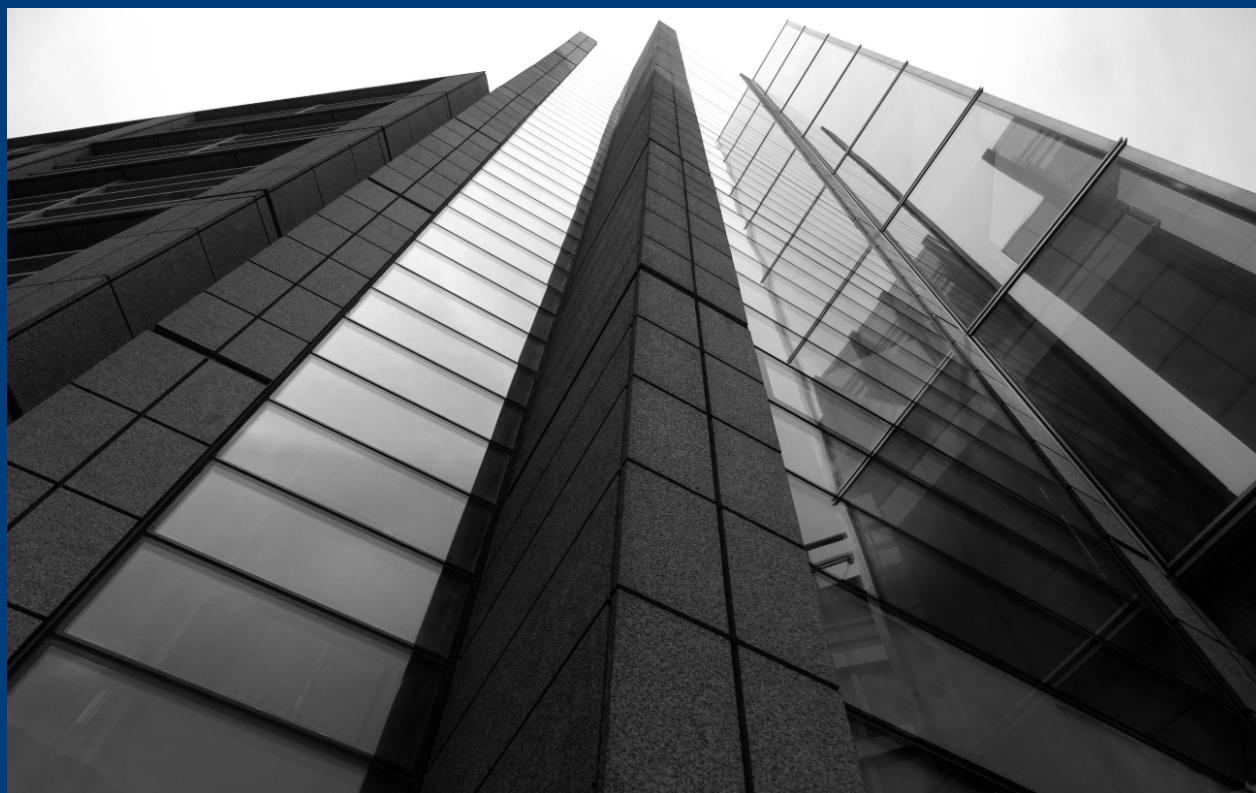


GUIDE TO STATE GOVERNMENT BRAIN INJURY POLICIES, FUNDING, AND SERVICES

NATIONAL ASSOCIATION OF STATE HEAD INJURY ADMINISTRATORS





**NATIONAL ASSOCIATION
OF STATE HEAD INJURY
ADMINISTRATORS**

Guide to State Government Brain Injury Policies, Funding, and Services

With support from the



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INTRODUCTION

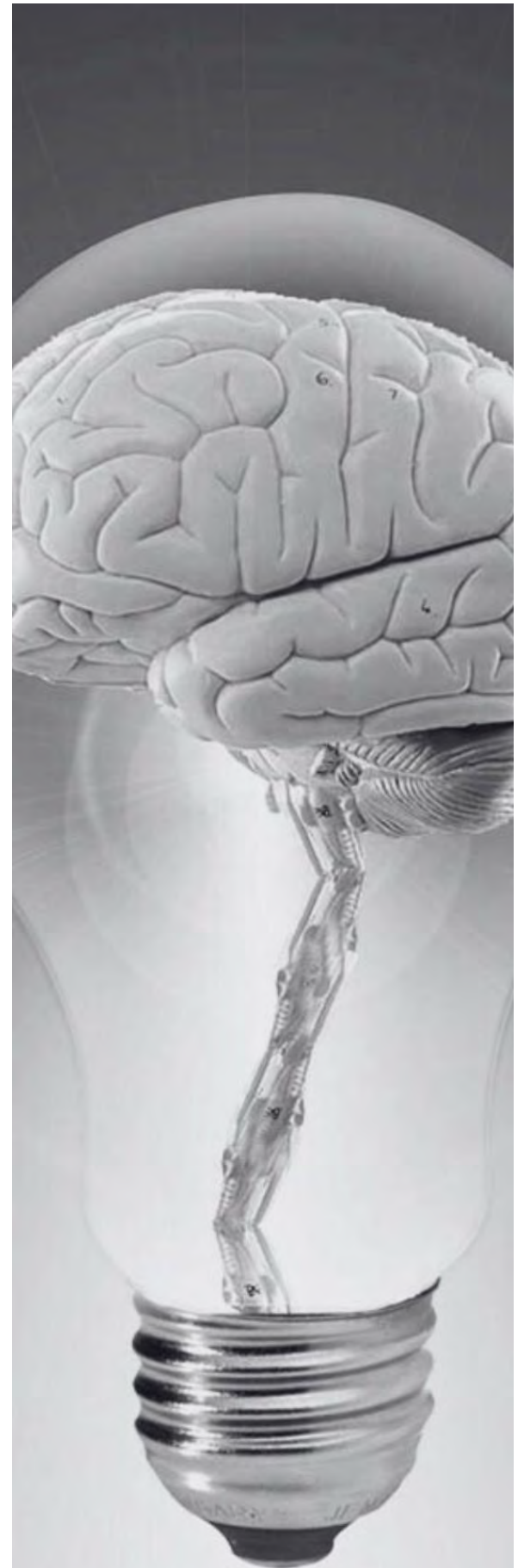
The National Association of State Head Injury Administrators (NASHIA) is pleased to share the 2024 Guide to State Government Brain Injury Policies, Funding, and Services. Since 1990, NASHIA has provided opportunities for States to learn from each other about State services and provision of assistance for individuals impacted by brain injury and their families. The purpose of this introduction is to provide an overview of the State government system of care for people with brain injury and lay the foundation for individual State Profiles.

Role of State Government

Individuals and families may seek assistance from State government programs for a variety of reasons. State brain injury programs provide opportunities for screening and intervention at various points of the service system to assist the individual and their family to access a full range of services required for optimal community reintegration.

Brain injury is a complex disability that challenges the States' ability to respond in a coordinated manner to individual and family needs. People with brain injury need a wide variety of supports, including rehabilitation, counseling, occupational/speech/physical therapy, academic and vocational accommodations, independent living assistance, transportation assistance, and vocational training. Multiple agencies, professionals, and payers may be involved in supporting people with brain injuries and their families with community reintegration and living. Just as no two persons with a brain injury are alike, no two States have developed service delivery systems for people with brain injury in the same manner.

Many States blend State and Federal resources, partnering cross-agency to maximize services offered to individuals who have experienced a brain injury. Through this funding, States are able to:



-
- Expand and improve State capacity so individuals with brain injury and their families have better access to comprehensive and coordinated services.
 - Provide Medicaid support for individuals with brain injury to fund service delivery. This may be done through brain injury specific Waivers or other Waivers to ultimately support people with brain injury.
 - Collaborate between State agencies to address a variety of critical issues. Examples include coordinating with criminal legal agencies to screen individuals for brain injury within the criminal legal system, and providing training to ensure vocational rehabilitation agencies can support employment challenges and solutions for people with brain injury.

State Definitions

States adopt different definitions for service eligibility in each State. In general, a traumatic brain injury-based definition is limited to injuries caused by external physical forces, while an acquired brain injury-based definition includes traumatic brain injury and anoxic brain injury or non-traumatic brain injury, which could include stroke or loss of oxygen to the brain due to strangulation or overdose, for example. States may use the traumatic brain injury definition for Trust Fund or State funded programs and use a broader definition for services provided by Medicaid programs or vice versa.

State Lead Agency

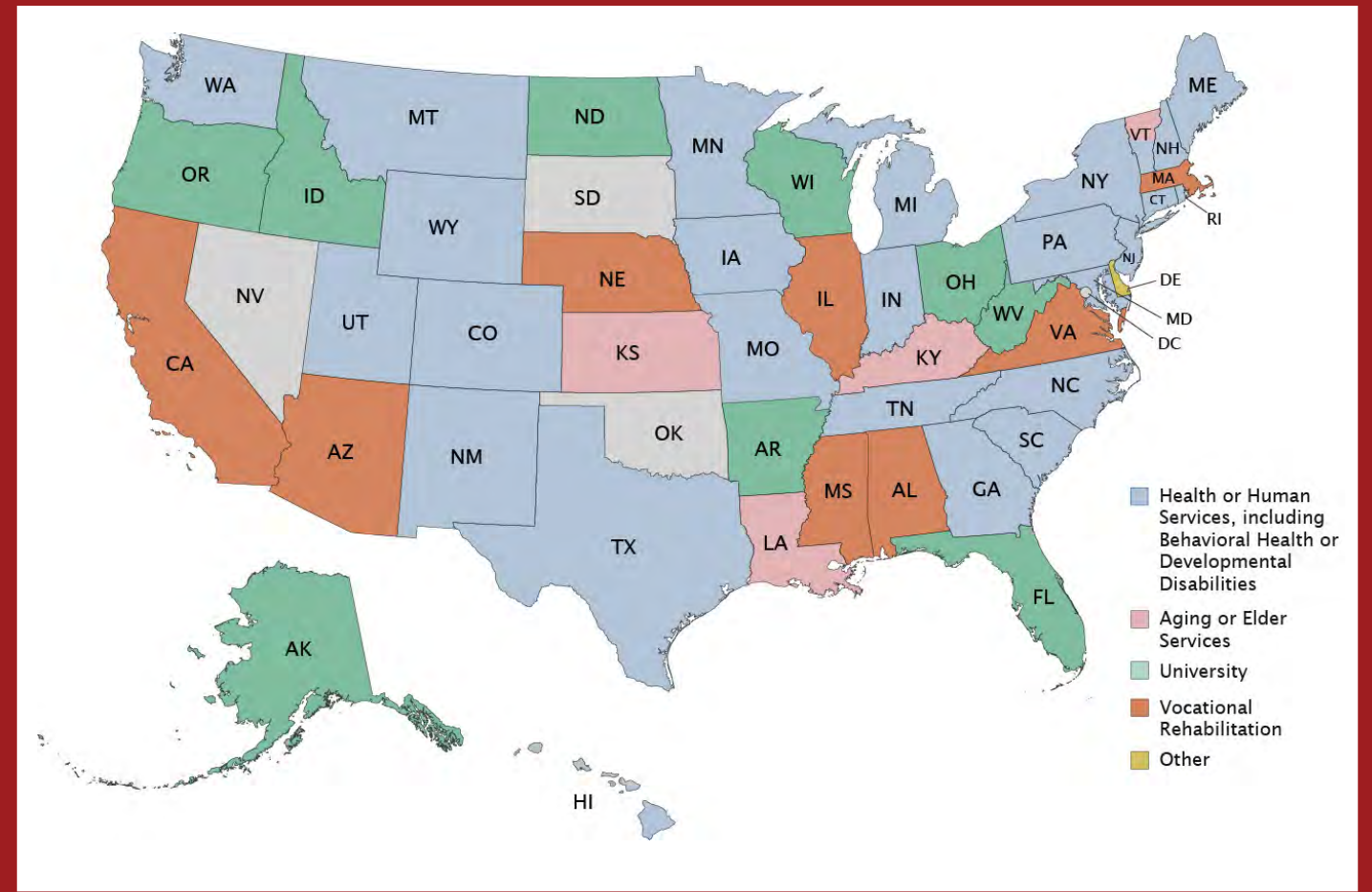
In most States, there is a designated State “lead agency” with the primary responsibility for providing leadership, public education and information, and coordination of brain injury services within the State. The lead agency usually does not provide all the services that individuals with a brain injury may receive from State government, but may provide leadership within the State Executive Branch to coordinate the service delivery systems. A recent trend is for States to designate a university to be the lead agency for purposes of being eligible for Federal ACL dollars. These university-based programs may be housed in rural health or Center for Human Development/University Center for Developmental Disabilities.

The functions of a lead agency vary across States and may be delegated the authority to perform the following:

- Formulate policy and develop and implement programs and services.
- Administer brain injury program/services.
- Coordinate and communicate with and support other agencies that deliver brain injury services.
- Develop collaborative efforts within the State service systems and the private sector to coordinate programs and services.

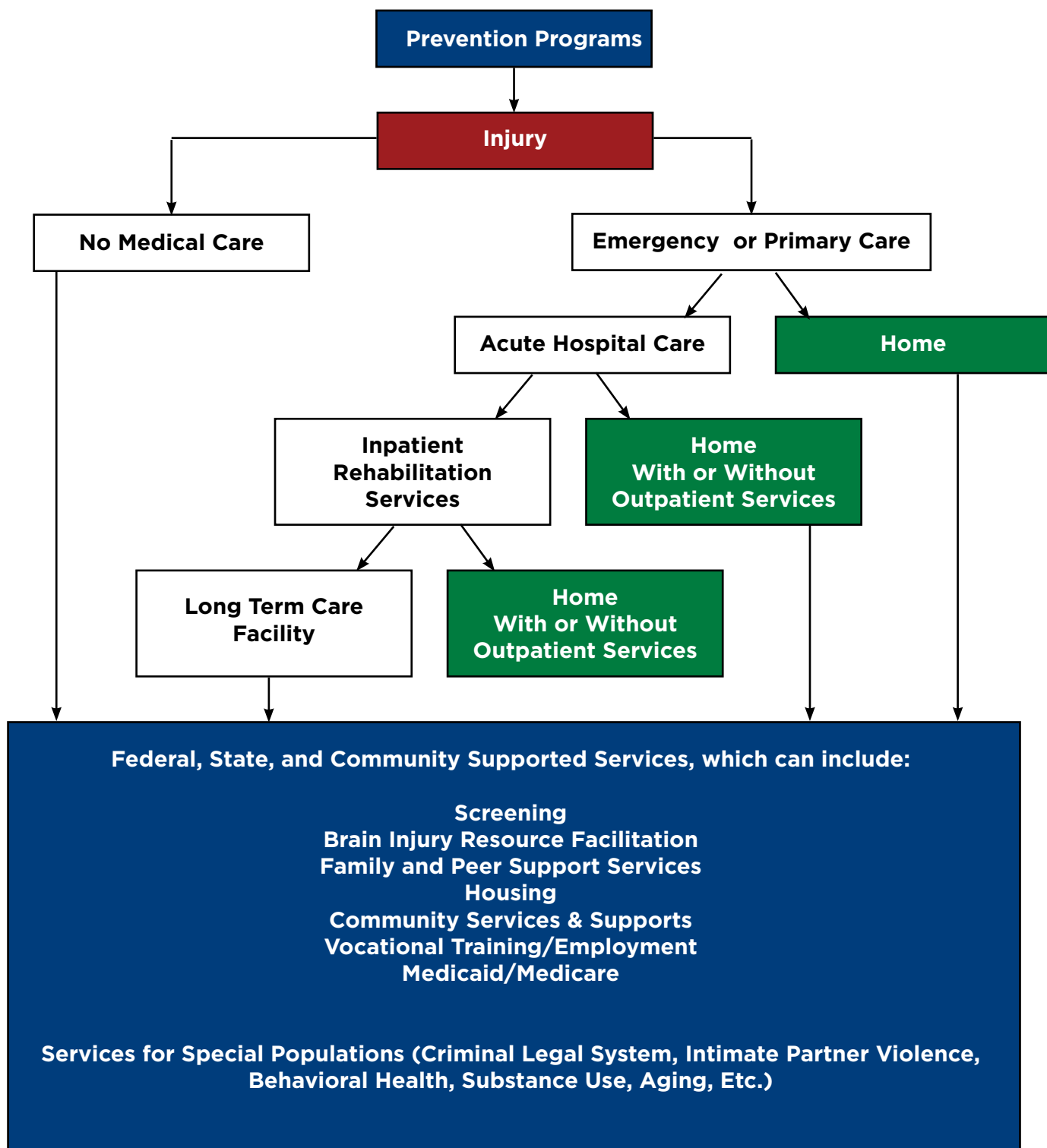


State Brain Injury Program Locations



State Continuum of Care

The diagram below illustrates a general continuum of brain injury systems of care in each State. In reviewing this graph, it is important to remember that while State systems may have many similarities in purpose and scope, States differ regarding eligibility, amount of funding, and where the program is placed organizationally within the State's Executive Branch.





STATE BRAIN INJURY FUNDING

States may have a number of funding sources for people with brain injury. The two primary sources are State General Revenue and Trust Funds.

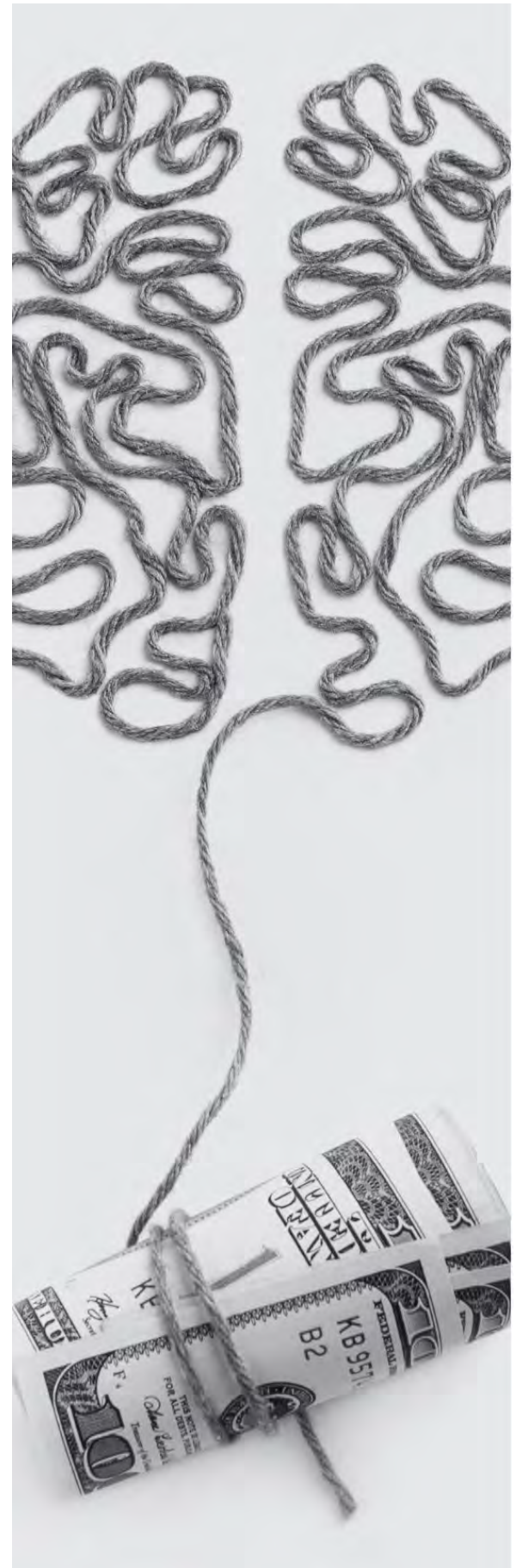
General Revenue

States pay for a wide range of services and supports for individuals with brain injury and their families through General Revenue. State General Revenue mainly comes from Federal funds, taxes, and licensing fees, depending on the State. State lawmakers then appropriate revenue to State agencies for programs and services.

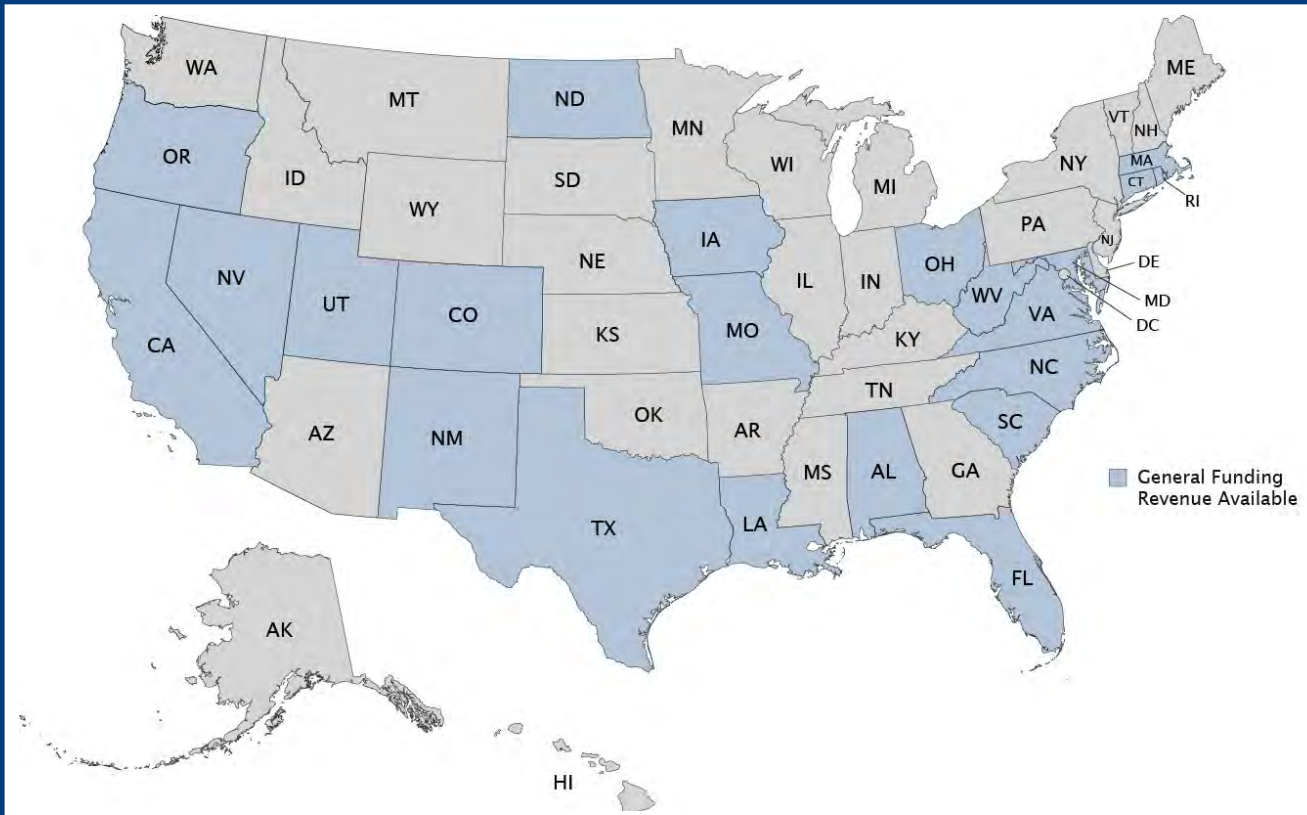
States may use General Revenue for:

- Planning and prevention activities.
- Supporting central registries through which information and referral services are provided.
- Providing or contracting for brain injury resource facilitation.
- Case management/service coordination.
- Rehabilitative community services and supports.
- Matching other Federal programs, such as Medicaid and vocational rehabilitation.
- State matching for Federal grants.

Today, there is considerable variation criteria across States, as well as how the funding is used. Some of the General Revenue funding may overlap with Trust Fund support or Medicaid support, both of which are outlined below.



States With Dedicated General Revenue Funding



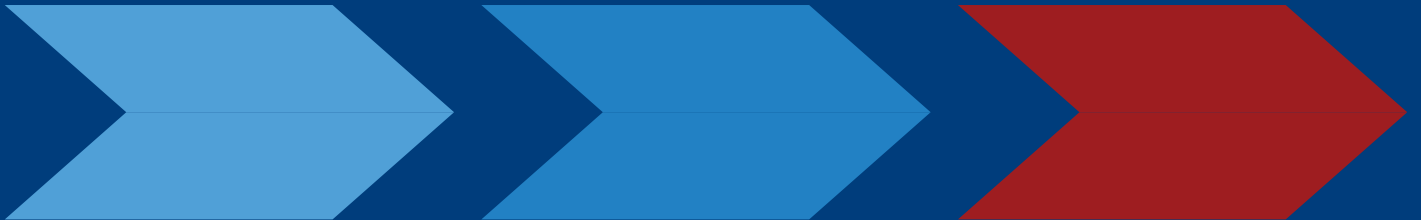
Trust Funds

Brain injury support for individuals and families may also be funded through Trust Funds. Trust Funds are typically created through legislation or executive order and dedicate funding from fees and fines to support people with brain injury. These fees can be assessed on a number of things, including traffic violations, driving while under the influence, boating while intoxicated, and other civil or criminal convictions. In some States, surcharges are added to temporary auto license tags, drivers' licenses, or firearm registrations. Revenue collected remains in the State treasury over State fiscal years so that the funding accumulates rather than starting over at the beginning of the fiscal year.

Revenue collected is used to support various activities, such as public education, research, awareness, prevention programs, and services and supports to individuals with brain injuries and their families. A few States use funds to also support the needs of individuals with spinal cord injury in addition to brain injury. States may use funds to support State personnel, such as administrative staff and care/case managers.

In most instances, State legislation establishes an advisory group to provide general oversight and designates a State Agency responsible for administering the Fund's programs and services. The advisory group may complete an annual report on the program's expenditures. Below are all the States with a Trust Fund.







FEDERAL FUNDING FOR SERVICES

Administration for Community Living Traumatic Brain Injury State Partnership Program

The U.S. Department of Health and Human Services' Administration for Community Living (ACL) administers the Traumatic Brain Injury State Partnership Program Grants. The TBI State Partnership Program Grants are used to develop comprehensive, coordinated family- and person-centered service systems at the State and community level for people with brain injury. The Grant requires States to designate a lead agency for a State to receive funding.

Research proves that people with brain injury who live in States with TBI State Partnership Program Grants have better overall long-term outcomes. Grantee work is supported by the Traumatic Brain Injury Technical Assistance and Resource Center (TBI-TARC) to maximize the program's impact nationally.

