Administration

CMS Releases Standards for SSI and Spousal Impoverishment
On November 18, 2022, the Centers for Medicare and Medicaid Services (CMS) released a CMCS Informational Bulletin with the 2023 Supplemental Security Income (SSI) and Spousal Impoverishment Standards. Certain Medicaid income and resource standards are adjusted beginning each January in accordance with changes in the SSI federal benefit rate (FBR) and the Consumer Price Index (CPI). Included with this Informational Bulletin is the 2023 SSI and Spousal Impoverishment Standards chart that displays the new standards. States must update their standards in accordance with this information for the changes that become effective on January 1, 2023.

Many States offer categorical eligibility to individuals who are not receiving SSI but who meet the financial eligibility requirements of the program, as authorized by the Social Security Act. Similarly, most States have adopted the “special income level” institutional eligibility category authorized under section 1902(a)(10)(A)(ii)(V) of the Act, the maximum income standard for which is 300% of the SSI Federal Benefit Rate (FBR). Additionally, certain eligibility standards relating to coverage of long-term services and supports, including the home equity limitation in section 1917(f) of the Act and elements of the spousal impoverishment statute in section 1924 of the Act, are increased each year based on increases in the CPI for All Urban Consumers (CPI-U).

Under the Medicaid spousal impoverishment provisions, a certain amount of the couple's combined resources is protected for the spouse living in the community. Depending on how much of his or her own income the community spouse actually has, a certain amount of income belonging to the spouse in the institution can also be set aside for the community spouse's use. Read the Informational Bulletin here.

CDC Releases Guidance on Management of COVID-19 in Congregate Living Settings
On November 29th, the Centers for Disease Control and Prevention (CDC) released a report on how congregate living settings, like nursing homes and assisted living facilities, can better manage COVID-19. The ways to mitigate risk include increasing and improving ventilation, consulting with local health departments about screenings, expanding the use of masks, enhanced cleaning protocols, and creating more physical distance when possible. There has been a slight increase in COVID-19 cases over the last few weeks, so congregate care settings must take action to protect their residents.

NHTSA Kicks Off Drive Sober or Get Pulled Over Campaign
With the approaching holidays, the National Highway Traffic Safety Administration is kicking off its Drive Sober or Get Pulled Over, and If You Feel Different, You Drive Different, Drive High, Get a DUI, campaign. NHTSA supports coordinated efforts nationwide to combat alcohol- and drug-impaired driving during this holiday season starting with a virtual event and press
conference on Tuesday, December 13th at 10:00am (ET). The campaign will begin on December 14 and run through January 1, 2023.

Alcohol-impaired traffic fatalities have increased over the past few years, as have other dangerous driving behaviors. In addition, drug prevalence in traffic crashes has increased in recent years, as will be noted at this event with the release of a new report from NHTSA. It is more imperative than ever for NHTSA, law enforcement, and safety stakeholders to work together to address impaired driving. You may register for the Dec. 13 event here. You will then receive a confirmation email with a link to join the even via Zoom.

RSA Publishes WIOA Annual Reports for Program Year (PY) 2021
In late October, the U.S. Rehabilitation Services Administration (RSA) published the PY 2021 WIOA Annual Reports for the vocational rehabilitation (VR) program. In addition to information related to the characteristics and barriers to employment of the participants served the VR program, the national summary and State-level reports include performance results across the five WIOA performance indicators for the third consecutive year:

- Measurable Skill Gains Rate (participants during PY 2021);
- Employment Rate in the Second Quarter after Exit (participants who exited during PY 2020);
- Median Earnings in the Second Quarter after Exit (participants who exited during PY 2020);
- Employment Rate in the Fourth Quarter after Exit (participants who exited during CY 2020); and
- Credential Attainment Rate (participants who exited during CY 2020)

The sixth indicator, Effectiveness in Serving Employers, remained in pilot during PY 2021. The U.S. Department of Labor’s Employment and Training Administration will publish the ESE results in the title I and III program reports.

Federal Proposed Rules

CMS Proposes New Rule for Reducing the Burden on Prior Authorization for Health Care
On December 6, the Centers for Medicare and Medicaid Services (CMS) proposed new requirements on Medicare Advantage (MA) organizations, Medicaid managed care plans, Children’s Health Insurance Program (CHIP) managed care entities, State Medicaid and CHIP fee-for-service (FFS) programs, and Qualified Health Plan (QHP) issuers on the Federally-facilitated Exchanges (FFEs) to improve the electronic exchange of health care data and streamline processes related to prior authorization, while continuing CMS’ drive toward interoperability, and reducing burden in the health care market. This proposed rule would also add a new measure for eligible hospitals and critical access hospitals under the Medicare Promoting Interoperability Program and for Merit-based Incentive Payment System (MIPS) eligible clinicians under the Promoting Interoperability performance category of MIPS. These policies taken together would play a key role in reducing overall payer and provider burden and improving patient access to health information.

