



National Association
OF
State Head Injury Administrators

Federal Public Policy Platform



110th Congress
2007-2008

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ABOUT NASHIA

The National Association of State Head Injury Administrators (NASHIA) is a nonprofit, voluntary membership organization established by state government employees to help one another plan, implement and administer public programs and services for individuals with brain injury and their families. NASHIA members represent a broad spectrum of state agencies including health, vocational rehabilitation, mental health, Medicaid, social services, developmental disabilities and education. Since 1990, NASHIA has been the source of information and education for state employees and the collective voice of state government on federal brain injury issues.

NASHIA reaches out to state agency employees and welcomes other advocates, professionals and organizations with an interest in state policy and service delivery to become a member. For further information visit www.nashia.org.

MISSION

The mission is to assist state government in promoting partnerships and building systems to meet the needs of individuals with brain injury and their families.

PRINCIPLES

NASHIA:

- Respects the past and embraces the future.
- Values diversity, creativity, innovation and individuality in people and systems.
- Is goal-directed, and strives to learn from others.
- Believes brain injury is a significant public health and disability concern that requires resources for prevention, research and service delivery commensurate with its scope and impact at the local, state and federal level.
- Believes individuals with brain injuries have the right to a life in the mainstream of society with the full range of service and support options necessary to meet individualized needs across the lifespan.
- Believes state service delivery systems should outreach to and support all individuals with brain injuries, including those from culturally and linguistically diverse communities, in setting their own goals, determining their own needs, and choosing their own services and supports in culturally appropriate environments.
- Believes service delivery systems should be accessible, available, acceptable, appropriate, and affordable, and respect the values, knowledge, and history of individuals with brain injury and their families.
- Believes individuals with brain injury, their circle of supports, and their families should be active participants in the planning and implementation of service delivery systems that balance financial responsibility with the dignity of risk.
- Values collaborative approaches across organizations and systems and the contributions of all partners and stakeholders who share NASHIA's goals.

FEDERAL PUBLIC POLICY PLATFORM

Traumatic brain injury (TBI) is the leading cause of death and disability in children and young adults. It is caused by a sudden jolt, blow or penetrating injury to the head that disrupts the normal function of the brain. Falls and motor vehicle crashes are the primary cause of injuries with sports, recreational injuries, work-related and war-related injuries as contributing causes. The injury often results in problems with thinking, emotions, behavior, language, physical mobility and sensory that affects how a person is able to live and work independently. At least 5.3 million Americans live with a permanent disability as a result of a traumatic brain injury.

TBI is a complex disability that challenges states' ability to respond to the individual and family needs. Their needs may range from rehabilitation to community and family support to long-term care. Some individuals may only need time-limited services, while others may need long-term services and supports or services on an intermittent basis.

Most states use a variety of federal, state and local resources for planning, developing and administering an array of services and supports. Individuals with a traumatic brain injury are most likely to seek public services and assistance from health, vocational rehabilitation, Medicaid, mental health or developmental disabilities agencies or a combination of these agencies that together may provide the necessary rehabilitation, therapies, vocational training, in-home support, transportation, family support, housing assistance and so forth. States strive to provide coordinated systems of care with the goal of providing the right services at the right time. Without such coordination, individuals are often placed inappropriately into nursing homes or left to the families to care for without much support or assistance.

Because of the wide range of needs and the potential impact of the myriad of federal programs on individuals with traumatic brain injury, NASHIA reviews and monitors an array of federal programs that offer assistance and support to individuals with disabilities, including brain injury. NASHIA belongs to the American Brain Coalition, Consortium for Citizens with Disabilities and the Campaign for Children's Health Care.