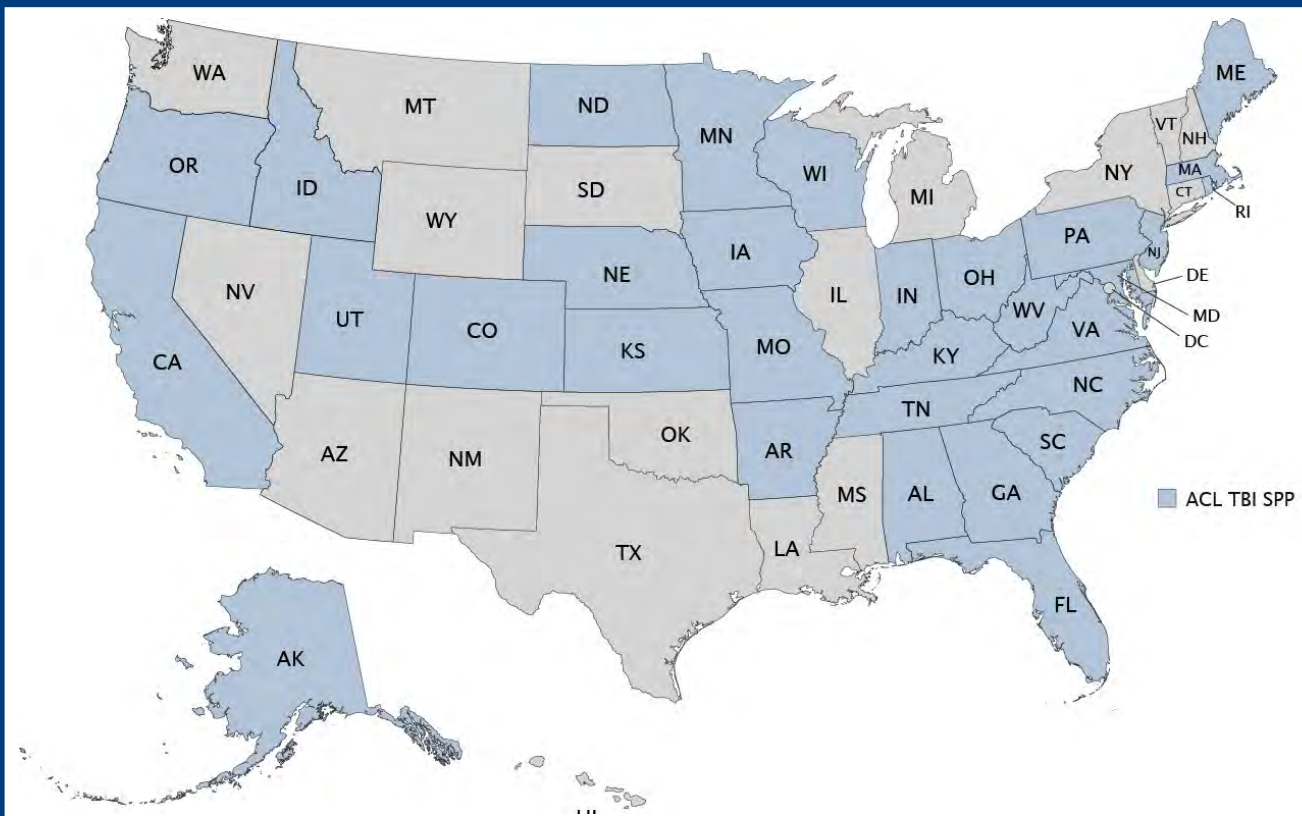
In 2024, 31 States are receiving grant funding, through these recipient institutions:

- University of Alaska Anchorage
- Alabama Department of Rehabilitation
- University of Arkansas – Institute for Digital Health & Innovation
- California State Department of Rehabilitation
- Colorado Department of Human Services
- University of Florida
- Georgia – Brain & Spinal Injury Trust Fund Commission
- Idaho State University – Institute of Rural Health
- Indiana State Department of Health



- Iowa Department of Public Health, Office of Disability
- Kansas Department on Aging and Disability Services
- Kentucky Cabinet for Health and Family Services
- Maine Department of Health and Human Services
- Maryland Department of Health
- Massachusetts Rehabilitation Commission
- Minnesota Department of Human Services
- Missouri Department of Health and Senior Services
- Nebraska Department of Education
- New Jersey Department of Human Services
- North Carolina Department of Health and Human Services
- North Dakota Department of Health and Human Services
- The Ohio State University
- University of Oregon
- Pennsylvania Department of Health
- Rhode Island Department of Health
- South Carolina Head and Spinal Cord Injury (HASCI) Division
- Tennessee Department of Health
- Virginia Department for Aging & Rehabilitative Services
- Utah Department of Health
- University of Wisconsin-Eau Claire
- West Virginia University Research Corporation

ACL TBI SPP Grantees



With this funding, States:

- Expand and improve state capacity so individuals with brain injury and their families have better access to comprehensive and coordinated services, ensuring additional resources are available for people with a myriad of challenges resulting from their brain injury.
- Collaborate with other state agencies to address a variety of critical issues. Examples include coordinating with the criminal legal agencies to screen individuals for brain injury within the criminal legal system, expanding the principles of person-centered design to systems that support people with brain injury, and providing training to ensure Vocational Rehabilitation agencies can support employment challenges and solutions for people with brain injury.
- Must establish and maintain a TBI State Advisory Board to identify and report on gaps in resources and services for people affected by brain injury and recommend solutions. These advisory boards include people with lived experience, offering perspectives and firsthand knowledge to ensure solutions help people with these needs, and include other ACL partners, such as Protection & Advocacy agency, independent living centers, TBI Model Systems, and others.

Some focuses of State funding include but are not limited to:

- Screening for brain injury in a variety of settings.
- Bolstering vocational rehabilitation to ensure that people with brain injury in need of support are best-positioned to find and retain employment.
- Identification and support of individuals with co-occurring brain injury and behavioral health disorders.
- Supporting individuals with a history of brain injury and intimate partner violence.
- Utilizing screening and providing support for people in the criminal legal system.
- Supporting veterans by providing education and resource facilitation.

In addition to the TBI State Partnership Program Grant, States may seek funding from a variety of other federal sources. Below is a list of some examples.

Older Americans Act

The Supporting Older Americans Act of 2020, which reauthorized the Older Americans Act, allows funding under the Older Americans Act to facilitate falls related brain injury screening. As part of their State Plans, States are required to outline how they are moving toward falls related brain injury screening, as per the Guidance for Developing State Plans on Aging issued on August 5, 2021. The Administration for Community Living released a proposed Older Americans Act rule in June 2023 to bring conformity between the 2020 legislation and State Plans, which again underscores the recognition around brain injury screening. Several States are considering opportunities to use this funding to broaden screening for brain injury in older Americans.



Public Health Workforce

The American Rescue Plan Act of 2021 provided funding to recruit, hire, and train public health workers to respond to the COVID-19 pandemic and prepare for future public health challenges. In January 2022, ACL began the process for distributing the funding to grantees to support the public health of older adults and people with disabilities. Traumatic Brain Injury State Partnership Program Grantees were eligible for the additional funding. Most State Grantees applied for the funding and received collectively over \$2 million to support public health activities for people with brain injury. Funds were targeted for a range of activities including neuroresource facilitation, outreach, education, screening for brain injury in various settings, assessment, and increased access to healthcare.

Justice and Mental Health Collaboration Act

The Traumatic Brain Injury and Post-Traumatic Stress Disorder Law Enforcement Training Act of 2022 was signed into law and authorized the Department of Justice to solicit best practices regarding techniques to interact with people who have a brain injury and develop brain injury crisis intervention training tools for use by first responders. As a result of this legislation, the Department of Justice for the first time specifically allowed brain injury programs in justice settings to be eligible for Federal funding related to justice and mental health, crisis response services, and law enforcement engagement, among other activities.

In 2023, The Utah Department of Health and Human Services, in collaboration with the Utah Department of Corrections, was provided funding by the Department of Justice to develop and implement a training, screening, support, and referral project to identify justice-involved women and intimate partner violence perpetrators who have a history of brain injury within county jails. Several other States applied for funding in 2024.

Vocational Rehabilitation/Disability Innovation Funding

The Rehabilitation Act of 1973 authorized grants to States for vocational rehabilitation services, supported employment, independent living, and client assistance. The program is the primary Federal program to assist individuals with disabilities in seeking employment. Vocational rehabilitation agencies may provide a wide variety of services to individuals with brain injury, including career counseling, work-based learning experiences, financial support for vocational training and post-secondary education, rehabilitation technology and training in its use, transition and pre-employment transition services, supported employment services, transportation, and other services and supports necessary for individuals with disabilities to achieve employment.

Additionally, The Department of Education Disability Innovation Fund provides state agencies and nonprofits funding for model demonstration projects to transition youth and adults with disabilities to competitive integrated employment (CIE) in any one of five topic areas. Two of these focus areas in the 2024 solicitation have particular relevance for people with brain injury, including a focus on people with acquired disabilities.

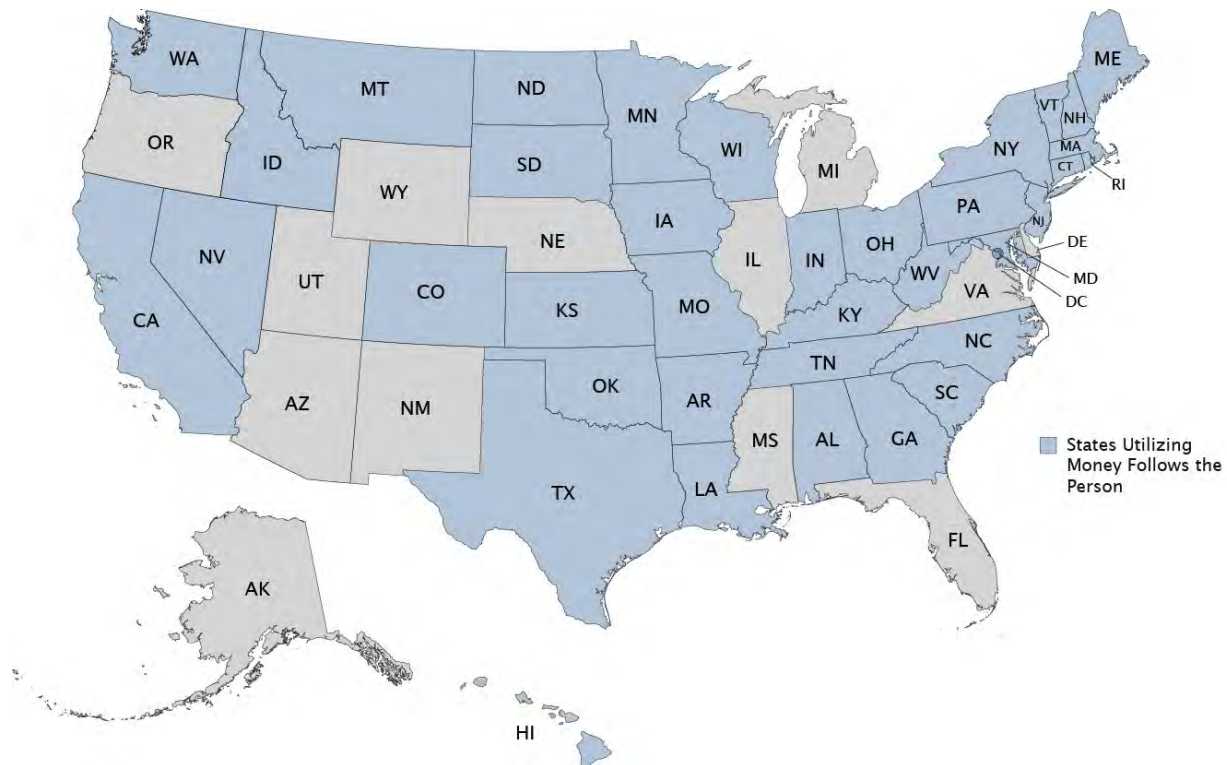
The funding described above is not exhaustive of all Federal funding opportunities for brain injury but are the ones we have seen the most successful examples under.



Money Follows the Person

The Money Follows the Person demonstration was initially established to help Medicaid beneficiaries who live in institutions transition into the community. On March 31, 2022, the Center for Medicaid Services notified current Money Follows the Person grantees that it is increasing the reimbursement rate for Money Follows the Person supplemental services. These services are now 100% Federally funded with no State share. The Center for Medicaid Services also expanded the definition of supplemental services to include additional services that can support an individual's transition from an institution to the community, including short-term housing and food assistance. These changes are to help to address barriers to community transition for eligible individuals in institutions, increase community transition rates, and increase the effectiveness of the Money Follows the Person demonstration. Some States have been successful with using the program to transition people with a brain injury from a nursing facility to community-based services, as outlined in the individual State Profiles in this guide.

Money Follows the Person





COMBINED STATE AND FEDERAL FUNDING: MEDICAID

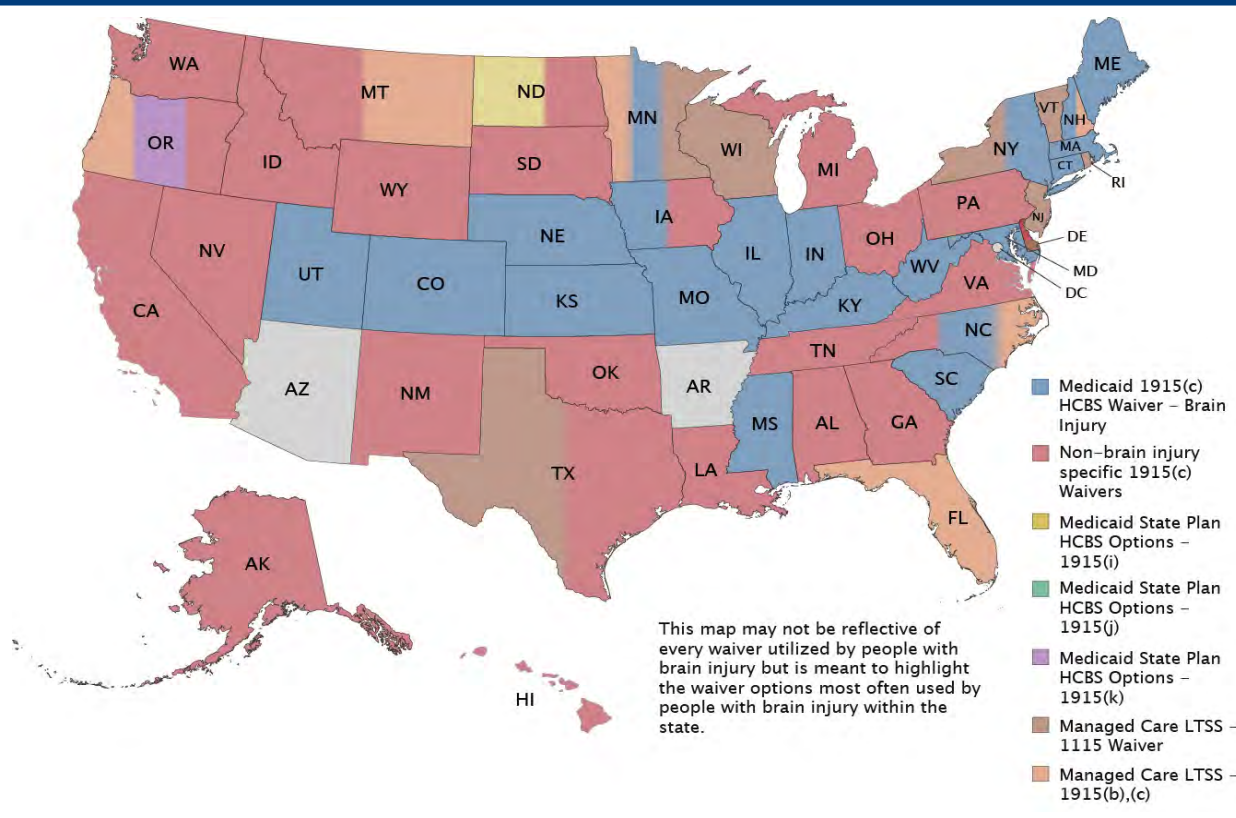
Individuals with a brain injury may be eligible for healthcare and long-term care services through the State's Medicaid program, which is a jointly funded program between Federal and State governments. All States provide benefits to low-income people who are aging or have disabilities. States may opt to cover additional people beyond the Federal minimum standards. The Federal Medicaid Program is the primary payer of long-term services and supports for individuals with disabilities. Research indicates that states with better long-term services and supports and more brain injury specific supports have higher levels of community participation and life satisfaction for people with brain injury.

There are seven Medicaid programs that are the most utilized to support people with brain injury:

- 1915(c) Brain Injury Waivers
- 1915(c) Aging and Disability Waivers
- 1915(i) State Plan Option
- 1915(j) Self-directed Personal Assistance Services
- 1915(k) Community First Choice Option
- 1115 Demonstration Waivers
- 1915 (a) and 1915 (b) Waivers



Waiver Services Utilized by People with Brain Injury Per State



1915(c) Brain Injury Waivers

Under 1915(c) Waivers, States may target Waivers to provide services above and beyond State Plan services for certain groups of people who are at risk of institutionalization and permits States to provide Medicaid to people who would otherwise be eligible only in an institutional setting due to income and resources of a spouse or parent. This includes people with brain injury.

To our knowledge, 20 States offer 1915(c) Waivers designed specifically for people with a brain injury. State 1915(c) brain injury Waiver programs that are in place are significantly smaller in terms of numbers and expenditures than Waiver programs for older adults and for individuals with intellectual and developmental disabilities.

1915(c) Aging and Disability Waivers

1915(c) Aging and Disability Waivers may be focused on broader disability populations, rather than solely focusing on brain injury. Individuals with a brain injury may also be served under other 1915(c) Waiver programs, such as intellectual or developmental disabilities or physical disabilities or multiple disabilities.

1915(i) State Plan Option

1915(i) permits States to provide home and community-based services to Medicaid-eligible individuals who do not meet an institutional level of care, including services and supports to adults with behavioral health needs, without applying for a Waiver. These target groups must be defined on the basis of any combination of age, diagnosis, disability, and Medicaid eligibility. States may not limit the number served or have waiting lists.

While people with brain injury are likely served by 1915(i) State Plan Option, to NASHIA's knowledge, only North Dakota specifically addresses brain injury in its 1915(i) focused on behavioral health conditions.

In order to submit a 1915(c) Waiver, State Waiver programs must:

- Demonstrate that providing Waiver services will not cost more than providing these services in an institution (maintain cost neutrality).
- Ensure the protection of people's health and welfare.
- Provide adequate and reasonable provider standards to meet the needs of the target population.
- Ensure that services follow an individualized and person-centered plan of care.

1915(j) Self-directed Personal Assistance Services

This program allows a State Plan Option to provide, as "medical assistance," payment for part or all of the cost of self-directed personal assistance services provided pursuant to a written plan of care to individuals for whom there has been a determination that, but for the provision of such services, would require and receive State Plan personal care services, or section 1915(c) Waiver services.

At the State's option, people enrolled in 1915(j) can:

- Hire legally liable relatives (such as parents or spouses).
- Manage a cash disbursement.
- Purchase goods, supports, services, or supplies that increase their independence or substitute for human help (to the extent they would otherwise have to pay for human help).

States can:

- Target people already receiving section 1915(c) Waiver services.
- Limit the number of people who will self-direct.
- Limit the self-direction option to certain areas of the State, or offer it Statewide.

- Use a discretionary amount of their budget to purchase items not otherwise listed in the budget or reserved for permissible purchases.

While there are no States that are targeting people directly with brain injury, this program likely supports people with brain injury in the States that utilize it.



1915(k) Community First Choice Option

States electing this option must make available home and community-based attendant services and supports to assist in accomplishing activities of daily living, instrumental activities of daily living, and health-related tasks through hands-on assistance, supervision, and/or cueing. Additionally, services may include transition costs, such as rent and utility support, purchase of bedding, basic kitchen supplies, and other necessities required for transition from an institution; and the provision of services that increase independence.

States may NOT target the 1915(k) benefit. Services must be provided on a Statewide basis, in a manner that provides such services and supports in the most integrated setting appropriate to the individual's needs. Individuals must meet institutional level of care.

Therefore, States may not differentiate the benefit package; however, services must be provided to individuals based on their needs. Under 1915(k), States receive a six percent increase in Federal medical assistance funds from the Federal government for those services.

Section 1115 Research and Demonstration Waivers

Section 1115 Waivers give States additional flexibility to design and improve their programs and to demonstrate and evaluate State-specific policy approaches to better serving Medicaid populations. Demonstrations must be budget neutral. States have designed their 1115 Waivers to expand coverage to targeted groups such as to integrate behavioral and physical health or otherwise improve behavioral health services, deliver long-term services and supports through managed care organizations, or support reentry services for criminal legal system involved individuals.

Section 1915 (a) and (b) Waivers

Section 1915(a) Waivers allow States to implement a voluntary managed care program simply by executing a contract with companies that the State has procured using a competitive procurement process. CMS must approve the State in order to make payment. Section 1915(b) of the Social Security Act permits certain provisions to be waived. 1915(b) Waivers are often referred to as Freedom of Choice Waivers because it permits the State to waive the statutory requirement granting patients the freedom to choose any provider who accepts Medicaid.





SPECIAL PROGRAMS OF NOTE

The information below serves as an overview of specialized programs within States that merit additional emphasis. These programs encompass a range of initiatives that might receive funding from State, Federal, or a combination of both sources. While this list is not exhaustive, its purpose is to offer States a comprehensive set of ideas and funding streams available to them for consideration. These programs stand out due to their unique nature, effectiveness, and potential impact, aiming to guide and inspire States in identifying areas of focus or potential funding sources that align with their specific goals and priorities, outside of the funding already discussed.

Children and Youth

Many States have programs specific to supporting children and youth. For example, these programs may provide Statewide services for youth, develop specialized education teams, aid schools in crafting individual education plans for people with brain injury, or develop public education programs to provide information on academic accommodations for students with brain injury. States may also collaborate between departments to establish a continuum of care supporting children into adulthood. These programs strive to equip educators and caregivers with a comprehensive understanding of brain injury, addressing challenges and implementing interventions for educational success.

Criminal Legal Setting

The prevalence of brain injury among the criminal-legal system is much higher than that of the general population (46-87% compared to 8% in the general population). Recidivism rates are approximately 40% higher for individuals with brain injury versus their



peers without brain injury. As such, many States have a special focus on this population. States may establish brain injury pilot programs to assess the impact on those in the criminal legal system's outcomes. Some States have established task forces specific to the overlap of BI and the criminal legal system. Additionally, States may provide law enforcement training on brain injury, facilitated by collaboration between agencies, to enable officers to recognize signs of brain injury. States may also support Treatment Courts in developing brain injury infrastructure and support.

Behavioral Health and Substance Use Disorder

Up to 50 percent of individuals seeking care for mental health services report history of a brain injury, and as many as 75% of the people seeking services for concurrent mental health and substance use disorders are living with the effects of brain injury. People with a history of brain injury of any severity are at two to four times the risk of attempting or having a death by suicide, particularly if the individual has a co-occurring psychiatric disorder. People with brain injury are 10x more likely to die from accidental poisoning because of substance misuse, including opioids, and 70-80% of people with brain injuries leave inpatient rehabilitation with a prescription for opioids. People who overdose may have loss of oxygen to the brain, leading to a brain injury.

States interested in addressing the intersection of behavioral health needs, substance use disorder, and co-occurring brain injury undertake several initiatives to improve outcomes. Regardless of the stage of development within the State's infrastructure for this population, States may collaborate with behavioral health partners by developing comprehensive assessments, crafting work plans with a focus on outcomes and sustainability, sharing resources, and providing support to ensure the successful attainment of established goals.

Older Adults

People aged 75 years and older have the highest numbers and rates of brain injury-related hospitalizations and deaths. Older adults are more likely to be hospitalized and die from a brain injury compared to all other age groups. This age group accounts for about 32% of brain injury-related hospitalizations and 28% of BI-related deaths. The primary mechanism for brain injury is falls, which is increasing each year. Still, brain injuries may be missed or misdiagnosed in older adults because symptoms of brain injury can often times be attributed solely to older age. Additionally, numerous key studies have demonstrated that seniors with a history of moderate brain injury have a 2.3 times greater risk and those with a history of severe brain injury have a 4.5 times greater risk of developing Alzheimer's disease compared to those without a history of brain injury.

States may partner with the Aging and Disability Resource Centers or other partners to screen for brain injury among older adults. They may also provide training to aging partners on the symptoms and impacts of brain injury on this population. States may also have falls prevention or other education services.



Housing Instability

Up to 50 percent of people experiencing homelessness have a past history of brain injury. People with cognitive impairment are likely to spend more time unhoused than those without cognitive impairment. Because of this, States may coordinate activities to support people experiencing housing instability, such as training housing providers in the state or screening for brain injury in shelters for the unhoused.

Intimate Partner Violence

Up to 75 percent of people who experience intimate partner violence have a past history of brain injury. Oftentimes, these individuals are subject to care for their brain injury by their perpetrators. States may focus on supporting intimate partner violence survivors through screening and resource facilitation.

Brain Injury Resource Facilitation

The goal of Brain Injury Resource Facilitation is to provide access and link people to resources across the continuum of care, reducing fragmented care and accessibility barriers. The examples of the types of resources and services that Brain Injury Resource Facilitation engages in are listed below, though this is not exhaustive of all Brain Injury Resource Facilitation services.

Program Evaluation:

- Outcomes:
 - Individual impact: employment, health, psychosocial adjustment, independent living
 - Avoidance of institutionalization, incarceration, etc.
- Impact: cost savings, etc.

Advocacy:

- For individuals and their families
 - Services and supports
 - Employers
- For policy
 - Organizations
 - Public policy
- Others*

Developing Brain Injury Capacity:

- Screening
- Accommodations
- Staff competencies for acquired brain injury
- Sharing of resources
- Others*



Needs Assessment:

- Health and health conditions
- Psychosocial
- Environmental
- Others*

Services and Supports:

- Instrumental
 - Transportation
 - Housing
 - Insurance
 - Food
 - Childcare
- Health care and rehabilitation
- State agency/community-based services
 - Vocational rehabilitation
 - Behavioral health and situational awareness
 - Others*
- Follow-up

Coordination between services and supports:

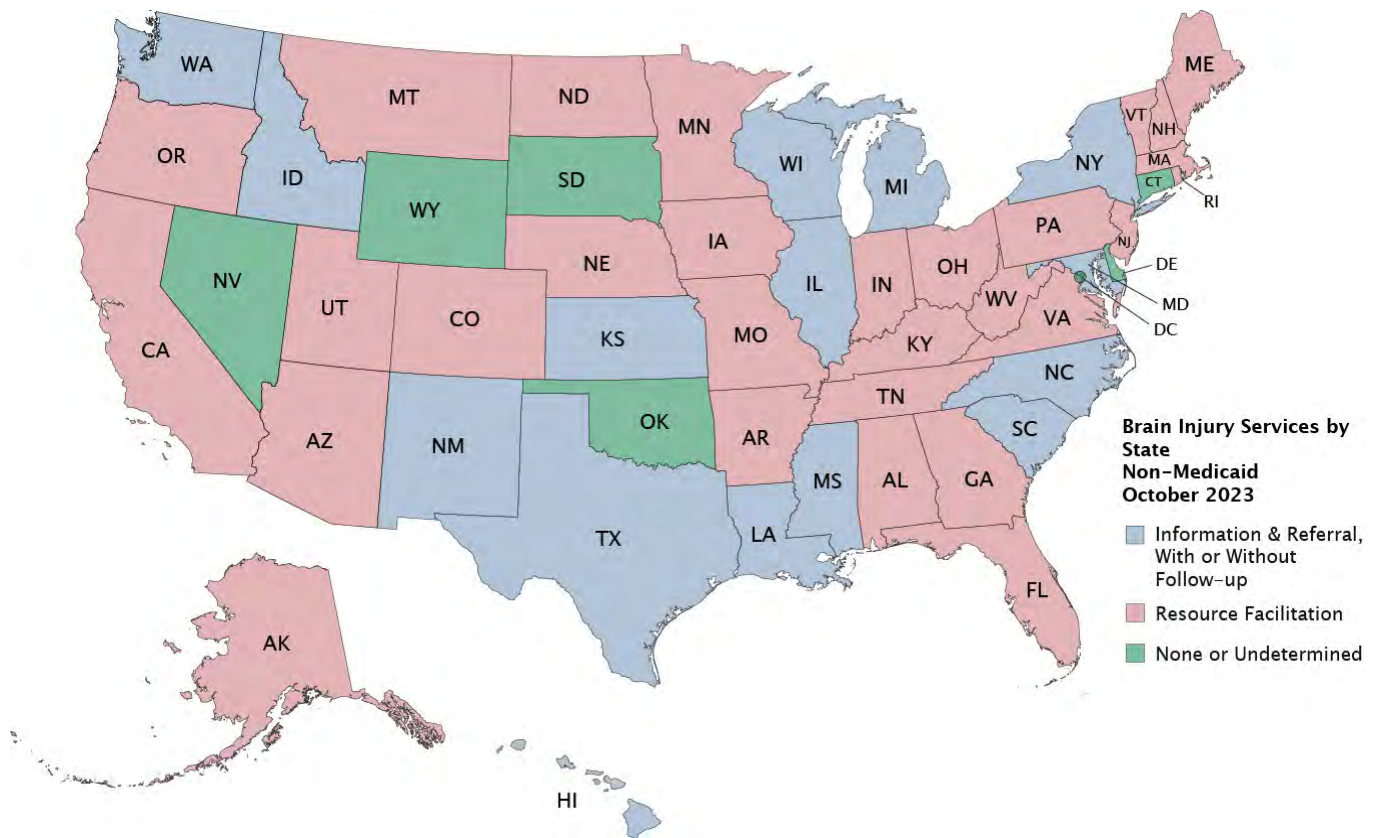
- Sharing documentation
- Sharing individualized accommodations
- Integrated case conferences
- Brain injury informed best practices or community of practice model
- Others*

There are several core components that states consider as part of Brain Injury Resource Facilitation:

- A. Connecting individuals to community resources
- B. Discovery of an individual's strengths and challenges
- C. Identification of needs
- D. Goal setting and planning
- E. Plan implementation
- F. Arrangement and coordination of supports
- G. Monitoring
- H. Re-assessment (review needs on an ongoing basis)
- I. Outreach and awareness of brain injury
- J. Outreach and awareness of brain injury services
- K. Brain injury education and training for individuals
- L. Brain injury education and training for families/caregivers
- M. Build capacity through brain injury education and training for organizations to teach about brain injury
- N. Provide education about brain injury to policy makers (e.g., agency decision makers, legislators)
- O. Emotional support
- P. Advocacy on behalf of individuals
- Q. Advocacy for systems change



Brain Injury Services by State





STATE PROFILES

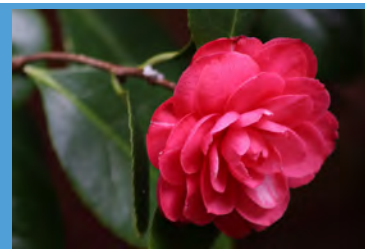
Below you will find profiles for every State that describes the diverse service delivery systems for individuals with brain injuries across the country. This is meant to delve into the support mechanisms tailored to meet the unique needs of people with brain injury. It's important to recognize that each State's approach to supporting individuals with brain injuries can vary significantly. States are working diligently to implement a wide array of initiatives, ranging from resource coordination and training programs to partnerships with other federal agencies. These efforts reflect a collective commitment to enhancing the quality of life and well-being of individuals affected by brain injuries.

