

CMS announces MFP funding opportunity for non-participating Money Follows the Person (MFP) States. Read further for more information in this week's *Washington Weekly*.



**NATIONAL ASSOCIATION
OF STATE HEAD INJURY
ADMINISTRATORS**

Washington Weekly!

by National Association of State Head Injury Administrators

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Administration

State Option for Community-based Mobile Crisis Intervention Services Started April 1

The Centers for Medicare and Medicaid Services (CMS) is reminding States that April 1st is the first day that the Medicaid State option for qualifying community-based mobile crisis intervention services is in effect with the enhanced federal medical assistance percentage (FMAP) provided by the American Rescue Plan (ARP). The main objectives of community-based mobile crisis intervention services are to provide rapid response, individual assessment, and crisis resolution by trained mental health and substance use treatment professionals and paraprofessionals in situations where individuals are experiencing a mental health and/or SUD crisis.

This State option was authorized by the ARP for a period of five years and also provided for funding to be made available by CMS for planning grants to States to prepare for implementing qualifying community-based mobile crisis intervention services. Additionally, States may receive an 85 percent FMAP for expenditures on qualifying community-based mobile crisis intervention services for the first 12 fiscal quarters within the five-year period during which they meet the conditions outlined in statute to qualify for the increased match.

In 2021, CMS **awarded \$15 million in planning grants** to 20 State Medicaid Agencies for the purpose of developing a State Plan amendment, section 1115 demonstration application, or section 1915(b) or 1915(c) waiver request (or an amendment to such a waiver) to provide qualifying community-based mobile crisis intervention services. The following State Medicaid Agencies were awarded planning grants: Alabama, California, Colorado, Delaware, Kentucky, Massachusetts, Maryland, Maine, Missouri, Montana, North Carolina, New Mexico, Nevada, Oklahoma, Oregon, Pennsylvania, Utah, Vermont, Wisconsin and West Virginia.

CMS Announces Eligibility for Second COVID-19 Booster Shot and Tests at No Cost

Two days ago, the Centers for Medicare and Medicaid Services (CMS) announced it will pay for a second COVID-19 booster shot of either the Pfizer-BioNTech or Moderna COVID-19 vaccines without cost sharing as it continues to provide coverage for this critical protection from the virus. People with Medicare pay nothing to receive a COVID-19 vaccine and there is no applicable copayment, coinsurance or deductible.

The Centers for Disease Control and Prevention (CDC) recently updated its **recommendations** regarding COVID-19 vaccinations. Certain immunocompromised individuals and people ages 50 years and older who received an initial booster dose at least four months ago are eligible for another booster to increase their protection against severe disease from COVID-19. Additionally, the CDC recommends that adults who received a primary vaccine and booster dose of Johnson & Johnson's Janssen COVID-19 vaccine at least four months ago can receive a second booster dose of a Pfizer-BioNTech or Moderna COVID-19 vaccine. More information regarding the CDC

COVID-19 Vaccination Program Provider Requirements and how the COVID-19 vaccine is provided through that program at no cost to recipients is available [here](#) and through the CMS [COVID-19 Provider Toolkit](#).

As of Monday, April 4th, more than 59 million Americans with Medicare Part B, including those enrolled in a Medicare Advantage plan, now have access to Food and Drug Administration (FDA) approved, authorized, or cleared over-the-counter COVID-19 tests at no cost. People with Medicare can get up to eight tests per calendar month from participating pharmacies and health care providers for the duration of the COVID-19 public health emergency. A list of eligible pharmacies and other health care providers that have committed publicly to participate in this initiative can be found [here](#).

White House Announces Federal Interagency Plan to Address Long COVID

This week, the White House announced plans to beef up coordination across federal health agencies so that patients suffering from long-term effects of Covid-19 and their medical providers have faster access to treatments and diagnostics as new research comes to the forefront. President Biden issued a [memorandum](#) Tuesday directing Health and Human Services (HHS) Secretary Xavier Becerra to develop the first interagency national research action plan on long Covid. The directive calls for new medical research, clarifies language to establish an inclusive disability policy for patients, and aims to make it easier to access care covered by insurance.

The Administration recognizes that the COVID-19 pandemic has resulted in new members of the disability community and has had a tremendous impact on people with disabilities,” the White House statement said. As of July 2021, Long COVID can be considered a disability under the Americans with Disabilities Act (ADA). NASHIA signed on to a letter last May with other advocacy, provider and patient groups calling for the federal government to develop a plan for addressing Long COVID.

Administration Issues Proposed Rule to Strengthen ACA

On Tuesday, the Administration issued a proposed rule to strengthen the Affordable Care Act (ACA) by fixing the “family glitch,” which would save hundreds of thousands of families hundreds of dollars a month. Under the ACA, people who do not have access to “affordable” health insurance through their jobs may qualify for a premium tax credit to purchase affordable, high-quality coverage on the ACA’s health insurance marketplaces. Current regulations define employer-based health insurance as “affordable” if the coverage is solely for the employee, and not considered for family members. However, if it is unaffordable for family members, they are ineligible for a premium tax credit even though they need it to afford high-quality coverage through the Marketplace.

