



*giving states a voice*

National Association of State Head Injury Administrators

## Capitol News!

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Dear NASHIA Member,

Welcome to Vol. 8, Issue 6 of *Capitol News*, which you receive as a NASHIA member. For other information on NASHIA's public policy priorities visit [www.nashia.org](http://www.nashia.org). Meanwhile, NASHIA, BIAA and NDRN have been working with Health Resources and Services Administration (HRSA) TBI Program to establish a Federal Interagency Committee on TBI to collaborate across federal agencies and to coordinate resources. The first Interagency Committee meeting will be held June 12. Stay tune for further details. We are also working on FY 2012 appropriations for TBI Act programs and NIDRR TBI Model Systems. Read further below on these and other initiatives..

### This Week in Congress

Congress convened yesterday. Today, the House is to work on legislation to curb federal aid for medical education by \$185 million in the next five years. Debate will also begin on FY 2012 \$690 billion defense authorization bill. See below for more information.



### Appropriations and Budget

#### FY 2011 Appropriations

The U.S. Departments of Health and Human Services (HHS) released its congressionally mandated operating plans which finalized program funding levels for the remainder of FY 2011. The numbers are based on the continuing resolution (CR) that was signed into law (P.L. 112-10) on April 15, 2011. In total, the CR cuts \$40 billion below the previous fiscal year levels. The CR required a 0.2 percent across-the-board rescission in non-defense discretionary programs that are reflected in the final budgets.

#### HRSA Allocations

With regard to TBI Act programs HHS has allocated \$9,878 million for the HRSA Federal TBI Program (combined State Grant and P&A Grant Program), which is \$40,000 less than FY 2010. This cut is out of the State Grant Program, as the P&A Grant Program is to receive level funding (\$3,273,000). The cut is less than 1%. (For FY 2010 the HRSA Federal TBI Program received \$9,918 million.) HHS allocated \$6,039 million for the Centers for Disease Control and Prevention (CDC) TBI Program, which is \$112,000 less than FY 2010 (\$6,151,000).

The Title V Maternal and Child Health Services Block Grant has been restored to relatively flat funding of \$656 million, less than one percent across the board cut applied to most programs. These HRSA programs received less money than FY 2010: \$660 million cut to the base allocation for Community Health Centers (offset by the \$1 billion increase in mandatory Affordable Care Act funds); \$65 million cut to health professions; \$47 million for rural health programs, \$48 million for Children's Hospital Graduate Medical Education program and a range of small cuts to many other programs.

#### FY 2012 Budget Allocations

The House Appropriations Committee has released subcommittee allocations for FY 2012. Overall discretionary spending is capped at \$1.109 trillion, \$30.4 billion (2.9 percent) below FY 2011 enacted levels. For the Labor-HHS-Education Appropriations Subcommittee, the allocation is set at \$139.2 billion, a \$18.2 billion (11.6 percent) decrease from FY 2011 levels. The Subcommittee is currently scheduled to mark up the FY 2012 Labor-HHS-Education bill on July 26, with the full committee markup set for August 2. More information, including the allocation tables and the full schedule of appropriations committee mark-ups, is available at: [http://appropriations.house.gov/index.cfm?FuseAction=PressReleases.Detail&PressRelease\\_id=298](http://appropriations.house.gov/index.cfm?FuseAction=PressReleases.Detail&PressRelease_id=298).

### **CCD Letter Opposing Funding Caps**

NASHIA signed on to a May 3 letter from the Consortium for Citizens with Disabilities (CCD) urging Congress to oppose 2012 budget proposals that include a cap on future spending using an arbitrarily established percentage of the Gross Domestic Product (GDP). Such a cap would be devastating to people with disabilities because of the drastic reduction in services and supports resulting from the significant cuts to the discretionary budget, as well as the harmful structural changes to entitlement programs like Medicaid and Medicare that would be necessary to achieve significant savings.