While the State Profiles aim to be comprehensive, there are challenges inherent in capturing a comprehensive picture of brain injury prevalence and service delivery in each State. The state data referenced throughout may be flawed, as national and State data is incredibly lacking, and most estimates come solely from data collected through emergency department admissions or hospital stays, which is not reflective of the total population. Additionally, it is essential to keep in mind the dynamic nature of State support systems, which are subject to frequent updates and modifications, reflecting the evolving needs and priorities within each State. It's important to recognize that our understanding may be limited by the fluid nature of State systems.



ALABAMA

Population (2020 Census)
5,024,279



Lead Agency Contact

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On the Web

www.rehab.alabama.gov/tbi
www.alabamatbi.org

Service Delivery Overview

More than 8,000 Alabamians sustained a traumatic brain injury last year, with the numbers increasing each year. The Alabama Department of Rehabilitation Services is the lead agency responsible for administering brain injury programs.

Trust Fund and State General Revenue Funded Programs

Alabama's Trust Fund is funded by an additional \$100 fine on persons convicted of driving under the influence of alcohol or drugs and a mandatory \$100 fee from any individuals who successfully complete any pretrial diversion program. Each year, these proceeds are used as payer of last resort for costs of care provided to Alabamians who live with TBI or spinal cord injury through the Alabama Head and Spinal Cord Injury Trust Fund. The Alabama Head and Spinal Cord Injury Trust Fund is a line-item appropriation in the State budget of about \$750,000 annually. The program is designed for those who have sustained a traumatic brain injury as a result of a neurotrauma and are less than two years post-injury.

In 2021, the Alabama Department of Rehabilitation Services developed the Statewide TBI Navigation Program and Helpline for Alabamians with brain injury, families, professionals, hospitals/rehab facilities, State/community partners, and registry referrals. The TBI Navigation Program provides access to: TBI information, education, training, screening, referral, resource facilitation, and care coordination. This includes guided access to www.



alabamatbi.org, the Virtual Resource Brain Map to Services, and the Return to Learn/Teacher Acute Concussion Management System, which is free to every school system in Alabama.

TBI pediatric and adult care coordination is offered within the first two years of injury. Services include community reintegration, counseling, care coordination, cognitive remediation, TBI education/training, referral linkage, and transition to school/ community and employment.

Additionally, children with TBI from birth to 21 seek services through the Children's Rehabilitation Services TBI program. The Children's Rehabilitation Services TBI program provides Statewide services to children and teens who sustained a TBI. Any individual between birth and 21 years of age who is a resident of Alabama and has a diagnosis of a TBI can enroll in the Program.

The Alabama Head Injury Foundation also receives State funds to provide services such as respite care, recreational camps, resource coordination, support programs, therapeutic camps, and mental health counseling. These services are made possible by the Trust Fund and enable Alabamians with BI to strive for and achieve an improved quality of life following injury.

TBI State Partnership Program Grant Program

The State has an ACL TBI State Partnership Program Grant. With this funding, a TBI Navigation System, Alabama Helpline, and Peer to Peer Caregiver Program was created in order to coordinate and expand brain injury supports across the state. The TBI Grant added personnel with a Project Coordinator and two TBI Navigators. The TBI grant manager sits on the Governor's Challenge on Veteran Suicide, Central Alabama Veterans Collaborative, the South Alabama Veterans Council, the State Opioid Council, the Alabama Trauma Council, Calhoun County Veterans Court Service Provider, and the TBI Model Systems Advisory Council. The Grant has also enabled mental health/substance use TBI training. The current ACL Grant is addressing screening and education within the Alabama Department of Mental Health to include psychiatric hospitals, crisis centers, mental health centers, and substance use programs. As part of this, screening has been conducted within the State's mental health system.

Medicaid

The State of Alabama Independent Living Program provides services for Alabamians with the most significant disabilities through specialized programs that promote independent living, enhance the quality of life, and maintain maximum independence in the individual's home. The three programs are: Homebound Services; State of Alabama Independent Living Program Waiver, and Community Support Services.

Services include nursing management, guidance and counseling, patient and family education, attendant care, medical supplies/medications, prescribed medical equipment, limited home modifications and referral to other services. The eligibility criteria are slightly different for each program.



Advisory Council

The Alabama Head Injury Task Force Advisory Board members are appointed by the Alabama Department of Rehabilitation Services Commissioner and are involved in planning for Statewide service delivery. It has led efforts to promote activities in surveying needs, awareness, training, and federal grants activities to assist with carrying out recommendations. The Alabama Head Injury Task Force developed a five-year State Plan and developed five priority working committees in the areas of Advocacy and Awareness, Service Access, Infrastructure, Community Reintegration and Pediatrics. The Advisory Board now consists of majority of members with lived experience who support the entire Statewide Task Force.

State Definitions

TRUST FUND

An insult to the brain, not of a congenital nature but caused by an external force, that may produce a diminished or altered State of consciousness, which results in impairment of cognitive abilities or physical functioning. It can also result in the disturbance of behavioral or emotional functioning. These impairments may be either temporary or permanent and may cause partial or total functional disability or psychosocial maladjustment.

HEAD & SPINAL CORD INJURY REGISTRY ACT

An occurrence of injury to the head that is documented in a medical record, with one or more of the following conditions attributed to the head injury: (a) Observed or self-reported decreased level of consciousness; (b) Amnesia; (c) Skull fracture; (d) Objective neurological or neuropsychological abnormality; (e) Diagnosed intracranial lesion; (f) As an occurrence of death resulting from trauma, with head injury listed on the death certificate, autopsy report, or medical examiner's report in the sequence of conditions that resulted in death. The definition applies to an acquired injury to the brain. The term does not include brain dysfunction caused by congenital or degenerative disorders, nor birth trauma, but may include brain injuries caused by anoxia due to near drowning.



ALASKA

Population (2020 Census)
733,391



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Advocacy Organization Contact

Alaska does not currently have an advocacy organization.

On the Web

<https://health.alaska.gov/dsds/pages/tabi/default.aspx>

Service Delivery Overview

A new report found that Alaska had the highest rate of traumatic brain injury-related deaths in the country between 2016 and 2021. The University of Alaska Anchorage, Center for Human Development is the managing entity for brain injury programs in the State.

Trust Fund and State General Revenue Funded Programs

The State of Alaska Traumatic and Acquired Brain Injury program was created in law to fund non-profit agencies to provide services to individuals who have been diagnosed with a traumatic or acquired brain injury. The State has plans in place to:

- Expand case management services into rural Alaska.
- Compile a Statewide registry of individuals with brain injury for longitudinal data collection and evaluation of service delivery.
- Establish standards and recommendations for improvement of prevention, assessment, and care of persons with brain injury in the State.

Person-centered case management services for Alaskans with traumatic or acquired brain injuries are provided by four provider agencies in Alaska: Access Alaska, Daybreak, Maniilaq Association, and Southeast Alaska Independent Living. Case management provides an



opportunity for individuals with brain injury to meet with a case manager in-person, by-phone, or digitally who can help identify needed services, assist in locating those services and providers, and continue monitoring and evaluating how those services are provided over time.

Additionally, grants are available on a Statewide basis to Alaskans diagnosed with traumatic or acquired brain injuries. The maximum benefit per individual is \$2,500 and pays for supplies or services that are not covered by other sources.

Alaska also has a Youth Brain Injury Program, a collaborative system of support for students with brain injury, which offers important services to youth throughout Alaska. This program supports students aged 0-21 with suspected or diagnosed brain injury and provides screening to youth served by the Division of Juvenile Justice. Services include customized in-service trainings, general education and consultation, as well as evidence-based resources.

This work is funded by a combination of Alaska Mental Health Trust Authority grants and State of Alaska general funds.

TBI State Partnership Program Grant

Alaska is a recipient of the ACL TBI State Partnership Program Grant. The Grant is run through the University Center of Excellence on Disability at the University of Alaska through a Memorandum of Understanding with the State. Through this funding, Alaska is facilitating collaboration among various stakeholders to identify brain injury service needs and barriers to independent living and person-centered care while advising the State on overall systems planning. The program is also determining the current prevalence of brain injury in Alaska and examining the existing state of brain injury services, including barriers to receiving appropriate care. Additionally, it is overseeing the implementation of the Alaska 5-Year State Plan for Brain Injury and ensuring its annual update. Furthermore, it aims to enhance the capacity to screen and identify Alaskans with brain injuries and provide evidence-based medical care.

Medicaid

The Alaskans Living Independently Medicaid Waiver is intended to help people with physical disabilities and seniors who are in need of a nursing facility level of care. This Waiver may serve people with brain injury. The Medicaid Waiver program is administered by the Alaska Department of Health and Social Services' Division of Senior and Disabilities Services. Through the Statewide Waiver program, services are provided that allow program participants to continue living at home, such as care coordination, adult day care, and respite care. Modifications to the home to help promote independence, such as wheelchair ramps and widening of the doorways, home delivered meals, and specialized medical equipment, are also covered benefits of this Waiver.

Advisory Council

The Brain Injury Council of Alaska sits at the Center for Human Development. The mission of the Council is to understand, educate, and advocate for the needs of all Alaskans regarding traumatic and acquired brain injury. The Council has 33 members, of which 58% are persons with brain injury or family members.



State Definitions

STATE BRAIN INJURY PROGRAM

Traumatic or acquired brain injury” means an insult from physical force or internal damage to the brain or its coverings, not of a degenerative or congenital nature, that produces an altered mental State and that results in a decrease in cognitive, behavioral, emotional, or physical functioning.

ARIZONA

Population (2020 Census)
7,151,502



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On the Web

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Service Delivery Overview

Arizona has more than 65,000 brain injury incidents per year. The Governor's Council on Spinal and Head Injuries is the designated Lead Agency for brain injury and is housed within the Department of Economic Security within the Rehabilitation Services Administration.

Trust Fund and State General Revenue Funded Programs

The Spinal and Head Injuries Fund derives funding from court assessment fees from civil traffic penalties, which is allocated more than \$2 million annually for the Spinal and Head Injuries Fund. The funding is used for public education, rehabilitation services, disease surveillance, and administrative costs.

In addition to the Trust Fund, youth and adults with brain injury can apply for vocational rehabilitation services. The specialty brain injury counselors assist clients with brain injury applying for vocational rehabilitation services to determine eligibility for vocational rehabilitation services as well as access to Trust Fund funding.

TBI State Partnership Grant

Arizona does not currently have a ACL TBI State Partnership Grant.



Medicaid

Arizona Health Care Cost Containment System is Arizona's Medicaid agency that offers health care programs to serve Arizona residents. Individuals must meet certain income and other requirements to obtain services. Health insurance through the program helps individuals cover the cost of doctor's office visits, physical exams, immunizations, prenatal care, hospital care and prescriptions they need. Additionally, the State provides long term care services for people who are 65 or older, blind, or have a disability and need ongoing services at a nursing facility level of care, although they do not need to live in a nursing home. The State contracts with Health Maintenance Organizations to work with doctors, nursing homes, assisted living facilities, hospitals, pharmacies, specialists, and others to provide care.

Advisory Council

The Council is an 18-member council, including people with lived experience and those with medical expertise. One third of the terms expire each year with one reappointment possible.

The Council provides funding to:

- Vocational rehabilitation counselors who specialize in working with clients with brain injury and for comprehensive rehabilitation services to assist vocational rehabilitation clients with brain injury to pursue their employment goals;
- The Brain Injury Alliance of Arizona through a contract to provide resource facilitation services for persons with TBI, their families and caregivers, and professionals who serve them; and,
- Conduct brain injury educational programs to a variety of audiences.

State Definitions

TRUST FUND

A head injury is "A partial or total disability that is caused by damage to the brain or its coverings, that is not degenerative in nature and that results in a decrease in mental, cognitive, behavioral or physical functioning. Includes a trauma to the central nervous system that prevents a person from being completely self-sufficient. Does not include vascular accidents, aneurysms and congenital defects."



ARKANSAS

Population (2020 Census)
3,011,524



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On the Web

<https://idhi.uams.edu/brain-injury-program/>

Service Delivery Overview

Approximately 2,300 Arkansans are living with a brain injury as documented by the TBI Registry. The University of Arkansas for Medical Services (UAMS) is designated as the lead agency.

Trust Fund and State General Revenue Funded Programs

The University of Arkansas for Medical Services Brain Injury Program receives its primary funding from the Arkansas Department of Health. These funds are derived from state tobacco tax revenues for the establishment of the Trauma System in Arkansas. The grant is designed to support all Arkansans who have sustained severe traumatic injuries, provide medical care guidelines for professionals, and support education for survivors, caregivers, and professionals.

TBI State Partnership Grant

The University of Arkansas for Medical Services has a current ACL TBI State Partnership Program Grant. The funding aims to improve the lives of Arkansans living with brain injury through education and resource development initiatives. Through this, Arkansas has been able to add expert case management and new screening tools to better assess the individual needs of TBI survivors, in addition to helping them re-enter the workforce and



increase their community engagement. The state is also expanding the TBI state registry to include persons with mild TBI, which previously only tracked Arkansans with a moderate to severe TBI. Additionally, the TBI programs at University of Arkansas Medical Services will implement a Return-to-Learn initiative to train education professionals in the state's public school system. The statewide program will work with school nurses, psychologists and therapists to enhance recognition and intervention for children living with a TBI.

Medicaid

Arkansas does not have a brain injury specific Medicaid program. The Arkansas Section 1115 Waiver program aims to improve on the integrated coverage for low-income Arkansans, leveraging the efficiencies and experience of the private insurance market to improve continuity, access, and quality for clients. The State also has ARKids First, a Medicaid program that provides for an array of medical and preventative care for children across the State. Additionally, ARChoices in Homecare provides home and community-based services.

The State also administers the Money Follows the Person program, which helps Medicaid-eligible people who are elderly, adults with physical and developmental disabilities, and adults with mental illnesses who are currently living in long-term care facilities to transition back into to the community and receive home and community-based services.

Advisory Council

The Arkansas Brain Injury Council was established in 2022 and is funded by the Arkansas Department of Health. The Council has 21 members and meets quarterly. The council engages in advocacy, collaboration, and planning.

State Definitions

CENTRAL REGISTRY

"Head injury" or "traumatic head injury" means any insult to the brain not of a degenerative or congenital nature, but caused by an external physical force, that may produce a diminished or altered State of consciousness which results in impairment of cognitive abilities or physical functioning. It can also result in the disturbance of behavioral or emotional functioning. These impairments may be either temporary or permanent and cause partial or total functional disability or psychosocial maladjustment.



CALIFORNIA

Population (2020 Census)
39,538,223



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California does not currently have an
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On the Web

<https://www.dor.ca.gov/home/tbi>

Service Delivery Overview

In California, there are more than 200,000 incidents each year of non-fatal TBI injuries. The California Department of Rehabilitation is the lead agency and administers funding for brain injury services.

Trust Fund and State General Revenue Funded Programs

The California TBI Fund is funded by the State General Fund, with about \$3.6 million allocated annually. Through work utilizing these dollars, individuals with TBI may access one of 12 TBI service sites that must offer a core set of services to eligible individuals with a TBI. The sites are situated in a variety of organizational settings, including outpatient hospital clinics, community services organization affiliated with hospitals, and independent living centers. The TBI core services include supported living services, community reintegration services, vocational supportive services, enhanced information and assistance, community navigation, person-centered case coordination, and public and professional education.

Families may seek assistance from one of the 11 California Caregiver Resource Center Programs. Services are available to all families caring for an individual with a brain injury and include assessment, family consultation, resources, respite, counseling, legal and financial consultation, information and referral, support groups, and psycho-educational classes to family caregivers of adults with cognitive impairment.



TBI State Partnership Program Grant

California has a ACL TBI State Partnership Program Grant. With this funding, California has expanded the TBI Advisory Board to include a TBI Survivor Committee, which is composed entirely of brain injury survivors (both acquired and traumatic) who work in collaboration with the TBI Advisory Board to maintain a focus on individuals, their families, their support networks, and their caregivers. This funding also allows California to provide culturally competent resources to entities that intersect with vulnerable populations; identify options for long term funding; and utilize the TBI Needs Assessment and Registry data to inform policy, education, and training statewide. California is also utilizing these funds to expand systems to support early identification, interventions, resource facilitation, and coordination for people with TBI and to provide resources for intimate partner violence populations.

Medicaid

Medi-Cal is California's Medicaid program. This is a public health insurance program which provides needed health care services for people with disabilities, including survivors of brain injury. The plan covers essential services, including:

1. Outpatient (ambulatory) services
2. Emergency services
3. Hospitalization
4. Maternity and newborn care
5. Mental health and Substance Use Disorder Services, including behavioral health treatment
6. Prescription Drugs
7. Programs such as physical and occupational therapy (known as rehabilitative and habilitative services) and devices
8. Laboratory services
9. Preventive and wellness services and chronic disease management
10. Children's services, including oral and vision care.

Additionally, the California Advancing and Innovating Medi-Cal (CalAIM) is a multi-year initiative, by the Department of Health Care Services to improve the quality of life and health outcomes of individuals on Medi-Cal by implementing broad delivery system, as well as program and payment reform across the Medi-Cal program. The CalAIM initiative utilizes the Medi-Cal program to help address the multifaceted challenges facing California's most vulnerable residents such as individuals experiencing homelessness, behavioral health care access, children with complex care needs, the growing number of justice-involved populations who have significant clinical needs and the growing aging population.

The three primary goals of CalAIM are:

1. Identify and manage member risk and need through whole person care approaches and addressing Social Determinants of Health



-
2. Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility
 3. Improve quality outcomes, reduce health disparities, and drive delivery system transformation and innovation through value-based initiatives, modernization of systems and payment reform.

Advisory Council

California's Traumatic Brain Injury Advisory Board is composed of sixteen members and led by a Chair and Vice-Chair. Board members are appointed by the State and more than half of the members are individuals living with brain injury. Work is carried out by four subcommittees with members representing state, territory, or American Indian consortium agencies; public/nonprofit/private health-related organizations; disability advisory or planning groups within the state/territory or American Indian consortium; organizations or foundations representing individuals with TBI in California; injury control programs at the state or local level; individuals with a TBI or family members of such individuals; survivors of domestic violence; and the homelessness population. The Board meets quarterly, while the committees meet monthly. All meetings are publicly noticed and encourage stakeholder engagement.

State Definitions

TRAUMATIC BRAIN INJURY

Defined as an alteration in brain function, or other evidence of brain pathology caused by an external force such as a jolt, blow, or penetration to the head. Most non-fatal TBI are caused by falls, motor vehicle accidents, or being struck by a person or an object, such as in sports.

NON TRAUMATIC BRAIN INJURY

Defined as an injury to the brain that is caused by internal factors, such as lack of oxygen, exposure to toxins, pressure from a tumor, etc.

(A) Traumatic brain injury does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.

COLORADO

Population (2020 Census)
5,773,714



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On the Web

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Service Delivery Overview

In Colorado, approximately 25,000 emergency department and hospitalizations for traumatic brain injury occur on an annual basis. The Department of Human Services is the lead agency responsible for administering the MINDSOURCE Brain Injury Network. MINDSOURCE Brain Injury Network serves as the umbrella entity for three distinct programs/functions: managing the Colorado Brain Injury Trust Fund, providing training and technical assistance regarding brain injury for public and private entities, and managing the federal traumatic brain injury grant.

Trust Fund and State General Revenue Funded Programs

The Colorado Brain Injury Trust Fund was established in 2002 to improve the lives of Colorado residents with brain injury. The MINDSOURCE Brain Injury Network administers the Fund and collaborates with the Brain Injury Alliance of Colorado and school districts.

The Trust Fund is supported by revenue from surcharges on certain traffic offenses and alcohol-related traffic offenses. Funds are divided between client services, brain injury research, and education. A minimum of 55% must be spent on client services. Trust Fund dollars have also supported falls prevention efforts; educational programs and research projects to better understand the co-occurring nature of brain injury and violence; homelessness; and veterans. The Trust Fund receives on average between \$1.6-\$1.9 million each year, but that is decreasing because of changes in fine structures.

In addition to the Trust Fund, Colorado receives State General Revenue funding for brain



injury at around \$450,000 annually. Colorado is a leader in supporting people with brain injury within the criminal legal system. Screening and brain injury supports protocol have been implemented within multiple judicial district/probation offices and jails throughout Colorado. A Symptoms Questionnaire has been developed and automated to use with people screening positive for lifetime history of brain injury. The Colorado Department of Corrections also has a comprehensive brain injury program to improve outcomes for offenders. The State also supports victims of violent crime who suffer brain injuries as a result.

TBI State Partnership Program

MINDSOURCE Brain Injury Network has a ACL TBI State Partnership Program Grant. Funding supports the Advisory Board, State Plan, and other objectives related to building infrastructure and supporting individuals with brain injury. Through this funding, the State is partnering with the Behavioral Health Administration to craft brain injury educational materials and curriculum integrated into their learning management system.

Medicaid

Colorado has a 1915(c) Brain Injury Waiver that serves individuals who have a significant functional impairment as identified by a comprehensive assessment and require long term support services at a level comparable to services typically provided in a nursing facility or hospital.

The State contracts with local, non-state entities called Case Management Agencies to enable people with long term care needs to access appropriate supportive services. These Agencies form a statewide network that provides case management and care coordination. The State currently contracts with 24 Case Management Agencies for the case management and utilization review of long-term care Waivers. The Case Management Agencies support the Brain Injury Waiver.

Advisory Council

The Colorado Advisory Council on Brain Injury aims to guarantee the efficient functioning of MINDSOURCE - Brain Injury Network. This involves identifying service delivery gaps, creating adaptable strategies to tackle these gaps, and fostering partnerships between public and private entities to cater to the requirements of individuals affected by brain injuries and their families. It is composed of people with diverse backgrounds and expertise, including firsthand experience with brain injuries, representatives from state agencies, community advocates, and service providers.

State Definitions

TRUST FUND

“Brain injury” refers to damage to the brain from an internal or external source, including a traumatic brain injury, that occurs post-birth and is noncongenital, nondegenerative, and nonhereditary, resulting in partial or total functional impairment in one or more areas, including but not limited to attention, memory, reasoning, problem solving, speed of processing, decision-making, learning, perception, sensory impairment, speech and language, motor and physical functioning, or psychological behavior. Documentation of brain injury must be



based on adequate medical history. A brain injury must be of sufficient severity to produce partial or total disability.

b) Documentation of brain injury must be based on adequate medical history. A brain injury must be of sufficient severity to produce partial or total disability.”

MEDICAID HCBS WAIVER

Brain injury has been defined as an injury to the brain of traumatic or acquired origin which results in residual physical, cognitive, emotional, and behavioral difficulties of a non-progressive nature.

CONNECTICUT

Population (2020 Census)
3,605,944



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Advocacy Organization Contact

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Service Delivery Overview

In Connecticut, from 2007 to 2013 there were 22,047 hospital in-patient discharges and about 40,096 emergency department encounters due to brain injury and concussions. The Department of Social Services leads the brain injury program in the State.

Trust Fund and State General Revenue Funded Programs

The Trust Fund funds activities provided by the Brain Injury Alliance of Connecticut. Fines are collected and allocated to the Department of Social Services to provide grants to the Brain Injury Alliance of Connecticut.

Additionally, with State funds, the Connecticut Department of Mental Health and Addiction Services provides a Brain Injury Services program to facilitate a person-centered recovery approach for persons living with acquired brain injury and mental health challenges. Through this, regional Community Integration Specialists provide services to persons with brain injury through the Local Mental Health Authorities network. The Community Integration Specialists coordinate with other programs and Departments within the State/local services constellation that can provide services, funds, etc., to the person with brain injury.

TBI State Partnership Program

Connecticut does not currently have a ACL TBI State Partnership Program grant.

Medicaid

The Connecticut Department of Social Services administers a 1915(c) HCBS Medicaid Waiver program for income eligible adults who have an acquired brain injury and who, without



Waiver services, would have to live in a long-term care facility. The program is designed to assist participants to relearn, improve, or retain the skills needed to live successfully in the community. The program follows the principles of person-centered planning to develop an adequate, appropriate, and cost-effective plan of care from a menu of home and community-based services to achieve personal outcomes that support the individual's ability to live.

The agency partners with the Brain Injury Alliance of Connecticut through the Waiver programs to provide care management services. The Acquired Brain Injury Medicaid Waiver program offers a range of non-medical, home and community-based services, to maintain adults who have an acquired brain injury.

Advisory Council

The Connecticut Traumatic Brain Injury Advisory Board makes recommendations to the Commissioners of Public Health and Social Services for a State-wide plan to address the needs of people with brain injury. The Board each year reports to the Governor and legislative committees having oversight over human services and public health.

State Definitions

ACQUIRED BRAIN INJURY PROGRAMS

An Acquired Brain Injury (ABI) is an injury to the brain that has occurred after birth, which results in any combination of focal and diffuse central nervous system dysfunction, both immediate and/or delayed at the brain stem level and above. This dysfunction of the central nervous system is acquired through the interaction of any external force and the body including blows to the head and violent movements of the body (Traumatic Brain Injury); as well as through oxygen deprivation; infection; toxicity; surgery; and vascular disorders not associated with aging. This dysfunction is not congenital, developmental or degenerative.

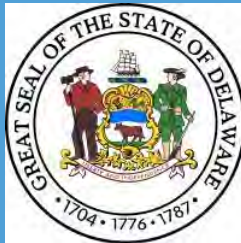
TBI REGISTRY

"Traumatic brain injury" means damage to the brain tissue and any combination of focal and diffuse central nervous system dysfunction, both immediate or delayed, at the brain stem level and above. Such damage and dysfunctions are sustained through the application of external forces including, but not limited to, blows to the head, falls, vehicular crashes, assaults, sports accidents, intrauterine and birth injuries, and violent movement of the body. Such damage and dysfunctions are not developmental or degenerative, and not associated with aging.



DELAWARE

Population (2020 Census)
989,948



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On the Web

<https://scpd.delaware.gov/brain-injury-funds.shtml>

Service Delivery Overview

In Delaware, there are 250,0123 brain injuries per year with research showing that Delaware's brain injury rate remains steady. The Department of Safety and Homeland Security is the lead agency for brain injury programs.

Trust Fund and State General Revenue Funded Programs

The General Assembly allocates funding to the State Council for Persons with Disabilities within the Department of Safety & Homeland Security to administer a Traumatic Brain Injury Fund. Eligibility for funding assistance is limited to legal Delaware residents with a qualifying, medically documented brain injury who would benefit from covered services which are otherwise not available to residents through other services. To be eligible for the Delaware Brain Injury Fund, an individual must submit an application for the Traumatic Brain Injury Fund Application Review Committee to approve eligibility.

ACL TBI State Partnership Program Grant

Delaware does not currently have a ACL TBI State Partnership Program Grant.

Waiver

The Division of Services for Aging and Adults with Physical Disabilities administers home and community-based services for older persons and adults with physical disabilities in Delaware. The State incorporated the brain injury HCBS Waiver into this broader Waiver



for long-term services and supports.

Advisory Council

The State Council for Persons with Disabilities created the TBI Fund Committee, which assists with overseeing the Delaware Brain Injury Trust Fund. Delaware's Brain Injury Committee serves as the primary brain injury council for the State. The TBI Fund Committee promotes coordination among all State programs, services and plans established for or related to persons with brain injuries.

State Definitions

TRAUMATIC BRAIN INJURY

Includes any injury to the structure of the brain caused by an external force or insult.

ACQUIRED BRAIN INJURY

Defined as damage to the brain that occurs after birth and is not the result of a congenital defect or a progressive degenerative disease. ABI may be the result of physical trauma or various medical conditions.



FLORIDA

Population (2020 Census)
21,538,187



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Service Delivery Overview

Best estimates show there are approximately 899,924 Floridians living with long-term disabilities resulting from a brain injury. The University of Florida leads the State Partnership Program Grant and the Department of Health administers the Brain and Spinal Cord Injury Program.

Trust Fund and State General Revenue Funded Programs

The Florida Department of Health administers the Brain and Spinal Cord Injury Program, primarily funded by the Brain and Spinal Cord Injury Program Trust Fund, for the purpose of providing the cost of care for brain or spinal cord injuries as a payor of last resort to residents of the State. The Trust Fund receives State General Revenue funding and funding through traffic fines; surcharges for driving or boating under the influences; fees on license takings, and a percentage of fees for motorcycle specialty tags. Services provided to people with traumatic brain injury may include case management, acute care, inpatient and outpatient rehabilitation, transitional living, assistive technology, home and vehicle modifications, nursing home transition facilitation, and long-term supports for survivors and families through contractual agreements with community-based agencies.

The Brain and Spinal Cord Injury administers a Statewide coordinated system of care to serve persons who have sustained moderate-to-severe traumatic brain and/or spinal cord injuries to obtain the necessary rehabilitative services in order to be referred to a



vocational rehabilitation program or to return to their home and community. There is also a comprehensive Statewide Resource Center. This Center maintains information pertaining to brain and spinal cord injury, social and financial resources, and other information.