NASHIA prioritizes its public policy work based on the impact that each issue may have on the ability of state, local and community programs to provide services and to support persons who have a brain injury, as well as their families and circles of supports. Priorities are also influenced by NASHIA resources that are available to carry out the work. NASHIA offers *primary support* to federal legislative, funding or regulatory initiatives that directly and exclusively impact service delivery for individuals with traumatic brain injury and their families. This includes initiating, researching or drafting legislative language or funding proposals; educating legislators and other public policy makers and actively building coalitions to partner with and to support traumatic brain injury initiatives. NASHIA also *supports* (or opposes) and monitors federal legislative and funding that affect individuals with disabilities, including brain injury. This legislation is listed alphabetically in this paper, rather than on a priority basis.

NASHIA regularly keeps members informed of pertinent issues through its publication, *Capitol News*, Action Alerts and a legislative grid of pertinent legislation introduced by Congress. These materials, fact sheets and NASHIA correspondence are posted in the membership section on the NASHIA website (www.nashia.org).

The NASHIA Public Policy Committee and staff developed this platform, which was adopted by the membership during the annual meeting held in September 2006 in Baltimore, MD.

PRIMARY SUPPORT

1. Appropriations for Traumatic Brain Injury (TBI) Act Programs

The Traumatic Brain Injury (TBI) Act of 1996, as amended in 2000, authorizes the US Department of Health and Human Services (HHS), Health Resources and Service Administration (HRSA) to award grants to (1) states and territories to improve access to service delivery and (2) state Protection and Advocacy (P&A) Systems to expand advocacy services to include individuals with traumatic brain injury. For the past ten years the HRSA Federal TBI State Grant Program has supported state efforts to develop four core components which include establishing an advisory board, designating a lead state agency, conducting a needs and resources assessment and develop a state action plan. States have also used grant funds to improve and expand service capacity through a variety of projects.

The Administration has recommended eliminating the HRSA Federal TBI Program the past three years, however, Congress has continued to fund the program. Congress appropriated \$8.91 million for FY 2007 (for both the State Grant and PATBI Grant Program), the same as FY 2006. While the program has managed to expand the number of states and territories receiving grant funding to nearly all of the states, the award amount is half the amount initially awarded to states for Implementation Grants in 1997, which was \$200,000.

The TBI Act also authorizes funding to the Centers for Disease and Prevention (CDC) for conducting public education, prevention and surveillance.

NASHIA recommends:

- **Increased funding** to HRSA to increase the amount awarded to states to help sustain efforts and to expand core components to include service coordination; and to support Federal TBI Program goals through technical assistance, federal interagency coordination and outreach, and resources that promote “best practices” in service delivery.
- **Funding to convene a national conference** to focus on best practices in order to develop a national agenda for meeting the growing long-term care needs of individuals with traumatic brain injury.
- **Increased funding for the PATBI Grant Program.**
- **Increased funding for the CDC TBI program.**

2. Traumatic Brain Injury Act Reauthorization

The TBI Act of 1996, as amended in 2000, expired in 2005. **NASHIA supports reauthorization** and provisions to:

- Reduce the state match requirements.
- Allow American Indian Consortiums as defined by the Developmental Disabilities Act, as amended, to be eligible for funds under the HRSA TBI State Grant Program.
- Establish national grants of significance to further the field in brain injury by funding opportunities for developing “best practices” and resources.
- Direct a Federal Interagency Committee within HHS to collaborate with other health and disability programs.
- Promote a national agenda on community and family services and supports, including service coordination.

SECONDARY SUPPORT

Individuals with traumatic brain injury and their families may be eligible for programs offering services, supports and assistance to individuals with other disabilities or who meet certain financial eligibility. NASHIA supports funding for these critical resources as well as legislation that improves rehabilitation, health care, education, employment, community living and overall quality of life for individuals with traumatic brain injury, their families and circles of support.