The Treasury Department and the Internal Revenue Service are proposing to eliminate the “family glitch.” Should the proposed rule be finalized, family members of workers who are offered affordable self-only coverage, but unaffordable family coverage may qualify for premium tax credits to buy ACA coverage. Should the proposed change be made, it’s estimated that 200,000 uninsured people would gain coverage, and nearly 1 million Americans would see their coverage become more affordable.

Federal Public Comment Opportunities

Comments Due Monday Regarding Rural Health Core Set

As a reminder, the Rural Health Core Set [Draft Environmental Scan](#) (PDF) commenting period will close on Monday, April 11 at 12:00pm (ET). As part of ongoing rural health work funded by the Centers for Medicare & Medicaid Services (CMS), the National Quality Forum (NQF) convened the Rural Health Advisory Group in 2017-2018 to create a [core set of rural-relevant measures](#). In 2022, NQF is reconvening the Rural Health Advisory Group to discuss potential updates to this set of rural-relevant measures. The Draft Environmental Scan provides an overview of updates to measures in the existing core measure set and identifies potential measures for addition based on rural-relevant topics and emerging issues. The scan will inform

updates to the core set of measures that can be used in a range of rural healthcare settings and promote alignment in how healthcare quality is assessed in rural areas. For more information and/or to submit comments, go [here](#).

NHTSA Invites Public Comment on FARS and NTS Data Collections

The National Highway Traffic Safety Administration (NHTSA) invites public comments about its intention to request approval from the Office of Management and Budget (OMB) for an extension of a currently approved information collection. NHTSA is authorized to collect data on motor vehicle traffic crashes to aid in the identification of issues and the development, implementation, and evaluation of motor vehicle and highway safety countermeasures to reduce fatalities and the property damage associated with motor vehicle crashes. Using this authority, NHTSA established the Fatal Analysis Reporting System (FARS) and the Non-Traffic Surveillance (NTS), which collect data on fatal motor vehicle traffic crashes. Among other things, the information aids in the establishment and enforcement of motor vehicle regulations and highway safety programs. The FARS collects data from all 50 States, the District of Columbia, and Puerto Rico.

The Non-Traffic Surveillance (NTS) is a data collection effort for collecting information about counts and details regarding fatalities and injuries that occur in non-traffic crashes and non-crash incidents. Non-traffic crashes are crashes that occur off a public traffic way (e.g. private roads, parking lots, or driveways), and non-crash incidents are incidents involving motor vehicles but without a crash scenario such as, carbon monoxide poisoning and hypo/hyperthermia. NTS non-traffic crash data are obtained through NHTSA's data collection efforts for the Crash Report Sampling System (CRSS), the Crash Investigation Sampling System (CISS), and FARS. NTS also includes data outside of NHTSA's own data collections.

NTS' non-crash injury data is based upon emergency department records from a special study conducted by the Consumer Product Safety Commission's National Electronic Injury Surveillance System (NEISS) All Injury Program. NTS non-crash fatality data is derived from death certificate information from the Centers for Disease Control's National Vital Statistics System.

The public is invited to comment on any aspects of this information collection, including (a) whether the proposed collection of information is necessary for the proper performance of the functions of the Department, including whether the information will have practical utility; (b) the accuracy of the Department's estimate of the burden of the proposed information collection; (c) ways to enhance the quality, utility and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including the use of automated collection techniques or other forms of information technology. View the [Federal Register](#) for more information.

Federal Funding Opportunities

CMS Announces NOFO Webinars for MFP Applicants

The Centers for Medicare and Medicaid Services (CMS) released a Notice of Funding Opportunity (NOFO) that will offer up to \$110 million to expand access to home and community-based services (HBCS) through Medicaid's Money Follows the Person (MFP) program, as announced last week. The new NOFO authorized under the Consolidated Appropriations Act of 2021 (CAA) will make individual awards of up to \$5 million to States and territories that are not currently participating in MFP. These funds will support States during the initial planning and implementation of their programs.

CMS will hold two webinars to provide details about the MFP Demonstration Expansion, and to answer questions from potential applicants regarding this funding opportunity. Registration is required. The webinars will be held:

- April 13, 2022 1:00pm to 2:00pm (ET) – Register [here](#).

- April 27, 2022 1:00 pm to 2:00 pm (ET) – Register [here](#).

Please contact MFPdemo@cms.hhs.gov for any questions.