Sens. Claire McCaskill (D-MO) and Bob Corker (R-TN) introduced the Commitment to American Prosperity Act, which would gradually lower the ceiling for all federal spending to 20.6% of GDP by 2020, down from a projected 24.7% this year. To achieve the savings required by such a cap, the government would have to drastically cut services and make long lasting structural changes to Medicaid and Medicare. The proposal also does not account for fundamental changes in society and government that make such a cap unrealistic: the aging of the population, substantial increases in health care costs, and new federal responsibilities in areas such as homeland security, veterans' health care, and prescription drug coverage for seniors. The CCD letter urges Congress to protect vital programs for vulnerable populations and find savings in areas that also improve the lives of people with disabilities, such as rebalancing Medicaid to provide more home and community-based services versus institutional care.

### **FY 2012 Appropriations for TBI Programs**

NASHIA and BIAA circulated a letter to national organizations and state affiliates of the BIAA in support of increased funding for FY 2012 for TBI Act programs and NIDRR Model Systems. The letter is available on the NASHIA website: [www.nashia.org](http://www.nashia.org).

### **National Defense Authorization Act for Fiscal Year 2012**

The House Armed Services Committee has marked up H.R. 1540, which authorizes appropriations for FY 2012 for the Department of Defense (DoD). Included in the bill is \$1,000,000 for the development of national medical guidelines regarding the post-acute rehabilitation of individuals with TBI. Rep. Todd Platts (R-PA) sponsored the amendment on behalf of the office of Rep. Gabrielle Giffords (D-AZ).

Since 2005, Rep. Platts has served as co-chair, along with U.S. Congressman Bill Pascrell (D-NJ), of the bipartisan Congressional Brain Injury Task Force, which has fought to improve medical services for soldiers suffering from TBI, while also educating the public about such injuries.

### **Senate Appropriations Hearing on NIH**

The Senate Labor-HHS-Education Appropriations Subcommittee held a hearing last week on the FY 2012 budget request for the National Institutes of Health (NIH). NIH Director Francis Collins testified along with directors of several other institutes. During his testimony, Dr. Collins cited several examples of cost-savings resulting from NIH-driven improvements in health, as well as studies showing the impact of medical research on jobs and the economy. Dr. Collins also stated that due to the \$322 million cut to NIH in FY 2011, only 17 to 18 percent of NIH grant applications would be funded, the lowest level on record.

## **Other Legislation**

### **Eliminating Federal Education Programs**

The House Education and Workforce committee will mark up H.R. 1891 Wednesday that would eliminate 43 federal education programs, designating them ineffective or unnecessary. A number of the programs marked for elimination did not receive funding in FY 2011, or were slated for consolidation or elimination in the President's FY 2012 budget request. Representative Duncan Hunter (R-CA), Chairman of the Subcommittee on Early Childhood, Elementary and Secondary Education, introduced the bill, known as the Setting New Priorities in Education Spending Act. Programs affected include all federal literacy programs, Grants for Mental Health Integration in Schools, Parental Information and Resource Centers, and Grants to Reduce Alcohol Use, State Grants for Safe Safe and Drug-Free Schools and Communities, State Grants, which has not received funding since FY 2009.

### **Repealing Health Care Reform Provisions**

The House recently has passed legislation to repeal provisions of the Affordable Care Act (ACA), including legislation to repeal funding for State health insurance exchanges and funding for school-based health centers. On May 3, the House approved H.R. 1213 that would repeal mandatory funding established by the Affordable Care Act (ACA) to provide grants to States to establish health insurance exchanges. Sponsored by Rep. Fred Upton (R-MI), H.R. 1213 repeals Section 1311 of the health care reform law, which appropriates funds to the HHS to make grants to States for planning and establishing American Health Benefit Exchanges. The creation of State-based exchanges is a central element of the health law's provisions to make affordable, high-quality health insurance coverage available to consumers.

On May 4, the House approved H.R. 1214, to repeal the program requiring the Secretary HHS to award grants to school-based health centers (SBHC) or their sponsoring facilities to support the operation of such health centers. ACA provided \$200 million over four years to help centers pay for capital improvements, such as buying medical equipment or expanding or improving building space, and it authorizes the government to distribute additional money for operating costs, such as salaries for medical professionals.

To help increase children's access to primary health care and other health care services, States and communities have established SBHC, which are located on school grounds and provide health care services regardless of ability to pay, and offer a broader range of services than a school nurse generally provides. Almost all SBHCs provide primary care, and they vary in the extent to which they provide other health care services, such as immunizations, behavioral health care, oral health care, health and nutrition education, and reproductive health care.

