

## Testimony

## Human Services Committee

October 29<sup>th</sup>, 2013

Good afternoon, Chairman Damschen and members of the committee. My name is Lisa Anderson from Leeds, ND.

In 2005, the UND Center for Rural Health published a 93 page report, titled Findings from the ND Assessment of Traumatic Brain Injury Needs and Resources. This report states that “efforts to address problems with TBI in ND began in the **1980’s**”. So, here we are 30 some years later and there is still no “comprehensive system of care” for survivors of a brain injury.

How do we improve the lives of North Dakotans who have sustained a brain injury? Well, in my perfect world, there would be a stronger coordinated advocacy effort from all interested parties in the state, who work with individuals who have sustained a brain injury.

2) ND would be able to provide the right services and supports because this is crucial to good outcomes.

3) We would have community based supports, residential and independent living services specifically for survivors of a brain injury.

4) There would also be case management services for a lifetime of the survivor.

Attached to this testimony you will find examples of how 4 other states are running their brain injury programs:

Starting back in **1991**, through the **Division of Disability and Aging, Vermont's** TBI program returns its citizens with moderate to severe brain injuries from hospitals and facilities to a community-based setting. They offer case management, run by professionals experienced in brain injury, rehabilitation services, community supports, crisis support, respite, employment supports and ongoing long-term services for those who qualify. (See attached print out.)

The **Tennessee** General Assembly established a TBI Program to address the needs of individuals with a brain injury as well as their family members and primary caregivers. TN has service coordinators, whose role is to work with survivors and their families. They develop a comprehensive plan of care, provide referrals to available resources, coordinate services for the individual client and bridge the gaps in the service delivery system. In TN the hospitals are mandated to provide information to the Dept of Health on all individuals with a brain injury that are admitted to the hospital overnight. All TN residents listed on the registry receive a letter to inform them of the services available through the TBI program. Each year they have approximately 8,000 people in TN who are admitted to the hospital with at least one diagnostic code for head injury. The Tennessee Brain Injury Registry was started in **1996**. (See attached print out.)

**Kentucky in 1998** established a TBI trust fund to provide flexible funding and support to those with brain injuries. The fund supports supplemental community-based efforts to meet the special needs of each individual with a brain injury. The services available in Kentucky include case management, community residential services, structured day programs, psychological services, prevocational services, supported

employment services, companion services, respite care, occupational therapy, and speech/language services. (See attached print out.)

In **Florida** the Brain and Spinal Cord Injury Program's purpose is to provide survivors the opportunity to obtain the necessary services that will enable them to return to an appropriate level of functioning in their community. Funding for this program is through traffic-related fines, temporary license tags, motorcycle specialty plates and general revenue. Florida's services include case management, transitional living, assistive technology, home and vehicle modifications, nursing home transition facilitation and long-term supports for survivors and families through community based agencies. Florida law requires that all hospitals, attending physicians, public private or social agencies refer all new traumatic moderate-to-severe brain or spinal cord injuries to the Central Registry. A case manager will contact the reported individual within 10 working days. (See attached print out.)

A brain injury survivor in ND would benefit from any or all of the services available in these four states. We do not currently have a comprehensive system of care in ND for brain injury survivors. Why not? If others have been doing it for the past two decades, isn't it time we get on board?

When you think continuum of care in ND, a good example of this is the DD community: There is institutional care, group home, supported independent living and community based day supports. TBI survivors do NOT qualify for the DD services, so we cannot just "plug" them into these systems. We can however, set up systems similar to the DD systems and mold them to fit the TBI community. (See attached print out.)

In conclusion: If I could wave a magic wand, snap my fingers or be granted three wishes, here is the basic framework of what a **TBI program in the state of ND** would look like.

**ND TBI Program:**

- 1) Person sustains a brain injury and goes to medical provider.
- 2) Medical provider through mandatory reporting, reports the brain injury to the Dept of Health (or whoever maintains TBI registry).
- 3) Survivor/family is contacted either by letter or call from a case manager referring them to the brain injury specialists in their region. (See Certified Brain Injury Specialist program in the attached print out. CBIS)
- 4) Family contacts the trained brain injury specialist in their region. (Perhaps located in the 8 Human Service Centers).
- 5) Brain injury specialist works with survivor/family to complete a simple application for brain injury services.
- 6) Eligibility is met: Specialist works with survivor/family to develop a comprehensive plan of care, provide referral to available resources, coordinates services for individual client and helps to bridge the gap in the service delivery system.
- 7) There would be more community based supports as well as residential living centers specifically for brain injury survivors.