OSERS Announces Funding Opportunities

The Office of Special Education and Rehabilitative Services (OSER) has announced discretionary funding opportunities. View Office of Special Education Programs (OSEP) funding opportunities [here](#). View funding opportunities offered by the Rehabilitation Services Administration (RSA) [here](#).

CDC Posts Funding Opportunity for Suicide Prevention

The Centers for Disease Control and Prevention's (CDC) Injury Center announces availability of fiscal year 2022 funds to implement CDC- RFA-CE22-2204, Expansion of Comprehensive Suicide Prevention across the United States. This funding opportunity supports implementation and evaluation of a comprehensive public health approach to suicide prevention. This approach a) convenes and connects multi-sectoral partners (e.g., public health, mental health, people with lived experience); b) uses data to identify vulnerable populations (i.e., disproportionately affected populations [DAP]), understand contributors to suicide, and track trends in morbidity/mortality; c) assesses gaps in existing programs in the jurisdiction (d) implements complementary strategies with the best available evidence from Preventing Suicide: A Technical Package of Policy, Programs, and Practices; and e) communicates trends, progress, successes, and lessons learned to partners. The approach is rigorously evaluated with a focus on continuous quality improvement and sustained impact. Closing date is June 6, 2022. Go [here](#) for more information.

Reports and Resources

DETAC Produces Handout on Tips for Working with Individuals with Brain Injury

The Disability Employment Technical Assistance Center (DETAC) produced a new resource, "Considerations for Working with Individuals with Brain Injury: A Guide for Employment Service Providers," authored by the National Association of State Head Injury Administrators (NASHA). View the handout [here](#). DETAC provides evidence-based training and technical assistance (TA) to the Administration on Disabilities' (AoD) grantees, including the TBI State Partnership Program grantees, aimed at improving competitive, integrated employment (CIE) and economic outcomes for individuals with disabilities across the nation. The Disability Employment TA Center is funded through a federal contract awarded to the Lewin Group and TASH by the AoD's [Administration for Community Living](#) (ACL).

AAHD Provides Media Toolkit to Celebrate Medicaid Awareness Month

The American Association on Health and Disability (AAHD) is celebrating Medicaid Awareness Month this April in recognition of the importance that Medicaid plays in the lives of many people with disabilities who rely on it for covering their health care costs. To help promote the importance of the Medicaid program, AAHD has updated its [Medicaid Social Media Toolkit](#). The toolkit provides sample social media posts as well as graphics and relevant hashtags which can be combined to promote the importance of the Medicaid program and how important it is for people with disabilities. You can read more about it in our [news item](#). The entire toolkit can also be downloaded in a [zip drive](#).

Upcoming Webinars and Conferences

Disability Employment TAC Offers Webinar

On April 12, the Disability Employment Technical Assistance Center (DETAC) is hosting the webinar, "Realizing Employment Success: A Tailored Approach for People with Brain Injury," from 3:00pm – 4:30pm (ET). The Division of Vocational Rehabilitation Services (DVRS), housed

within the North Carolina Department of Health and Human Services, established a partnership with local community rehabilitation programs (CRP) to strategically serve people with brain injuries. The primary goal of the partnership is to support job seekers with brain injuries to receive tailored services from certified brain injury specialists through its competitive funding opportunities for local CRPs. DVRS works closely with the North Carolina Traumatic Brain Injury Program, which was awarded a five-year federal grant from Administration for Community Living (ACL). Presenters will be from NASHIA, North Carolina DVRS, and Community Partners, Inc. Register [here](#).

RR&T Center Offers Webinar on HCBS Outcome Measurement

On Monday, April 11, from 10:00am- 1:00pm (CST), the Rehabilitation Research and Training Center on HCBS Outcome Measurement will hold an event about creating a global vision for developing outcome measure that lead to improved disability services and policies. The event will feature presentations from Julie Beadle-Brown of the University of Kent in the United Kingdom and Jan Šiška of Charles University in the Czech Republic. Other presenters include ICI's Roger Stancliffe, professor emeritus at the University of Sydney, Australia, along with Renáta Tichá and Brian Abery. A panel discussion will explore the different indicators, frameworks, and approaches used around the world to assess quality in disability service and policy contexts and propose improvements for the future. [Register for the event](#).

Self-Direction Conference to be Held Next Week

The 2022 Self-Direction Conference will be held Monday, April 11th, and Tuesday, April 12th, 2022 at the Hyatt Regency Inner Harbor in Baltimore, Maryland. The Self-Direction Conference is the only national conference dedicated to self-direction. The conference brings together State and federal government, managed care organizations, Financial Management Services entities, people and families who self-direct, and other key stakeholders from across the country to collaborate on one goal: advancing self-direction. Practical, focused sessions and ample networking opportunities offer attendees the opportunity to share and learn about best practices and new innovations to expand and enhance self-directed services.

Go to their [website](#) for more information. Please contact casey@appliedselfdirection.com with any questions related to the 2022 conference.

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

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