### **Medicaid/CHIP Maintenance of Effort**

The House Energy and Commerce Committee's Subcommittee on Health passed the State Flexibility Act of 2011, H.R. 1683. This legislation repeals Medicaid and CHIP Maintenance of Effort (MOE) requirements under the 2009 stimulus bill and the ACA. The ACA requires States to maintain current Medicaid eligibility standards for adults until 2014 and for children until 2019. The Congressional Budget Office estimates such reforms would save the federal government \$2.8 billion in the first five years; however, the savings would be achieved by allowing States to cut enrollment and add up to 300,000 people to the growing number of uninsured. NASHIA signed onto a letter developed by the Consortium for Citizens with Disabilities opposing this legislation. According to a report from the Center on Budget and Policy Priorities, if the MOE provision is repealed, large numbers of people with disabilities could lose Medicaid eligibility, threatening their long-term supports and services.

On May 3, Senator Orrin Hatch (R-UT) introduced similar legislation, S. 868, the State Flexibility Act. The bill has been referred to the Senate Committee on Finance.

### **SSI Savers Act**

Reps. Tom Petri (R-WI) and Niki Tsongas (D-MA) plan to reintroduce the SSI Savers Act of 2011 that would reform the asset limit test of the Supplemental Security Income (SSI) program. The legislation would reduce the disincentive to open bank accounts, save and work for people with disabilities.

In general, eligibility for SSI is limited to those who have no more than \$2,000 in assets for an individual and \$3,000 for a couple. The SSI test also generally counts all resources deemed accessible to an individual, including defined-contribution retirement accounts, such as 401(k)s and IRAs, as subject to the asset limit. Beneficiaries of SSI are allowed little in savings to fall back on.

The SSI Savers Act of 2011 proposes the following:

- Increase asset limits from \$2,000 (single) and \$3,000 (married) to \$5,000 and \$7,500 respectively, and indexes those limits to inflation.
- For recipients younger than 65, the bill excludes retirement accounts, education savings, and individual development accounts from counting against the limit.
- For recipients 65 and older, it allows retirement accounts up to \$50,000 (single) / \$75,000 (married) to reduce SSI benefits accordingly instead of creating an immediate cut off.

### **Veterans and TBI**

On May 11, Rep. Tim Walz (D-MN) and Rep. Gus Bilirakis (R-FL) introduced H.R. 1855; and Sen. John Boozman (R-AR), Sen. Mark Begich (D-AK) introduced S. 957 to improve rehabilitation services for veterans suffering from TBI. The Veterans Traumatic

Brain Injury Rehabilitative Services Improvements Act of 2011 would clarify the definition of rehabilitation so veterans will receive care that adequately addresses their physical and mental health needs, as well as quality of life and prospects for long-term recovery and success. The legislation would ensure wounded warriors suffering from TBI receive a more comprehensive and holistic rehabilitation plan that focuses on physical restoration, mental health, independence, and quality of life. It would also help veterans in maintaining the gains they have made during initial phases of treatment by requiring the Department of Veterans Affairs (VA) to develop rehabilitation plans that stress improved physical, cognitive and vocational functioning in the long term.

## **Congressional Hearings**

### **Education Hearings**

On May 11, the House Subcommittee on Higher Education and Workforce Training, chaired by Rep. Virginia Foxx (R-NC), held a hearing entitled "Removing Inefficiencies in the Nation's Job Training Programs." The subcommittee reviewed examples of program overlap and examined the success of State and local efforts to consolidate and improve workforce training initiatives. Andrew Sherrill, Director Education, Workforce, and Income Security Issues, General Accounting Office (GAO), presented the GAO report on job training programs and focused his testimony on two areas where GAO have identified opportunities to promote greater efficiencies: co-locating services and consolidating administrative structures. He cited several examples of States that have consolidated the State workforce and welfare agencies that administer the Temporary Assistance for Needy Families (TANF), Wagner-Peyser funded Employment Service (ES), and Workforce Investment Act (WIA) Adult programs, among other programs. He recommended that the various models around country be examined for incentives for States to develop such initiatives.