Let's start being creative, let's think outside the box of the current systems that brain injured North Dakotans don't fit into. By establishing a brain injury comprehensive system of care in ND, we can help keep survivors out of the jails and off the streets. We can assist

survivors in holding down jobs and feeling successful, rather than forgotten. Let's start by creating a brain injury program that is simple to understand and that will actually help survivors.

Thank you for your time this afternoon. If you have any questions, I will be happy to try to answer them for you. You can reach me by e-mail at [lisa.anderson@gondtc](mailto:lisa.anderson@gondtc) , by phone at 701-739-6912 (cell) or 701-466-2561 (home).



## **Division of Disability and Aging Services**

# **Traumatic Brain Injury (TBI) Program**

The Traumatic Brain Injury Program diverts and/or returns Vermonters, with a moderate to severe traumatic brain injury, from hospitals and facilities to a community-based setting. This is a rehabilitation-based, choice-driven program intended to support individuals to achieve their optimum independence and help them return to work.

In 1991, the Department of Aging and Disabilities and the Department of Social Welfare began the operation of a three-year pilot project offering community-based rehabilitative services. The goal of this program was to divert from placement and/or return Vermonters with a moderate to severe traumatic brain injury from out-of-state facilities. Prior to the development of this service, individuals were placed in expensive out of state facilities, often there for years, with little hope of returning to their home communities. The project demonstrated that individuals with a moderate to severe traumatic brain injury participating in the pilot were appropriately served in community placements.

- **Services**
- **Eligibility**
- **Applying for Services**
- **Providers of Services**
- **Program Contacts**
- **Policies and Guidelines**
- **Publications**
- **Forms**
- **Boards and Committees**
- **Training, Conferences and Events Calendar**
- **Other Resources**

## Services Include

1991- Vermont  
Division of Disability  
& Aging

Traumatic Brain Injury Program offers the following services:

### ■ Case Management

Coordination, design, development, and management of comprehensive services provided to the survivor, as indicated by the individual service plan utilizing a "Team Approach," with professionals experienced in brain injury.

### ■ Rehabilitation Services

Emphasizes the continuous, integrative practice of daily skills and routines in the individual's residential and community setting based on physical, cognitive, emotional and social needs of the individual through a holistic approach.

### ■ Community Supports

- Provides 24-hour or round-the-clock care and supervision by a caregiver in a family setting, group home, supervised apartment, or in the individual's own home.
- Assists the individual to become more self-sufficient.

### ■ Environmental and Assistive Technology

Promotes functional independence. Examples include: ramps, Lifeline, fitness programs, grab bars, tape recorders, communication systems.

### ■ Crisis Support

Short-term services available to assist an individual with a brain injury resolve behavioral or emotional crisis safely in their community. Includes 24-hour professional one-to-one staffing and case management services.

### ■ Respite

Provides 24-hour care and supervision up to 25 days per year to maximize the effectiveness of the residential program.

### ■ Employment Supports

Assists and individual with traumatic brain injury obtain and maintain employment in regular work settings. Employment supports include activities needed to access employment, such as assessment, job development, supervision, and training.

### ■ Special Needs (ongoing long-term services)

Individuals requiring continued intensive one-to-one community supports may qualify for ongoing long-term services.

**Program Note:** Room and board is not covered through the TBI Waiver Program. The provider agency and the prospective client are responsible for coordinating this item.

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## Eligibility

To be eligible for Traumatic Brain Injury Program the person must:

- Be a Vermont Resident
- People age 16 or older diagnosed with a moderate to severe brain injury.
- Recipients of traditional and/or long term Vermont Medicaid.
- Diagnosed with a documented recent moderate to severe brain injury resulting in residual deficits and disability.
- Individuals must demonstrate the ability to benefit from rehabilitation and a potential for independent living.
- Requires 1:1 instruction focusing on independent living.
- Demonstrates a potential for independent living and possibility of returning to vocational activities.