Florida also funds education, prevention, and research activities. It expands its services through a contract with the Florida Disabled Outdoors Association. Other services are provided through working relationships with the Florida Centers for Independent Living and the Florida Department of Education, Division of Vocational Rehabilitation.

TBI State Partnership Program Grant

The University of Florida has a ACL TBI State Partnership Program Grant. The primary goal is to improve access to a continuum of brain injury services and resources for all Floridians with brain injury and their families. Objectives are to develop a Florida State Plan that will serve as the foundation for a sustainable person-centered TBI system, and create the “Sunshine Resource Facilitation Network” to provide connections for brain injury resources for all Floridians with brain injury and their families and improve access to services throughout the State. The University of Florida partners with Brain Injury Florida, which through the grant developed a Brain Injury Information Line and NeuroResource Facilitation services to provide Floridians with any type of acquired brain injury, either through traumatic or non-traumatic causes, information about available programs and services and to aid in making informed healthcare decisions.

Medicaid

Persons who are Medicaid eligible may receive home and community-based services through the Statewide Medicaid Managed Care Long-term Care program. Individuals who are Medicaid eligible may receive home and community based services provided through the Statewide Medicaid Managed Care Long-term Care program. People with Brain Injury are served under this Waiver if they are 65 and over and eligible for Medicaid or 18 and over and eligible for Medicaid due to a disability and meet a nursing home level of care.

Advisory Council

The Florida State Brain Injury Advisory Board is comprised of 16 members, and is managed by the University of Florida ACL grantee. The Advisory Board is comprised of 50% persons with lived experience of an acquired brain injury, and is responsible for analyzing the Florida Statewide Brain Injury Needs Assessment and continuously working on and updating the Florida State Plan for Brain Injury.

State Definitions

BRAIN INJURY FLORIDA

An acquired brain injury is an injury to the brain that occurs after birth, that is not hereditary, congenital, degenerative, or induced by birth trauma.



GEORGIA

Population (2020 Census)
10,711,908



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<https://bsitf.georgia.gov/>

Service Delivery Overview

During 2018, 27,199 Georgians were admitted or treated in a hospital or emergency department for a traumatic brain injury. The Brain and Spinal Injury Trust Fund Commission is the lead agency for brain injury in the State.

Trust Fund and State General Revenue Funded Programs

The Trust Fund is funded by a surcharge on drunk and reckless driving fines for purposes of paying for services, items, and assistance not otherwise covered by other payers for persons with brain and spinal injuries. The Trust Fund program is governed by a State Commission, which is made up of ten individuals appointed by the Governor and six by State Agencies. It is allocated over \$1 million annually.

Individuals of any age who have sustained a TBI and/or SCI may apply to the Brain and Spinal Injury Trust Fund Commission for grants to assist them in meeting any or all of the costs of receiving care and rehabilitative services, as well as a wide variety of goods and services.

TBI State Partnership Program Grant

The State has a ACL TBI State Partnership Program Grant. Through this funding, Georgia launched the TBI Resource Facilitation program. This initiative aimed to deliver person-centered services and specialized training for Resource Facilitation Specialists. With the



funding, the State also conducted a comprehensive statewide needs assessment, utilizing online surveys, focus groups, and interviews to identify service gaps, strengths, and resources available for those with lived experience throughout Georgia.

Medicaid

Individuals who are Medicaid eligible may be eligible for services provided by the 1915(c) Independent Care Waiver Program, designed for eligible Medicaid members with severe physical disabilities, including brain injury, who are between the ages of 21 and 64. The Independent Care Waiver Program offers in-home support services that help adults receiving Medicaid to live in their own homes or in the community instead of an institution such as a nursing home.

Advisory Council

In Georgia, the Chairman of the Brain and Spinal Injury Trust Fund Commission appoints the TBI Advisory Board Chairman who in turn appoints members to the Advisory Board. The Commission, with the assistance of its Traumatic Brain Injury Advisory Board, evaluates the needs of individuals with traumatic brain injuries and makes policy recommendations for the enhancement of the State's service system. The Board is composed of 15 individuals who also advise on issues relating to spinal cord injuries.

State Definitions

TRUST FUND

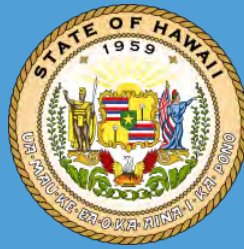
"Brain Injury" means a traumatic injury to the brain (cranio-cerebral head trauma), not of a degenerative or congenital nature, but arising from blunt or penetrating trauma or from acceleration-deceleration forces that is associated with any of these symptoms or signs attributed to the injury: decreased level of consciousness, amnesia, other neurologic or neuropsychologic abnormalities, skull fracture, or diagnosed intracranial lesions. These impairments may be either temporary or permanent and can result in a partial or total functional disability.

Non-eligible conditions:
(a) Individuals who have had a CVA (cerebral vascular accident/stroke); or (b) Spinal cord dysfunction for which there are no known or obvious "injuries" to the intracranial central nervous system; or (c) Progressive dementias and other mentally impairing conditions; or (d) Depression and psychiatric disorders; or (e) Mental retardation and birth-related disorders; or (f) Neurological degenerative, metabolic, and other conditions of a chronic, degenerative nature; or (g) Anoxic or hypoxic episodes, allergic reactions, toxic substance reactions or any other inflammatory infections or acute medical incidents.



HAWAII

Population (2020 Census)
1,445,271



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Service Delivery Overview

There are approximately 5,000 traumatic brain injuries in Hawaii every year. The Department of Health is the lead State agency and provides education on neurotrauma and assistance to individuals and families to identify and obtain access to services.

Trust Fund and State General Revenue Funded Programs

The Department of Health administers the Neurotrauma Program with funds from the Neurotrauma Special Fund, which is the State's Trust Fund. The Trust Fund is supported by revenue derived from traffic fines, bringing the State somewhere between \$750,000-\$950,000 on average annually. The Neurotrauma Special Fund supports education on neurotrauma, assistance to individuals and families to identify and obtain access to service, creation of a registry of neurotrauma injuries within the State, and necessary administrative expenses to carry out this work. The Neurotrauma Program collaborates with the Vocational Rehabilitation agency for job discovery and employment, contracts with the Hawaii Disability Rights Center for education, injury prevention, and referrals, and supports strategic planning and implementation. The Neurotrauma Program also operates a helpline to provide information and referrals to survivors of neurotrauma and their family members and caregivers.

TBI State Partnership Program

Hawaii does not currently have a ACL TBI State Partnership Program Grant.



Medicaid

Hawaii does not have a brain injury specific Medicaid program but people with brain injury may be being served on other Waivers. such as its 1915(c) Waiver for individuals with intellectual and/or developmental disabilities in Hawai'i, which offers person-centered alternatives to institutional care while ensuring adherence to federal and state regulations and waiver standards.

Advisory Council

Hawaii's Neurotrauma Advisory Board provides recommendations to the Department of Health on implementing a comprehensive system to support and provide services for survivors of neurotrauma injuries. The Neurotrauma Program is also advised by the State Traumatic Brain Injury Advisory Board. The purpose of the State Traumatic Brain Injury Advisory Board is to advise the Department of Health in developing and implementing a plan to address the needs of people with brain injury.

State Definitions

NEUROTRAUMA PROGRAM

Neurotrauma injury is defined as "a severe chronic disability of a person that is attributable to an injury to the central nervous system, such as TBI and spinal cord injury, and likely to continue indefinitely," Act 160). Neurotrauma can include other neurological dysfunctions, but does not include substance misuse and abuse, Alzheimer's disease, or the infirmities of aging. Neurotrauma or other neurological deficits result in substantial functional limitations in two or more of the following areas: (1) Self-care; (2) Speech, hearing, or communication; (3) Learning; (4) Mobility; (5) Self-direction; (6) Capacity for independent living; and (7) Economic sufficiency.

The physical consequences of neurotrauma injury include impairment of speech, vision and hearing loss, headaches, muscle spasticity, paralysis, and seizure disorders.

The cognitive consequences of neurotrauma injury may include memory deficit, limited concentration, impaired perception and communication, and difficulties with reading, writing, planning, and judgment. The psychosocial-behavioral-emotional consequences of neurotrauma injury include fatigue, mood swings, denial, anxiety, depression, lack of motivation, and decreased social skills.

IDAHO

Population (2020 Census)
1,839,106



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Service Delivery Overview

5,589 traumatic brain injuries occurred among Idaho residents from 2019-2021. Idaho State University is designated as the lead State agency for brain injury.

Trust Fund and State General Revenue Funded Programs

Idaho does not have a Trust Fund or State General Revenue specifically designated for individuals with brain injuries. The Idaho Division of Vocational Rehabilitation's program goal is to assist Idahoans with disabilities into the workforce by securing and maintaining employment. The Idaho Vocational Rehabilitation program is funded through both state and federal dollars. The program provides individualized services required to assist individuals with disabilities, including those with brain injuries, to go to work and can assist in locating suitable employment and provides Pre-Employment Transition Services to students with disabilities (ages 14-21). Pre-Employment Transition Services are services that vocational rehabilitation and schools work together to provide students with disabilities opportunities to learn through work and education.

Idaho State University's Traumatic Brain Injury Program in Idaho depends solely on the ACL TBI State Partnership Program for brain injury specific state capacity support.

TBI State Partnership Program

The Department of Human Services is a recipient of the ACL TBI State Partnership Program, which Idaho State University, Institute of Rural Health administers. The funding has allowed



for the creation of a Strategic Plan. Idaho has strong individual, organizational, and stakeholder collaborative ties. This Plan builds on this momentum and includes veterans, older adults, rural populations, individuals who are unhoused, survivors of intimate partner violence, individuals who are uninsured and underinsured, and individuals with co-occurring disabilities. In addition, Idaho uses this funding to target brain injury resource facilitation and expand brain injury screenings throughout Idaho.

Medicaid

The Idaho Medicaid program is administered by the Idaho Department of Health and Welfare's Division of Medicaid. Several programs may support people with brain injury, including:

- A Behavioral Health Transformation Section 1115 Demonstration Waiver. This Waiver provides the State with authority to provide high-quality, clinically appropriate treatment to participants with mental health and substance use disorders. The Waiver also supports State efforts to implement models of care focused on increasing support for individuals in the community and home, outside of institutions, and improve access to care and expand services to cover a continuum of behavioral health evidence-based practices.
- An Aged and Disabled 1915 (c) Waiver for older adults and Idahoans with disabilities. This Waiver supports those who are at risk of institutionalization through a wide variety of services, including but not limited to residential habilitation, chore services, supported employment, non-medical transportation, environmental accessibility adaptations, home-delivered meals, skilled nursing, behavioral and crisis management, adult day health, and self-directed community supports.
- A Medicaid for Workers with Disabilities program, a pathway which provides health insurance for people who work and who have a disability with higher medical needs due to disability/illness and who have fluctuating income and social security status. Eligible individuals will get the same health care coverage provided under the Medicaid Enhanced Plan.

Advisory Council

The TBI Advisory Council is housed in the Idaho State University. The Council currently has 12 members. The Council works closely with the ACL TBI State Partnership Program Project Director. It meets bi-annually and engages in collaboration activities, education, and planning.

State Definitions

Idaho does not have a definition of brain injury in statute outside of the education setting.



ILLINOIS

Population (2020 Census)
12,800,000



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Service Delivery Overview

On average, 110,000 people in Illinois sustain a brain injury each year. The Illinois Department of Human Services, Division of Rehabilitation Services is the lead agency for brain injury programs, which is the agency also responsible for the operations of the Brain Injury HCBS Medicaid Waiver.

Trust Fund and State General Revenue Funded Programs

Illinois does not have a Trust Fund. The State funding is primarily focused on Medicaid, as outlined below.

TBI State Partnership Program

Illinois does not currently have a ACL TBI State Partnership Program funding.

Medicaid

The State administers a 1915(c) Traumatic Brain Injury Medicaid Waiver. The Brain Injury Waiver is part of a larger program called the Home Services Program. To be eligible, a person must have functional limitations directly resulting from an acquired brain injury, be Medicaid eligible, and meet the nursing home level of care need. Specific services offered under the Brain Injury Waiver include day habilitation, prevocational services, supported employment, and cognitive/behavioral therapy. Total funding for this Waiver is around \$80 million annually. If someone is not Federally Medicaid eligible, they may still be eligible for State-only Medicaid funding.



Advisory Council

The Brain and Spinal Cord Injury Advisory Council was initially created to make recommendations to the Governor for developing and administering a comprehensive State Plan to provide services for individuals with brain or spinal cord injuries and to prevent new injuries from occurring. The Council is currently inactive.

State Definitions

MEDICAID HCBS WAIVER FOR BRAIN INJURY

An acquired brain injury as documented by a physician or neurologist. This includes traumatic brain injury, infection (encephalitis, meningitis), anoxia, stroke, aneurysm, electrical injury, malignant or benign, neoplasm of the brain, and toxic encephalopathy. This does not include degenerative, congenital, or neurological disorders related to aging.

HEAD AND SPINAL CORD INJURY ACT (REGISTRY)

“Head Injury” means a sudden insult or damage to the brain or its coverings, not of a degenerative nature, which produces an altered State of consciousness or temporarily or permanently impairs mental, cognitive, behavioral or physical functioning. Cerebral vascular accidents, aneurysms, and congenital deficits are excluded from this definition.

INDIANA

Population (2020 Census)
6,732,219



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<https://resourcefacilitationrtc.com/indiana-tbi-advisory-board>

Service Delivery Overview

More than 36,000 people from Indiana are hospitalized and more than 620,000 visit Emergency Departments for brain injuries each year. The Indiana Department of Health is the State's lead agency.

Trust Fund and State General Revenue Funded Programs

The Indiana Spinal Cord and Brain Injury Fund, the State's Trust Fund, is funded with dollars from non-commercial motor vehicle registration fees. These funds are used for surveillance, supporting the Research Board, funding research on brain injury treatment, and funding post-acute extended treatment for people with brain injury. The Fund generates approximately \$1.7 million per year.

In addition to the Trust Fund, the State offers resource facilitation, a service that helps an individual with brain injury identify, navigate, and obtain the resources, services and supports to get back to work or school provided by State dollars.

TBI State Partnership Program Grant

Indiana has a ACL TBI State Partnership Program grant to create a system of care that follows patients from the trauma center to a care team. The State collaborates with the University of Indiana School of Medicine to carry out grant activities and also to provide resource facilitation. They have also addressed brain injury among those with criminal legal system involvement to reduce recidivism with screening and mental health services offered,



including providing resource facilitation. Through strong interagency collaboration with Indiana problem-solving courts, the State has begun to identify and screen for brain injury among those being incarcerated in order to provide treatment plans to avoid incarceration.

Medicaid

The State has a 1915(c) TBI Medicaid Home and Community-Based Services Waiver program. To be eligible, participants must first meet the nursing facility or intermediate care facility for individuals with Intellectual Disabilities level of care and have a diagnosis of Traumatic Brain Injury. There is no maximum age limit. The TBI Waiver is a small specialty program designed to support 200 individuals with moderate to severe deficits whose resulting disabilities place them at risk of institutionalization.

Advisory Council

The Indiana Department of Health created the Indiana Traumatic Brain Injury Advisory Board, which is appointed by the Director of the Division of Trauma and Injury Prevention. The Board is composed of about 30 health care providers, policymakers, and people with lived experience. The Board meets quarterly and contributes to planning, education, and collaboration with other agencies. The intent of this group is to address the strategic planning and policy development and to guide services related to preventing TBI and improving health, disability, and health-related quality of life following TBI.

State Definitions

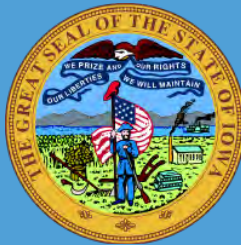
HOME AND COMMUNITY BASED SERVICES MEDICAID WAIVER

Indiana defines a traumatic brain injury as a trauma that has occurred as a closed or open head injury by an external event that results in damage to brain tissue, with or without injury to other body organs. Examples of external agents are mechanical; or events that result in interference with vital functions. Traumatic brain injury means a sudden insult or damage to brain function, not of a degenerative or congenital nature. The insult or damage may produce an altered State of consciousness and may result in a decrease in cognitive, behavioral, emotional, or physical functioning resulting in partial or total disability not including birth trauma related injury.

(a) A traumatic brain injury is an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a student's educational performance. The term applies to open or closed head injuries resulting in impairments in one or more areas.

IOWA

Population (2020 Census)
3,155,369



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Service Delivery Overview

Approximately 27,500 traumatic brain injury-related emergency department visits, hospitalizations, and deaths occurred each year in Iowa. This does not include non traumatic brain injuries. The Iowa Department of Health and Human Services, Public Health Division is currently the lead agency for brain injury.

Trust Fund and State General Revenue Funded Programs

While Iowa does not have a Trust Fund, the brain injury activities receive General Revenue funding to link Iowans with brain injury and their families to needed information, services, and supports. The brain injury activities are allocated over \$1 million annually. This supports a contract with the Brain Injury Alliance of Iowa to educate, serve, and support Iowans with brain injury and their families, for resource facilitator services, for contracting to enhance brain injury training and recruitment of service providers on a statewide basis, and one full-time equivalent position to serve as the state brain injury services program manager. The team sends a letter to individuals who are reported to the Central Registry three-month post injury regarding the availability of resource facilitation. The Brain Injury Alliance of Iowa then provides information and resources, links callers to appropriate supports, services, and community resources, provides education and case consultation, and supports accessing resources and assistance.



Additionally, with this funding, the State in partnership with the Advisory Council on Brain Injuries has made brain injury screening tools available to organizations supporting individuals who may be at high risk for brain injury.

TBI State Partnership Program Grant

The Iowa Department of Health and Human Services is the recipient of an ACL TBI State Partnership Program Grant. With this funding, Iowa has completed a State Plan, increased implementation of evidence-based Return to Learn protocol, increased awareness of brain injury and concussion, and increased the effectiveness of the Iowa Department of Health and Human Services and the Advisory Council on Brain Injuries.

Additionally, they collaborate with the Iowa Child Welfare system to deliver training, technical assistance, and resource facilitation, fostering a brain injury-informed system. They also have a disability network collaborative with other ACL-funded programs, including the State's University Center of Excellence in Developmental Disabilities, the State's Developmental Disabilities Council, and the Statewide Independent Living Council.

Medicaid

The Iowa Department of Health and Human Services Division of Medicaid administers a 1915(c) Brain Injury Waiver, which provides service funding and individualized supports to maintain eligible members in their own homes or communities who would otherwise require care in a medical institution. Provision of these services must be cost effective. To be eligible, a person must be eligible for Medicaid; be at least one month old; and need a level of care as determined by the Iowa Medicaid Enterprise.

The Iowa Department of Human Services also administers the Money Follows the Person Partnership for Community Integration Project, which is available to individuals with a diagnosis of a brain injury and who have lived in a qualifying facility for at least 60 consecutive days. The purpose is to assist these individuals in moving out of institutional services to their own homes in the community of their choice.

Additionally, individuals with brain injury may qualify for and receive services under other 1915(c) Waiver programs: Children's Mental Health Waiver, Physical Disability Waiver, Elderly Waiver, Intellectual Disability Waiver, and Health and Disability Waiver.

Advisory Council

The members of the Advisory Council on Brain Injuries are appointed annually by the Governor of Iowa for a two-year term beginning in July. The Council is made up of members who have lived experience of brain injury, family members of individuals who have experienced a brain injury, and professionals working in a field related to brain injury services.

The Council meets at least quarterly and engages in advocacy, collaboration, planning, and produces products, such as a teacher's guide on brain injuries.



State Definitions

BRAIN INJURY PROGRAM/CENTRAL REGISTRY/ADVISORY COUNCIL

Brain injury means clinically evident damage to the brain resulting directly or indirectly from trauma, infection, anoxia, vascular lesions, or tumor of the brain, not primarily related to a degenerative disease or aging process, which temporarily or permanently impairs a person's physical, cognitive, or behavioral functions, and is diagnosed by a physician. The diagnoses of clinically evident damage to the brain used for a diagnosis of brain injury shall be the same as specified by rule for eligibility for the home and community-based services Waiver for persons with brain injury under the medical assistance program.

HCBS MEDICAID WAIVER

“Brain injury” means clinically evident damage to the brain resulting directly or indirectly from trauma, infection, anoxia, vascular lesions or tumor of the brain, not primarily related to degenerative or aging processes, which temporarily or permanently impairs a person's physical, cognitive, or behavioral functions. The person must have a diagnosis from a long list of different types of diagnoses.



KANSAS

Population (2020 Census)
2,937,880



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[https://kdads.ks.gov/kdads-commissions/long-term-services-supports/home-community-based-services-\(hcbs\)-programs/programs/tramatic-brain-injury](https://kdads.ks.gov/kdads-commissions/long-term-services-supports/home-community-based-services-(hcbs)-programs/programs/tramatic-brain-injury)

Service Delivery Overview

Annually, over 21,000 Kansans sustain a TBI. The Kansas Department of Aging and Disability Services is the lead agency for brain injury.

Trust Fund and State General Revenue Funded Programs

Outside of State Medicaid funding, as outlined below, Kansas does not have a Trust Fund or General Revenue funding.

TBI State Partnership Program Grant

The Kansas Department of Aging and Disability Services has a ACL TBI State Partnership Program Grant. To better understand challenges and barriers individuals with a brain injury, as well as their family members and caregivers experience, the State and the Brain Injury Association of Kansas conducted a statewide survey to help identify services that are available and valuable as well as potential gaps in assistance and or resources and work to provide support to fill these gaps.

Medicaid

The State has a 1915(c) Brain Injury Waiver through the Kansas Department of Health and Environment, which is the designated Medicaid agency. The Brain Injury Waiver program serves Kansas residents between the ages of birth-64 who have a documented medical diagnosis of



an acquired or traumatic brain injury that has caused injuries that would continue to improve with the intensive brain injury therapies and would otherwise require institutionalization. The Waiver supports habilitative/rehabilitative and independent living programs with an emphasis on the development of new independent living skills and/or re-learning of lost independent living skills due to an acquired or traumatic brain injury. Participants who have a medically diagnosed brain injury receive intensive therapies and services based on the goals of the participant, their providers, and their Managed Care Organization. Kansas also operates a Money Follows the Person Demonstration program, which may also support those with brain injury.

Advisory Council

The State has a TBI Advisory Board with 50 percent of the members being individuals who have experienced a brain injury. They also utilize others in the community to help work on projects to raise awareness and resources across the State for the needs of individuals living with brain injuries.

State Definitions

BRAIN INJURY WAIVER

A documented medical diagnosis of a traumatic brain injury or acquired brain injury, signed off by an acceptable medical provider. (Note: Brain injuries due to chromosomal or congenital diagnosis do not qualify for the BI Waiver. Brain injuries due to chromosomal or congenital diagnosis such as Down Syndrome, Spina Bifida, Cerebral Palsy, etc. do not qualify for the BI Waiver.



KENTUCKY

Population (2020 Census)
4,505,836



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Service Delivery Overview

In Kentucky, it is estimated that over 14,000 traumatic brain injuries occur each year. The Department of Aging and Independent Living is the lead agency for brain injury.

Trust Fund and State General Revenue Funded Programs

Kentucky's Trust Fund is funded with surcharges on fines for moving violations, driving under the influence, and overweight trucks and receives 5.5% of all court costs in criminal cases not to exceed \$2.75 million. The fund supports supplemental community-based efforts to meet the needs of individuals with a brain injury. There are no caps for family income levels used to screen for services. People with a partial or total disability caused by brain injury and who have impaired cognitive abilities or impaired brain function, or people with brain injury and without viable funding sources for needed services, may be served through a wide variety of supports. Benefits are limited to \$15,000 per person per year, with a lifetime maximum of \$60,000. While the program is not designed to provide intensive treatment or long-term support, the cost for case management services does not count against the person's annual or lifetime benefit cap.

The State also receives General Revenue Funding through the Hart-Supported Living program, which provides grants for supports to help Kentuckians with disabilities live in their homes and communities and avoid institutionalization. All Kentucky residents with disabilities that has income at or below 300% of the Federal Poverty Level are eligible to apply for assistance via this program.



TBI State Partnership Program Grant

Kentucky has a ACL TBI State Partnership Program Grant. The State has focused these dollars on creation of a resource facilitation program as well as implementation of concussion management protocols. The State has increased their capacity to provide access to comprehensive, coordinated services and supports to strengthen, streamline, and create new pathways that will improve the quality of life of people with brain injury and those who support them across all demographics and support networks, focusing on Kentucky's diverse, rural, and underserved population.

Medicaid

The Cabinet for Health Services, Division of Long-Term Services and Supports' Acquired Brain Injury Branch operates two 1915(c) Medicaid Waivers that provide assistance to adults with an acquired brain injury who want to live in the community as independently as possible:

1. Acquired Brain Injury Waiver: The Acquired Brain Injury Waiver is for adults with an acquired brain injury who can benefit from intensive rehabilitation services. The services are designed to help participants re-enter the community and function independently.
2. Acquired Brain Injury Long Term Care Waiver: The Long Term Care Waiver is for adults with an acquired brain injury who have reached a plateau in their rehabilitation level. They require maintenance services to live safely in the community.

The Waivers offer a variety of services to support each participant's goals and preferences.

Advisory Council

The Advisory Board and Trust Fund functions through the Department for Aging and Independent Living. The Traumatic Brain Injury Trust Fund Board of Directors is mandated to promulgate administrative regulations necessary to carry out the Traumatic Brain Injury Trust Fund Operations Program. The Board is to review a quarterly report of the program's activities in accordance with administrative regulation. The Board is to be composed of nine members, including people with lived experience.

State Definitions

TRUST FUND

"Traumatic brain injury" means a partial or total disability caused by injury to the central nervous system from physical trauma, damage to the central nervous system from anoxia, hypoxic episodes, allergic conditions, toxic substances, or other acute medical clinical incidents resulting in impaired cognitive abilities or impaired physical functioning.

Traumatic brain injury does not include: (a) Strokes that can be treated in nursing facilities providing routine rehabilitation services; (b) Spinal cord injuries for which there are no known or obvious injuries to the intracranial central nervous system; (c) Progressive dementias and other mentally impairing conditions; (d) Depression and psychiatric disorders in which there is no known or obvious central nervous system damage; (e) An intellectual disability and birth defect related disorders of long standing nature; or (f) Neurological degenerative, metabolic, and other medical conditions of a chronic, degenerative nature.



ACQUIRED BRAIN INJURY HCBS WAIVERS

The definition of Acquired Brain Injury is a structural injury to the brain which is not hereditary, congenital or degenerative. Acquired Brain Injury includes: central nervous system injury from physical traumas, from anoxia or hypoxic episodes, allergic conditions, toxic substances, and other acute medical/clinical incidents.



LOUISIANA

Population (2020 Census)
4,657,757



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On the Web

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Service Delivery Overview

About 1 in 6 hospitalizations related to injuries in Louisiana involved traumatic brain injury. People interested in seeking services may contact the Louisiana Department of Health, Office of Aging and Adult Services, which is mandated in law as the lead agency for TBI. The agency administers the Traumatic Head and Spinal Cord Injury Trust Fund.

Trust Fund and State General Revenue Funded Programs

The Department of Health Office of Aging and Adult Services administers the Traumatic Head and Spinal Cord Injury Trust Fund, created from revenue from fees associated with driving under the influence, reckless operation, and speeding. The program enables individuals to return to a reasonable level of functioning and independent living in their communities. To be determined eligible for services, an individual must meet the definition of traumatic head/spinal cord injury. Expenditures shall not exceed \$15,000 for any 12-month period or \$50,000 in total expenditures per individual.

TBI State Partnership Program Grant

Louisiana does not have a ACL TBI State Partnership Program Grant.

Medicaid

Individuals with brain injury may be eligible for Medicaid services, including the Community



Choices Waiver Program, which provides Waiver services to persons who are 65 or older or people with disabilities age 21 or older who qualify. Eligibility requires individuals meet nursing facility level of care.

Additionally, individuals with brain injury may meet eligibility for long-term services and supports. Applicants must require at least limited assistance with at least one Activity of Daily Living. Covered services include help with basic personal care, food preparation, grocery shopping, etc.

Advisory Council

The Traumatic Brain and Spinal Cord Injury Trust Fund Board is comprised of 13 members and meets quarterly. The Board is involved in collaboration; information/referral; and reviews and makes final decisions regarding participant/applicant appeals. The Board reports to the legislature.

State Definitions

TRUST FUND

Traumatic Head Injury -- An insult to the head, affecting the brain, not of a degenerative or congenital nature, but caused by an external physical force that may produce diminished or altered State of consciousness that results in an impairment of cognitive abilities or physical functioning.



MAINE

Population (2020 Census)
1,362,359



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On the Web

<https://www.maine.gov/dhhs/oads/get-support/adults-with-brain-injury>

Service Delivery Overview

It is estimated that 10,000 Mainers experience a brain injury every year. The Department of Health and Human Services is the lead agency for brain injury programs.

