneficiary needs was announced by the Centers for Medicare & Medicaid Services (CMS).

The rule implements provisions of the Deficit Reduction Act of 2005 (DRA). The rule is the latest in a series of regulations to implement the administration's goals of aligning Medicaid more closely with private market insurance and giving States more control over their Medicaid benefits packages. Many of those regulations, however, are the subject of a congressional moratorium.

Benchmark plans are models States can use in designing new programs. These benchmark plans are similar to the flexibility provided to States under the State Children's Health Insurance Program (SCHIP). Benchmark coverage includes:

- The standard Blue Cross/Blue Shield preferred provider option service benefit plan under the Federal Employees Health Benefit Plan;
- State employee coverage;
- Coverage that is offered by the largest commercial health maintenance organization in the State; or
- Coverage that the Secretary of Health and Human Services approves.

These benchmark options provide States with the opportunity to target benefits to meet the specific needs of individuals. In some cases, State employee benchmark coverage may be more generous than the State Medicaid plan. Approved coverage may offer the opportunity for disabled individuals to obtain integrated coverage for acute care and community-based long term care.

For individuals who cannot afford the premiums associated with health insurance offered through their employer, States have the option of paying part of the employee premium to make it more affordable, so the employee can maintain private coverage. These proposed rules also give States the flexibility to provide wrap-around and additional benefits, such as dental coverage.

CMS also published a final rule that gives States the flexibility to change current premiums and cost sharing requirements. The rule implements Sections 6041, 6042, and 6043 of the DRA, and closely follows what is allowed under SCHIP. Individuals with family income below 100 percent of the Federal poverty level (FPL) can be charged only “nominal” cost sharing and premiums. Higher out-of-pocket charges can be charged to individuals with incomes above 150 percent of the FPL. As in SCHIP, all cost sharing must be limited to no more than 5 percent of the family’s income. The 2008 FPL for a family of four is \$21,200.

Both final rules are available on the “Federal Register” web site at:

<http://www.archives.gov/federal-register/>.

**Department of Health and Human Services (HHS) – Office of Disability (OD) – Office on Disability at HHS Announces New Deputy Director**

The Office on Disability (OD), Office of the Secretary, Department of Health and Human Services (HHS) is pleased to announce the appointment of Michael Marge, Ed.D. as the new Deputy Director of OD.

The Director of the Office of Disability, Dr. Margaret Giannini, has resigned as of January 16, 2009. Until the new HHS Secretary appoints a Director, Dr. Marge will serve as Acting Director for the new Administration.

Dr. Marge will provide scientific and technical leadership and direction to the programs of OD. He will assist the Director in the development and implementation of strategic plans; in monitoring the implementation of OD's Initiatives, providing analysis and coordination as needed; recommending courses of action to the Director in the resolution of major decisions and concerns which may be sensitive and may require delicate negotiation or resolution; managing research, grant reviews and writing of comprehensive reports; and supervising staff, assigning and reviewing work, identifying training needs, and evaluating performance. His responsibilities encompass disability issues and programs across all agencies within HHS, both nationally and internationally.

Prior to joining OD, Dr. Marge was a Scientific and Technical Advisor to the Director of the Office on Disability. He developed and implemented two major OD priorities: The National Initiative on Closing the Gaps in Health Care and Early Intervention Services for Infants and Young Children with Hearing Loss and the National Initiative on Physical Fitness for Children and Youth with Disabilities (the I Can Do It, You Can Do It Program). He also served as a Professional Consultant and Advisor for the Foundation of the National Institutes of Health, Bethesda, Maryland, assisting in the implementation of its National Initiative on Physical Fitness for Children and Youth with Disabilities.

**Department of Health and Human Services (HHS) – Substance Abuse and Mental Health Services Administration (SAMHSA) – Promoting Innovation in Financing Mental Health and Substance Abuse Services**

The Substance Abuse and Mental Health Services Administration (SAMHSA) announced the creation of a new financing center of excellence. Through the new center, SAMHSA

will create a national network of expertise for generating new financing approaches as well as promising practices developed by mental health and substance abuse service programs and policy makers across the country.

SAMHSA established the center through a five-year contract for \$7.3 million with Deloitte Consulting LLP, which will set up and manage the center. Deloitte, public sector and health care financing consultancy in the U.S., has worked with over 47 States and territories and 80 percent of the largest managed care organizations on health and human services financing issues.

Some center activities will include:

- monitoring and analyzing public and private mental health and substance abuse treatment systems and major trends and advances in service delivery financing;
- convening experts to identify mechanisms to foster sustainable improvements in the financing of mental health and substance abuse prevention and treatment delivery systems; and
- communicating routinely to the public about all facets of mental health and substance abuse prevention and treatment financing.