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## ***Applying for Services***

Complete a TBI Application:

- **[TBI Application Package Guidelines and Forms](#)**

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## ***Providers of Services***

- **[Traumatic Brain Injury Program Service Providers](#)**  
The Traumatic Brain Injury Program diverts and/or returns Vermonters, with a moderate to severe traumatic brain injury, from hospitals and facilities to a community-based setting.
- **[How do I become a TBI provider?](#)**  
Request for Proposal (RFP) directions on how to become a provider for the Traumatic Brain Injury Program

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## ***Program Contacts***

For information about Traumatic Brain Injury Program:

- Traumatic Brain Injury Program: (802) 871-3069
- Medicaid Waiver Manager: (802) 871-3069

- TBI Program Supervisor: (802) 871-3069
- TBI Implementation Grant Manager:
- TBI Implementation Grant Administrative Assistant:
- Program Technician: (802) 871-3069

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## ***Policies and Guidelines***

Listing of Traumatic Brain Injury Program Policies and Guidelines:

- **TBI Application Package Guidelines and Forms**  
This package contains the necessary applications forms, eligibility requirement guidelines, selection process information, and more.
- **TBI Provider Manual**
- **TBI Provider Manual Section VIII: Training Components; Modules & Workbooks**
  - Module 1 - Brain 101; The Neurotypical Brain
    - Workbook for Module 1
    - Module 1 - Answer Key
  - Module 2 - Brain Injury 102; The Basics
    - Workbook for Module 2
    - Module 2 - Answer Key
  - Module 3 - Stages of Recovery; From Injury Toward Independence
    - Workbook for Module 3
    - Module 3 - Answer Key

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## ***Publications***

Traumatic Brain Injury Program Publications

- **DAIL-DDAS Service Codes and Rates**  
Service Codes and Rates for all DAIL-DDAS services, includes Choices for Care, Adult Day services, Traumatic Brain Injury and Developmental Disabilities Services, Children's Personal Care and High Technology Home Care, and services for Older Vermonters.
- **Final Report on Implementation Grant**
- **Final Report on Implementation Grant Abstract**

- **Statewide Action Plan for Vermonters with TBI and Their Families**

The Action Plan is organized around four content areas that were identified as high priorities by the needs assessment: Education and Awareness, Collection of Data about TBI Incidence and Prevalence, Enhancement of Services, and Expansion and Improvement of Key Supports. The Action Plan is intended to be a dynamic document that will evolve over time with the development of a comprehensive system of TBI services and supports in Vermont.

- **TBI 2003 Needs Assessment Report**

In 2001, Vermont was awarded a Traumatic Brain Injury (TBI) Planning Grant from the Federal Health Resources and Services Administration, Maternal and Child Health Bureau, to conduct an assessment of the needs of individuals with TBI and their families and to develop a plan for a comprehensive statewide system of services to address those needs. This report is the results of the “needs assessment” surveys.

- **TBI Waiver 2002 Report**

Vermont’s Traumatic Brain Injury Waiver Program successfully diverted and/or returned Vermonters with traumatic brain injury from placement in out-of-state facilities. This report gives Vermont vs. National Statistics and much more information.

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## ***Forms***

Traumatic Brain Injury Program Forms

- **TBI Application Package Guidelines and Forms**
- **TBI Care Conference Minutes Form**
- **TBI Case Management Reporting Form**
- **TBI Independent Living Assessment Form**
- **TBI Individual Service Plan Form**
- **TBI Life Skills Aide Report Form**
- **TBI Life Skill Aide Report Weekly Form**
- **TBI Quarterly Report Form**

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## ***Boards and Committees***

Traumatic Brain Injury Program Boards and Committees

**■ TBI Advisory Board**

The TBI Advisory Board consists of 20-25 members including providers, advocates, and state agency representatives. The board also includes individuals with TBI and family members.

**■ TBI Steering Committee**

The role of the Traumatic Brain Injury (TBI) Steering Committee is to act as the working group of the Advisory Board. The Steering Committee is composed of TBI Program Staff and Advisory Board members from the Department of Health-Division of Children with Special Health Needs, Brain Injury Association of Vermont, Vermont Center for Independent Living (VCIL), Disabilities Rights Vermont, and an individual with TBI.