Prior authorization is an administrative process used in health care for providers to request approval from payers to provide items or services. The prior authorization request is made before those medical items or services are rendered. While prior authorization has a role in health care, in that it can ensure that covered items and services are medically necessary and covered by the payer, patients, providers, and payers alike have experienced burden from the process. It has also been identified as a major source of provider burnout, and can become a health risk for patients if inefficiencies in the process cause care to be delayed. The proposed rule is available to review here.
Reports and Resources

HHS Issues Report on Factors Associated with Discharge from Nursing Facilities
The U.S. Department of Health and Human Services' Office of the Assistant Secretary for Planning and Evaluation (ASPE) issued the report “Resident and Facility Factors Associated with High Risk of Discharge from Nursing Facilities, 2012-2017” in September to identify certain characteristics or risk factors that placed nursing home residents at an increased risk of discharge. These characteristics included:

- Residents with severe behavioral symptoms.
- Residents with psychiatric and mood disorders.
- Residents with impairments that required more staff time.
- Residents transitioning to Medicaid.

People can be discharged from nursing homes for many reasons, including a positive outcome reflecting an individual’s choice. In other instances, discharges may be at the direction of the facility and against the will of the resident. Under federal law, involuntary facility-initiated discharges (FIDs) are legal only if they are triggered by one of six reasons: the FID is necessary for the resident’s welfare and the resident’s needs cannot be met in the facility; the resident no longer needs nursing home care; the safety of other residents is endangered due to the clinical or behavioral status of the resident; the health of others in the facility would be endangered; the resident fails to pay; or, the facility closes (CMS, 2017a). FIDs are unlawful otherwise.

APSE focuses on policies and programs that support the independence, productivity, health and well-being, and long-term care needs of people with disabilities, older adults, and people with mental and substance use disorders. Read the report here.

ACL Acting Administrator Writes Blog on Family Caregiving
The Administration for Community Living (ACL) published a blog post, Family Caregiving: A New Strategy to Address an Issue That Touches All of Us, written by Alison Barkoff, Acting Administrator and Assistant Secretary of Aging. She discussed the 2022 National Strategy to Support Family Caregivers, which provides a roadmap for greater recognition, inclusion, and support for family caregivers from federal agencies, States, communities, and a variety of public and private sector entities.

Upcoming Webinars and Conferences

ADA Center Offers Webinar on ADA Rights and The Criminal Justice System
The NIDILRR-funded Great Lakes ADA Regional Center will host a webinar, Americans with Disabilities Act (ADA) and The Criminal Justice System, December 13th, 2:00 – 3:30 pm (ET). Presenters will discuss the rights of an individual with a disability when involved in the justice system. Presenters will cover access to social services, programs, and facilities. Questions may be sent in advance. Registration is free and required. Continuing education credits are available upon request.

ACL to Host Webinar on Advocacy in the HCBS Settings
On Dec. 14, from 12:30pm – 2:00pm (ET), the Administration for Community Living (ACL) is hosting the webinar, “Strengthening Advocacy in the HCBS Settings Rule: Getting the Services You Need from the Waiver.” The HCBS Settings Rule can improve community-based services and supports for people with disabilities and older adults for decades to come.

This webinar will provide insight into one of the main strategies stakeholders can use to get the promise of the Rule into everyday life: influencing the services that are included in the waiver application. The webinar will highlight why you should pay attention to the waiver application and what is in an application, with a focus on appendix C – Services. It will also look at what States
have to put into the application and highlight best practices for commenting on your State’s waiver application. Register for the webinar here.

**Save the Date: Virtual Rural Disability Research and Practice Summit**
The NIDILRR-funded Rehabilitation Research and Training Center for Place-Based Solutions for Rural Community Participation, Health, and Employment will host a virtual Rural Disability Research and Practice Summit, January 10th and 11th, 2023, 3:00 – 4:30pm (ET) each day. The summit will explore timely issues affecting rural people with disabilities. Each session will feature presentations and panel discussions on personal assistance services and rural digital access. Subscribe to the #RuralDisability eNews for registration and agenda updates.

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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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