The center will draw upon the services of leading experts in the fields of public health financing as well as the services of organizations that will serve as contractors to Deloitte Consulting such as the National Association of State Mental Health Program Directors, National Association of State Alcohol and Drug Abuse Directors, NASMPHD Research Institute Inc, American Public Human Services Association/National Association of State Medicaid Directors, and Carnevale Associates.

### **Department of Homeland Security – “Ready” Campaign Information for People with Disabilities and Older Americans**

“Ready” is a national public service advertising campaign produced by The Advertising Council for the Department of Homeland Security, which is designed to educate and empower Americans to prepare for and respond to emergencies including natural disasters and potential terrorist attacks. As the Department encourages families to prepare for emergencies through “Ready,” they are regularly asked if there is information appropriate for seniors and individuals with disabilities. In response to these requests, Homeland Security has partnered with several national organizations to develop emergency preparedness information for older Americans and people with disabilities. The Department of Homeland Security consulted with a number of organizations experienced in the health and well-being of older Americans and people with disabilities to develop “Ready” information tailored to their unique needs. These organizations include AARP, American Red Cross (Red Cross), the National Organization on Disability (NOD) and the National Fire Protection Association (NFPA).

Included in this “Ready” Campaign information are brochures and instructional videos that highlight the key steps older Americans, individuals with disabilities, their families and caretakers should take before emergencies occur. The brochures and videos

encourage these Americans to make an emergency supply kit including food and water, medications and medical records, and personal items such as eyeglasses, hearing aids, wheelchair batteries and other appropriate supplies. The communication pieces also recommend that individuals develop an emergency plan that considers their unique needs and a personal support network they can call upon in the event of an emergency. In addition, the brochures and videos urge Americans to learn more about the types of emergencies that can happen in their area and the appropriate responses.

The U.S. Census Bureau estimates more than 84 million Americans are over age 50. According to the National Organization on Disability, 54 million men, women and children in American have disabilities.

For free copies of the emergency preparedness brochures for older Americans and people with disabilities, visit the "Ready" web site ([www.ready.gov](http://www.ready.gov)), or call 1-800-BE-READY. As of December 31, 2008, more than 2.9 million "Ready" brochures for older and disabled Americans have been distributed. Additionally, the instructional videos for older Americans and people with disabilities and special needs are available on [www.ready.gov](http://www.ready.gov) for individuals to view or save for later use.

The Department highlights public emergency preparedness through National Preparedness Month, a nationwide effort held each September to encourage Americans to take simple steps to prepare for emergencies in their homes, businesses and schools. In 2007, 1,800 national, regional, State and local organizations participated in National Preparedness Month by distributing information, hosting events and sponsoring activities across the country to promote emergency preparedness. National Preparedness Month 2007 consisted of four themed weeks that focused on different areas of emergency preparedness, including: back-to-school ("Ready Kids"); business preparedness ("Ready Business"); multicultural preparedness ("Listo" Campaign); and home and family preparedness, including pets, older Americans and those individuals with disabilities and special needs ("Ready America").

Updated "Ready" information regarding people with disabilities and older Americans is attached. This information and additional fact sheets (i.e. "Ready Kids"), as well as instructional videos can be found at this link:

<http://www.ready.gov/america/about/factsheets.html>

**Department of Housing and Urban Development (HUD) – Announcement of More than \$650 Million to Help Very Low-Income Elderly and People with Disabilities**

Thousands of very low-income senior citizens and persons with disabilities will be able to find affordable housing thanks to more than \$650 million in grants announced by the U.S. Department of Housing and Urban Development. The funding will provide non-profit developers interest-free capital advances to produce accessible housing, offer rental assistance, and provide supportive services for the elderly and persons with disabilities through HUD's Section 202 and Section 811 grant programs.

Section 202 Capital Advance (\$525.9 million nationwide to assist very low-income elderly)

HUD's Section 202 Capital Advance Program expands the supply of affordable housing with supportive services for the elderly. It provides very low-income persons 62-years and older with the opportunity to live independently in an environment that provides the services they need. In addition to funding the construction, acquisition, and rehabilitation of multifamily developments, HUD's Section 202 program subsidizes the rents of senior citizens so they can limit their housing costs to only pay 30 percent of their incomes.

Section 811 Capital Advance (\$124.5 million nationwide to assist very low-income people with disabilities)

Housing constructed using interest-free capital advances under HUD's Section 811 Program are primarily used in smaller newly constructed buildings, typically group homes for three to four people, or condominium units. Eligible residents pay 30 percent of their income for rent and the Federal government will pay the rest. Households must have one or more very low-income adult with physical or developmental disability or living with chronic mental illness.