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## ***Training, Conferences and Events Calendar***

- Traumatic Brain Injury Program trainings can be found on the Division of Disability and Aging Services' Training Page.

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## ***Other Resources***

Listing of Other Traumatic Brain Injury Resources.

- **Support Groups for TBI Survivors**
- **Children with Special Health Needs**
- **Brain Injury Association of Vermont**
- **Brain Injury Association of America**
- **National Association of State Head Injury Administrators**

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## Traumatic Brain Injury (TBI) Trust Fund

Est 1998

The TBI Trust Fund was established to provide flexible funding and support to those with brain injuries. The fund supports supplemental community-based efforts to meet the special needs of each individual with a brain injury.

### Who is eligible?

People with a partial or total disability caused by injury to the brain are eligible to receive support from the TBI Trust Fund. Eligible individuals have impaired cognitive abilities or impaired brain function.

Injuries to the brain may be a result of physical trauma, damage resulting from a lack of oxygen, allergic conditions, toxic substances and other medical incidents, including damage caused by drug overdoses or alcohol poisoning.

People with brain injury and without viable funding sources for needed services are eligible to receive support from the TBI Trust Fund. There are no caps for family income levels used to screen for services. Lack of adequate funding may be a result of the exhaustion of current benefits or benefit exclusion.

### What services are available?

Services available through the TBI Fund include:

- case management
- community residential services
- structured day programs
- psychological services
- prevocational services
- supported employment services
- companion services
- respite care
- occupational therapy
- speech/language services
- wraparound services

Services **not** covered by the TBI Trust Fund include:

- institutionalization
- hospitalization
- medication
- attorney fees
- court cost
- fines assessed as a result of a criminal conviction
- the cost of incarceration
- other court-ordered monetary payment

### What are the benefit limits?

Benefits are limited to \$15,000 per person per year, with a lifetime maximum of \$60,000. The program is not designed to provide intensive treatment or long-term support. However, the cost for case

#### See Also...

[Acquired Brain Injury Program](#)

[Department for Behavioral Health, Developmental and Intellectual Disabilities](#)

#### Related Content

##### Kentucky Laws:

KRS [211](#) (see .470 - .478)  
908 KAR [4:030](#)

##### Publications:

[Traumatic Brain Injury Trust Fund Annual Report FY 2011](#)

[Traumatic Brain Injury Trust Fund Annual Report FY 2010](#)

[Traumatic Brain Injury Trust Fund Annual Report FY 2009](#)

##### Standard Operating Procedures:

[Traumatic Brain Injury Trust Fund Standard Operating Procedures](#)

##### Online Referral:

[TBI Trust Fund Referral Form](#)

#### Resources for Kentuckians with Brain Injury

[Brain Injury Services Decision Tree](#)

#### Contact Information

Traumatic Brain Injury Trust Fund  
275 E. Main St., 3 E-E  
Frankfort, KY 40621  
Toll-Free: (855) 816-9577  
Phone: (502) 564-6930  
Fax: (502) 564-4595

#### Ask Us a Question

management services does not count against the person's annual or lifetime benefit cap.

### **How do I apply?**

Contact the Traumatic Brain Injury Trust Fund toll-free at (855) 816-9577 or (502) 564-6930.

Last Updated 6/27/2013

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## Traumatic Brain Injury Program



- [The Facts](#)
- [Information Clearinghouse / Resource Guide](#)
- [Service Coordination](#)
- [Project Brain](#)
- [Traumatic Brain Injury Registry](#)
- [Grants](#)
- [TBI Headlines Newsletter](#)
- [Upcoming Events](#)
- [Resource Links](#)
- [Documents and Publications](#)
- [Contact](#)
- **[Traumatic Brain Injury Advisory Committee](#)**

The Traumatic Brain Injury (TBI) Program was established by the Tennessee General Assembly to address the needs of those individuals who have sustained a brain injury, as well as their family members and primary caregivers.

Traumatic brain injury, also known as TBI, is defined as an acquired injury to the brain caused by an external physical force resulting in total or partial disability or impairment. TBI frequently results from motor vehicle crashes or from falls when the head abruptly stops moving and the brain smashes into the hard walls of the skull.