### **Senate Finance Committee**

The Senate Finance Committee will hold a hearing Wednesday on deficit reduction proposals, so-called "deficit caps" and "sequestration triggers". The following experts are scheduled to testify: Susan J. Irving, Ph.D., Director for Federal Budget Analysis, U.S. GAO; Paul Van de Water, Ph.D., Senior Fellow, Center on Budget and Policy Priorities; and The Honorable Phil Gramm, Vice Chairman, UBS Investment Bank, and former senator. AUCD helped to draft a letter from the Consortium for Citizens with Disabilities to Congress opposing budget proposals that include an arbitrarily established cap on future spending. Such a cap would be devastating to people with disabilities because it would result in drastic reductions in services and supports and harmful structural changes to entitlement programs like Medicaid and Medicare that would be necessary in order to achieve such steep spending cuts.

## **Administration**

### **HRSA Establishes Interagency Committee on TBI**

The Health Resources and Services Administration (HRSA) Maternal and Child Health Bureau's Federal TBI Program is pleased to announce the establishment of a Federal Interagency Committee on TBI. Initially, the charge of the committee will be to examine the landscape of Federal activities related to traumatic brain injury. Going forward, desirable outcomes include increased communication among programs, identification of areas of potential overlap, programmatic gaps and/or collaboration, and ultimately advancement of the respective missions of each program represented. HRSA will host the first Federal Interagency Committee on TBI meeting with Federal agencies on June 16, 2011. HRSA sought stakeholder input, including input from NASHIA and BIAA.

### **White House Disability Call**

The White House is hosting monthly calls to update the public on various disability issues. The next call will be held Thursday (May 26) at 3:00 p.m. Eastern, and will feature Secretary of Transportation Ray LaHood, Assistant Secretary for Civil Rights at the Department of Education Russlynn Ali, and Patricia Shiu, Director of Federal Contract Compliance Programs at the Department of Labor. The call will also include updates on civil rights, health care and fiscal/budget issues. Join the call by dialing toll-free (800) 230-1085 and tell the operator you want to join the "White House Disability Call". For live captioning, at the start of the call, please login by clicking on the following link: <http://www.fedrcc.us//Enter.aspx?EventID=1745291&CustomerID=321>.

### **HHS Announces Availability of Prevention Grants to Improve Health**

The U.S. Department of Health and Human Services announced on May 13 the availability of over \$100 million in funding for up to 75 Community Transformation Grants. Created by the Affordable Care Act, these grants are aimed at helping communities implement projects proven to reduce chronic diseases, improve health, reduce health disparities, and lower health care costs. The grants will focus on five priority areas, but communities can address additional areas of disease prevention and health promotion, including disabilities and secondary conditions.

The Community Transformation Grants are one piece of a broader effort by the Obama Administration to address the health and well-being of our communities through initiatives such as the President's Childhood Obesity Task Force, the First Lady's Let's Move! campaign, the National Prevention Strategy, the National Quality Strategy, and HHS' Communities Putting Prevention to Work program. The Prevention and Public Health Fund, as part of the Affordable Care Act, is supporting this and other initiatives designed to expand and sustain the necessary capacity to prevent disease, detect it early, manage conditions before they become severe, and provide states and communities the resources they need to promote healthy living. For more information about how the Fund is helping promote prevention in every state, visit [www.HealthCare.gov/news/factsheets/prevention02092011a.html](http://www.HealthCare.gov/news/factsheets/prevention02092011a.html).

The official funding opportunity announcement for the Community Transformation Grants can be found at [www.Grants.gov](http://www.Grants.gov) by searching for CFDA 93.531. For more information about the grants, visit [www.healthcare.gov/news/factsheets/grants05132011a.html](http://www.healthcare.gov/news/factsheets/grants05132011a.html) or [www.cdc.gov/communitytransformation](http://www.cdc.gov/communitytransformation).

