



Federal Traumatic Brain Injury (TBI) State Grant Program: FY 2019 Appropriations Recommendations

Department of Health and Human Services	FY 2016	FY 2017	FY 2018* Projected	FY 2019 Recommendations
Administration for Community Living Administration on Disabilities				
AIDD P&A TBI Grant Program*	\$3M	\$3M	\$3M	\$ 6M
Independent Living Administration State TBI Grant Program*	\$6M	\$6M	\$6M	\$11M
Total TBI Act Appropriations	\$9.321M*	\$9.321M	\$9.321M	\$17M*

**Historically, approximately 60% has been used for State Grant Program, Technical Assistance Coordinating Center and administrative costs for both grant programs, with the remainder awarded to state P&A services programs. FY 2018 has been funded through a series of continuing resolutions based on previous year funding. Appropriations has yet to be enacted through the year.*

Background

The Traumatic Brain Injury (TBI) Act of 1996, as amended, authorizes funding to the U.S. Department of Health and Human Services (HHS) for State grants to improve access to rehabilitation and community services and supports. The Administration for Community Living (ACL), Administration on Disabilities' Independent Living Administration administers the Federal TBI State Partnership Grant Program. The program funded 19 States at approximately \$250,000 annually for four years to target young children, youth, older adults or veterans through screening; professional training; Information & Referral (I&R) services; and resource facilitation, which may be identified as service coordination or case management in the State.

The ACL is accepting proposals, which are due in April, with a shift in grant focus to that of assisting States to create and strengthen a system of services and supports that maximizes the independence, well-being, and health of persons with TBI across the lifespan, their families, and their caregivers. ACL's goal is two-fold: to allow States to strengthen and group their capacity to support and maintain a system of services and supports that will help people with TBI; and learn from and call upon the expertise of States that have built and maintained a strong and sophisticated State TBI infrastructure. These grants range from \$75,00 to \$350,000.

The National Association of State Head Injury Administrators (NASHIA) supports **increased funding** in the amount of **\$5 million** for an **additional 20 State grants** to the following reasons:

- 1) The program has continued to be level funded, yet **each year, an additional 2.5 million Americans sustain a TBI, including returning servicemembers, older adults and youth participating in sports.**

The Centers for Disease Control and Prevention (CDC) reports that TBI **is the leading cause of death and disability in children and young adults in the United States.** Caused by a sudden jolt, blow or penetrating injury to the head, a TBI disrupts the normal function of the brain, resulting in problems with thinking, emotions, language, mobility, and sensory that affects how a person is able to work and live independently. Causes are attributed to motor vehicle crashes, falls, sports-related injuries, war-related injuries and violence.

2) Federal funding assists States in leveraging other resources to address the needs of individuals with TBI and their families, **making the program a great investment.**

- *Through its Federal TBI State Grant, Colorado assessed needs of individuals with TBI and available resources -- paving the way for legislation **establishing a brain injury trust fund**, largely through fines from traffic related offenses, **resulting in \$2.5M for services and supports.***
- *Pennsylvania developed a **school re-entry program for children and youth with TBI**, which has continued with **Department of Health and the Department of Education State funding.***
- *Alabama developed the PASSAGES program, consisting of **service coordination for children and youth**, which has now continued through its Children's Rehabilitation Services program (**Title V of the Social Security Act**).*
- *North Carolina legislature approved and provided **State appropriations** for State match required for a **Brain Injury Medicaid Home and Community-Based Services Waiver**, developed as the result of the Federal TBI State Partnership Grant, which provided funds for assessing needs; obtaining data to support a waiver program; and educational awareness regarding the needs of individuals with TBI.*

3) **States bear the costs of direct care and services, which many are experiencing revenue decline for services.** The Federal TBI State Partnership Grant Program is the **only federal resource to assist States** administering public funded services and supports.

Twenty-three (23) States have enacted legislation designating funding, usually associated with traffic fines and/or surcharges to vehicle registration and motor vehicle licenses, for an array of programs and services for individuals with TBI and their families. There is great variability with regard to the amount generated and how the funds are used. And, at least two States do not have a fund generator. A few other States receive State appropriations to augment these funds or are the only funds that are appropriated. At least \$86M is spent collectively for State administered programs using dedicated funding from trust funds, State revenue or both.

4) **As States undergo changes in their long-term services and supports programs, individuals with TBI are at risk of being excluded from these State initiatives.** The Federal TBI State Partnership Grant Program provides the mechanism for States to focus on **the needs of individuals with TBI and their families** through the TBI Act requirement of an advisory board which conducts State planning and policy coordination.

Only 23 States administer 27 Brain Injury Medicaid Home and Community-Based Services (HCBS) Waiver Programs, which range considerably in the number served and amount spent. States are now undergoing initiatives to collapse waiver programs and shifting the delivery of long-term services and supports to managed care corporations. In the July 10, 2017 report, "Medicaid Expenditures for Section 1915(c) Waiver Programs in FY 2015," compiled for Centers for Medicare and Medicaid Services (CMS), **only 1.3% of total spending for HCBS Waiver [1915(c)] programs is specifically for brain injury HCBS waiver programs.**

5) **States need coordinated resources to improve access to care, community living and supports in lieu of nursing home and institutional level of care!**

NASHIA supports the Administration for Community Living (ACL) in developing a national plan to foster coordination and maximize federal resources. Without coordinated systems of care, individuals with TBI are often placed inappropriately into nursing homes, correctional facilities or become homeless. Families are the primary caretakers and when families are no longer able to care for these individuals, whether civilians or veterans, the families turn to the States for assistance.

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