APPROPRIATIONS AND BUDGET PROCESS

1. Appropriations for Domestic Programs

In his FY 2008 budget recommendations the President proposed sizable cuts over the next five years in federal domestic discretionary programs and eliminating 141 domestic programs, including the HRSA Federal TBI Grant Program. The cuts would come from a wide range of areas, including veterans' health care, medical research, assistance for state and local law enforcement efforts, child care and energy and nutrition assistance for low-income seniors. NASHIA **opposes** any measure to reduce or eliminate programs that provide services, supports and assistance to low-income individuals with a traumatic brain injury. Of the programs proposed to be eliminated, NASHIA specifically **supports funding** for the:

- Emergency Medical Services for Children Program (EMSC)
- Funding for the Supported Employment and Projects with Industry (PIC) programs as authorized by the Rehabilitation Act.
- Preventive Health Block Grants

2. Budget Resolution

Each year, the US House of Representatives and Senate develop a joint budget resolution which guides the process for developing the spending bills for the coming fiscal year. The budget resolution outlines increases or decreases in spending across the discretionary and mandatory parts of the Federal budget. The discretionary parts of the budget are addressed through annual appropriations bills. The mandatory parts of Federal spending are handled through reconciliation bills (I.e. Medicaid, Supplemental Security Income (SSI), and Medicare). NASHIA **opposes** Congress establishing budget targets that result in reducing overall federal spending for domestic programs and entitlement programs through the Budget Reconciliation process.

Instead, NASHIA **supports Congress increasing spending limits** so that the congressional committees may restore funding cuts to public health programs enacted in FY 2006. It is estimated that an additional \$4 billion, 7.8 percent, will be needed in FY 2008 to meet that goal and reverse the erosion of support for the continuum of biomedical, behavioral and health services research, community-based disease prevention and health promotion, basic and targeted services for the medically uninsured and those with disabilities, health professions and education.

3. Line Item Veto and Sunset Commission Legislation

Legislation has been introduced to provide the President with a line-item veto authority that would enable him to cancel the funding Congress has provided for any discretionary program. The last Congress also introduced legislation to create a sunset commission to review federal programs that could recommend which programs should be eliminated. These proposals all include a mechanism to enable agencies and programs to be eliminated regardless of whether

legislation to accomplish that end could be enacted through the regular legislative process. NASHIA **opposes** any legislation establishing a sunset commission and line-item-veto authority.

DISABILITY -- HEALTH -- EDUCATION RELATED LEGISLATION

5. **Americans with Disabilities Act (ADA) Restoration**

The 110th Congress should restore the ADA of 1990 to fulfill the intent of the law to protect people with disabilities from being discriminated against in employment, housing, transportation, public accommodations and telecommunications. Since 1990, Court decisions have eroded some of these protections, including the narrowing of the definition of disability, resulting in some individuals with disabilities not being covered under the law. Court rulings have allowed employers to say a person is “too disabled” to do the job, yet “not disabled enough” to be protected by the law. The case is then thrown out of court leaving the individual without the opportunity to do the job. NASHIA **supports** Congress clarifying the “definition of disability” as originally intended by Congress and restoring full protection rights.

6. **Assistive Technology (AT)**

The Assistive Technology Act of 2004 supports assistive technology loan programs, device demonstration programs, device reutilization programs and alternative financing programs, such as low-cost financial loan programs. The AT Act also supports state grants for P&A Systems related to assistive technology and national activities such as a national public-awareness tool kit, research and development, technical assistance and training, data collection and a national public internet site. **NASHIA supports full funding of all of the provisions of the Assistive Technology Act of 2004.**

7. **Developmental Disabilities (DD) Act Reauthorization**

The Developmental Disabilities Assistance and Bill of Rights (DD) Act (Public Law 106-402) is due for reauthorization in 2007. The Act establishes state and territorial councils on DD, P&A Systems, University Centers for Excellence on DD and Projects of National Significance. The DD Act ensures that individuals with developmental disabilities and their families participate in the design of and have access to culturally competent services, supports and other assistance and opportunities that promote independence, productivity, integration and inclusion in the community. **NASHIA supports reauthorization of the Developmental Disabilities Act.**