Many people with TBI do not “look” injured. Because the injured brain is not visible to the naked eye, problems with memory, planning and organizational abilities, and/or judgment often appear in subtle ways. In some cases, even a minor bump on the head can cause ongoing problems and lead to losing a job or problems with family life.

Depending on what area of the brain is injured, people with brain injuries may suffer from poor short-term memory and difficulty with organization, concentration, and judgment. They may experience headaches, seizures, and decreased muscular strength and coordination.

Traumatic Brain Injury Program staff are available to respond to questions, make referrals, and provide education and training. The initial contact can be the first link in a chain of support for a survivor or family member.

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 survivors, family members and professionals. A comprehensive resource directory, The Traumatic Brain Injury Services Directory and Resource Guide (PDFs/TBI\_Directory\_2012.pdf) is distributed statewide. A toll-free number (1-800-882-0611) is available to give immediate information regarding traumatic brain injury to individuals all across Tennessee.

TN

## The Facts

- In the U.S., an estimated 1.7 million people sustain a TBI annually.
- Each year TBI contributes to a substantial number of deaths and cases of permanent disability.
- About 75% of TBI's that occur are concussions or other forms of mild traumatic brain injury.
- Each year in Tennessee, approximately 8,000 people are admitted to the hospital with a brain injury.
- In every age group, TBI rates are higher for males than females.
- Children ages 0 to 4 years, adolescents aged 15 to 19 years, and adults aged 65 years and older are most likely to sustain a TBI.
- In Tennessee, the three leading causes of TBI are falls, motor vehicle accidents and homicide or violent injuries.

## Service Coordination

There are currently eight Service Coordinators (PDFs/SClist-13.pdf) located in various non-profit agencies across the state providing assistance to survivors and family members. The service coordinator's role is to work with survivors and their families to assess their current resources and needs. The service coordinator:

- develops a comprehensive plan of care
- provides referrals to available resources
- coordinates services for individual client advocacy
- bridges gaps in the service delivery system.

The goal of the service coordination project is to improve the quality of life for persons with a brain injury and their family members. The service coordinator will assist with "filling in the gaps." Services are provided free of charge.

Brain injury support groups (PDFs/SupptGroups-13.pdf) have been established in many locations across the state.

## Project Brain

In April 2000, the TBI Program was awarded federal grant money to provide education and training to educators, families, and health professionals who support students with TBI. The goal of Project Brain (http://www.tndisability.org/brain/) is to improve educational outcomes for children with brain injuries in Tennessee. Local Resource Teams are being developed and trained to provide consultation in local school systems long-term. The Tennessee Disability Coalition is implementing the project in partnership with the TBI program.

~~Traumatic Brain Injury Registry~~

## Traumatic Brain Injury Registry

1996 Dept of Health

Hospitals are mandated to provide information to the Department of Health on all individuals with brain injury that are admitted to the hospital overnight. Data is available starting from the first quarter of 1996 and contains information on nature and cause of the injury. Analysis of the data allows staff to pinpoint where and how injuries are occurring, what age groups are affected, and enables the development of programs to prevent injuries. All Tennessee residents listed on the registry receive a letter to inform them of the services available through the TBI Program. Each year approximately 8,000 persons in Tennessee are admitted to the hospital with at least one diagnostic code for head injury.

[Click here for the latest edition of the TBI Registry newsletter. \(http://health.tn.gov/statistics/tbi.htm\)](http://health.tn.gov/statistics/tbi.htm)

## Grants

The Traumatic Brain Injury Program is authorized to provide grants to county and municipal governments and/or non-profit organizations for home and community based programs to serve the needs of traumatic brain injury survivors and their families. Since 1995, the TBI Program has awarded numerous competitive grants for a variety of projects including day treatment, housing, supportive living services, education and prevention, behavioral counseling, camp, professional training, and service coordination.

## TBI Headlines Newsletter

[Click here for the latest edition of the TBI Headlines newsletter. \(PDFs/TBI\\_Spring\\_2012.pdf\)](#)

## Upcoming Events

### Free Seminar: Sports Concussion Education

*From the classroom to the field*

A concussion is a serious injury to the brain. Since you can't see a concussion, there is no way to know the extent of the injury without an evaluation. As a coach or parent, this **FREE** informative seminar will help you identify signs and symptoms of concussion. We'll discuss long-term effects, the importance of baseline testing, proper equipment fittings and more.