Trust Fund and State General Revenue Funded Programs

The Office of Aging and Disability Services delivers core support services for people with brain injury using State General Revenue Funding. This happens through a contract with the Brain Injury Association of America Maine Chapter to support resource facilitation to ensure access to brain injury services in Maine for high-risk individuals and support for families, outreach to newly injured/diagnosed persons with brain injury, education and training for systems that support people with brain injury, and support groups for people with brain injury and their families.

Additionally, the Division of Vocational Rehabilitation, which is in the Department of Labor, administers the Brain Injury Extended Support Program to provide ongoing extended support to individuals with brain injuries who need vocational rehabilitation support.

TBI State Partnership Program Grant

Maine has a ACL TBI State Partnership Program Grant. The Department partners with the Brain Injury Association of America– Maine Chapter and other stakeholders to plan and deliver services. The grant has focused on the intersection of brain injury and the opioid crisis in Maine. Accomplishments include training development related to brain injury and substance use disorder; a forum connecting the mental health, substance use disorder, and brain injury



communities; four sessions dedicated to the intersection of brain injury and substance use disorder at a Maine brain injury conference; and Implementation of screening protocols for Maine substance use disorder providers. The State's goals also include strengthening Maine's TBI Advisory Board and increasing its representation, revising the existing State Plan to guide TBI efforts, increase capacity in brain injury resource facilitation service, and incorporating person-centered planning.

Medicaid

Maine has a Brain Injury Waiver, which allows participants to choose community-based services rather than residing in an institution. The goal of the Waiver is to provide a comprehensive array of services to adults age 18 and older with an acquired brain injury. This Home and Community-Based Waiver is designed to maximize the opportunity for members to achieve the greatest degree of self-sufficiency and independence chosen by the member. Member choice in all services and components of services is a primary goal of this Waiver.

Additionally, Maine provides Intensive Rehabilitation Nursing Facility Services through Medicaid, which is comprehensive rehabilitation services for those who have sustained an acquired brain injury. They also provide Brain Injury Outpatient Rehabilitation Services Section 102 Services. The purpose of this service is to cover rehabilitative services for eligible members who have sustained a brain injury. Rehabilitation services are specialized, interdisciplinary, coordinated, and outcomes focused.

Advisory Council

The Maine Acquired Brain Injury Advisory Council provides oversight and advice to the State and Legislature on Brain Injury. The State appoints 25 persons to serve as members of the Council and annually appoints one person to serve as chair. Members serve 2-year terms.

State Definitions

MEDICAID HCBS WAIVER

Acquired Brain Injury means an insult to the brain resulting directly or indirectly from trauma, anoxia, or vascular lesions, or infection, which is not of a degenerative or congenital nature, can produce a diminished or altered State of consciousness resulting in impairment of cognitive abilities and/or physical functioning, can result in the disturbance of behavioral or emotional functioning, can be either temporary or permanent, and can cause partial or total functional disability or psychosocial maladjustment. (Title 22 §3086).

Acquired brain injury means an insult to the brain resulting directly or indirectly from trauma, anoxia, vascular lesions or infection, which:

- A. Is not of a degenerative or congenital nature;
- B. Can produce a diminished or altered State of consciousness resulting in impairment of cognitive abilities or physical functioning;
- C. Can result in the disturbance of behavioral or emotional functioning;
- D. Can be either temporary or permanent; and
- E. Can cause partial or total functional disability or psychosocial maladjustment.



MARYLAND

Population (2020 Census)
6,177,224



Lead Agency Contact

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On the Web

<https://health.maryland.gov/bha/pages/Traumatic-Brain-Injury.aspx>

Service Delivery Overview

In Maryland, approximately 12,000 individuals are treated for traumatic brain injury related emergency department visits annually and 3,500 people are admitted to hospitals for traumatic brain injury related care and treatment. Maryland's Behavioral Health Administration within the Maryland Department of Health is the lead agency for brain injury.

Trust Fund and State General Revenue Funded Programs

The Maryland State Brain Injury Trust Fund is dependent on voluntary donations associated with vehicle registration renewals. A target revenue amount has been identified and until this target is met, services cannot be provided. Once implemented, it will pay for case management and other support services for eligible individuals.

General Revenue funds are also available to support individuals in community placements who are not eligible for the Brain Injury Medicaid Waiver. The State has allocated around \$200,000 per year.



TBI State Partnership Program Grant

The State is a recipient of the ACL TBI State Partnership Program Grant. Through this funding, Maryland has become a leader in the development and delivery of training to behavioral health professionals across the state, offering tools and technical assistance to improve brain injury awareness and support. As part of the Grant, the State partners with local state health departments and offers training and technical assistance to local overdose fatality review teams to enhance awareness that having a history of brain injury increases vulnerability to fatal and nonfatal overdose.

The state's training and technical assistance activities include training and information to local law enforcement Crisis Intervention Training by serving as faculty members for the 40 hour Crisis Intervention Training classes. The brain injury program also collaborates with the Maryland Department of Public Safety and Correctional Services, offering training on the intersection of brain injury and the criminal legal system to forensic social workers, psychologists, parole and probation agents, correctional administrators, and correctional officers.

In addition to brain injury training, person centered thinking and planning training and technical assistance is also available.

Medicaid

Maryland has a 1915(c) Waiver for Adults with Brain Injury, which is administered by the Behavioral Health Administration. Eligible individuals must be between the ages of 22 and 64, have sustained an acquired brain injury after the age of 17, require a nursing facility or chronic hospital level of care, and meet financial requirements. Providers of brain injury services are required to be licensed by the Developmental Disabilities Administration and to have expertise in the provision of services to individuals with brain injury. Waiver services and benefits include residential and day habilitation, supported employment, case management, and support services.

The Brain Injury Waiver Advisory Committee reviews brain injury Waiver activities, data, and outcomes and provides input to the State agencies regarding program design. This Committee is a standing subcommittee of the Maryland TBI Advisory Board, which is legislatively mandated and reports annually to the Governor and the Secretary of the Department of Health.

Advisory Board

The Maryland TBI Advisory Board consists of 33 members representing people with lived experience, families and caregivers, advocates, government officials, health care professionals, and elected officials. Over 50% of participants have lived experience with brain injury. Half of the Board is appointed by the Governor and the other half designated by the head of the various agencies represented. The terms of the members of the Advisory Board are staggered. The law requires that the Board meet at least every other month and is involved in advocacy, collaboration, and advising State government on needs of Marylanders with brain injury and use of State and Federal funds.



State Definitions

BRAIN INJURY HCBS MEDICAID WAIVER

Brain injury (BI) means an insult to the brain caused by an external or internal mechanism that occurs after birth and is not related to congenital or degenerative disease, which results in cognitive, physical, behavioral, or emotional disability that is documented in the medical record.

TRUST FUND

Traumatic brain injury is defined in accordance with the policies and procedures adopted by the State Traumatic Brain Injury Advisory Board.



MASSACHUSETTS

Population (2020 Census)
7,029,917



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<https://www.mass.gov/mrc-brain-injury-services>

Service Delivery Overview

The latest available data found an average of 8,831 hospital stays and nearly 63,000 emergency department visits associated with brain injury in the State. The Massachusetts Rehabilitation Commission is the State lead agency for brain injury and houses one of the nation's oldest state programs.

Trust Fund and State General Revenue Funded Programs

The Massachusetts Statewide Head Injury Program provides services to individuals who have an externally caused traumatic brain injury with related cognitive, physical, and/or behavioral impairments and are able to participate in community-based services. Services include skills, training, companion services, residential services, service connection, and Brain Injury Community Centers. Services are funded through a combination of State appropriations and the Head Injury Treatment Services Trust Fund. The Trust Fund collects mandatory civil fines for speeding violations, Driving to Endanger, Operating Under the Influence of Drugs and Alcohol, and Operating Under the Influence Boating. Annually, the State allocates more than \$30 million in State funding, not including Medicaid.

The Massachusetts Rehabilitation Commission partners with the Brain Injury Association of Massachusetts to create a better future for individuals with brain injury and their families through advocacy, education, prevention, research, and support. As Massachusetts housing crisis is disproportionately impacting those with disabilities, agencies across the Commonwealth are working to address housing needs and find solutions. The need for



interagency collaboration is a focus, with Massachusetts Rehabilitation Commission working to address individuals with complex needs such as behavioral health challenges and housing instability.

TBI State Partnership Program Grant

Massachusetts has a ACL TBI State Partnership Program Grant. Grants have been maximized to promote outreach activities, training on early screening of brain injury, and resource sharing to improve services for individuals with brain injury, particularly in the behavioral health space. The grant is being used to continue strengthening systems to best provide comprehensive, person-centered, and integrated care to individuals with co-occurring brain injury and behavioral health conditions through multicultural focused strategic initiatives. With the grant, the State aims to have the presence of a strong and engaged Massachusetts Brain Injury Council to guide their work, improve brain injury resource facilitation systems, and strengthen integrated services through workforce development, professional education, community awareness, and peer groups.

Medicaid

Massachusetts has a Traumatic Brain Injury Waiver, which helps people who have a Traumatic Brain Injury ages 18 and older (no max age) who want to live in the community. To be eligible, people must be eligible to be in a nursing facility or chronic/rehabilitation hospital (level of care). Waiver services are set up to provide extra help. Waiver members can also use Commonwealth services and the informal support of families and caregivers.

Massachusetts also has a Acquired Brain Injury Non-Residential Habilitation Waiver. This Waiver program helps people who have been in a nursing home or a long-term care hospital for at least 90 days. If people want to move back into the community with services, they could apply for this Waiver. The Acquired Brain Injury Waiver provides support for adults with an Acquired Brain Injury who do not need 24-hour help and support. People on this Waiver live with family or in their own homes. Additionally, an Acquired Brain Injury Residential Habilitation program is provided for people who need supervision and staffing 24 hours a day, seven days a week in a provider-operated residence.

The State also has Moving Forward Plan Waivers. The Moving Forward Plan Residential Supports Waiver is for people who need supervision and staffing 24 hours a day, seven days a week in a provider-operated residence. The Moving Forward Plan Community Living Waiver is for people who can move to their own home or apartment or to the home of someone else and receive services in the community.

Every Waiver participant has a Waiver case manager or service coordinator to coordinate their services to support successful community living.

Advisory Council

The Massachusetts Rehabilitation Commission manages the Massachusetts Brain Injury Council, which advises the State on brain injury services. The Council is facilitated through the collaboration of the Massachusetts Rehabilitation Commission and the Brain Injury Association of Massachusetts. Fifty percent of the Council is composed of members with



brain injury, family members and/or caregivers. In addition, the Council includes State and community-based agencies.

State Definitions

ACQUIRED BRAIN INJURY

Is an injury to the brain that occurred after birth. Causes of ABI include: Traumatic Brain Injury (TBI), Stroke, Metabolic Disorders, Infectious Diseases of the brain, Anoxic/Hypoxic event and Tumors (benign or malignant).

TRAUMATIC BRAIN INJURY

Traumatic brain injury (TBI) is defined as a blow or jolt to the head or a penetrating head injury that disrupts the function of the brain.

TBI, for the purposes of SHIP eligibility, is defined as brain damage resulting from: (a) a blunt blow to the head, usually resulting in a closed head injury (e.g. motor vehicle-related incident);(b) a penetrating head injury (e.g. gunshot or knife wound to the brain);(c) crush injury resulting in compression to the brain (e.g. industrial accident involving the head);(d) severe whiplash injury causing internal damage to the brain (e.g. shaken baby syndrome);(e) head injury secondary to an explosion (caused by an improvised explosive device, grenade, mortar/artillery or landmine).

For the purposes of SHIP eligibility, brain damage secondary to other neurological insults (e.g., infection of the brain, stroke, anoxia, brain tumor) is not considered to be a traumatic brain injury.

TBI WAIVER

A traumatic brain injury happens when a person's head is hurt by something on the outside of the person's skull.

MICHIGAN

Population (2020 Census)
10,077,331



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<https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/tbi>

Service Delivery Overview

In Michigan, it is estimated that 58,000 sustain a brain injury each year. The Michigan Department of Health & Human Services administers the State programs.

Trust Fund and State General Revenue Funded Programs

Michigan does not currently have a Trust Fund or General Revenue funding for brain injury.

TBI State Partnership Program Grant

Michigan does not currently have a ACL TBI State Partnership Program Grant.

Medicaid

MI Choice is a Michigan Medicaid Waiver program. The Waiver program serves elderly individuals ages 65 and older, as well as individuals with disabilities ages 18 and older, who meet a nursing facility level of care. This Waiver operates with a concurrent 1915(b)(1) and 1915(b)(4) authority. It provides a variety of health and community support services.

Michigan also has a Medicaid Traumatic Brain Injury Memorandum of Understanding Program, which provides necessary services and supports to individuals with qualifying brain injuries who, but for the provision of these services, would otherwise be served in an institutional



setting. The program provides critical brain injury-specific rehabilitation and support in the post-acute injury period with the goal of assisting the individual in becoming capable of living in the most independent setting. The program focuses on specialized rehabilitation and supportive services required upon release from an acute care setting following a moderate or severe brain injury.

Advisory Council

Michigan's Advisory Council is not active, as the State does not have a TBI State Partnership Program Grant.

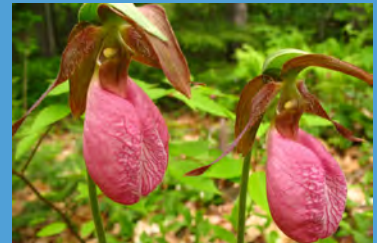
State Definitions

MEDICAID MOU

A brain injury does not include damage to the brain resulting from neurodegenerative disorders such as Alzheimer's disease or dementia.

MINNESOTA

Population (2020 Census)
5,706,494



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<https://mn.gov/dhs/people-we-serve/people-with-disabilities/services/home-community/programs-and-services/bi-Waiver.jsp>

Service Delivery Overview

In Minnesota, 20,000 brain injuries occur each year with 5,000 Minnesotans hospitalized and 15,000 seeking treatment in emergency departments. The Department of Human Services is the lead agency for brain injury programs.

Trust Fund and State General Revenue Funded Programs

The State has a Trust Fund, which is funded from driver's reinstatement fees relating to driving under the influence. The reinstatement fee must be credited to the traumatic brain injury and spinal cord injury account. The money in the account is annually appropriated to the Commissioner of Health, which contracts with the Minnesota Brain Injury Alliance to administer the Trust Fund. Through the Trust Fund, the State provides brain injury resource facilitation, advocacy, family and peer support, and education. Brain injury resource facilitation is managed through a free, two-year telephone support program that provides education and connection to supports and services to assist people throughout Minnesota in navigating life after brain injury. The State allocates around \$1 million per year for brain injury services outside of Medicaid.

Additionally, the Office of Higher Education administers the Spinal Cord Injury and Traumatic Brain Injury Research Grant Program, which provides funding for research into new and innovative treatments and rehabilitative efforts for the functional improvement of people with spinal cord and traumatic brain injuries. Research topics may include pharmaceutical, medical device, brain stimulus, and rehabilitative approaches and techniques. Research



funding is split 50/50 between spinal cord injuries and traumatic brain injury.

Finally, the State is working with the Minnesota Center for Excellence on Public Health and Homelessness to support housing services for people with brain injury.

TBI State Partnership Program Grant

Minnesota has a ACL TBI State Partnership Program Grant. The Grant funding is focused on supporting the TBI Advisory Committee to develop a multicultural approach to bring new members to the committee; responding to the intersection of COVID-19 and brain injury; directing support towards racial equity and addressing the impact of systemic racism; enhancing resource facilitation; supporting people with housing instability; and developing more data driven systems.

Medicaid

The Department of Human Services administers MnCHOICES, which is a comprehensive web-based application that integrates assessment and support planning for Minnesotans who need long-term services and supports. A person of any age with a disability or in need of long-term services and supports may use the MnCHOICES person-centered assessment and support-planning process to help make decisions about long-term services and support needs. This may be a starting point for people with brain injury, who could then be served by the Brain Injury Medicaid Waiver.

The Brain Injury Waiver provides specialized assisted living in their home, in a biological or adoptive family's home, a relative's home, a family foster care home, a corporate foster care home, a board and lodging facility, or in an assisted living facility. To be eligible, an individual must be assessed at Level IV or above on the Rancho Los Amigos Levels of Cognitive Functioning Scale, be eligible for Medicaid, choose services in the community, and have a documented diagnosis. Services include a wide variety, including adult day services, caregiving, case management, daily support, and independent living skills, among other services.

Minnesota has a robust Medicaid service delivery system, and in addition to the Brain Injury Waiver, it offers the below Waivers where people with brain injury may also be served:

- 1915(i) HCBS State Plan Option
- 1915(j) Self-directed Personal Assistance Services
- 1915(k), Community First Option, State Plan
- Medicaid Section 1115 Waiver
- Money Follows the Person Demonstration Program

Advisory Council

The Minnesota Traumatic Brain Injury State Advisory Committee has 25 members appointed by the Secretary of State. The Committee advises the Health Commissioner regarding policies, program, and service needs of and potential models for service delivery for people with TBI. The Committee is involved in advocacy, collaboration, education, funding decisions, information & referral, and planning activities.



State Definitions

STATE TBI SERVICES

“Traumatic Brain Injury” means a sudden insult or damage to the brain or its coverings, not of a degenerative or congenital nature. The insult or damage may produce an altered State of consciousness and may result in a decrease in cognitive, behavioral, emotional, or physical functioning resulting in partial or total disability.

MEDICAID WAIVER

Brain injury and related conditions. The commissioner shall seek to amend the brain injury Waiver to include, as eligible persons, individuals with an acquired or degenerative disease diagnosis where cognitive impairment is present, such as multiple sclerosis.

TRUST FUND

“Traumatic brain injury” means a sudden insult or damage to the brain or its coverings caused by an external physical force which may produce a diminished or altered State of consciousness and which results in the following disabilities:

1. impairment of cognitive or mental abilities;
2. impairment of physical functioning; or
3. disturbance of behavioral or emotional functioning.

These disabilities may be temporary or permanent and may result in partial or total loss of function. “Traumatic brain injury” does not include injuries of a degenerative or congenital nature.

MISSISSIPPI

Population (2020 Census)
2,961,279



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<https://www.mdrs.ms.gov/special-disability-programs/tbisci-trust-fund>

Service Delivery Overview

30,000 Mississippians are currently living with brain injury with falls as the leading cause of brain-related injuries. Mississippi is number three in the country in the number of brain injuries reported each year. To address service needs of those with a brain injury, the Mississippi Department of Rehabilitation Services administers the brain injury programs.

Trust Fund and State General Revenue Funded Programs

The Mississippi Department of Rehabilitation Services administers the Traumatic Brain Injury Trust Fund, which provides both direct services to clients with brain injuries and spinal cord injuries as well as awarding sub-grants to organizations throughout the State to support programs that focus on the awareness and prevention of these conditions. Funding for the Trust Fund is provided through fees and surcharges on moving traffic violations. A \$25.00 surcharge is collected from every violation of the Mississippi Implied Consent Driving Under the Influence Law, and \$5.45 from all other moving vehicle violations.

There is a \$50,000 lifetime cap on individual Trust Fund services, excluding transitional attendant care and respite care. The Trust Fund Program is the payer of last resort and an individual must seek assistance from all available resources prior to receiving Trust Fund assistance.

The Trust Fund awards sub-grants to organizations throughout the State that provide new and innovative programs focused on prevention and education, transitional living, or recreational activities.



TBI State Partnership Program Grant

Mississippi does not currently have an ACL TBI State Partnership Program Grant.

Medicaid

The State's 1915 (c) Traumatic Brain Injury Waiver is shared with the Spinal Cord Injury Waiver and provides services to beneficiaries who, but for the provision of such services, would require the level of care in a nursing facility. The Statewide Waiver is administered jointly by the Division of Medicaid and the Department of Rehabilitation Services. Upon entry into the Waiver, the person will direct their own services through a co-participant service model.

To be eligible, the individual must have sustained a Traumatic Brain Injury and be medical stable, which is defined as the absence of any of the following: (a) an active, life-threatening condition (e.g., sepsis, respiratory, or other conditions requiring systematic therapeutic measures); (b) IV drip to control or support blood pressure; and (c) intracranial pressure or arterial monitoring.

Services include case management, attendant and personal care, respite services, specialized medical equipment and accessibility services, and transition assistance.

Advisory Council

The Mississippi Traumatic Brain Injury and Spinal Cord Injury Advisory Council is located within the Department of Rehabilitation Services. The 10-member Council is appointed by the Director of the Department of Rehabilitation Services and is composed of 60 percent consumers and family members and 40 percent others. The Council meets bi-annually and is engaged in advocacy, collaboration, education, funding decisions, and planning and monitors the Trust Fund. The Council is to provide advice and expertise to the Department of Rehabilitation Services in the preparation, implementation, and periodic review of the coordinated rehabilitation program.

State Definitions

TRUST FUND

Traumatic brain injury means an insult to the skull, brain, or its covering, resulting from external trauma which produces an altered State of consciousness or anatomic, motor, sensory or cognitive/behavioral deficits.

REHABILITATION FACILITY

Traumatic brain injury means an insult to the skull, brain, or its covering, resulting from external trauma which produces an altered State of consciousness or anatomic, motor, sensory or cognitive/behavioral deficits.



MEDICAID WAIVER

Traumatic brain injury is defined as an insult to the skull, brain, or its covering resulting from external trauma, which produces an altered State of consciousness or anatomic, motor, sensory, or cognitive/behavioral deficits. Brain (or spinal cord injury) that is due to a degenerative condition, congenital condition, or that resulted from medical intervention is excluded.



MISSOURI

Population (2020 Census)
6,154,913



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On the Web

<https://health.mo.gov/living/families/shcn/ahi.php>

Service Delivery Overview

The Missouri Department of Health and Senior Services estimates about 16,500 Missourians sustain a traumatic brain injury each year. The Department of Health and Senior Services is the designated lead agency for brain injury.

Trust Fund and State General Revenue Funded Programs

The Adult Brain Injury Program, funded through State General Revenue dollars of around \$2.5 million annually, offers Statewide service coordination through eleven regional coordinators. The Adult Brain Injury Program serves people who are Medicaid eligible but not covered by Waiver program services. Service coordinators determine eligibility and then provide service coordination for State and local resources to enable each person to obtain goals of independent living, community participation, and employment. Services are provided by community licensed or certified professional and special services providers through participation agreements between the provider and the State.

Additionally, Missouri has a Brain Injury Trust Fund funded from fees from drivers under the influence, totaling between \$500,000-\$600,000 annually. The Trust Fund supports transition and integration of medical, social, educational services, and support to enable individuals with TBI and their families to live in the community.

Finally, children with brain injury, from birth to age 21, may be eligible to receive services from the Children and Youth with Special Health Care Needs Program. The Program focuses on early identification and service coordination for children and youth who meet medical



eligibility guidelines. Funded services may include doctor visits, emergency care, inpatient hospitalization, outpatient surgery, prescription medication, diagnostic testing, therapy (physical, occupational, speech, and respiratory), durable medical equipment, orthotics, hearing aids, specialized formula, and incontinence supplies.

TBI State Partnership Program Grants

Missouri is a recipient of the ACL TBI State Partnership Program Grant. The funding is used to increase collaborations and improve individual and family supports. The State has been able to develop a “Step by Step” guide to recovery and transition to community and resources for people with brain injury who enter healthcare systems. They have also partnered with Missouri’s No Wrong Door to ensure long-term supports and services are accessible to people with lived experience and their families. In collaboration with Missouri Assistive Technology, the State has worked to develop an Assistive Technology Kit tailored to meet the unique challenges faced by individuals living with brain injury. Moreover, they’ve worked alongside various partners to secure funding for the implementation of the “Get Schooled on Concussions” program across all schools in Missouri, aiming to raise awareness and understanding of concussions among students.

Medicaid

The Department of Health and Senior Services administers the 1915(c) Brain Injury Medicaid Waiver to participants with brain injury who are between the ages of 21 and 65 that require nursing home level of care. Level of Care is determined using the Brain Injury Waiver Level of Care form. Services include personal care, assistive technology, neuropsychological evaluation, cognitive rehabilitation therapy and occupational, physical, and speech therapy. In addition, people with brain injury may be served by the Money Follows the Person Program or Medicaid Developmental Disabilities Waivers.

Advisory Council

The Missouri Brain Injury Advisory Council makes recommendations to the State through a State plan to provide services for persons living with brain injury. The Council’s mission is to lead in the development of a collaborative Statewide system of prevention, public awareness, and provision of services and supports driven by the needs of individuals with brain injury and their families. The Council has 15 members along with representatives from State agencies that do not count as voting members. Individuals who are interested in serving on the Council submit their resume to the Governor who appoints the members with advice and consent of the Missouri Senate.

State Definitions

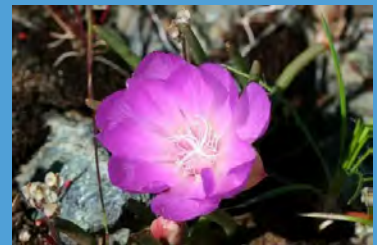
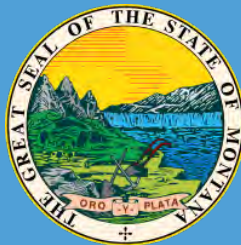
ADVISORY COUNCIL & DHHS SERVICES

Brain injury” or “traumatic brain injury,” a sudden insult or damage to the brain or its coverings, not of a degenerative nature. Such insult or damage may produce an altered State of consciousness and may result in a decrease of one or more of the following: mental, cognitive, behavioral or physical functioning resulting in partial or total disability. Cerebral vascular accidents, aneurisms and congenital deficits are specifically excluded from this definition.



MONTANA

Population (2020 Census)
1,084,225



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Service Delivery Overview

In 2020, 1,247 Montanans were identified as sustaining a brain injury through the linked Trauma Registry and Emergency Medical Services data systems. Montana has one of the highest rates of brain injury fatalities in the U.S.

Trust Fund and State General Revenue Funded Programs

Montana's legislature has enacted a TBI Trust Fund, but with funds from donations or grants. Funding is used solely for planning, coordinating, and providing services to people with brain injury.

TBI State Partnership Program Grant

Montana does not currently have a ACL TBI State Partnership Program Grant.

Medicaid

Individuals with brain injury may be eligible for Medicaid services through the Montana Big Sky Waiver Program for Seniors and Adults with Disabilities with a concurrent 1915(b)(4) authority and is designed to provide long term supportive care in a home setting.

Additionally, Montana has a Community First Choice and Personal Assistance Services Programs, designed to provide long term supportive care in a home setting. These help support activities of daily living, such as bathing, dressing, eating, medication assistance, and



more. People with brain injury may be served by the Program.

Advisory Council

Montana TBI Advisory Council advises and makes recommendations to the Governor on ways to improve and develop services for people with brain injuries and their families, including coordination of services between public and private entities. The Council is charged with encouraging and stimulating research, public awareness, education, and prevention activities. The Council meets quarterly. There are nine members on the Council, six of whom are appointed by the Governor to serve three-year terms without compensation.

State Definitions

TRUST FUND

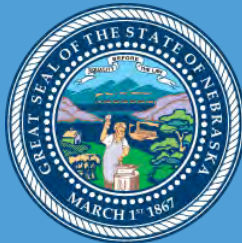
Traumatic brain injury means:

- (i) an injury to the brain caused by an external physical force, including but not limited to a motor vehicle accident, a fall, an assault, a sports injury, or a recreational or work-related accident; or
- (ii.) brain damage caused by an internal occurrence including but not limited to:
 - (A) disease, such as a benign or malignant tumor, meningitis, or encephalitis; or
 - (B) a cerebrovascular accident, such as stroke, atherosclerosis, aneurysm, or arteriovenous malformation; or
 - (C) anoxia, including but not limited to anoxia caused by near drowning, drug overdose, kidney or heart failure, chemical exposure, or electrical shock.
- (b) The term “traumatic brain injury” does not include injuries of a degenerative or congenital nature.
- (2) Traumatic brain injury as defined in this section may produce a diminished or altered State of consciousness that results in a temporary or permanent impairment of cognitive or mental abilities, physical functioning, or behavioral or emotional functioning.



NEBRASKA

Population (2020 Census)
1,961,504



Lead Agency Contact

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Service Delivery Overview

Nearly 15,000 Nebraskans were seen for brain injury in 2022. From 2017-2022, the total number of brain injury cases that were seen in Nebraska was nearly 76,000. Nebraska Vocational Rehabilitation within the Department of Education is the lead State agency over most activities but not all, such as Medicaid as described below.

Trust Fund and State General Revenue Funded Programs

Nebraska has a Brain Injury Trust Fund funded by the Nebraska Health Care Cash Fund at about \$500,000 annually. Funds can be used for resource facilitation, collecting data and evaluating the needs of individuals with TBI, public awareness, and provider training. Additionally, this funding is used for providing or connecting people with support groups and educating professionals who work with individuals with a brain injury. This work is done through a contract with the Brain Injury Alliance of Nebraska.