8. **Education Funding**

While the majority of children and youth with traumatic brain injury return to school after their injuries, their educational needs are likely to be very different from they were prior to the injury. To help with their educational needs they may receive special education and related services afforded to them under the Individuals with Disabilities Education Act (IDEA), which entitles individuals with disabilities to a free, appropriate public education. Other children and youth may return to the regular classroom and receive educational accommodations and modifications under a 504 plan (Rehabilitation Act of 1973), in order to have equal access to education. Still, other children return to school and receive no special instructions or accommodations as the result of their injuries, which may not be well documented or may not result in significant problems until well after the injury occurred.

The No Child Left Behind (NCLB) Act of 2001, expires in September 2007. The law requires all students up to high school to be assessed to determine educational progress by individual schools and school systems. NCLB requires that schools have a plan to help all students meet challenging academic standards and requires systemic accountability for the outcomes of all

students, including students with disabilities. NASHIA supports legislation and funding to support:

- Highly qualified general and special education teachers that have both the skill and knowledge to teach grade-level content and to teach diverse learners, including individuals with cognitive and behavioral problems relating to brain injury.
- Improved graduation rate of students with disabilities.
- Resources for public schools to meet the needs of all students, including those with TBI.
- Changes to NCLB that impact students with disabilities more favorably.
- Closer coordination of NCLB and IDEA policies.
- Fully funding for all components of IDEA and NCLB.

9. Emergency Preparedness and Disaster Relief

Since Hurricane Katrina, federal, state and local governments have learned lessons about rescuing, evacuating and attending to individuals with disabilities living in disaster areas or who may have received disabling injuries as the result of the event. In disaster events individuals are subject to being injured as the result of flying debris, falls, being trampled or blast waves from an explosion. In the chaos following mass casualty events, diagnosis of a TBI may be missed.

NASHIA **recommends** that any proposed legislation or Administrative rules:

- Require health care professionals to screen people for possible brain injury.
- Exclude institutionalization as a solution to housing needs for people with disabilities, except in a dire emergency and for an extremely short period of time.
- Provide specifically for disability- related service coordination.
- Assure that all federal agencies, federally contracted entities and other relevant organizations coordinate their activities and address the needs of people with disabilities, including traumatic brain injury.

10. Housing

Affordable and accessible housing is critical for individuals with brain injury to reside in the community. The U.S. Department of Housing and Urban Development's Section 8 Housing Choice Voucher Program is the largest housing assistance program that helps very low-income households, including people with disabilities, obtain affordable housing in the community. The Section 811 Supportive Housing for Persons with Disabilities program is the only federal program that can expand the supply of accessible and affordable housing for people with the most severe disabilities. NASHIA **favours** proposals that:

- Clarify and reinforce that persons with severe disabilities, rather than low-income persons, are the intended beneficiaries of the Section 811 program.
- Prevent mingling or re-directing of Section 811 funds with other housing initiatives that do not directly and exclusively benefit individuals with severe disabilities.
- Provide incentives to landlords to increase housing options for people with disabilities.
- Significantly increase funding for the Section 8 Housing Choice Voucher program, the Section 811 Supportive Housing for Persons with Disabilities program, the HOME Investment Partnerships program, the Community Development Block Grant program and increase funding for U.S. Department of Agriculture housing programs as well as all other federal housing programs providing funding for people with disabilities.
- Provide funding to educate and train public housing authorities and service providers on the housing needs of people with traumatic brain injury.

11. Medicaid (Title XIX of the Social Security Act)

Medicaid is the jointly funded federal/state program that pays for medical assistance for individuals and families who meet certain eligibility criteria. It is the largest source of public funding for medical, health-related and long-term care services for individuals with disabilities. Individuals with traumatic brain injury often rely on Medicaid for rehabilitation, therapies and home and community-based services (i.e. personal care, in-home supports).