### **CMS Proposes Rules on 1915(c) Waiver Programs**

In the April 15, 2011, Federal Register, CMS published proposed rules for the Medicaid home and community-based services (HCBS) 1915(c) waiver programs. These proposals were first published in the June 22, 2009, Federal Register (74 FR 29453), Advance Notice of Proposed Rulemaking (ANPRM) that proposed to initiate rulemaking on a number of areas primarily relating to: target groups, defining home and community-based settings, and underscoring the person-centered planning approach for Medicaid waiver recipients to insure choice and participant directed services. CMS has proposed a federal regulatory change that permits combining targeted groups within one waiver, and to design the waiver to meet the needs of more than one target population. This would shift the waiver from being based on a specific diagnosis to one based on needs. In addition, if within a family, several members are eligible for different waiver programs, such as parent who is a caregiver, but who is also eligible for a waiver due to age, while another member is eligible due to brain injury, both could be served under one waiver structure that would meet the needs of the entire family.

Through the ANPRM, CMS also sought public input on strategies to define home and community-based settings where waiver participants may receive services. Last year, NASHIA submitted a paper to CMS on recommendations with regard to characteristics of HCBS waiver programs.

CMS is also emphasizing the importance of the person-centered planning process in the delivery of HCBS waiver services. The plan may also reflect whether and which services an individual may choose to self-direct. CMS proposes to add a new paragraph to remind States of their obligations to provide public notice when States propose significant changes to their methods and standards for setting payment rates for services.

Public comments on any of these proposed changes are due no later than 5:00 pm (EST) on June 14, 2011. When making comments, individuals are instructed to please refer to file code CMS-22296-P. Comments may be submitted electronically: <http://www.regulations.gov>. Follow the instructions under the "More Search Options" tab.

### **HHS Offers New Tools to help States Lower Medicaid Costs for Dual Eligibles**

On May 11, the U.S. Department of Health and Human Services (HHS) announced a series of initiatives to work with States to save money and better coordinate care for the 9 million Americans enrolled in both Medicare and Medicaid. The new initiatives include better access to Medicare data and better coordination of health care between Medicare and Medicaid. The initiatives will be led by the new Federal Coordinated Health Care Office (the Medicare-Medicaid Coordination Office), which was created by the Affordable Care Act to help make the two programs work together more effectively to improve patient care and lower costs.

Currently, 60-percent of Medicare-Medicaid enrollees, "dual eligibles," have multiple chronic conditions and 43-percent have at least one mental or one cognitive impairment. While only 15-percent of Medicaid enrollees are also Medicare beneficiaries, Medicare-Medicaid enrollees represented 39-percent of Medicaid spending in 2007. Medicaid spent about \$120 billion on this group - about twice as much as Medicaid spent on the 29 million children it covered. The Medicaid spending per Medicare-Medicaid enrollee was \$15,459 in 2007, over six times higher than the comparable cost of a non-disabled adult Medicaid-only enrollee (\$2,541).

The Medicare-Medicaid Coordination Office launched the Alignment Initiative to more effectively integrate benefits under the two programs. Currently, low-income seniors and people with disabilities must navigate two separate programs: Medicare for coverage of basic acute health care services and drugs, and Medicaid for coverage of supplemental benefits such as long-term care supports and services. Medicaid also provides help with Medicare premiums and cost-sharing for those who need additional assistance.

Among the new tools, will be a new process that provides faster State access to Medicare data to support care coordination. Access to Medicare data is an essential tool for States seeking to coordinate care, improve quality, and control costs for their highest cost beneficiaries. With Medicare data, States can identify high risk and high cost individuals, determine their primary health risks, and provide comprehensive individual client profiles to its care management contractor to tailor interventions.

The first step in Alignment Initiative is a notice for public comment that will be displayed in the Federal Register. The notice requests public input on priorities and key goals. Individuals wishing to submit comments have until July 11, 2011 to do so. For more information on the Alignment Initiative notice for comment, visit: [www.ofr.gov/inspection.aspx](http://www.ofr.gov/inspection.aspx). The Medicare-Medicaid Coordination Office will continue to engage with local stakeholders around the country on the Alignment Initiative through regional listening sessions. For more information about Medicare-Medicaid enrollees, view the fact sheet. For more information about these announcements, visit: [www.cms.gov/medicare-medicare-coordination/](http://www.cms.gov/medicare-medicare-coordination/).

