HHS Extends American Rescue Plan Spending Deadline to Expand HCBS Services to 2025

Today, the U.S. Department of Health and Human Services (HHS), through the Centers for Medicare and Medicaid Services (CMS), is notifying States that they now have an additional year — through March 31, 2025 — to use funding made available by the American Rescue Plan (ARP) to enhance, expand, and strengthen home- and community-based services (HCBS) for people with Medicaid who need long-term services and supports. The ARP funding allowed States to identify and implement changes aimed at addressing existing HCBS workforce and structural issues. It has also helped expand States’ capacity to provide critical services and meet the needs of family caregivers and people on HCBS waitlists. In many States, this increased funding supported provider rate increases, expanded HCBS for individuals with brain injury, and assisted in recruiting and retaining direct care workers.

In today’s announcement, HHS noted that the COVID-19 pandemic has exposed the risks of institutional and congregate settings for older Americans and people with disabilities, underscoring the urgent need to expand access to high-quality HCBS to improve outcomes for people who need long-term services and supports. HCBS allow millions of Medicaid beneficiaries to receive services in their own home or community rather than institutions or other isolated settings.

The ARP provides States with a temporary 10 percentage point increase to the federal medical assistance percentage (FMAP) for certain Medicaid expenditures for HCBS increase in the federal matching rate on activities. States originally had a three-year period — from April 1, 2021 through March 31, 2024 — to use the available State funds, attributable to the ARP’s increased FMAP, on activities to enhance, expand, or strengthen HCBS in Medicaid. The extended timeframe, of an additional year, will help to facilitate high-quality, cost-effective, person-centered services for people with Medicaid. This will allow Medicaid beneficiaries to remain in the setting of their choice—whether it is their home or another setting—and remain a valued part of their communities.

Additional information on States’ spending plans — including a recently updated infographic summarizing planned activities and key investments — can be found at Medicaid.gov here. To review the guidelines for the use of the ARP funds, please visit here. Download the State Medicaid Director Letter extending the spending deadline here.
On Wednesday, the U.S. Department of Health and Human Services (HHS), through the Health Resources and Services Administration (HRSA), released The Blueprint for Change: A National Framework for a System of Services for Children and Youth with Special Health Care Needs through a special supplement in the journal, Pediatrics. The Blueprint for Change is a national framework to improve care for the nearly 1 in 5 children in the U.S. who currently has a special health care need. These children have, or are at increased risk for, chronic physical, developmental, behavioral, or emotional conditions. Currently, only about 15 percent of this population is accessing optimal support, including early and continuous screenings, patient-centered and ongoing care with consistent providers who communicate with each other, adequate insurance coverage, access to community-based services, and support for transitions to adult life.

Some of the guiding principles include ensuring that:

- All services and supports for children and youth with special health care needs (CYSHCN) are designed and implemented to reduce health disparities and improve health outcomes for all CYSHCN.
- All services and supports for CYSHCN at the individual, family, community, and provider levels are easy for families and professionals to navigate when, where, and how they need them.
- Service sectors increase the ability of CYSHCN and their families to access services by addressing administrative and other processes that hinder access.
- Health care and other related services for CYSHCN and families are financed and paid for in ways that best support their needs.

Learn more about HRSA’s new Blueprint for Change.

CMS Publishes Final Rule on Direct Care Workers and Benefits
In May, the Centers for Medicare and Medicaid Services (CMS) published a final rule on reassignment of Medicaid provider claims that includes provisions that will help direct care workers who provide home and community-based services (HCBS) get important benefits, such as health insurance and job training. A 2019 rule changed longstanding Medicaid payment policy regarding how State Medicaid programs could pay for benefits on behalf of certain providers. With this rule, CMS returns to its prior interpretation of the statute.

The current policy allows (but does not require) State Medicaid programs to pay for benefits generally offered through an employer-like health insurance, training fees and union dues on behalf of “individual practitioner” (sometimes also called an independent provider). An individual practitioner is not employed by a private agency, institution or State Medicaid agency but provides Medicaid services and receives most of their revenue from reimbursement for those services. Because of this, an individual practitioner has an employee-like relationship with the Medicaid agency. These practitioners could be home health workers, personal care assistants or other home and community-based service providers.

CMCS Updates 2022 SSI and Spousal Impoverishment Standards
Yesterday, the Center for Medicaid and CHIP Services (CMCS) issued an Informational Bulletin to update the 2022 Supplemental Security Income (SSI) and Spousal Impoverishment Standards. Certain Medicaid income and resource standards are adjusted annually in accordance with changes in the SSI federal benefit rate (FBR) and the Consumer Price Index (CPI). These include some of the standards described in section 1924 of the Social Security Act (the Act), which describes the financial eligibility rules (the “spousal impoverishment rules”) that apply when married individuals seek coverage of certain long-term services and supports.
While some of the spousal impoverishment standards, such as the maximum community spouse income maintenance allowance and community spouse minimum and maximum resource allowances, are adjusted each January, section 1924 of the Act directs that the community spouse’s minimum monthly maintenance needs allowance (MMMNA) be adjusted, in accordance with changes to the federal poverty level, effective July 1 of each year. Additionally, as the community spouse’s monthly housing allowance (which is the basis for determining if the community spouse may have an excess shelter allowance) is calculated based on a percentage of the MMMNA, the housing allowance is adjusted each July 1, as well. The revised 2022 SSI and Spousal Impoverishment Standards chart that displays the updated MMMNA and Community Spouse Monthly Housing Allowances is available on [here](#).