(a) Further Medicaid Reductions, Caps or Block Grants

The DRA imposed policies to reduce Medicaid spending and the President has proposed further reductions for FY 2008. These policies and proposals affect eligibility and benefits (i.e. rehabilitation services) that adversely impact individuals with traumatic brain injury. NASHIA opposes:

- Any proposal to further reduce or cap federal match funds provided to states for Medicaid services, for provider reimbursement or program administration.
- Block granting the Medicaid program.
- Any efforts that would result in eliminating populations or services that are presently covered by the Medicaid program.

(b) Cost sharing-provisions

The DRA contains new cost-sharing provisions which give states wide latitude in determining co-payments. However, the DRA is silent with respect to the co-payments that can be imposed on non-exempt individuals with incomes below the federal poverty level, including people with disabilities. Congressional leaders have notified the Centers for Medicare and Medicaid (CMS) that Congress did not intend to have made so fundamental a change to the Medicaid program as allowing the imposition of unlimited cost sharing on the lowest income Medicaid beneficiaries while imposing clear limits on higher income beneficiaries, without expressly providing states with that authority in the legislative language.

NASHIA supports any congressional and Administration efforts to clarify to the states the intent of these provisions so as not to deter individuals with disabilities who are low-income from receiving Medicaid services due to co-payments.

Emergency Room Co-payments

The DRA permits states to submit a state plan amendment allowing hospitals to impose cost sharing for non-emergency services provided in hospital emergency rooms, if they follow strict notice requirements. This provision requires that the beneficiary receive a medical screening (as defined in Medicare law) and a determination by the emergency room that the beneficiary does not have an emergency medical condition. This provision conflicts with the Emergency Medical Treatment and Active Labor Act (EMTALA), which prohibits hospitals from delaying the screening to inquire about the individual's method of payment or insurance status. Congress should not deter individuals from seeking treatment due to co-pay requirements. **NASHIA supports clarification of the conflicting DRA and EMTALA provisions.**

(c) Case Management

The DRA allows federal financial participation for case management services only if there are no other third parties liable for the care, such as another medical, social or educational program. A state is required to allocate the cost of case management services between Medicaid and any other relevant federal program and only bill Medicaid for its portion. This places hardships on other social or educational programs that are already stretched to cover the array of needs. In addition, the Administration's FY 2008 budget recommendations propose to reduce the federal financial participation for targeted case management services.

NASHIA supports efforts to clarify federal financial participation for case management and to ensure that individuals with traumatic brain injury who are currently being covered by targeted case management services retain that service. NASHIA opposes lowering the federal share for targeted case management services.

(d) Children's Health and Related Services

Early and Periodic Screening, Diagnosis and Treatment Program

The Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT) offers an array of preventive, primary and remedial health care services to children under the age of 21. The program is a mandatory service required to be provided under a State's Medicaid program. The DRA permits states to provide scaled-back health benefit packages to children, as long as those eligible for EPSDT receive those services as wrap-around coverage to the scaled back benefits package. The DRA also contains a provision that gives States the option to provide "benchmark" or "benchmark-equivalent" health care benefits to certain beneficiary groups which may be more limited. Under this option, children must continue to receive EPSDT benefits, either directly or through a benchmark or bench-mark equivalent plan. Children with disabilities who are eligible for Medicaid on the basis of *disability* are exempt from this provision. However, children with disabilities who qualify for Medicaid on the basis of *income*, not disability, are included in this provision.