The term "person with disabilities" may also include two or more people with disabilities living together, or one or more persons with disabilities living with one or more live-in attendants. The program provides persons with disabilities the opportunity to live independently in their communities by increasing the supply of rental housing with the availability of supportive services.

HUD provides the Section 202 and Section 811 funds to non-profit organizations in two forms: 1) Capital Advances. This is funding that covers the cost of developing, acquiring, or rehabilitating the development. 2) Project Rental Assistance Contract (PRAC). This is funding that goes to each development to cover the difference between the residents' contributions toward rent and the HUD-approved cost of operating the project.

State-by-State breakdown of individual funding summaries is available at <http://www.hud.gov/content/releases/pr09-007.pdf>.

**Department of Justice (DOJ) – Office of Juvenile Justice and Delinquency Prevention (OJJDP) - OJJDP Bulletin Examines Juvenile Suicide in Confinement**

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) has published “Characteristics of Juvenile Suicide in Confinement.”

This bulletin draws on data from the first national survey of suicides of youth in confinement, which was sponsored by OJJDP, to review juvenile suicides that occurred in confinement between 1995 and 1999. It describes the demographic characteristics and social history of the victims and examines the characteristics of the facilities in which the suicides occurred. The bulletin can be accessed at <http://www.ncjrs.gov/pdffiles1/ojjdp/214434.pdf>.

A more comprehensive account of the survey and its findings may be found in the online report "Juvenile Suicide in Confinement: A National Survey." The survey can be accessed at <http://www.ncjrs.gov/pdffiles1/ojdp/213691.pdf>.

**Department of Labor (DOL) – Bureau of Labor Statistics (BLS) – New Monthly Data Series on the Employment Status of People with a Disability**

In June 2008, questions were added to the Current Population Survey (CPS) to identify persons with a disability in the civilian non-institutional population age 16 and older. The addition of these questions allowed the Bureau of Labor Statistics (BLS) to begin releasing monthly labor force data from the CPS for persons with a disability. The collection of these data is sponsored by the Department of Labor's Office of Disability Employment Policy. Publication of CPS disability data began in February 2009 with the issuance of labor force data for January 2009. (Explanatory materials are available at [http://www.bls.gov/cps/cpsdisability\\_faq.htm](http://www.bls.gov/cps/cpsdisability_faq.htm).)

These materials provide information on comparisons with other data sources, variability of the data, and the types of data available. Additionally, links to historical data and alternate formats are located below.

In January 2009, the unemployment rate of persons with a disability was 13.2 percent, compared with 8.3 percent for persons with no disability, not seasonally adjusted. The employment-population ratio for persons with a disability was 20.0 percent, compared with 65.0 percent for persons with no disability.

To view the data go to: <http://www.bls.gov/cps/cpsdisability.htm>.

**Department of Transportation (DOT) – National Highway Traffic Safety Administration (NHTSA) – NHTSA Study: More Than 1,700 Fatalities, 840,000 Injuries Yearly Due to Vehicle Incidents Off Public Highways**

In its most comprehensive report yet, the National Highway Traffic Safety Administration has completed an assessment of injuries and fatalities involving motor vehicles not in traffic. The new study concluded that more than 1,700 fatalities and over 840,000 injuries annually can be attributed to vehicle incidents off public highways. The new study also ranks injuries and fatalities by incident type. NHTSA will continue to track these data and report them bi-annually.

The report is available at: <http://www-nrd.nhtsa.dot.gov/Pubs/811085.PDF>.

**Social Security Administration (SSA) – Social Security to be First Government Agency to Use Nationwide Health Information Network**

The Social Security Administration announced that it will be the first government agency to utilize the Nationwide Health Information Network (NHIN). Beginning in early 2009, Social Security will receive medical records for some disability applicants electronically through the NHIN gateway.

Through the NHIN, Social Security will have instantaneous access to medical records. This will significantly shorten the time it takes to make a disability decision and make the process more efficient. Social Security uses individual medical records when making a decision for more than 2.6 million people who apply for disability each year. To make those decisions, Social Security relies on doctors, hospitals, and others in the healthcare field to provide medical records in a timely fashion. The NHIN will help ensure records are received timely by making it easier and less labor-intensive for medical professionals to submit records.

Social Security is working with MedVirginia, the North Carolina Healthcare Information and Communications Alliance, and Kaiser Permanente to implement the NHIN. In early 2009, the first real-world use of the system will begin between Social Security and MedVirginia.

The NHIN is an initiative of the Department of Health and Human Services and is supported by multiple government agencies and private sector entities. For more information, please go to [www.hhs.gov/healthit/healthnetwork/background/](http://www.hhs.gov/healthit/healthnetwork/background/).

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If you have any questions about the above information, please contact Heather Crown at 301-656-3150 or [hacrown@tbitac.nashia.org](mailto:hacrown@tbitac.nashia.org).

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