**What:** Sports Concussion Education

**Who should attend:** Parents, Coaches, School Administrators

**Why:** Education and Awareness

**When:** Tuesday, August 13, 2013

**Time:** 6:30-8:00 PM

**Where:** University of Tennessee Chattanooga, University Center Auditorium  
642 East 5th Street, Chattanooga TN 37403

**Parking:** University Center is on the right side of the street coming from downtown, and the parking garage is on the left side. Level two is the main entrance.

Click here to register: <http://www.vanderbilthealth.com/orthopaedics/43256>  
(<http://www.vanderbilthealth.com/orthopaedics/43256>)

- [Brain Injury Association of America](#)
- [Brain Injury Association of Tennessee](#)
- [Brain injury resources](#)
- CDC
  - [Concussion and Mild TBI](#)
  - [Traumatic Brain Injury](#)
- [Project B.R.A.I.N.](#)

## Contact

For more information on the Traumatic Brain Injury Program, call 1-800-882-0611.

**Traumatic Brain Injury Program**  
**HSM 4th floor, Cordell Hull Building**  
**425 5th Avenue N.**  
**Nashville, Tennessee 37243**  
**1-800-882-0611**

Jean Doster, Director  
615-741-1230  
[Jean.Doster@tn.gov \(mailto:Jean.Doster@tn.gov\)](mailto:Jean.Doster@tn.gov)

### Tennessee State Resources

Tennessee has resources available across the state to help brain injury survivors and their supporters. This listing is by no means exhaustive. For additional information about resources and services available in your area, contact your local Service Coordinator. Dealing with the reality of TBI can be difficult, especially when faced with making the many decisions related to a loved one's recovery. It is our expectation that this resource guide will help with the educational and decision-making processes needed to seek out the programs and organizations that are available. Consumers should use this guide as a resource or starting point in helping to put their lives back on track. Download the State of Tennessee Traumatic Brain Injury Services Directory and Resource Information Guide.

Tennessee Department Of Health  
TBI Program HSM 5th Floor  
Cordell Hull Building  
425 5th Ave.  
N. Nashville, TN 37247  
800.882.0611  
Website: <http://health.state.tn.us/TBI/index.htm>  
Email: [Jean.Doster@state.tn.us](mailto:Jean.Doster@state.tn.us)

Project BRAIN: Brain Resource and Information Network  
955 Woodland Street  
Nashville, TN 37206  
615.383.9442  
Website: <http://www.TNDisability.org/brain>  
Voice: 615.383.9442  
TTY: 615.292.7790

Project Brain is a resource and training network for education professionals, health professionals, and families who support students in Tennessee with traumatic brain injury (TBI). Partially funded by federal grant from the Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB), this project is managed by the Tennessee Disability Coalition in partnership with the Traumatic Brain Injury Program of the Tennessee Health Department.

Tennessee Disability Coalition  
955 Woodland Street  
Nashville, TN 37206  
Website: <http://www.tndisability.org>  
Voice: 615.383.9442  
TTY: 615.292.7790

The Disability Coalition is a statewide alliance of advocacy, planning, service provider, and professional organizations, and individuals committed to creating a society that values, includes, and supports individuals with disabilities and their families.

Disability Law & Advocacy Center of Tennessee  
2416 21st Ave.  
South Nashville, TN 37212  
Phone: 800.342.1660  
Website: <http://www.DLACTN.org>  
Email: [GetHelp@DLACTN.org](mailto:GetHelp@DLACTN.org)

Disability Law & Advocacy Center of Tennessee (DLAC) advocates for the rights of Tennesseans with disabilities to ensure they have an equal opportunity to be productive and respected members of our society.

Chatanooga Area Brain Injury Association  
Voice: 423.634.1572  
Website: <http://www.cabiainj.org>  
Email: [ChattanoogaBrainInjury@gmail.com](mailto:ChattanoogaBrainInjury@gmail.com)

The goal of the Chattanooga Area Brain Injury Association is to improve the quality of life for persons with a brain injury and their families. Last year, the Chattanooga Area Brain Injury Association served more than 350 brain injury survivors and their family members through vital services that help them understand and adapt to the trauma that has consumed their lives.