While Congress did not intend to make changes to the EPSDT Program in the DRA, there are conflicting sections with regard to EPSDT and wrap around benefits. Youth aged 19-21 can be enrolled in the benchmark coverage and, for them, the wrap-around benefit appears to be optional. **NASHIA supports retaining comprehensive benefits under the EPSDT program for children as a mandatory. In addition, NASHIA supports the coordination of EPSDT services and wrap around services.**

Medicaid Coverage for School-Based Health Care Services

The Medicare Catastrophic Coverage Act (1988) stipulated that Medicaid -- not the Department of Education -- pays for medical services provided to Medicaid-eligible children with special health care needs. Each child must have an Individualized Education Plan, in accordance with IDEA in order for Medicaid to pay for their school-based care. The Administration proposed for FY 2008 to cut the HHS' budget for Medicaid school reimbursement for related services and transportation. **NASHIA supports** the Medicaid school-based health program to cover necessary services that might not otherwise be covered under IDEA funding.

State Children's Health Injury Program (SCHIP) Reauthorization

The State Children's Health Insurance Program (SCHIP) allows state to offer health insurance for children, up to age 19, who are not already insured. SCHIP is a block grant program with a fixed annual funding level. Federal funding has not kept pace with state needs, and consequently, states are experiencing short falls. The SCHIP legislation is up for reauthorization in 2007. **NASHIA supports reauthorization of SCHIP and increased funding to cover uninsured low-income children.**

Family Opportunity Act

The DRA authorized the Family Opportunity Act (FOA) which allows families who have a child with disabilities to buy into Medicaid if their income do not exceed 250 percent of poverty (about \$47,000 for a family of four). This would prevent families from having to place children out of

the home for services, and would also give children a full range of services that are often not covered by private insurance. **NASHIA supports funding** for states to implement this program.

(f) Community Support and Long Term Care Options

Historically, funding for long-term services under the Medicaid program has had an institutional or nursing home bias. NASHIA supports efforts to rebalance Medicaid service delivery to offer an array of community services of supports. These efforts include:

Direct Support Professionals Fairness and Security Act

For individuals with traumatic brain injury direct support professionals are often the key to living successfully in their home communities. Direct support professionals refer to personal care assistants, home care aides or staff in community support programs who assist people with disabilities with medications, mobility and activities of daily living. While direct support staff are crucial to community living, they are generally paid minimum wages. As a result, people with disabilities often experience continuous turnover of direct support workers or they find themselves unable to get workers at all. **NASHIA supports legislation which would provide funds to States to enable them to increase the wages paid to targeted direct support professionals in providing Medicaid services to individuals with disabilities.**

Home and Community-Based Services Options

Section 6086 of the DRA, known as the Expanded Access to Home and Community-Based Services (HCBS) for the Elderly and Disabled, became effective on January 1, 2007. This is a new option for states to provide HCBS without states needing to use a waiver process. The provision allows states to provide any of the services now covered under HCBS waivers; and requires states to establish stricter eligibility (level of care) criteria for institutional services than for community-based services. In addition, states may continue to provide services through their existing waiver programs.

NASHIA supports:

- Amending Section 6086 to ensure that the state flexibility provisions do not undermine progress at the state level to provide services to more people in the community.
- Provisions to ensure that eligibility criteria that are developed at the state level are broad enough to include individuals with cognitive, neurological and mental health disorders and that services are available statewide.

NASHIA **opposes** any incentives to states to offer such optional services as rehabilitative services only to persons qualifying under the HCBS option -- where the number of individuals receiving the service can be capped.

Personal Services and Supports

In keeping with the many efforts to encourage Medicaid to pay for services in one's own home, in lieu of a nursing home, legislation has been introduced for a number of years to allow Medicaid funding to be used for personal assistance services and supports for people of all ages in their homes and communities. The Medicaid Community-Based Attendant Services and Supports Act, known as MiCASSA, enables people to make choices as to where they wish to live. **NASHIA supports mandated state Medicaid plan coverage of community-based attendant services and supports for certain Medicaid-eligible individuals.**

Self-Directed Personal Assistance Services (Cash and Counseling)

As of January 2007, states may offer the option of self-directed personal care services as a regular state plan or HCBS waiver service as provided by the DRA. The DRA prohibits use of

self-directed personal services for beneficiaries who live in homes or property owned, operated or controlled by a service provider. Individuals using this new option are allowed to hire, fire, supervise and manage the people providing the services and, if the state allows, may use family members. NASHIA **supports** this provision and any incentives to states to use this option.