**ACL Seeks Grant Reviewers with Disabilities**
The Administration for Community Living’s (ACL) Administration on Disabilities is seeking paid peer reviewers for a variety of grant competitions, in particular, reviewers with disabilities. Reviewers are responsible for attending a virtual reviewer training; independently reviewing and scoring assigned grant applications in an online system; participating in one or more conference calls with other reviewers; and submitting final scores and comments by the deadline.

Reviewers will receive a stipend for completing the tasks. Reasonable accommodations are available, if needed. To be considered as a reviewer, please create an account and upload a copy of your DV or resume to the Reviewer Recruitment Module (RRM) in [Grants Solutions](#).

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**Reports and Resources**

**NARIC Makes Available a Study on Depression in Older Adults After TBI**
The National Rehabilitation Information Center (NARIC) has added a new study to the NARIC collection, “Depression in older adults 12 months after traumatic brain injury: A TRACK-TBI study,” published in *Archives of Physical Medicine and Rehabilitation*, Vol. 103(1), Pages. 83-89. This NIDILRR-funded study investigated depression at 12 months after traumatic brain injury (TBI) in adults with mild, moderate, and severe TBI. The results indicated that older adults (age ≥ 65 years) had fewer depressive symptoms compared with younger adults (age < 65 years) regardless of education, sex, race/ethnicity, psychiatric history, substance use, or Glasgow Coma Scale severity. The older adults were also less likely to experience major depression. However, over one-fourth of older adults endorsed symptoms consistent with depression, warranting evaluation and treatment. Access the full abstract and ordering information in [REHABDATA](#): NARIC Accession Number: J88383.

**CDC Issues New Guidance on Early Education Programs**
On Tuesday, the Centers for Disease Control and Prevention (CDC) released updated guidance for K-12 and early care and education (ECE) programs. CDC’s update brings this guidance in-line with recommendations found in the COVID-19 Community Levels and provides a pathway for schools and ECE programs to prepare for summer programming and the upcoming school year. The updated guidance includes recommendations for prevention strategies for everyday operations, as well as prevention strategies to add based on the COVID-19 Community Level (low, medium, or high) or when experiencing an outbreak in schools or ECE programs.

- [Operational Guidance for K-12 Schools and Early Care and Education Programs to Support Safe In-Person Learning](#) | CDC
- [Frequently Asked Questions for Directors of Overnight Camps](#) | CDC
- [Frequently Asked Questions for Parents and Caregivers about COVID-19 Precautions in Schools](#) | CDC
- [Interactive School Ventilation Tool](#) | CDC
NDILRR-Funded Center Seeks Disability Employment Providers/Administrators

The NIDILRR-funded Center on Knowledge Translation on Employment Research (CeKTER) seeks providers and administrators of disability employment services for a study, *Which Dissemination Approach Best Reaches NIDILRR Stakeholders: A Comparative Effectiveness Study*. Participants must be 18 years old or older, an employee of an agency or organization where they are paid to deliver employment services to youth or adults with disabilities, and able to speak and understand English or fluent in American Sign Language. Participants will be asked to read a brief, attend a webinar, or watch a video, and complete a survey. Participants will receive $90 for their time. Additional eligibility and study information are available from the website.

NASHP Creates Roadmap for State Policies to Address Family Caregivers

The National Academy for State Health Policy (NASHP) created a roadmap, “RAISE Act State Policy Roadmap for Family Caregivers: The Direct Care Workforce,” with guidance from policymakers and leaders from across State government, using the RAISE Act goals and recommendations as a framework. Congress enacted the Recognize, Assist, Include, Support and Engage (RAISE) Family Caregivers Act in 2018, which created an advisory council to develop the country’s first national Family Caregiver Strategy. With support from The John A. Hartford Foundation and in coordination with the U.S. Administration for Community Living (ACL), NASHP’s RAISE Family Caregiver Resource and Dissemination Center aims to support States as they develop policies to address family caregivers. The RAISE Act State Policy Roadmap focuses on State opportunities to support services for families caring for older adults and adults with disabilities. States are increasingly supporting services for family caregivers by leveraging funding from Medicaid, federal grants, or State dollars. Explore State strategies and promising practices in the latest section of the RAISE Act State Policy Roadmap. Read the report.