### **CMS Seeking Comments to Align Benefits for Dual Eligibles**

CMS is seeking comments regarding opportunities that would more effectively align benefits and incentives to prevent cost-shifting and improve access to care under the Medicare and Medicaid programs for individuals with both Medicare and Medicaid ("dual eligibles"). The announcement was made in the May 16, 2011 Federal Register/ Vol. 76, No. 94.

CMS is particularly interested in these questions:

- How can the Medicare and Medicaid programs better ensure dual eligible individuals are provided full access to the program benefits?
- What steps can CMS take to simplify the processes for dual eligible individuals to access the items and services guaranteed under the Medicare and Medicaid programs?
- Are there additional opportunities for CMS to eliminate regulatory conflicts between the rules under the Medicare and Medicaid programs?
- How can CMS best work to improve care continuity and ensure safe and effective care transitions for dual eligible beneficiaries?
- How can CMS work to eliminate cost-shifting between the Medicare and Medicaid programs? How about between related health care providers?

Comments must be received at one of the addresses provided below no later than 5:00 p.m. (EST), July 11, 2011.

### **VA Implements Family Caregiver Program**

The Department of Veterans Affairs (VA) has published the interim final rule for implementing the Family Caregiver Program of the Caregivers and Veterans Omnibus Health Services Act 2010. This new rule will provide additional support to eligible post-9/11 Veterans who elect to receive their care in a home setting from a primary Family Caregiver.

As of May 9th, Veterans may download a copy of the Family Caregiver program application (VA CG 10-10) at [www.caregiver.va.gov](http://www.caregiver.va.gov). The application enables the Veteran to designate a primary Family Caregiver and secondary Family Caregivers if needed. Caregiver Support Coordinators are stationed at every VA medical center and via phone at 1-877-222 VETS (8387) to assist Veterans and their Family Caregivers with the application process.

Additional services for primary Family Caregivers of eligible post-9/11 Veterans and Servicemembers include a stipend, mental health services, and access to health care insurance, if they are not already entitled to care or services under a health care plan. Comprehensive Caregiver training and medical support are other key components of this program. The program builds on the foundation of Caregiver support now provided at VA and reflects what families and clinicians have long known; that Family Caregivers in a home environment can enhance the health and well-being of Veterans under VA care.

### **VA Seeking Comments on Propose Rule on Medical Foster Home Program**

On May 19th, the Department of Veterans Affairs announced in the Federal Register a proposed rule to amend the Department of Veterans Affairs (VA) "Medical" regulations to add rules relating to medical foster homes. Currently, VA's medical foster home program, whenever possible and appropriate, relies upon existing regulations that govern community residential care facilities; however, these existing regulations do not adequately or appropriately cover all aspects of medical foster homes, which provide community based care in a smaller residential facility and to a more medically complex and disabled population. The proposed rules

reflect current VA policy and practice, and generally conform to industry standards and expectations. Comments on the proposed rule must be received by VA on or before July 18, 2011.

Many veterans who are disabled due to complex chronic disease or traumatic injury may be unable to live safely and independently, or may have health care needs that exceed the capabilities of their families. Many of these veterans are placed in nursing homes. However, with the proper support, many veterans who previously would have been placed in nursing homes can continue to live in a home and delay, or totally avoid, the need for nursing home care. VA's community residential care program, specifically authorized by 38 U.S.C. 1730 and implemented at 38 CFR 17.61 through 17.72, has provided health care supervision to eligible veterans who are not able to live independently and have no suitable family or significant others to provide needed supervision and supportive care.

A medical foster home is a specific type of community residential care facility that provides home-based care to a small number of residents with serious chronic disease and disability. Community residential care is not a substitute for nursing home care. A medical foster home provides a greater level of care than a community residential care facility (and in this respect a medical foster home is more analogous to nursing home care), while allowing veterans to live in a home-like setting and maintain a greater degree of independence. VA interprets a medical foster home program, as a subset of the community residential care program.

Written comments may be submitted electronically through [http:// www.Regulations.gov](http://www.Regulations.gov), and should indicate that they are submitted in response to "RIN 2900- AN80, Medical Foster Homes."