11. Medicare

Through regulations, CMS currently restricts Medicare's coverage of power wheelchairs, scooters and other mobility devices to those considered necessary within the home. This restriction prevents beneficiaries from obtaining wheelchairs that are necessary for use outside the home, i.e. to access work, the community at-large, his or her place of worship, school, physician's office or pharmacy. NASHIA **supports** the "Medicare Independent Living Act" that would expand coverage for beneficiaries who need these devices outside the home.

In addition, caps were placed on outpatient physical therapy, occupational therapy and speech and language pathology services as part of the Balanced Budget Act of 1997. Since this time, Congress has placed a moratorium on the therapy caps three times. However, these caps went back into effect on January 1, 2006. As part of the DRA, Congress provided Medicare beneficiaries in need of rehabilitation services with a diagnostic and clinically based exceptions process in order to receive rehabilitation services under Medicare for 2006 and extended this exceptions process for 2007. NASHIA **supports** the "Medicare Access to Rehabilitation Services Act", which would repeal the therapy caps for once and for all.

12. Prevention

Falls and motor vehicle related injuries are the primary causes of traumatic brain injury with assaults/weapons, occupational, war-related and sporting injuries also contributing causes. Of all the risks, falls are the leading cause of unintentional death among people 65 and older.

NASHIA supports:

- CDC funding to state health departments for injury surveillance, data collection and injury prevention programs.
- National Highway and Traffic Safety Administration (NHTSA) programs and incentives to states to encourage (a) mandatory laws requiring motorcycle helmet usage for all riders, (b) primary safety belt laws, (c) open container laws and (d) strong DUI or DWI laws.
- The Keeping Seniors Safe from Falls Act to help prevent falls among older adults through public education, research and demonstration projects.

13. Private Insurance

Private insurance and other third party payers are the primary payers of emergency, acute care and treatment of individuals who are hospitalized with a traumatic brain injury. Insurance policies also cover to some degree rehabilitation and individual therapies. In some states, legislatures have mandated cognitive rehabilitation, mental health, and/or substance abuse services coverage with regard to those policies for which they have jurisdiction. **NASHIA opposes any federal initiative that would remove the ability of states to mandate coverage and/or lessen their ability to regulate the insurance industry on behalf of the consumer.** NASHIA **supports parity** for people with brain injury in accessing services under insurance plans.

14. Community Living Assistance Services and Supports

Most Americans who have or who develop severe functional impairments, often as the result of a traumatic brain injury, do not have coverage for long-term supports. Medicaid is often the only

program that can provide services necessary for living independently in the community (i.e. housing modifications, assistive technologies, transportation, and personal assistance services).

Legislation has been introduced, the Community Living Assistance Services and Supports Act (CLASS Act), to establish a national, voluntary, premium-based long-term care insurance program. **NASHIA supports this concept.**

15. Respite

The Lifespan Respite Care Act (P.L. 109-442), which passed in 2006, authorizes competitive grants to Aging and Disability Resource Centers in collaboration with a public or private non-profit state respite coalition or organization to make quality respite available and accessible to family caregivers regardless of age or disability. **NASHIA supports** the Lifespan Respite Task Force request of \$40 million for FY 2008 for the program.

16. Returning Veterans and Soldiers with TBI

America's armed forces are sustaining attacks by rocket-propelled grenades, improvised explosive devices and land mines almost daily in Iraq and Afghanistan. These injured soldiers require specialized care from providers experienced in treating traumatic brain injury. Although the data on blast injury induced brain injury is very limited, states and communities are beginning to receive request for services ranging from treatment to housing and other financial assistance. **NASHIA supports** initiatives that would screen returning soldiers for traumatic brain injury, provide information on brain injury and available resources and provide services necessary for rehabilitation, transition and return to work and home in the community.