TBI State Partnership Program Grant

Nebraska is a recipient of the ACL TBI State Partnership Program Grant. Nebraska Vocational Rehabilitation has used the Grant to ensure that Nebraskans with brain injury in need of Vocational Rehabilitation support are best-positioned to find and retain employment. Nebraska Vocational Rehabilitation has ensured that all vocational rehabilitation counselors possess competencies to effectively support job seekers with TBI aged sixteen and over. Through this funding, the State is working to increase the availability of Supported Employment



Services for job seekers with TBI. Additionally, they have implemented a universal approach to applying an evidence-based screening tool for lifetime history of brain injury to identify specific needs for successful employment strategies and aid in augmented data collection related to prevalence of brain injury.

Through this funding, Nebraskans who sustain a brain injury and are reported to the TBI registry receive follow-up in the form of a letter and brochure listing resources and contact information. The brochure includes customized resources and services for three age groups and three regions of the State. The State partners with the Brain Injury Alliance of Nebraska to support these efforts.

Medicaid

The Department of Health and Human Services oversees the Brain Injury Medicaid Waiver. Waiver services are available for those aged 18-64 with traumatically acquired, non-degenerative structural brain damage who meet nursing facility level of care. The Waiver supports community-based services such as adult day health, caregiver training, home and vehicle modifications, non-medical transportation, personal care, respite, and supported employment in addition to adult residential/supported living for people ages 18 to 64. Specialized training on TBI is required and made available for service providers.

Advisory Council

The Nebraska Brain Injury Advisory Council members are appointed by the Commissioner of Education. Twenty-five members serve on the Council. The Council meets quarterly and is engaged in advocacy, collaboration and planning activities. The Council developed provider training to assist agency and service provider staff in meeting the needs of people with brain injury and Nebraska's Annual Living with Brain Injury State Plan 2023-2024, as a guide to improve the State's system of services and supports for people with brain injury and their families.

State Definitions

HCBS MEDICAID WAIVER

Traumatic Brain Injury is defined as a nondegenerative, noncongenital insult to the brain from an external mechanical force, possibly leading to permanent or temporary impairment of cognitive, physical, and psychosocial functions, with an associated diminished or altered State of consciousness. This term does not apply to brain injuries induced or caused by birth trauma. This program is not intended for people with an acquired brain injury caused by strokes, tumors, and other non-traumatic causes.

NEVADA

Population (2020 Census)
1,377,529



Lead Agency Contact

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Department of Health and Human
Services
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Advocacy Organization Contact

Nevada does not currently have an
advocacy organization contact.

On the Web

<https://adsd.nv.gov/Programs/Physical/Physical/>

Service Delivery Overview

In Nevada, 2,310 people with brain injury were reported by trauma facilities to the Nevada Trauma Registry in 2021. The Nevada Department of Health and Human Services' Aging and Disability Division is the lead brain injury agency.

Trust Fund and State General Revenue Funded Programs

The Aging and Disability Division is subject to appropriation for purposes of providing treatment services, care provided in a facility or home, instruction in the skills required for independent living, placement for jobs; and counseling and treatment for substance use disorders.

TBI State Partnership Program Grant

Nevada does not currently have a ACL TBI State Partnership Program Grant.

Medicaid

Nevada has a Medicaid Waiver for Persons with Physical Disabilities and Related Conditions. This program allows individuals who require a nursing home level of care to remain living at home, in the home of a relative, or in an assisted living residence, by providing care and other supportive services, such as assistance with personal activities of daily living, housecleaning,



errands, meal preparation, and more. Under this Waiver, participant direction of benefits, such attendant care, homemaker and chore services, and respite care as is permitted. In lieu of program participants self-directing their own care, they may designate a personal care representative to do so in their place. Friends and family, with the exception of spouses and legal guardians, can be hired and paid to provide care.

Advisory Council

As of this publication, the authors are unsure if there is a Nevada Brain Injury Advisory Board.

State Definitions

TBI PROGRAM

Traumatic brain injury means a sudden shock or damage to the brain or its coverings which is not of a degenerative nature and produces an altered State of consciousness or temporarily or permanently impairs the mental, cognitive, behavioral or physical functioning of the brain. The term does not include:

1. A cerebral vascular accident;
2. An aneurysm; or
3. A congenital defect.

NEW HAMPSHIRE

Population (2020 Census)
1,711,529



Lead Agency Contact

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Advocacy Organization Contact

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On the Web

<https://www.dhhs.nh.gov/programs-services/disability-care/acquired-brain-disorders>

Service Delivery Overview

New Hampshire has an average of 856 deaths per year from brain injury. The Department of Health and Human Services is the lead agency for brain injury programs.

Trust Fund and State General Revenue Funded Programs

The Department of Health and Human Services provides direct services on behalf of individuals and their families affected by brain injuries, including, community resource coordination, support of a Statewide toll-free number for information and assistance, family support, advocacy, and vocational support. The Department also contracts with the Brain Injury Association of New Hampshire to provide brain injury resource facilitation, a Statewide helpline, peer support/support groups, and information for individuals with brain injury and their families.

TBI State Partnership Program Grant

New Hampshire does not currently have a ACL TBI State Partnership Program Grant.

Medicaid

The State administers a Medicaid 1915(c) Acquired Brain Injury Waiver program. Individuals with an acquired brain injury with onset prior to age 60 and who are currently 22 years of age or older are eligible for services through the Waiver. This Waiver operates with a concurrent 1915(b)(1) and 1915(b)(4) authority. Individuals with onset prior to the age of 22 can be served under New Hampshire's Developmental Disability Medicaid Waiver.



The Brain Injury Waiver provides services that maximize the ability and informed decision-making authority of people with acquired brain injury and which promotes the individual's personal development, independence, and quality of life in a manner that is determined by the individual. Ten area agencies function as enrolled Medicaid providers, which work to help support people identify, through a person-centered planning process, specific services and supports offered under this Waiver that are needed to avoid placement in an institutional setting. These services include assistive technology, community support, family support, transportation, residential habilitation, respite services, and supported employment, among other activities.

Advisory Council

The New Hampshire Brain and Spinal Cord Injury Advisory Council is managed by the Department of Health and Human Services. The composition of the Council is mandated to be designated by the Governor, legislative leaders, and Department heads. It includes agency staff, individuals with lived experience, family members, legislators, Brain Injury Association representatives, and Injury Prevention Center Prevention representatives.

State Definitions

ADVISORY COUNCIL

Brain and spinal cord injury means any injury to the brain or spinal cord which causes death or requires medical care and treatment or results in long-term disability.

WAIVER

An acquired brain disorder (ABD) is defined as a disruption in brain functioning that:

- Is not congenital or caused by birth trauma;
- Presents a severe and life-long disabling condition which significantly impairs a person's ability to function in society;
- Occurs prior to age 60;
- Is attributable to external trauma to the brain such as a motor vehicle incident or fall; anoxic or hypoxic injury to the brain such as cardiopulmonary arrest or carbon monoxide poisoning; infectious diseases such as encephalitis or meningitis; brain tumor; intra cranial surgery or cerebrovascular disruption such as a stroke; toxic exposure; and other neurological disorders such as Huntington's disease or multiple sclerosis that predominantly affect the central nervous system; and
- Is manifested by significant decline in cognitive functioning and ability or deterioration in personality, impulse control, judgment; modulation of mood or awareness of deficits.



NEW JERSEY

Population (2020 Census)
9,288,994



Lead Agency Contact

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Advocacy Organization Contact

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On the Web

<https://nj.gov/humanservices/dds/services/tbis/tbifund/index.html>

Service Delivery Overview

It is estimated that 12,000 to 15,000 New Jersey residents experience brain injuries each year. The New Jersey Division of Disability Services within the Department of Human Services is the designated lead State agency for brain injury.

Trust Fund and State General Revenue Funded Programs

New Jersey has a Commission on Brain Injury Research, which is composed of 11 members who are appointed by the Governor. The Commission solicits and approves support of research projects, administers the awards through research grants, and promotes development of brain injury research projects within the State. The Commission is funded from fines and penalties of \$2 imposed and collected by a court under authority of any law for any violation of motor vehicle or traffic violations.

Additionally, the Division administers the TBI Fund, which designates motor vehicle registration fees of 50 cents per vehicle to be deposited in a non-lapsing, revolving fund to provide financial assistance to New Jersey residents living with TBI. The Fund assists with post-acute care, services, and supports to foster independence for its beneficiaries. A case manager is assigned to every approved applicant to create a service support plan. To be determined eligible for services, an individual must provide medical documentation of the TBI and have liquid assets of less than \$100,000. Fund recipients can request up to \$15,000 in supports and services annually and there is a lifetime cap of \$100,000 for all recipients. The Fund is provided \$3.7 million annually.



Finally, individuals of all ages may contact the Department using the Statewide toll-free hotline for information on programs and services for people with brain injury. Referrals are made to the Brain Injury Association of New Jersey, community providers, other State Agencies, and advocacy organizations as appropriate.

TBI State Partnership Program Grant

The Department of Human Services has a ACL TBI State Partnership Program Grant. The goal of the funding is to collaborate with key partners and people with lived experience to create a State plan that will drive improvement of TBI services; increase TBI surveillance and other relevant comprehensive data collection to guide TBI-related efforts; create a greater understanding of state demographics, resources, and program impact; and coordinate public investment in services and supports for all individuals living with TBI, with an emphasis on addressing barriers faced in Black and Hispanic communities and rural counties.

Medicaid

New Jersey has a Medicaid 1115 Demonstration Waiver that provides a Comprehensive Medicaid Waiver. The Medicaid Managed Long-Term Services and Supports, “FamilyCare Comprehensive Demonstration,” serves people with TBI who are between the ages of 21 and 64 and require assistance with at least three activities of daily living. The Program uses New Jersey FamilyCare Managed Care Organizations to coordinate all services, which include personal care, respite, meals, personal emergency response systems, and mental health services.

Advisory Council

The New Jersey Advisory Council on Traumatic Brain Injury is housed within the Department of Human Services. The 26 members are Governor-appointed with the advice and consent of the Senate. The Council meets quarterly and provides guidance and recommendations to the Department regarding brain injury services and supports. The Council also conducts advocacy, engages in information and referral, collaboration, planning and education. The Council is chaired by the Commissioner of Human Services or designee.

New Jersey also has a Survivor Board. Two members serve on both the Advisory Council and Survivor Board. The state sets aside time each council meeting so that people on the Survivor Board can raise any issues they want addressed.

State Definitions

TRUST FUND

A traumatic brain injury; defined as an injury to the brain caused by a blow or jolt to the head or a penetrating head injury/neuro-trauma that disrupts the normal brain function, where continued impairment can be demonstrated. This definition does not include dysfunction caused by congenital or degenerative disorders, birth trauma, acquired brain injuries (stroke, aneurysm, etc.) or injuries caused by other circumstances.



NEW MEXICO

Population (2020 Census)
2,177,522



Lead Agency Contact

UNKNOWN
Human Services Department

Advocacy Organization Contact

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On the Web

<https://www.hsd.state.nm.us/lookingforassistance/brain-injury/>

Service Delivery Overview

The New Mexico Human Services Department is the lead State agency that provides short-term non-Medicaid services to people with brain injury.

Trust Fund and State General Revenue Funded Programs

The Brain Injury Service Fund Program is funded from a State Trust Fund and other State General Revenue Funding. The Brain Injury Services Fund Program offers service coordination and home and community based services to eligible residents of New Mexico. Services include homecare/respite, home health care, therapies, physician copays, brain injury-related medications, transportation, and environmental modifications. This Program is designed to be a short-term crisis interim program, which assists individuals living with brain injury to achieve greater independence in addressing a crisis situation. Participants are reassessed every six months to determine progress and ongoing crisis needs. They remain on the Program until their crisis is resolved or other payer sources are identified. Following inactivation, services can be readily reactivated in the event of any new crisis. The Trust Fund is supported through a combination of \$462,000 in State general fund and Trust Fund revenues generated from \$5 surcharges on traffic violation fines.

TBI State Partnership Program

New Mexico does not currently have an ACL TBI State Partnership Program Grant.



Medicaid

The Developmental Disabilities Waiver is designed to provide services and supports that assist eligible children and adults with Intellectual and Developmental Disabilities to participate as active members of their communities. The program serves as an alternative to institutional care. The New Mexico Department of Health, Developmental Disabilities Supports Division administers the Waiver, which may support people with brain injury.

Advisory Council

The Brain Injury Advisory Council, located within the Governor's Commission on Disability, is comprised of 18 - 24 members from all areas of the State, who are appointed by the Governor. Members of the Council include individuals with brain injuries, family members, healthcare professionals, and representatives from agencies that provide help for persons living with brain injuries. It meets quarterly and is engaged in a broad range of activities including public awareness initiatives and advising the Human Services Department on recommendations for the Brain Injury Services Fund.

Definitions

BRAIN INJURY SERVICES FUND

"Brain Injury" refers to injuries to the brain of traumatic or other acquired origin, including an open or closed head injury caused by:

- a. an insult to the brain from an outside physical force;
- b. anoxia;
- c. electrical shock;
- d. shaken baby syndrome;
- e. a toxic or chemical substance;
- f. near-drowning;
- g. infection;
- h. a tumor;
- i. a vascular lesion; or
- j. an event that results in either temporary or permanent, partial or total impairments in one or more areas of the brain that results in total or partial functional disability, including: 1) cognition; 2) language; 3) memory; 4) attention; 5) reasoning; 6) abstract thinking; 7) judgment; 8) problem solving; 9) sensory perception and motor abilities; 10) psychosocial behavior; 11) physical functions; 12) information processing; or 13) speech; and

(2) does not apply to an injury that is:

- a. congenital;
- b. degenerative;



-
- c. induced by birth trauma;
 - d. induced by a neurological disorder related to the aging process; or
 - e. a chemically caused brain injury that is a result of habitual substance abuse.

NEW YORK

Population (2020 Census)
20,201,249



Lead Agency Contact

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Advocacy Organization Contact

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On the Web

https://www.health.ny.gov/prevention/injury_prevention/traumatic_brain_injury/

Service Delivery Overview

Each year, traumatic brain injuries result in more than 2,200 deaths, 17,000 hospitalizations, and almost 38,000 emergency department visits among New York State residents. The Department of Health is the State lead agency for brain injury.

Trust Fund and State General Revenue Funded Programs

The State does not have any specific Trust Fund or State General Revenue Funded dollars. However, the New York State Education Department has been involved in several projects over the years to improve the quality of services provided to students with TBI in educational settings. Through training, technical assistance projects, and publications such as Traumatic Brain Injury: A Guidebook for Educators. The Department helps school staff to better understand the specialized needs of students with TBI and appropriately apply educational interventions to improve special and general education services for these students.

Additionally, the New York State Department of Health and Office for the Prevention of Domestic Violence have worked to raise awareness of the prevalence of TBI for survivors of domestic and sexual violence, and the critical role proper screening can play in health outcomes. The new efforts are designed to help health care providers ask appropriate questions when survivors are in their care so they can get the help they need for brain injury resulting from violence. The Office for the Prevention of Domestic Violence has been a leader in promoting awareness of brain injury due to domestic and sexual violence.



TBI State Partnership Program Grant

New York does not currently have an ACL TBI State Partnership Program Grant.

Medicaid

New Yorkers with a brain injury may be eligible for a 1915(c) Waiver for Individuals with Traumatic Brain Injury. New York's 1915(c) Waivers operate concurrently with 1115 authority. The Office of Aging and Long-Term Care and Office of Health Insurance Programs are responsible for the implementation and oversight of the TBI Waiver. Individuals who acquired a TBI before the age of 22 may access a 1915(c) Brain Injury Waiver, which supports residential habilitation, day habilitation, supported work, and prevocational services.

The State contracts with qualified not-for-profit organizations or agencies known as Regional Resource Development Centers in regions across the State for the local administration of the Waiver program. Individuals with brain injury seeking services would contact one of the Regional Resource Development Centers across the State. The Regional Resource Development Specialists review all service plans before authorizing the applicant's approval for Waiver services. An essential component of the Waiver is the Waiver participant's right to choose a service provider, especially their Service Coordinator.

In addition, the TBI and Nursing Home Transition and Diversion Housing Programs are rental subsidy programs for Medicaid recipients participating in the Waiver program. The Nursing Home Programs offer qualified applicants a monthly rental subsidy and assistance with utilities and certain one-time costs.

Advisory Council

The Traumatic Brain Injury Services Coordinating Council is made up of representatives from State agencies and other representatives. The 19-member Council is composed of 42 percent agency staff, 26 percent consumers and family members, and 32 percent others. The Council meets no less than three times per year and is charged with recommending to the Department long-range objectives, goals, and priorities. It also provides advice on the planning, coordination, and development of services needed to meet the needs of persons with TBI and their families.

Definitions

STATE TBI PROGRAM

"Traumatic brain injury" means an acquired injury to the brain caused by an external physical force resulting in total or partial disability or impairment and shall include but not be limited to damage to the central nervous system from anoxic/hypoxic episodes or damage to the central nervous system from allergic conditions, toxic substances and other acute medical/clinical incidents. Such term shall include, but not be limited to, open and closed brain injuries that may result in mild, moderate or severe impairments in one or more areas, including cognition, language, memory, attention, reasoning, abstract thinking, judgment, problem-solving, sensory perceptual and motor abilities, psycho-social behavior, physical functions, information processing and speech. Such term shall not include progressive dementias and other mentally impairing conditions, depression and psychiatric disorders in which there is no known or obvious central nervous system damage, neurological, metabolic and other

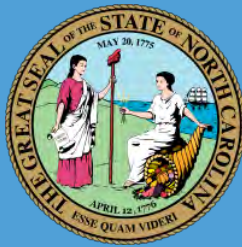


medical conditions of chronic, congenital or degenerative nature or brain injuries induced by birth trauma.

“Concussion” means a mild traumatic injury to the brain that is characterized by immediate and transient alteration of mental status and level of consciousness, resulting from mechanical force or trauma.

NORTH CAROLINA

Population (2020 Census)
10,439,388



Lead Agency Contact

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Advocacy Organization Contact

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On the Web

<https://www.ncdhhs.gov/assistance/disability-services/traumatic-brain-injury>

Service Delivery Overview

78,775 North Carolinians were reported to sustain a traumatic brain injury in one year's time; however, the actual estimates of those living with long-term disability related to TBI is closer to around 200,000. The Division of Mental Health, Developmental Disabilities, and Substance Use Services is the lead agency responsible for administering TBI services, but the Department of Health and Human Services has five divisions which have responsibility related to TBI activities.

Trust Fund and State General Revenue Funded Programs

People with brain injury may be eligible for services provided by the Division of Mental Health, Developmental Disabilities, and Substance Use Services, which offers information on-site at hospitals, healthcare providers and other sites to assist with locating services. The State manages a General Revenue fund of \$4 million annually dedicated to traumatic brain injury services and program development and provides staff support to the North Carolina Brain Injury Advisory Council. There are currently four Managed Care Organizations where individuals can enter the service delivery system. These Managed Care Organizations are allocated funding to provide traumatic brain injury specific services and supports to individuals, including residential supports, home modifications, transportation, and other requests deemed necessary by the person's tailored plans. A portion of the funding is also allocated to the Brain Injury Association of North Carolina to assist families in accessing



the continuum of care and to provide educational programs on brain injury prevention, intervention and care.

TBI State Partnership Program Grants

The State is a recipient of the ACL TBI State Partnership Program Grant. The Department of Health and Human Services has partnered with the Brain Injury Association of North Carolina to execute grant objectives and meet deliverables. The overarching aim of the grant is to foster the ongoing growth and accessibility of a comprehensive care system for individuals with lived experience and their families. Key objectives include enhancing the infrastructure of the care system to ensure culturally responsive care for those with lived experience by screening all individuals seeking behavioral health services in North Carolina for potential brain injury. The funding has also been used to improve provider expertise across service programs by training a number of professionals that focus on other areas but are serving people with brain injury, such as behavioral health and Medicaid settings. The funding has led to new relationships with three Domestic Violence/Intimate Partner Violence programs, Department of Adult Corrections and several other state and non-state agencies.

Medicaid

North Carolina Division of Health Benefits manages a 1915(c) TBI Medicaid Waiver for those as young as 18 years of age who meet specialty rehabilitation hospital or skilled nursing level of care. The Waiver is not statewide and offers services in Cumberland, Durham, Johnston, Wake, Orange, Mecklenburg, and Harnett Counties.

Services are provided through the Local Management Entities operating as prepaid inpatient health plans. Enrollment in the Local Management Entity serving one's county of Medicaid Eligibility is mandatory for all Waiver beneficiaries. The NC TBI Waiver Risk/ Support Needs Assessment is completed prior to the development of the individual service plan and updated as significant changes occur with the beneficiary at least annually. The tailored case manager works with the beneficiary, family, and other team members to complete the assessment. Services offered include adult day health, assistive technology, cognitive rehab, day supports, personal care, resource facilitation, and more. Waiver beneficiaries may select any qualified network provider to furnish authorized services.

The State also administers the Money Follows the Person (MFP) that helps Medicaid-eligible North Carolinians who live in inpatient facilities move into their own homes and communities with supports. Individuals with brain injury may also be eligible for the following Waiver programs:

- Innovations Waiver (Intellectual and Developmental Disabilities Waiver)
- Community Alternatives Program/Disabled Adults Waiver (Aging and Disabled Waiver)
- Community Alternatives Program/Children Waiver (Children's Waiver)



Advisory Council

The North Carolina Traumatic Brain Injury Advisory Council has 33 members with 23 voting members and 10 ex-officio non-voting members. Seven State agencies or departments make all Council appointments. The members select the chair. The Council meets quarterly and engages in advocacy, collaboration, education, funding recommendations, information/referral, and planning. The Council produces an annual report to the General Assembly. Each of the four standing committees also produce a report to the Council.

Definitions

DEPARTMENT OF HEALTH

Traumatic brain injury. An injury to the brain caused by an external physical force resulting in total or partial functional disability, psychosocial impairment, or both, and meets all of the following criteria:

- a. Involves an open or closed head injury.
- b. Resulted from a single event, or resulted from a series of events which may include multiple concussions.
- c. Occurs with or without a loss of consciousness at the time of injury.
- d. Results in impairments in one or more areas of the following functions: cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech.
- e. Does not include brain injuries that are congenital or degenerative. (§ 122C-3.38a)

NORTH DAKOTA

Population (2020 Census)
779,094



Lead Agency Contact

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Advocacy Organization Contact

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On the Web

<https://www.ndbin.org/>

Service Delivery Overview

Each year in North Dakota an estimated 5,500 individuals sustain traumatic brain injuries. The Department of Health and Human Services and North Dakota Brain Injury Network provide information and support to individuals with brain injury.

Trust Fund and State General Revenue Funded Programs

The North Dakota Department of Health and Human Services receives an annual appropriation of more than \$1 million to provide assistance to individuals with brain injury and contracts with the North Dakota Brain Injury Network to provide information and support to individuals with brain injury and family members. The North Dakota Brain Injury Network program office is located at the Center for Rural Health, University of North Dakota School of Medicine & Health Sciences. The staff provides personalized assistance in finding support groups, referrals to pre-employment training, and help identifying and accessing appropriate benefits and programs. Eligible individuals must be a legal resident of North Dakota and have experienced a brain injury.

Additionally, the State provides outreach services and conducts public awareness efforts regarding the prevention and identification of brain injury and the provision of informal supports to individuals with brain injury, which includes information sharing and referral services, peer mentoring, training, facilitation of support groups, public awareness efforts, and individual and programmatic advocacy efforts.



TBI State Partnership Program Grant

North Dakota has a TBI State Partnership Program Grant. The program's multifaceted objectives span a spectrum of critical areas, including enhancing the operational capacity of the established Brain Injury Advisory Council. North Dakota has also instituted the innovative Brain Injury Voices program, where individuals with brain injury and their family members are actively engaged in advocacy and outreach, providing their unique input across all aspects of the brain injury service system in North Dakota. The State has also worked to broaden the reach of resource facilitation services to foster a robust support network specifically tailored to Native Americans affected by brain injury, collaborated closely with behavioral health and criminal justice entities to integrate standardized screening and referral protocols seamlessly, and ensured widespread availability of educational materials and training opportunities related to brain injury.

Medicaid

North Dakota has a 1915(i) State Plan, which allows North Dakota Medicaid to pay for additional home and community-based services to support individuals with behavioral health conditions, including individuals with brain injury. The State partners with local Human Service Zones to assess and enroll individuals into the program. To be eligible, a person must be enrolled in North Dakota Medicaid or Medicaid Expansion and meet specified income levels; have a documented functional impairment; and have a diagnosis of substance use disorder, mental illness, or brain injury. Services include training and supports for unpaid caregivers, community transitional services to help move into one's own home after living in a group home, access to treatment centers, support in nursing homes, respite short term care, prevocational training, supported education and employment, and housing support.

Additionally, individuals with brain injury may be eligible for 1915(c) Medicaid Waiver for Home and Community Based Services (HCBS), which provides service options for a continuum of home and community based services in the least restrictive environment. A consumer-centered delivery system has been established for delivery of in-home services to individuals who are elderly or with physically disabilities or other disabilities, which includes persons with brain injury. To be eligible, individuals must meet nursing level of care. For individuals with brain injury the criteria includes having an acquired brain injury, including anoxia, cerebral vascular accident, tumor, infection, or traumatic brain injury; and as a result of the brain injury, the individual requires direct supervision at least four hours a day, five days a week.

Advisory Council

The North Dakota Brain Injury Advisory Council's aim is to improve the quality of life for all individuals with brain injury and their families through brain injury identification, awareness, prevention, research, education, collaboration, support services and advocacy. Seventeen people serve on the Council. Members are appointed by the Governor of North Dakota and Legislature appoints a House of Representative Member and Senator to serve on the Council. The Council elects a chairman and vice chairman from the voting membership of the Council and a secretary from the voting or nonvoting membership of the Council. The Council meets quarterly and is to advise the State, and shall participate in activities to improve the quality of life for an individual with brain injury and the individual's family through brain injury awareness,



prevention, research, education, collaboration, support services, and advocacy.

Definitions

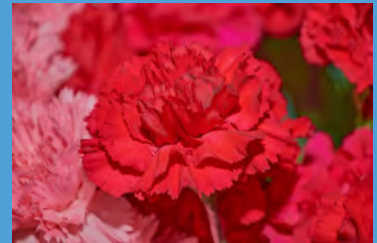
DEPARTMENT OF HEALTH AND HUMAN SERVICES

“Brain injury” means damage to the brain or the coverings of the brain which produces an altered mental State and results in a decrease in cognitive, behavioral, emotional, or physical functioning. The term does not include an insult of a degenerative or congenital nature (NDCC 50-06.4-01).

(DHS includes anoxia, brain hemorrhage, infections, stroke, and tumor with regard to services.)

OHIO

Population (2020 Census)
11,779,447



Lead Agency Contact

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Advocacy Organization Contact

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On the Web

www.ohiobraininjury.org

Service Delivery Overview

An estimated 1.65 million non-institutionalized adults in Ohio have had at least one TBI in their lifetime. More than 1.1 million have had at least one TBI with loss of consciousness. More than 450,000 Ohio adults reported having both a disability and a history of TBI with loss of consciousness. The Ohio Valley Center for Brain Injury Prevention & Rehabilitation at Ohio State University's Wexner Medical Center is the designated as the lead agency in Ohio for planning and policy related to living with brain injury.

Trust Fund and State General Revenue Funded Programs

The mission of the State related to brain injury is to advance prevention and treatment that will improve the lives of Ohioans impacted by brain injury. Case management services available for individuals with TBI are provided through the various agencies' eligibility processes. For example, the Ohio Department of Developmental Disabilities and the Ohio Department of Mental Health and Addiction Services offer case management services to eligible individuals, including eligible individuals with brain injury.

Program funds are used to support the Brain Injury Association of Ohio to provide information and referral services. Calls are coordinated with the Brain Injury Association of America's National Brain Injury Information Center allowing State-specific call tracking and record-



keeping regardless of the location of the information specialist. The Ohio General Assembly provides \$550,000 annually in an appropriation to Ohio State University.

TBI State Partnership Program

Ohio is a recipient of the ACL TBI State Partnership Program Grant. Grant dollars are used to enhance awareness among professional staff and individuals with brain injury. With these dollars, the state has been able to screen for brain injury in Ohio's No Wrong Door/Single Entry Point. The work also involves bolstering Ohio's information and referral system and equipping staff with fresh skills to identify and address brain injury and associated executive function challenges. Ohio has increased recognition that people with brain injury are an important group at risk for suicide and been a leader in increasing awareness of brain injury in the behavioral healthcare system.

Medicaid

Ohio has Medicaid Waivers that enable individuals with disabilities and chronic conditions to access care within their homes and communities instead of institutional settings, which includes people with brain injury. However, Ohio does not have a Waiver specific for persons with brain injury. To qualify for a Waiver, individuals must meet specific care needs and financial criteria. Navigating Medicaid eligibility involves various considerations, including income limits, application procedures, and documentation requirements.