Upcoming Webinars and Conferences

**Register for The Coelho Law Fellowship Policy Project's Webinar on Work During COVID**

On Thursday, June 9, 2022, The Coelho Law Fellowship Policy Project will host the webinar, “The State of Employment and Work During COVID-19: A Roundtable Discussion,” that will be moderated by Angelica Vega, Fellow, who will ask panelists about such topics as work from home accommodations, recruitment of individuals with disabilities, long-COVID, and the future of employment for people with disabilities. The Honorable Tony Coelho, Founder of The Coelho Center and former Congressman, will introduce the panelists. In addition to Vega, Ariel Simms, CEO, RespectAbility, and Katherine Perez, Executive Director, The Coelho Center for Disability Law, Policy and Innovations, will also be panelists. The webinar will be held from 6:00pm – 7:00pm (EST). Register here.

**DETAC Hosts Webinar to Celebrate Olmstead on June 14**

The Disability Employment TA Center (DETAC), along with the National Disability Rights Network (NDRN), and speakers from two state Protection and Advocacy entities, will celebrate the anniversary of the Olmstead Decision via a webinar on June 14. The NDRN will share national trends for phasing out sheltered work in addition to highlighting the Employment First outcomes across the country. State expert speakers will showcase innovative and effective strategies at the State level to transition from a segregated work model to increasing competitive, integrated employment opportunities for individuals with disabilities. The webinar, "Olmstead: Working4Inclusion," will be held on Tuesday, June 14 from 3:00 – 4:30pm (ET). Register here.

On June 22, 1999, the United States Supreme Court held in *Olmstead v. L.C.* that unjustified segregation of persons with disabilities constitutes discrimination in violation of title II of the Americans with Disabilities Act (ADA). The Court held that public entities must provide
community-based services to persons with disabilities when (1) such services are appropriate; (2) the affected persons do not oppose community-based treatment; and (3) community-based services can be reasonably accommodated, taking into account the resources available to the public entity and the needs of others who are receiving disability services from the entity.

**NASHIA to Hold Webinar on Paralysis and Spinal Cord Injury**
On June 15, from noon-1:00pm (ET), NASHIA will offer the webinar, “Collaboration Across Systems: Partners for Paralysis and Spinal Cord Injury, featuring speakers with the National Paralysis Resource Center, administered by the Christopher & Dana Reeve Foundation, and the National Spinal Cord Injury Statistical Center funded by the ACL’s [National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR)](https://www.nidilrr.gov). While there is not cost for the webinar, individuals interested in continuing education credits (1 hr. for Social Work and Certified Rehabilitation Counselors) may obtain them for $10 for members, $15 non-members. Register [here](https).

**NASHIA Is Accepting Applications for LPA on Behavioral Health**
The National Association of State Head Injury Administrators (NASHIA) is currently accepting applications for the inaugural Leading Practices Academy (LPA) on Behavioral Health which begins August 2022. This LPA is designed to provide strategic and customized technical assistance to States at any point in their work with behavioral health. Please find more information about the LPA [here](https) and send any questions to hcushen@nashia.org.

**TBI TARC Offers Webinar on Behavioral Health Guide**
On June 22, 2022, from 3:00—4:30pm (ET), the Administration for Community Living’s (ACL) Traumatic Brain Injury (TBI) Technical Assistance and Resource Center (TARC) will offer the webinar, “Introductory Webinar to the Behavioral Health Guide: Considerations for Best Practices for Children, Youth, and Adults with TBI.” This webinar will introduce Behavioral Health Guide designed to provide State brain injury professionals with the tools to effectively partner with their State behavioral health entities and improve outcomes for this population. The guide’s authors will provide an overview of the various sections and answer questions about applying some of the tools and strategies identified within a State system. View the guide [here](https). Register [here](https).

**Register Now for NASHIA’s 33rd Annual State of the States Conference**
You may now register for NASHIA’s 33rd Annual State of the States (SOS) Conference, *Breaking New Ground*, to be held virtually Sept. 7-9, 2022. The conference will include live sessions, video networking rooms, as well as an exhibit hall for attendees to visit.

Registration is $300 for members and $350 for guests. You may register [here](https). NASHIA is offering the Legacy Scholarship to cover SOS fees. Go [here](https) for more information. You may also contact Haleigh Cushen for more information regarding the scholarship at hcushen@nashia.org. Information regarding sponsorships may be found [here](https).

**National Lifespan Respite Conference Opens for Registration**
Early bird registration is open for the National Lifespan Respite Conference, “Reimagine Respite!”, hosted by the Respite Care Association of Wisconsin and co-hosted by the ARCH National Respite Network and Resource Center. The conference will be held September 13-15, 2022 at the Madison Concourse Hotel, Madison Wisconsin. Early bird registration ends August 15. After that time, the rate increases. Register [here](https).

The theme is meant to be timely as well as inspirational. The pandemic may be ongoing, but we can now imagine a more hopeful future. COVID-19 cast a harsh light on the lack of support for family caregivers, but it also presented opportunities to raise awareness and rethink traditional supports to ensure that they are more meaningful for family caregivers and their loved ones. The conference will be preceded by the Lifespan Respite Grantee and Partner Learning Symposium for invited grantees and partners only on September 13, 2022. More information coming soon!
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.