16. Social Security Benefits

People with severe disabilities are eligible for cash benefits under the Old Age, Survivors and Disability Insurance programs (OASDI) and the Supplemental Security Income (SSI) program. Under current funding for the Social Security Administration (SSA), people with severe disabilities have experienced long delays and decreased services in accessing these critical benefits. The OASDI programs are part of the debate over the long-term solvency of the Social Security Trust Funds. Congressional action to resolve the funding shortfalls will have a major impact on people with disabilities. While the disability programs provide critical benefits for daily living, there continue to be numerous areas in which the programs need adjustment to ensure that they meet the needs of the people who are intended to be served. **NASHIA opposes** any reform proposals that would reduce Social Security benefits for people with disabilities.

NASHIA supports legislation, funding and policies that:

- Remove barriers to returning to work, improves the disability determination process and preserves entitlements and benefits.
- Support the SSA Commissioner's full budget request of \$10.4 billion for SSA's Limitation on Administrative Expenses.
- Ensure the solvency of the Social Security Trust Funds by making limited adjustments that spread the costs while preventing privatization of, or depletion of, the Social Security Trust Funds.

17. Temporary Assistance to Needy Families (TANF)

The Temporary Assistance for Needy Families (TANF) legislation enacted in 1996 was reauthorized by the DRA of 2005. TANF was designed to provide low-income families with assistance to move from welfare to work. TANF recipients are required, with few exceptions, to

find employment or lose their TANF benefits after being on the rolls for five years. While TANF is directed to all low-income unemployed individuals receiving assistance, individuals with traumatic brain injury who are unemployed may also be enrolled in this program.

NASHIA supports:

- Increasing state flexibility by giving states credit for their effort to provide rehabilitative and other services and supports over a longer period of time in order to assist more individuals with disabilities to return to work.
- Affordable and accessible transportation and other supports necessary to obtain and retain employment.
- Efforts to encourage states to work collaboratively with other agencies that have expertise in identifying disabilities, particularly brain injury, and developing appropriate service plans to address their needs.

18. Transportation

NASHIA **supports** funding for programs funded by the Federal Transit Administration, such as the mass transit programs (including paratransit); Section 5310 program for the elderly and people with disabilities; and Section 5317, the New Freedom program (the United We Ride interagency initiative) that are designed to expand transportation opportunities for people with disabilities.

19. Trauma System Reauthorization

The most favorable patient outcomes result when acute care and subsequent rehabilitation begin as early as possible and when they focus on returning patients to an optimal level of functioning. Trauma systems are designed to match trauma patients with the acute care and rehabilitative facilities they need. In many parts of the United States, trauma systems are not fully operational or do not exist at all. NASHIA **supports** reauthorization of the Trauma Systems Planning and Development Act and funding to state health departments to maintain and improve trauma care.

20. Work Incentives and Vocational Rehabilitation

Employment is an achievable goal for individuals with traumatic brain injury whether it's returning to work previously held prior to the injury or to new employment or obtaining employment for the first time. The Administration's FY 2008 budget eliminates funding for the Supported Employment and the Projects with Industry (PIC) programs authorized by the Rehabilitation Act.

NASHIA supports:

- Reauthorizing the Rehabilitation Act and the Workforce Investment Act (WIA).
- Funding for the Supported Employment and the PIC programs.
- WIA One Stop Programs which are accessible physically and programmatically to individuals with disabilities.
- Strong linkages between Vocational Rehabilitation, WIA, Ticket to Work and Individuals with Disabilities Education Act (IDEA).
- Assuring that people currently earning sub-minimum wages in supported or sheltered employment have their federal and other benefits and supports protected if any wage and hour policy shift would result in the loss of employment, benefits, or supports.
- Supporting policies that expand work place flexibility.