Advisory Council

The Ohio Brain Injury Advisory Committee advises the Ohio Brain Injury Program with regard to unmet needs of persons who are living with the effects brain injury, development of programs for persons with brain injury and their families, establishment of training programs for healthcare and social service professionals, and any other matter within the province of the brain injury program. Members are appointed by the Dean of the College of Medicine at The Ohio State University Wexner Medical Center for 2-year, renewable terms. Public members are joined by the the Committee, which meets quarterly and engages in advocacy, collaboration, education, funding decisions, and strategic planning.

Definitions

THE OHIO STATE UNIVERSITY

The mission of the Ohio Brain Injury Program is to advance prevention and treatment that will improve the lives of Ohioans impacted by brain injury. The Program recognizes brain injury as a major public health problem that contributes to preventable loss of life and disability.

The Program seeks to assure that individuals with brain injury and their families have access to relevant information, quality health care and an effective system of services and supports.

Guiding Values

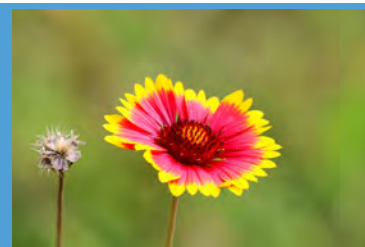
- Brain injury is recognized as a major public health and disability issue and, as lead agency, we “own” responsibility for addressing it.



-
- The emphasis is on identification of key stakeholders, strong advocates, and reliable and sufficient data to address brain injury in Ohio.
 - An ongoing Needs and Resources Assessment process that routinely identifies the issues confronted by individuals with brain injury and their families and the resources available to them is vital.
 - Valid and meaningful information about the complex issues of brain injury and its lifelong effects improves the decisions made by all stakeholders.
 - A critical focal point is to develop and maintain a collaborative body of stakeholders in Ohio, including consumers, caregivers, professionals, state agencies, and the Brain Injury Association of Ohio.

OKLAHOMA

Population (2020 Census)
3,959,353



Lead Agency Contact

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Advocacy Organization Contact

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On the Web

<https://www.oklahoma.gov>

Service Delivery Overview

Oklahoma has more than 3,000 brain injury hospitalizations annually. The State Department of Health supports brain injury activities in the State.

Trust Fund and State General Revenue Funded Programs

Oklahoma does not have a program specializing in brain injury service. Oklahoma does have a Trauma Care Assistance Revolving Fund, which provides partial reimbursement of uncompensated costs associated with trauma care provided by recognized trauma facilities and emergency medical providers. The Trauma Fund is a continuing fund that is available from year-to-year to support the State trauma system. Ninety percent of the money received by the Trauma Fund is distributed to reimburse trauma facilities, ambulance service providers, and physicians for uncompensated trauma care expenditures. Of this amount, up to 30 percent of each distribution is earmarked for physicians.

TBI State Partnership Program Grant

Oklahoma does not currently have an ACL TBI State Partnership Program Grant.

Medicaid

The State administers two 1915(c) Home and Community-Based Services Waivers for older adults and adults with physical disabilities age 21 and over who do not have intellectual disabilities or a cognitive impairment.



Advisory Council

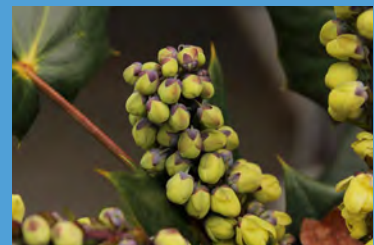
Oklahoma does not have an Advisory Council for Brain Injury.

Definitions

There are no specific definitions in the State.

OREGON

Population (2020 Census)
4,237,256



Lead Agency Contact

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Advocacy Organization Contact

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On the Web

<https://cbirt.org/>

Service Delivery Overview

During 2020, 13,533 people in Oregon sustained a brain injury. The Center on Brain Injury Research and Training, University of Oregon is the lead agency for brain injury programs. Oregon has an array of services to address the medical, rehabilitation, social, and vocational needs of people with brain injury and their families.

Trust Fund and State General Revenue Funded Programs

The Center on Brain Injury Research and Training provides:

- (1) Consultation and training support to local educators working with students with brain and their families.
- (2) A Statewide brain injury resource facilitation program.
- (3) The Family Advocacy Skills Training curriculum was developed to assist family members and persons with TBI to be effective advocates.

This work is partially funded with State general revenue dollars.

TBI State Partnership Program Grant

Oregon is a recipient of the ACL TBI State Partnership Program Grant. Through this funding, the Center on Brain Injury Research and Training has brought an equity lens to bring underserved, marginalized, and oppressed individuals with any citizenship statuses or language to the forefront of its work. This has included promotion of provider training on screening and accommodating brain injury among vulnerable and at-risk populations. The



State has also focused on the use of conferencing technology to support the development of provider and survivor networks in remote parts of the state.

Medicaid

The Oregon Department of Human Services serves adults with physical disabilities including individuals with brain injury with complex behavior needs under the 1915(k) Medicaid State Plan Option. The 1915(k) provision requires States to serve all eligible people based on need (no caps or waiting lists). Oregon's program covers home and community-based attendant services and supports, activities of daily living, and health-related tasks. The program allows for hands-on assistance, supervision, and cueing to help the individual complete activities without hands-on assistance.

Additionally, Oregon has a 1915(c) Aged and Physically Disabled Medicaid Waiver, which helps older adults and Oregon residents with physical disabilities to transition from an institutional setting, such as a nursing home, back into the community. The Waiver provides case management, housing support services, and transition services to individuals ages 65 or older and individuals with physical disabilities ages 18-64 years who meet a nursing facility level of care. This Waiver operates with a concurrent 1915(b)(4) authority. Local case management entities are entry points for all services and perform standardized functions such as level of care assessment/reassessment, needs assessment, person-centered plan development, service authorization, service monitoring, and advising and ensuring informed choice between nursing facility and community-based care and qualified providers of community-based services.

Finally, Oregon has a 1115 Demonstration Waiver to address inadequate food, housing, and other root-cause issues that lead to poor health for residents and families struggling to make ends meet. This package of services, called health-related social needs, includes food and housing supports (including rental assistance) for up to 6 months for groups who have been marginalized such as youths in foster care, people who are homeless, and low-income older adults.

Advisory Council

Oregon's Advisory Board consists of 14 individuals, including people with brain injury and family members. Board members are nominated by a current member then interviewed by a small sub-group of the Board to determine candidacy. The candidate's qualifications and recommendations for candidacy are then reviewed by the entire Board then subject to a vote. Board meetings are facilitated by the CBIRT Project Coordinator. The Board meets monthly and is involved in advocacy, collaboration, education, funding decisions, information and referral, and planning.

Definitions

OFFICE OF SENIOR AND PEOPLE WITH DISABILITIES

It is the policy of the State that any person experiencing an injury defined as an injury to the brain caused by extrinsic forces where the injury results in the loss of cognitive, psychological, social, behavioral or physiological function for a sufficient time to affect that person's ability to perform activities of daily living shall be considered a person with a disability.



PENNSYLVANIA

Population (2020 Census)
13,002,700



Lead Agency Contact

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Advocacy Organization Contact

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On the Web

<https://www.health.pa.gov/topics/disease/Pages/Traumatic-Brain-Injury.aspx>

Service Delivery Overview

In Pennsylvania, approximately 138,600 Pennsylvanians sustain a traumatic brain injury each year. The Pennsylvania Department of Health is designated as the lead agency and administers the Pennsylvania Head Injury Program.

Trust Fund and State General Revenue Funded Programs

The Pennsylvania Head Injury Program aims to help individuals with a brain injury live independently in their homes and communities. The Head Injury Program receives 25% of the revenue generated under the State's Emergency Medical Services Act, totaling over \$4 million annually. Individuals seeking State assistance may receive no more than 12 consecutive months or \$100,000 for rehabilitation services, followed by a maximum of six consecutive months or \$1,000 for case management to assist in transitioning out of the Program. Certain situations may cause an individual's enrollment period to end prior to the time designated in the rehabilitation plan. Services provided by the program include service plan development, rehabilitation, and case management. Services are provided in residential facilities; day facilities (outpatient); and other home and community-based settings.

Additionally, the State has a Catastrophic Medical and Rehabilitation Fund is made available for trauma victims to purchase medical, rehabilitation, and attendant care services when all alternative financial resources have been exhausted. These funds are acquired through traffic violations.

In addition to the Head Injury Program, the Department of Health, in partnership with the



Department of Education and the Brain Injury Association of Pennsylvania, implements a Child and Adolescent Brain Injury School Re-entry Program called BrainSTEPS (Strategies, Teaching Educators, Parents and Students). BrainSTEPS works to make sure that those who provide educational support to children with brain injury have a good understanding of brain injury, the resulting challenges, and supports and interventions that will assist these students achieve educational success through graduation.

TBI State Partnership Program Grant

Pennsylvania is a recipient of the ACL TBI State Partnership Program Grant. This Grant funds the NeuroResource Facilitation Program, which provides short-term case management services for individuals 18 and older with traumatic and non-traumatic brain injuries and their family members to identify and navigate brain injury resources, services, and supports. Additionally, with this funding, the state implements an older adult and brain injury education and training program for professionals, a training and technical assistance program for professionals serving justice-involved youth with a brain injury, and began the development of an education curriculum focused on the intersectionality of domestic violence and brain injury as well as a technical assistance toolkit for professionals likely to come in contact with the domestic violence population.

Medicaid

Individuals with brain injury age 21 and older may be eligible for services under the Department of Human Services, Office of Long-Term Living's Community HealthChoices Waiver. This is a Medicaid Managed Care program that was developed to enhance access to and improve coordination of physical health benefits and long-term services and supports and to create a person driven, long term support system in which people with physical disabilities have choice, control, and access to a full array of quality services that provide independence, health, and quality of life. Eligible individuals may select or are automatically enrolled in one of three Managed Care Organizations that have contracts with the State. Services include accessibility, adult living, community integration, community transition services, home health, residential habilitation, respite, transition service coordination, etc.

Advisory Council

The Brain Injury Advisory Board was created by the Secretary of the Pennsylvania Department of Health. The Board, composed of 22 voting members and 17 non-voting members and focuses on advocacy, collaboration, education, funding decisions, information & referral and planning. The Board meets quarterly.

Definitions

TRUST FUND

Traumatic brain injury — An insult to the brain, not of a degenerative or congenital nature, caused by an external physical force that may produce a diminished or altered State of consciousness, which results in impairment of cognitive abilities or physical functioning or in the disturbance of behavioral or emotional functioning. These impairments may be either



temporary or permanent and cause partial or total functional disability or psychosocial maladjustment (Title 28 PA Code CH4).

COMMUNITY HEALTHCHOICES MEDICAID WAIVER

Traumatic brain injury is defined as a sudden insult to the brain or its coverings, not of a degenerative, congenital or post-operative nature, which is expected to last indefinitely.

RHODE ISLAND

Population (2020 Census)
1,097,379



Lead Agency Contact

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Advocacy Organization Contact

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On the Web

https://health.ri.gov/programs/detail.php?pgm_id=34

Service Delivery Overview

In Rhode Island, 600 people per year on average are admitted to a hospital due to a traumatic brain injury. The Rhode Island Department of Health leads activities for the ACL TBI State Partnership Program. The Department of Health works collaboratively with the States' Department of Human Services and Department of Behavioral Healthcare, Developmental Disabilities and Hospitals to provide brain injury services.

Trust Fund and State General Revenue Funded Programs

State General Revenue funding is appropriated at approximately \$115,000 per year to support a Resource Center for people with brain injury administered by the Brain Injury Association of Rhode Island. The Brain Injury Association actively collaborates with State and private entities to educate survivors, family members, and professionals on all aspects of brain injury prevention, treatment, and support needs.

TBI State Partnership Program Grant

The Department of Health is a recipient of the ACL TBI State Partnership Program Grant. With this funding, the State has developed a comprehensive Rhode Island Traumatic Brain Injury State Action Plan, along with a Data Brief specific to TBI occurrences in the state and a resource handout aimed at aiding individuals dealing with concussions. The program has also allocated funding for a part-time Brain Injury Navigator to provide brain injury resource facilitation. The State has also implemented strategies such as Return to Learn, Remove/Reduce Educate Adjust/Accommodate Pace (REAP) Manual. Notably, this funding has allowed for partnerships with key entities, including the Brain Injury Association of Rhode



Island, the Office of Rehabilitation Services Vocational Rehabilitation Program, and the Office of Healthy Aging.

Medicaid

Rhode Islanders may be eligible for Medicaid home and community-based services Waiver under the Medicaid Section 1115 Waiver, which funds long-term services and supports for people with chronic illnesses or disabilities. People must meet both the financial and functional/clinical “level of care” need to qualify for Medicaid Long-Term Care. In addition, a person’s resources (cash, savings, etc.) must be less than \$4,000. The type of services received depends on a person’s level of care needs. Brain injury is not specifically named as an eligibility population, but all State Plan populations are covered under the demonstration Waiver. Aging and IDD self-directed programs and other agencies may serve individuals with brain injury, although services may not be specific to brain injury.

Rhode Islanders may be able to get adult day services, assisted living, independent provider self-directed home care, and support for activities of daily living.

Advisory Council

The Governor’s Permanent Advisory Commission on Traumatic Brain Injury has 26 members. 16 of the members are appointed by the Governor, and ten serve on the Commission in accordance with the statute.

The Advisory Commission reports to the Governor and General Assembly, as well as to advise those involved in brain injury regarding priorities and criteria for the disbursement of money to both individual requests and grant-seeking entities from the State.

Definitions

DEPARTMENT OF HUMAN SERVICES

As used in this chapter, “traumatic brain injury” means an injury to the skull, the brain contents or its coverings, not of a degenerative or congenital nature, which may or may not produce an altered State of consciousness or result in temporary or permanent decrease of mental, cognitive, behavioral or physical functioning which causes partial or total disability.



SOUTH CAROLINA

Population (2020 Census)
5,118,425



Lead Agency Contact

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Advocacy Organization Contact

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Executive Director
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On the Web

<https://ddsn.sc.gov/ddsn-divisions/head-and-spinal-cord-injury>

Service Delivery Overview

More than 1,500 South Carolinians experience a brain injury each year. The South Carolina Department of Disabilities and Special Needs is the lead agency for brain injury in the State.

Trust Fund and State General Revenue Funded Programs

The State offers post acute rehabilitation services from General Revenue funding, which is funded annually at around \$4 million. This is utilized for specialized in-patient and out-patient rehabilitation services to individuals with brain injury who are under or uninsured. Services are provided based on the assessed needs of the person, the appropriateness of the service to meet the need, and the availability of funding. The expectation is that these funds will be used for Post-Acute Rehabilitation services within one year of injury onset. There are no annual or lifetime caps, but inpatient services are a one-time service approval per injury incidence and out-patient services are approved for one initial treatment course and up to three extended treatment courses.

TBI State Partnership Program Grant

South Carolina is a recipient of the ACL TBI State Partnership Program Grant. This funding is being utilized to Increase statewide systemic collaboration and coordination of activities, ensuring that all people with brain injury, including those from diverse and underserved populations and other stakeholders, can contribute meaningfully to needs assessments and



state plans. As part of the Grant, the State is developing and implementing a screening tool for brain injury for intimate partner violence survivors, which is a priority for the State's advisory council.

Medicaid

The State has a 1915(c) Head and Spinal Cord Injury Medicaid Waiver. Under this Waiver, a Case Manager is responsible for assessing the person's needs and determining the service(s) and support(s) required to

meet the identified needs. In order to participate, a person must meet Federal requirements and depend on others to provide basic activities of daily living, need services not currently available, and have sufficient support to live safely in a private residence or community setting.

The 1915(c) Head and Spinal Cord Injury Waiver include a wide variety of services including attendant care, behavioral support, employment services, nursing, certain accessibility modifications and assistive technology, and waiver case management.

A person may meet the eligibility requirements to qualify for more than one HCBS Waiver program but may only be enrolled in one HCBS Waiver program at any given time, so people with brain injury may be served on another Waiver. Individuals with brain injury may also be eligible for the Community Choices Waiver offered to persons who are over age 65, blind, or disabled. Those services are similar but not as comprehensive as the brain injury waiver. South Carolina also uses the Medicaid 1915(j) Self-directed Personal Assistance and Money Follows the Person Demonstration Program.

Advisory Council

The South Carolina Brain Injury Leadership Council has focused on a needs assessment and recruitment of more individuals with lived experience to serve on the council. The Council has four permanent committees: Executive Committee, Systems Development Committee, Workforce Development Committee, and the Awareness and Prevention Committee.

Definitions

HASCI DIVISION (WAIVER, SURVEILLANCE, SERVICES)

Traumatic brain injury is an injury to the skull or brain caused by an external physical force. The injury may produce a diminished or altered State of consciousness resulting in impairment in cognitive abilities or physical functioning, as well as behavioral and/or emotional functioning. It does not include cerebral vascular accidents (strokes) or aneurysms.

CASE MANAGEMENT

A person is eligible for case management services when at the time of determining eligibility the person has a severe chronic limitation that:

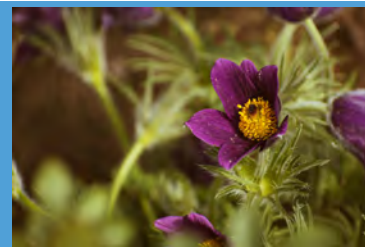
- (1) is attributed to a physical impairment, including head injury, spinal cord injury, or both, or a similar disability, regardless of the age of onset but not associated with the process of a progressive degenerative illness or disease, dementia, or a neurological disorder related to aging;



-
- (2) is likely to continue indefinitely without intervention;
 - (3) results in substantial functional limitations in at least two of these life activities:
 - (a) self-care;
 - (b) receptive and expressive communication;
 - (c) learning;
 - (d) mobility;
 - (e) self-direction;
 - (f) capacity for independent living;
 - (g) economic self-sufficiency; and
 - (4) reflects the person's need for a combination and sequence of special interdisciplinary or generic care or treatment or other services which are of lifelong or extended duration and are individually planned and coordinated.

SOUTH DAKOTA

Population (2020 Census)
886,667



Lead Agency Contact

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South Dakota Division of Rehabilitation
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Advocacy Organization Contact

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On the Web

<https://scdhec.gov/health/child-teen-health/traumatic-brain-injury/help-brain-injury->

Service Delivery Overview

From 2011 to 2020, there were 2,051 TBI-related deaths among South Dakota residents. The South Dakota Division of Rehabilitation Services is the lead agency for brain injury programs.

Trust Fund and State General Revenue Funded Programs

The State does not have a Trust Fund or dedicated General Revenue. Individuals with brain injury may receive services and support through Centers for Independent Living and Vocational Rehabilitation programs.

TBI State Partnership Program Grant

South Dakota does not have an ACL TBI State Partnership Program Grant.

Medicaid

The Department of Human Services, Division of Long-Term Services and Supports, administers the Home & Community-Based Options and Person-Centered Excellence Waiver to provide home and community-based services to individuals with disabilities over the age of 18 that are at risk for institutionalization. Long Term Services and Supports Specialists provide information and referral services, assistance to access in-home and community-based services, needs assessments, ongoing case management, care plan development and adult protective services to individuals living in South Dakota communities. Services include adult day services, homemaker services, accessibility adaptations, personal care services, and more.



Advisory Council

The South Dakota Spinal Cord/Traumatic Brain Injury Research Council was created to carry out the goals of the Spinal Cord/Traumatic Brain Injury Research Fund. This Council's work is limited to focus on the Research Fund.

Definitions

STATE USE

Traumatic brain injury (TBI) is a head injury caused by an external force to the head or body resulting in disruption of normal brain function. TBI has multiple causes, including motor vehicle accidents, firearms, falls, etc., and there are multiple types of brain injury, such as fracture of skull, intracranial injury, etc. This report examines causes of TBI-related deaths and morbidity among South Dakota residents and which populations are at greater risk of getting a TBI.

TENNESSEE

Population (2020 Census)
6,910,940



Lead Agency Contact

VACANT
Traumatic Brain Injury Program
Tennessee Department of Health

Advocacy Organization Contact

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BrainLinks
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On the Web

<https://www.tn.gov/health/health-program-areas/fhw/vipp/tbi.html>

Service Delivery Overview

In Tennessee, approximately 24,000 individuals sustain a TBI annually. The Tennessee Department of Health, Family Health and Wellness is the lead agency that administers the Traumatic Brain Injury Program, which is supported by the Impaired Drivers Trust Fund.

Trust Fund and State General Revenue Funded Programs

Tennessee has an Impaired Drivers Trust Fund, funded from traffic violations to provide financial assistance unavailable through any other source to residents of the State who, as a result of a traumatic brain injury, require such assistance. Funds may be expended to fund the registry, the TBI coordinator position, additional staff requirements, and other expenditures and grants. The Department of Health's traumatic brain injury program provides grants to county and municipal governments and/or nonprofit organizations for home and community-based programs. Grant awards have been used to establish or expand programs such as day treatment, housing, supportive living services, education and prevention, behavioral counseling, camp, professional training, and service coordination. The program also supports, in collaboration with Easter Seals Tennessee, weekend and week long camping programs for adults and youth with brain injury that focus on providing a unique social and recreational opportunity to persons with brain injury. Activities include arts and crafts, swimming, hiking, games, and boating. Scholarships are available through the State of TBI Program.

Through State General Revenue Funded programs, individuals with TBI of all ages may contact the Department of Health's Traumatic Brain Injury Program via their toll-free number for information and referral services. The TBI Program is the central office for brain injury



information in the State. Numerous materials including articles, books, videos, and pamphlets are available to people with lived experience, family members, and professionals. The TBI Program also connects callers to one of eight TBI service coordinators located in various non-profit agencies across the State. The service coordinator's role is to assess current resource needs, develop a comprehensive plan of care, refer individuals and families to available resources, and to coordinate services. Staff are available to respond to questions, make referrals and provide education and training. Initial contact to the TBI Program can be the first link in a chain of support for people with brain injury and their family members.

The program also supports "Get Schooled on Concussions – Teacher Acute Concussion Tool (TACT) and the Safe Star prevention program, and offers specialized training on brain injury.

TBI State Partnership Program Grant

The Department is a recipient of the TBI State Partnership Program Grant. The Tennessee TBI Program is aiming to support educational outcomes for children with brain injuries in Tennessee by providing education and training for educators, families, and health professionals who support students with TBI. In addition to supporting and adding to the existing system of services and supports, the goals and objectives of the grant focus on a trained TBI workforce. Partnerships include but are not limited to the Tennessee Disability Coalition, Tennessee Chapter of the American Academy of Pediatrics, and the Tennessee Department of Education.

Medicaid

Tennessee's CHOICES program provides adults 65 and older and adults with physical disabilities age 21 and older who are eligible for needed long-term services and supports in the home/community setting or in a nursing facility. CHOICES offers services to help a person to assist individuals with daily living activities and allow people to work and be actively involved in their local community. If needed, CHOICES also provides care in a nursing facility as an alternative to HCBS. CHOICES can be used to cover personal care services, attendant care, adult care, assistive technology, community living supports, and more.

Advisory Council

The Traumatic Brain Injury Advisory Council has 9-members appointed by the Governor and meets quarterly. The Council provides recommendations to the Department on program and policy issues and concerns that relate to health and human services for survivors of TBI. The Advisory Council promotes advocacy, education, and collaboration with other entities and associations.



Definitions

TRUST FUND/ADVISORY COUNCIL

Traumatic brain injury:

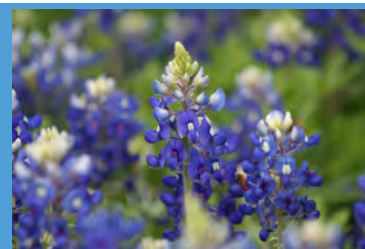
(A) Means an acquired injury to the brain caused by an external physical force resulting in total or partial disability or impairment;

(B) Includes open and closed head injuries that may result in seizures, and/or in mild, moderate, or severe impairments in one (1) or more areas including cognition, language, memory, attention, reasoning, abstract thinking, psychosocial behavior, physical functions, information processing, and speech; and

(C) Does not include brain injuries induced by birth trauma, but may include brain injuries caused by anoxia and other related causes, infectious disease not of a degenerative nature, brain tumor, toxic chemical or drug reactions.

TEXAS

Population (2020 Census)
29,145,505



Lead Agency Contact

VACANT
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Advocacy Organization Contact

Texas does not currently have an advocacy organization.

On the Web

<https://www.hhs.texas.gov/about/leadership/advisory-committees/texas-brain-injury-advisory-council>

Service Delivery Overview

144,000 Texans incur a traumatic brain injury each year. The Texas Department of Health and Human Services, Office of Acquired Brain Injury is responsible for awareness and education on brain injuries in Texas.

Trust Fund and State General Revenue Funded Programs

The Department's Comprehensive Rehabilitation Services program assists eligible people who have a brain injury, spinal cord injury, or both to function independently in their home and community. Services can be related to communication, mobility, and self-care. The rehabilitation services include inpatient comprehensive rehabilitation services, post-acute rehabilitation services, outpatient rehabilitation services, and some ancillary services to support the individual's participation in rehabilitation services. The Comprehensive Rehabilitation Services program is funded with General Revenue of more than \$20 million annually.

Additionally, Texas has pioneered identifying brain injury among youth in the Juvenile Justice System and testing approaches to improving management of, and outcomes for, justice-involved juveniles with TBI. Texas enacted a law requiring law enforcement training on TBI to help officers spot the signs of a person dealing with a brain injury.

Texas has also helped connect individuals with ABI and their families with support and services through the 2-1-1 system by providing ABI training to 2-1-1 staff and working with the United States Department of Veterans Affairs to connect veterans with TBI to resources.



TBI State Partnership Program

Texas does not currently have an ACL TBI State Partnership Program Grant.

Medicaid

The State has multiple 1915(c) Waivers. The Community Living Assistance and Support Services program provides home- and community-based services to people with related conditions as a cost-effective alternative to placement in an intermediate care facility for individuals with an intellectual disability or a related condition, including brain injury. Cognitive rehabilitation is an available service. The Texas Health and Human Services Commission contracts with public and private entities to provide services, which includes adaptive aids, behavioral support, employment assistance, respite care, and more.

Additionally, the State operates a STAR+PLUS Managed Care model so that individuals who qualify for nursing facility care can get acute care and long-term services and supports in order to live in the community. Finally, the State has a Community First Choice program, which enables Texas Medicaid to provide the most cost-effective approach to basic attendant and habilitation service delivery for those that need help with activities of daily living, such as dressing, bathing, and eating. Services include support for activities of daily living and health-related tasks through hands-on assistance, supervision, or cueing.

Advisory Council

The Traumatic Brain Injury Advisory Council is a 21-member Council appointed by the Commission and meets quarterly. The Council Advises the Department of Health and Human Services and State leaders on the prevention of brain injury and improving the quality of life of individuals with lived experience.

Definitions

COMPREHENSIVE REHABILITATION SERVICES

Traumatic brain injury --An injury to the brain that is not degenerative or congenital; and caused by an external physical force, which may produce a diminished or altered State of consciousness, resulting in temporary or permanent impairment of cognitive abilities and/or physical functioning, and partial or total functional disability and/or psychosocial maladjustment

HHS OFFICE OF ABI

An acquired brain injury is brain damage caused by something that happens after birth. There are two types of brain injuries:

Traumatic brain injury is caused by an outside force, usually a violent blow to the head.

Non-traumatic brain injury is caused by something that happens inside the body, such as a stroke, infection, lack of oxygen, brain tumors, exposure to toxins or drug use.



UTAH

Population (2020 Census)
3,271,616



Lead Agency Contact

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Advocacy Organization Contact

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On the Web

<https://vipp.health.utah.gov/traumatic-brain-injury/>

Service Delivery Overview

Every day in Utah, 25 Utahans are treated and released from an emergency room due to a traumatic brain injury. The Department of Health and Human Services is the lead agency for brain injury.

Trust Fund and State General Revenue Funded Programs

Utah has a Brain Injury Fund administered by the Utah Department of Health and Human Services. The purpose is to educate the general public and professionals, provide access to evaluations, and coordinate short-term care to assist an individual in identifying services or support needs, resources, and benefits for which the individual may be eligible. It also provides grants to persons or organizations to provide the services as allowed in law. The program uses resource facilitators to help individuals with brain injury and their families connect to resources. The Fund does not pay for any long-term care or medical treatment related to a brain injury, including acute care. The Brain Injury Fund is created from gifts, grants, donations, or any other conveyance of money that may be made to the fund from private sources; and additional amounts as appropriated by the Legislature.

The State also has a Neuro-Rehabilitation Fund from gifts, grants, donations, or any other conveyance of money from private sources and impound fees and fees collected by the Motor Vehicle Division. The Fund is to be distributed in consultation with an Advisory Committee. The purpose of this Fund is to provide rehabilitation services to individuals with brain injury



or spinal cord injury in the State through charitable clinics that offer an array of therapies and other post-acute rehabilitation services.

To fund this work, Utah receives more than \$450,000 in Trust Fund dollars and \$200,000 from the State Legislature.