#### **HHS Makes Stakeholder Dialogues Summary Report Available**

Four U.S. Department of Health and Human Services (HHS) Stakeholder Dialogues and Listening Sessions on implementing the Community Living Initiative were held across the nation last year, and a summary report is now available. The Community Living Initiative expands opportunities for people with disabilities and older adults to live in their communities and achieve their goals. Many of the issues and challenges identified during the four listening sessions will guide HHS in developing and refining strategies to support and promote community living.

On June 22, 2009, the 10th anniversary of the Supreme Court's landmark decision in the case of *Olmstead v. L.C.*, President Barack Obama launched "The Year of Community Living." In response, the U.S. Department of Health and Human Services (HHS) established the Community Living Initiative to identify and promote ways to improve access to housing, community supports, and independent living arrangements for individuals with disabilities and older adults. As an important part of the Community Living Initiative, HHS held Stakeholder Dialogues and Listening Sessions with State and local officials, consumers, service providers, advocates, and other critical stakeholders with diverse opinions on issues related to community living. This report summarizes participant comments and suggestions from these Stakeholder Dialogue/Listening Sessions. The full Stakeholder Dialogues Summary Report is available at: [www.hhs.gov](http://www.hhs.gov).

#### **NCD Congressional Forum on Budget**

The National Council on Disability (NCD) held a congressional forum Thursday on "Disability in the Budget: Why it Matters." Members of Congress were invited to testify and join the forum. Representatives James Langevin (D-RI) and Cathy McMorris Rodgers (R-WA), co-chairs of the Bipartisan Caucus on Disabilities, were among those to provide statements and take questions. In her testimony, Rep. McMorris Rodgers emphasized that the Americans with Disabilities Act and other disability policies should be about fulfilling the abilities and ambitions of every American, and not about creating and perpetuating a dependence on the federal government. NCD Chairman Jonathan Young urged bipartisan collaboration as the Congress tries to resolve the country's fiscal challenges and stating that people with disabilities need to be included in the fiscal policy debate. More information can be found on the NCD website.

#### **Other**

##### **GAO Releases Report on Oversight of Nursing Home Complaint Investigation Process**

On May 9, the Government Accountability Office (GAO) released a report examining CMS's oversight of the nursing home complaint investigation process, as well as the timeliness and adequacy of the investigations. CMS contracts with State survey agencies to investigate complaints about nursing homes made by residents, family members, and others. In conducting this analysis, GAO examined CMS data on complaints and State survey agency performance reviews, as well as the effectiveness of CMS's oversight. Through this process, GAO concluded, in part, that CMS's oversight of the complaint investigation process could be strengthened if CMS were to take steps to both improve the reliability of its complaints database and to clarify its guidance in order to promote

consistency among state performance standards. The report, *More Reliable Data and Consistent Guidance Would Improve CMS Oversight of State Complaint Investigations*, is available here. <http://www.gao.gov/new.items/d11280.pdf>.

### **New TASH Parent Guide on Prevention, Identification and Response to Restraint & Seclusion**

TASH has released a new parent guide, *Shouldn't School Be Safe?*, available as a free resource at [www.TASH.org](http://www.TASH.org). The guide was developed for parents and by parents, and offers insight and advice to respond to and prevent restraint and seclusion. *Shouldn't School Be Safe?* offers preventative steps parents can take to limit risk at school. The guide encourages parents to play an active role in decision-making, including the creation of an Individualized Education Plan and behavior plan.

It also covers ways to build positive relationships and set the foundation for success within the school and community for their child. *Shouldn't School Be Safe?* includes information and step-by-step actions for parents to take if they discover their child has been restrained or secluded in school. These practices can be traumatic for children and their parents. This guide outlines the immediate steps to be taken, and how to respond in the days and weeks following an incident of restraint, seclusion or other aversive practice.

This update was prepared by Susan L. Vaughn, Director of Public Policy, [publicpolicy@nashia.org](mailto:publicpolicy@nashia.org). William A.B. Ditto, MSW, is Chair of the NASHIA Public Policy Committee. Rebeccah Wolfkiel is Governmental Relations Consultant, [rwolfkiel@ridgepolicygroup.com](mailto:rwolfkiel@ridgepolicygroup.com).

*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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