TBI State Partnership Program Grant

Utah is a recipient of the Administration for Community Living TBI State Partnership Program Grant. Through the grant, the State has been able to focus on a number of initiatives, including a focus on supporting people in Utah who are criminal legal system involved. They have also enhanced and expanded Utah's resource facilitation services and worked to support connectedness among individuals and/or caregivers to mitigate the effects COVID-19 had on social isolation.

Medicaid

Utah has a 1915(c) Acquired Brain Injury Home and Community Based Medicaid Waiver, administered by the Division of Services for People with Disabilities. It is designed to provide services Statewide to help people with an acquired brain injury to remain in their homes or other community-based settings for individuals to be able to live as independently as possible with supportive services provided through this Waiver. The State's intake workers help navigate an applicant through the intake and eligibility process. TBI Fund Resource Facilitators can also assist individuals to complete the application. The State uses the Comprehensive Brain Injury Assessment as part of the eligibility determination process. If found to be eligible, the State provides a variety of services, including behavioral consultation, employment support, transportation, respite care, and other supportive living services.

Advisory Council

The Brain Injury Advisory Committee has nine members. The purpose of the Committee is to provide recommendations to the Executive Director of the Department of Health and Human Services on program development and concerns regarding the health and human service needs of persons with brain injury.

Definitions

DIVISION OF SERVICES FOR PEOPLE WITH DISABILITIES

"Brain injury" means an acquired injury to the brain that is neurological in nature, including a cerebral vascular accident. Brain injury does not include a deteriorating disease.



VERMONT

Population (2020 Census)
643,077



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Advocacy Organization Contact

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On the Web

<https://asd.vermont.gov/services/tbi-program>

Service Delivery Overview

23.2 per 100,000 people die from TBI in Vermont per year. The Vermont Department of Disability, Aging, and Independent Living manages the State brain injury program.

Trust Fund and State General Revenue Funded Programs

The Vermont Traumatic Brain Injury Fund was established to be a source of financing for services for individuals with traumatic brain injury. Although the Trust Fund was established, it has never been funded.

TBI State Partnership Program Grant

Vermont does not currently have an ACL TBI State Partnership Program Grant.

Medicaid

The State has a Global Commitment Demonstration Waiver, which is an umbrella Waiver for multiple programs. Under this, Vermont's brain injury Medicaid program contains two components, including a recovery oriented and rehabilitative program and a long-term support program. The brain injury services and supports are provided by private non-profit agencies that specialize in brain injury recovery and support throughout the State. Providers must be approved by the brain injury program and adhere to certain training, service planning,



and documentation requirements. Services include case management, rehabilitation services, respite, and employment supports.

For individuals who are not able to return home following their brain injury, residential supports may include community living and residential arrangements.

Advisory Council

The Vermont Brain Injury Advisory Council supports the Brain Injury Alliance of Vermont and provides mission-based leadership. While the Alliance's Director leads day-to-day operations, the Council-Director relationship is a partnership, and the appropriate involvement of the Council is both critical and expected.

Definitions

MEDICAID

Traumatic Brain Injury: "Brain Injury is an insult to the brain, not of degenerative or congenital nature, the result of either an external physical force or internal cause, which produces an altered mental status, which results in an impairment of behavioral, cognitive, emotional, and/or physical functioning.

VIRGINIA

Population (2020 Census)
8,631,393



Lead Agency Contact

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<https://www.dars.virginia.gov/vbic.htm#gsc.tab=0>

Service Delivery Overview

As many as 300,000 Virginians have a disability as a result of a brain injury. Virginia has 28,000 brain injuries annually. The Virginia Department of Aging and Rehabilitative Services, Brain Injury Services Coordination Unit, is the designated lead agency for brain injury.

Trust Fund and State General Revenue Funded Programs

In Virginia, services are provided through a State funded network of nine community-based brain injury service organizations. Eight of these organizations provide case management and services, including day support, support groups, education, residential support, and caregiver support. The State contracts with the Brain Injury Association of Virginia to provide outreach to, information and referral, and education for individuals with brain injury, their families, and professionals. State funded brain injury programs serve adults and children with acquired brain injury. Services typically are provided free of charge or on a sliding scale but no one is denied services based on inability to pay.

In addition, the State's Long Term Rehabilitation Case Management Services Program assists people with severe physical and sensory disabilities, including brain injury, to build a quality of life of their choosing through self-direction, support, and community resources. Individuals are eligible to apply for services through the Long Term Rehabilitation Program if they have a physical or sensory disability, requiring a special combination of life long or extended



duration services.

The above activities are funded through over \$7 million in State General Revenue dollars. Additionally, Virginia's Commonwealth Neurotrauma Trust Fund receives \$25 for each reinstatement fee charged before restoring an operator's license that has been revoked or suspended upon conviction for specified dangerous driving offenses. Trust funds are granted to Virginia-based organizations, institutions, and researchers for research and service innovations that address the needs of people with acquired neurotrauma.

TBI State Partnership Program Grant

Virginia has an ACL TBI State Partnership Program Grant, which aims to increase access to comprehensive and coordinated services and supports, with a particular emphasis on access for those with co-occurring brain injury and behavioral health conditions, including implementing brain injury screening in programs supporting those experiencing homelessness, community mental health centers, and behavioral health facilities. The funding is also supporting data collection and analysis efforts for evidence-informed funding and program decisions and increases the community-based engagement and empowerment of Virginians with brain injury and their families.

Medicaid

Individuals who receive a brain injury before the age of 22 may be eligible for the Virginia Developmental Disability Waiver. This Waiver is administered through the Virginia Department of Behavioral Health and Developmental Disability.

Outside of the Waiver, Virginia has a case management program under Medicaid for people with severe traumatic brain injury, which includes assessing and planning services; linking the individual to services and supports identified in the individual support plan; coordinating services and service planning with other agencies; monitoring the individual to assess ongoing progress; and educating and counseling the individual.

Advisory Council

The Virginia Brain Injury Council currently consists of 27 voting members, 14 of which are individuals living with brain injury. The remaining 13 members are family members, medical professionals, or other advocates, including a representative of the Brain Injury Association of Virginia. Members are recommended by the Council through an application process and appointed by the Commissioner of the Department for Aging and Rehabilitative Services. The mission of the Council is to promote accessible, affordable, and appropriate services for Virginians with brain injury and their families by advising the lead State agency for brain injury.

Definitions

VIRGINIA DEPT. OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITY

"Brain injury" means any injury to the brain that occurs after birth that is acquired through traumatic or non-traumatic insults. Non-traumatic insults may include but are not limited to anoxia, hypoxia, aneurysm, toxic exposure, encephalopathy, surgical interventions, tumor, and stroke. "Brain injury" does not include hereditary, congenital, or degenerative brain disorders,



or injuries induced by birth trauma.

COMMONWEALTH NEUROTRAUMA TRUST FUND

“Neurotrauma” means an injury to the central nervous system, that is, a traumatic spinal cord or brain injury which results in loss of physical and cognitive functions.

WASHINGTON

Population (2020 Census)
7,724,031



Lead Agency Contact

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Advocacy Organization Contact

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On the Web

<https://www.dshs.wa.gov/altsa/traumatic-brain-injury/traumatic-brain-injury>

Service Delivery Overview

In Washington, approximately 13,000 injuries and deaths from TBI occur annually. To address the needs of Washingtonians, the Washington Department of Social and Health Services provides public awareness of brain injury and connects the community to resources and person-centered practices support.

Trust Fund and State General Revenue Funded Programs

Washingtonians with brain injury may contact Washington 2-1-1 for information and referral assistance. Washington 2-1-1 provides inquirers with assistance, identifies current needs, and connects those contacts to community-based resources, agencies, and organizations that can provide individualized support. A trained community resource specialist can link to existing public, private, and local area services, such as utility assistance, food, housing, medical, childcare, after-school programs, elder care, crisis intervention, and more.

Additionally, Washington has a TBI Account in which revenue is generated through a \$5 fee collected from traffic moving violations. The TBI Account funds are used to develop recommendations and policy in the Statewide TBI comprehensive plan, to support information and referral, for public awareness campaigns, and to support group opportunities.



TBI State Partnership Program Grant

Washington does not currently have an ACL TBI State Partnership Program Grant.

Medicaid

Washingtonians with brain injury may be eligible for the 1915(c) Community Options Program Entry System Medicaid Waiver Program, which is for people with disabilities and supports adult day care, assisted living, case management, community support, home care, personal care, and skilled nursing services, among other activities.

Additionally, the New Freedom program is a voluntary Medicaid funded program that allows eligible participants to receive services in their home and community while managing their own service plan and budget. New Freedom offers elders and adults with disabilities the option to manage a budget and decide for themselves what mix of services/goods will best meet their care needs.

Advisory Council

The Washington Traumatic Brain Injury Strategic Partnership Advisory Council consists of 25 members from public and private sectors, individuals with TBI and their family members, medical and human service providers, caregivers, sovereign tribal nations, and State agencies. The TBI Council serves in a strategic partnership advisory capacity to the Governor, the state legislature, and the Secretary of the Department of Social and Health Services.

Definitions

TRAUMATIC BRAIN INJURY

TBI is an injury to the brain caused by physical trauma resulting from, but not limited to, incidents involving motor vehicles, sporting events, falls, and physical assaults. A TBI shall be of sufficient severity to result in impairments in one or more of the following areas: cognition; language memory; attention; reasoning; abstract thinking; judgment; problem solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; or information processing. The term does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma. Acquired brain injury, stroke, or mental health issues with no TBI do not fall under this definition.

WEST VIRGINIA

Population (2020 Census)
1,793,716



Lead Agency Contact

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Advocacy Organization Contact

West Virginia does not currently have a
brain injury advocacy organization.

On the Web

<http://tbi.cedwvu.org/>

Service Delivery Overview

763 West Virginia residents were hospitalized due to TBI in 2015, representing 25% of all injury related hospitalizations. The State's lead agency for brain injury is the West Virginia University Center for Excellence in Disabilities.

Trust Fund and State General Revenue Funded Programs

The West Virginia University Center for Excellence in Disabilities administers the Traumatic Brain Injury Services Program, which is partially funded by the State from a State grant from the Bureau of Behavioral Health of \$700,000 annually. The TBI program uses person-centered to assess client's needs and provide resource coordination services. The Program also implements TBI screenings within substance use disorder related settings. The TBI Program partners with the West Virginia Coalition Against Domestic Violence and other programs that may provide services to individuals with co-occurring conditions. They also provide training and resource coordination to veterans programs.

Additionally, the West Virginia Traumatic Brain and Spinal Cord Injury Rehabilitation Fund called "Funds for You" was created \$200,000 in Trust Fund Dollars. The purpose of the program is to promote increased independence and quality of life for West Virginians with traumatic brain injury or spinal cord injury. Individuals may request as little as \$50 or as much as \$2,300 per year, depending on need. The State purchases services through contracts with agencies and organizations and through competitive grants for specific services. Services include durable medical equipment, assistive technology, medical and dental support, case management, family support services, and more.



TBI State Partnership Program Grant

The State has an ACL TBI State Partnership Program Grant. With this funding, technical assistance and training opportunities are offered to enhance awareness and competency among stakeholders. The State has focused on strategic partnerships with the criminal legal system to facilitate effective support for criminal legal system involved individuals with brain injury. The State has also implemented a “Return to Learn” program utilizing best practices for schools’ response to brain injury. The state also has an outreach coordinator to foster partnerships and implement screenings for at-risk populations. Notably, West Virginia’s efforts are bolstered by partnerships with key entities such as the State Medicaid Agency, State Vocational Rehabilitation Agency, State Unit on Aging, State Department of Developmental Disabilities, State Behavioral and/or Mental Health Agency, Protection and Advocacy Programs, West Virginia University, State Independent Living Council, State I/DD Council, Recovery and Substance Abuse Treatment Center, and VA Medical Center, collectively contributing to a holistic and coordinated approach to supporting individuals with brain injuries throughout the state.

Medicaid

The State has a 1915(c) Home and Community-based Services Traumatic Brain Injury Waiver program, which provides home and community-based waiver services to West Virginia residents who are both medically and financially eligible to participate in the program. The Department of Health and Human Service Resources Bureau for Medical Services administers the 1915(c) Waiver and a Utilization Management Contractor carries out daily operations of the waiver program. The purpose of this Waiver is to prevent unnecessary institutionalization by providing services and supports that are person-centered and promotes choice, independence, participant-directed, respect, dignity, and community integration. Services include case management, personal attendant services, non-medical transportation, and personal emergency response system.

Advisory Council

The West Virginia TBI Advisory Board provides guidance and feedback to state, local, and private partners on design, development, and implementation of statewide services and supports for people with TBI.

Definitions

REHABILITATION FUND

Traumatic brain injury means an acquired injury to the brain, including brain injuries caused by anoxia due to near drowning. Traumatic brain injury does not include brain dysfunction caused by congenital or degenerative disorders, nor birth trauma. (WV Code § 9-10-1)

HCBS MEDICAID WAIVER

Traumatic brain injury that is caused by physical force leading to total or partial disability and/or difficulty participating socially or an injury causing lack of oxygen due to near-drowning.



WISCONSIN

Population (2020 Census)
5,893,718



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On the Web

<https://www.dhs.wisconsin.gov/injury-prevention/traumatic-brain-injury.htm>

Service Delivery Overview

In Wisconsin, there are nearly 1,500 deaths involving TBIs and almost 9,800 nonfatal emergency department visits and 4,200 hospitalizations involved TBIs per year. The University of Wisconsin is the State lead agency for brain injury.

Trust Fund and State General Revenue Funded Programs

Wisconsin does not have a Trust Fund or State funded programs specific to brain injury.

TBI State Partnership Program Grant

Wisconsin has a ACL TBI State Partnership Program Grant. The Grant supports development of the Brain Injury Advocacy Network of Wisconsin. The network is a partnership between the Brain Injury Alliance of Wisconsin and the SOAR Fox Cities Traumatic Brain Injury Support Program. The Grant provides opportunities for UW-Eau Claire students to participate in designing goals, activities, interventions, and research with people with brain injuries. The goal of the Program is to help build capacity for people with brain injury post-acute.

Medicaid

The Wisconsin Department of Health Services operates several Medicaid programs. The BadgerCare Waiver is a Section 1115 Demonstration Waiver that covers Medicaid expansion populations. For long-term care services and supports, Wisconsin has a Managed Care



program called Family Care 1915(b) Waiver.

Individuals with a brain injury in Wisconsin seeking long-term services may reach out to local Aging and Disability Resource Centers to receive information about department program options and receive support to enroll individuals. When a person enrolls, they become a member of a Managed Care Organization. The Managed Care Organization makes sure members get services based on need, situation, and preference. Services can range from help with daily tasks at home to mental health.

Advisory Council

The Council, which serves both brain injury and spinal cord injury, has members appointed by the Department of Health and Family Services.

Definitions

STATE ALCOHOL, DRUG ABUSE, DEVELOPMENTAL DISABILITIES AND MENTAL HEALTH ACT

Brain injury” means any injury to the brain, regardless of age at onset, whether mechanical or infectious in origin, including brain trauma, brain damage and traumatic head injury, the results of which are expected to continue indefinitely, which constitutes a substantial handicap to the individual, and which directly results in any 2 or more of the following:

1. Attention impairment.
2. Cognition impairment.
3. Language impairment.
4. Memory impairment.
5. Conduct disorder.
6. Motor disorder.
7. Any other neurological dysfunction.

Brain injury” includes any injury to the brain (a) that is vascular in origin if received by a person prior to his or her attaining the age of 22 years.

(b) Brain injury” does not include alcoholism, Alzheimer’s disease, or degenerative brain disorder.

WYOMING

Population (2020 Census)
576,851



Lead Agency Contact

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Advocacy Organization Contact

Wyoming does not currently have an advocacy organization.

On the Web

<https://health.wyo.gov/healthcarefin/hcbs/>

Service Delivery Overview

Each year, there are approximately 175 fatal brain injuries and an additional 311 hospitalizations for non-fatal brain injuries in Wyoming. The Department of Health is the lead agency for the brain injury program in the State.

Trust Fund and State General Revenue Funded Programs

Wyoming does not have a Trust Fund or State funded programs specific to brain injury.

TBI State Partnership Program Grant

Wyoming does not currently have an ACL TBI State Partnership Program Grant.

Medicaid

While the State does not have a specific Medicaid Waiver, individuals with acquired brain injury may be eligible for other Medicaid programs. The Department of Health's Division of Healthcare Financing, Home and Community Based Services administers the:

- Community Choices Waiver, which serves individuals who are aged 65 and older, or individuals who are aged 19 – 64 who have a disability that is verified as meeting Social Security Administration disability determination criteria.
- Supports Waiver, which provides supportive services to eligible individuals of all ages



who have an intellectual or developmental disability or an acquired brain injury.

- A Comprehensive Waiver, which provides comprehensive services to eligible individuals of all ages who have an intellectual or developmental disability, or an acquired brain injury. Individuals must meet emergency criteria, in addition to eligibility criteria, in order to receive services on this Waiver.

Advisory Council

The Developmental Disabilities Advisory Council helps advise the implementation of a Statewide service delivery system for people with developmental disabilities and acquired brain injuries. The twelve-member council may have representatives that include a provider, case manager, and legal representative of a person with developmental disabilities, intellectual disabilities, or acquired brain injury.

Definitions

MEDICAID WAIVER

“Acquired Brain Injury (ABI).” Any of the following: 1-3 (A) Any combination of focal and diffuse central nervous system dysfunction, both immediate and/or delayed, at the brain stem level and above; (B) Acquired through the interaction of any external forces and the body, oxygen deprivation, infection, toxicity, surgery, and vascular disorders not associated with aging; (C) Occurred by an injury to the brain since birth; (D) Caused by an external physical force or by a metabolic disorder(s); (E) Includes traumatic brain injuries, such as open or closed head injuries, and non-traumatic brain injuries, such as those caused by strokes, tumors, infectious disease, hypoxic injuries, metabolic disorders, and toxic products taken into the body through inhalation or ingestion; (F) Does not include brain injuries that are congenital or brain injuries induced by birth trauma; and (G) Are not developmental or degenerative.

DEPARTMENT OF HEALTH LIFE RESOURCE CENTER

“Acquired brain injury” means any combination of focal and diffuse central nervous system dysfunction, at the brain stem level and above, acquired after birth through the interaction of any external forces and the body, oxygen deprivation, infection, toxicity, surgery or vascular disorders not associated with aging.



APPENDIX A

State Service Delivery Background

This appendix offers additional information to provide background on some of the services and supports mentioned that States utilize.

Adult Day Services

Adult day services provide an organized program of supportive care in a group environment to persons who need a degree of assistance. Activities may be designed to increase socialization and activity levels and promote independence. Adult day treatment services generally focus on assisting with improving functional skills and addressing psychological and behavioral adjustment and vocational rehabilitation needs.

Assessment and Evaluation

Assessment and evaluation refer to assessing whether a person has sustained a brain injury, the extent of injury, and whether a person meets the eligibility requirements for services offered by a particular program.

Assisted Living

Assisted living is a type of residential long-term care for seniors or people with disabilities who wish to continue living as independently as possible but require assistance with activities of daily living.

Assistive Technology Devices

Assistive technology devices refer to equipment or technology used to increase, maintain, or improve functional capabilities of an individual living with a brain injury.

Attendant Care

Attendant care is when someone provides services that may consist of hands-on assistance for activities of daily living, such as assistance with eating, bathing, dressing, and personal hygiene. These services may be provided by an individual or agency, such as a home health care agency, depending on the individual's needs and desires.

Self-Directed Care

Self-directed care services allow the individual living with a brain injury to direct his or her own care, hire the personal care assistant, train the personal care assistant, and to decide the level and intensity of care that will be provided.

Behavioral Programs or Services

Behavior programming or services is an individually designed strategy or approach to improve an individual's adaptive social behavior. Behavioral programs and services may be provided in a structured residential program specifically designed to address behavior issues or by a professional assisting the individual living with a brain injury.



Case Management or Service Coordination

Case management or service coordination services may include: (1) information, education, and referral; (2) assessment of the individual's needs and goals; (3) identification of programs, services, resources, and funding options; (4) coordination and monitoring of services; (5) ongoing evaluation of current and future needs; and (6) advocacy.

The role of a case manager or service coordinator in the person-centered planning process is to enable individuals to identify barriers, set goals, and collaborate with stakeholders to assist the individual in accessing needed community-based services.

Companion Services

Companion services are non-medical supervision and socialization services designed to assist an individual in maintaining community living.

Acute Rehabilitation

Acute rehabilitation is a highly intensive skilled service delivered in the hospital setting during the inpatient admission to optimize the individual's medical condition and to improve functional status. Focus of therapies is usually on development of bowel and bladder control, communication, mobility, basic hygiene, orientation, and learning.

Post-Acute Rehabilitation

Post-acute rehabilitation services, which may be referred to as residential rehabilitation/habilitation are provided through an interdisciplinary team approach that assesses and coordinates a rehabilitation plan to assist the individual in returning to the community, school, and/or work. These services are offered once the individual is medically stable.

Counseling

Counseling provides support and assistance in addressing life changes after a brain injury and resulting challenges.

Durable Medical Equipment (DME)

Durable medical equipment and supplies refer to supplies that are used over the long-term and may include mobility aids and other items.

Family and Caregiver Education and Support

This service may offer training and education to instruct a parent, spouse, another family member, or primary caregiver about treatment/rehabilitation regimens, as well as use of adaptive equipment. The goal is to assist the caregiver's ability to provide care.

Home Health Care

Home health care may include a wide range of health care services that can be given in the individual's home for an illness or injury. These services are given by a variety of skilled health care professionals at home and are generally authorized by a physician or other healthcare provider.

Home and Environmental Accessibility Modifications

Home and environmental modifications are made to increase or maintain independence and may be necessary to ensure the health, welfare, and safety of the individual. Modifications can include alterations such as wheelchair ramps, walk-in bathtubs, stairlifts, and environmental aids for lighting.



Homemaker Services

Homemaker services includes assistance with general household chores, such as meal preparation, routine household care, shopping, and errands, assisting with instrumental activities daily living, laundry, arranging transportation, and other essential tasks.

Brain Injury Resource Facilitation or Information and Referral Services

See page 21.

Pre-Vocational Services

Pre-vocational services prepare an individual for paid or unpaid employment. This service uses actual work experience to promote the individual's use of behavioral or cognitive compensatory strategies in a facility-based or community site work setting.

Residential Services

Residential services provides housing options that include support, care, and skills training. These homes are equipped and staffed to provide care 24-hours, seven days a week. Residential services may refer to group home settings or other congregate settings, other than assisted living or nursing homes.

Respite Services

Respite services provide time-limited and temporary relief for emergency situations or from the ongoing responsibilities of caregiving by the family or other primary caregiver.

Supported Employment

Supported employment provides people with the appropriate, ongoing support that is necessary for success in a competitive work environment. Most individuals in a supported employment program receive services from a community-based service provider.

Supported Housing

Supportive housing is a combination of housing and coordinated services and supports to help people with cognitive, behavioral, and other brain injury challenges maintain stable housing and be integrated into the community.

Non-emergency Medical Transportation

Non-emergency medical transportation services assist individuals with a brain injury in getting to and from medical/health care appointments, specific rehabilitation and community programs, or behavioral health services.



APPENDIX B

Federal Legislative History

This appendix offers additional information to provide legislative history on some of the services and supports mentioned throughout the Guide that come from federal sources.

Early Legislative History

1985

In 1985, the National Head Injury Foundation, now known as the Brain Injury Association of America, signed a memorandum of understanding with the U.S. Department of Education to enhance awareness and understanding of brain injury. This paved the way for many of the federal accomplishments that occurred during the rest of the decade.

During this time, Congress also appropriated federal funding to the National Institute on Disability and Rehabilitation Research to establish TBI Model Systems and Research and Training Centers. This work now continues under the National Institute on Disability Independent Living and Rehabilitation Research administered by the Administration for Community Living.

1987

In 1987, the U.S. House of Representatives Committee of Appropriations encouraged the establishment of an Interagency Head Injury Task Force. The Federal Interagency Head Injury Task Force was established by the Department of Health and Human Services Secretary. The Task Force made a series of recommendations that influence the State brain injury programs today.

1989

In 1989, an appropriation from Congress designated funding for a system of regional comprehensive head injury rehabilitation and prevention centers. These Comprehensive Head Injury Centers include:

- Comprehensive Regional Traumatic Brain Injury Rehabilitation and Prevention Center in New York, New York
- Midwest Regional Head Injury Center for Rehabilitation and Prevention in Chicago, Illinois
- Rocky Mountain Regional Brain Injury Center in Englewood, CO
- Southwest Regional Brain Injury Rehabilitation and Prevention Center in Houston, Texas
- Southeastern Comprehensive Head Injury Center at University of Alabama, Birmingham
- Ohio Valley Center for Head Injury Prevention and Rehabilitation in Columbus, Ohio.



The Traumatic Brain Injury Act

| 1990s

In the 1990s, President George H. W. Bush declared the 1990s, “The Decade of the Brain” to “enhance public awareness of the benefits to be derived from brain research.” Several initiatives important to brain injury took place during this decade, including:

- In 1995, CDC published Guidelines for Surveillance of Central Nervous System Injury to help ensure that the multistate TBI surveillance system would generate valid and timely information representative of the U.S. population.
- In 1997, CDC published initial findings from the surveillance system and awarded grants to 11 States to participate. CDC published the Traumatic Brain Injury in the United States: A Report to Congress in 1999.

In 1996, Congress passed the first Traumatic Brain Injury Act of 1996 and the bill was signed by President Bill Clinton on July 29, 1996. This is the only legislation passed specifically to address the needs of civilians with brain injury. The overall purpose of the legislation is to assist States in expanding and improving access to service delivery for individuals with brain injury, provide protection and advocacy services to individuals with brain injury, obtain data on the incidence and prevalence of brain injury; and conduct public education and awareness.

Below is an overview of the major changes in each of the TBI Acts since the original law’s passage.

| TBI Amendments of 2000

- Extended the TBI Act programs for an additional 5 years.
- Authorized the Center for Disease Control to conduct a national education and awareness campaign.
- Authorized the national dissemination of information on brain injury incidence and prevalence.
- Authorized research related to cognitive challenges.
- Authorized capacity building grants to improve access to health and other services, expanding the original demonstration program.
- Added language recognizing self-determination and consumer direction of services and supports.
- Allowed the use of “in-kind” match in lieu of State dollar match.
- Recognized that existing State systems could be tailored or expanded to accommodate the needs of individuals with TBI.
- Developed Protection & Advocacy Grants.



Reauthorization of the TBI Act of 2008

- Authorized funding for the TBI State Partnership Program through FY 2012.
- Expanded registry and surveillance programs to include linking individuals with TBI to services and supports.
- Directed Center for Disease Control to determine incidence and prevalence of brain injury related disability and to report on national trends in TBI.
- Directed the Administration to determine methods for collecting and disseminating studies on the incidence and prevalence of TBI in the military.
- Added Tribes as an eligible entity for TBI State Partnership grant funds.
- Changed “health” to “rehabilitation” as the purpose of the State grant program.
- Authorized training and technical assistance related to Protection & Advocacy.

TBI Reauthorization Act of 2014

- Directed Center for Disease Control to conduct a study related to brain injury management in children and identify opportunities for research.
- Directed the Department of Health to develop a plan for the improved coordination of federal activities.
- Authorized funding for TBI programs through fiscal year 2019.

TBI Reauthorization Act of 2018

- Authorized CDC to collect and analyze data regarding the national prevalence and incidence of concussions through the National Concussion Surveillance System.
- Designated the Administration for Community Living as the agency to administer the TBI State and P&A grant programs.
- Reauthorized funding through 2024.
- Required HHS to submit Congress a report on the State Partnership and Protection and Advocacy Program.

TBI Reauthorization Act of 2024

In 2024, the House Energy and Commerce Committee and Senate Health, Education, Labor, and Pensions Committee have passed the TBI Act out of their Committees. NASHIA and our partners, including the Brain Injury Association of America, are working to finalize this legislation and have it passed in Congress and signed by the President.



Other Legislative Activity

Congress has supported other legislative efforts outside of the TBI Act to support people with brain injury on a variety of crosscutting issues. Most of this work is outlined in the primary portion of the Guide. Much of this activity is due to the leadership of the Congressional Brain Injury Task Force, led by Congressmen Pascrell and Bacon as of 2024.





CONCLUSION

This guidebook has strived to offer a comprehensive introduction to the critical role of State governments in addressing brain injury. By outlining State systems of care, detailing Medicaid Waivers, and highlighting various State, Federal, or combined funding possibilities, it aims to serve as an informative starting point for States looking to bolster their efforts in this realm, a resource for people who are seeking services in their state, and a guide for providers to understand the service delivery system.

We extend our gratitude to the MENTOR Network Charitable Foundation for their generous funding, which made this vital project possible. Together, through collaboration and commitment, we can enhance the support systems for individuals impacted by brain injury across the nation.



**NATIONAL ASSOCIATION
OF STATE HEAD INJURY
ADMINISTRATORS**