We gratefully  
acknowledge our  
Corporate  
Sponsors

*Patricia Neal*

Rehabilitation Center

### Donations

accepted to help the  
Brain Injury Association  
of Tennessee



**Camp Hickorywood**

Information via the State Traumatic Brain Injury Program: 800.882.0611

The State of Tennessee's Traumatic Brain Injury Program provides camps annually for adults and youth with a brain injury. These camps focus on providing a unique social and recreational opportunity to persons with brain injuries.

**Service Coordination Program:**

Service coordination is designed to help bridge the gaps in provision of services to survivors of brain injury and their family members. The service coordinator will help to identify services within their geographical service area that would be of benefit to the consumer.

Service Coordinators can also help with such activities as:

- signing up for Social Security
- vocational rehabilitation services
- identifying support groups and organizations
- legal and financial resources
- TBI education and materials
- counseling services and other related service

[more resources](#)

**Brain Injury Association of Tennessee • 955 Woodland St •  
Nashville, TN 37206**

Nashville Office: 615.248.2541 • Fax: 615.383.1176 • Family Support Line  
1.800.444.6443

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 The Florida Department of Health works to protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts.



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**Brain and Spinal Cord Injuries**

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[Adult Cystic Fibrosis Program](#)

[Traumatic Brain and Spinal Cord Injury Waiver](#)

[Brain and Spinal Cord Injury Program](#)

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## Brain and Spinal Cord Injury Program

*The Brain and Spinal Cord Injury Program's purpose is to provide all eligible residents who sustain a traumatic brain or spinal cord injury the opportunity to obtain the necessary services that will enable them to return to an appropriate level of functioning in their community. Funding for the program is through traffic-related fines, temporary license tags, motorcycle specialty plates and general revenue.*

Contact the Florida Department of Health

- [850-245-4444](tel:850-245-4444)
- [health@doh.state.fl.us](mailto:health@doh.state.fl.us)
- Mailing Address**  
 4052 Bald Cypress Way  
 Tallahassee, FL 32399

The Brain and Spinal Cord Injury Program (BSCIP) is administered by the Florida Department of Health. The program is funded through a percentage of traffic related fines, surcharges for driving or boating under the influence, fees on temporary license tags, and a percentage of fees from the motorcycle specialty tag.

The BSCIP general program provides direct case management and resource facilitation as its primary services. This is accomplished by employing a statewide system of case managers and rehabilitation technicians. Children receive services from the employment of Children's Medical Services nurse care coordinators and human services counselors. The program also employs regional managers who supervise staff in their region and who oversee locally the operation, development, and evaluation of the program's services and supports.

Services 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. In addition to providing resource facilitation and funding for the services above, the program funds education, prevention, and research activities. It expands its services by funding a contract with the Brain Injury Association of Florida and 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.

Florida Statutes 381.76 requires that an individual must be a legal Florida resident who has sustained a moderate -to-severe traumatic brain or spinal cord injury meeting the state's definition of such injuries; has been referred to the BSCIP Central Registry; and must be medically stable to be eligible for services. There must also be a reasonable expectation that with the provision of appropriate services and supports, the person can return to a community-based setting, rather than reside in a skilled nursing facility.

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The State Definition of a Brain Injury-An insult to the skull, brain or its covering, resulting from external trauma, which produces an altered state of consciousness or anatomic, motor, sensory, cognitive or behavioral deficit.

The State Definition of a Spinal Cord Injury-A lesion to the spinal cord or cauda equina resulting from external trauma with evidence of significant involvement of two of the following-motor deficit, sensory deficit, or bowel and bladder dysfunction.

#### CENTRAL REGISTRY REFERRAL PROCESS

Referrals may be called into the Brain and Spinal Cord Injury Program's (BSCIP) Central Registry toll free number or may be faxed to the program. Florida law (F.S. 381.74) requires that all hospitals, attending physicians, public, private, or social agencies refer all new traumatic moderate-to-severe brain or spinal cord injuries to the Central Registry. Individuals who meet the eligibility criteria and require services and supports to sustain their health and safety in the community may refer themselves to the BSCIP Central Registry. A BSCIP Case Manager or Children's Medical Services Nurse Care Coordinator representing the program will contact the reported individual within 10 working days. The case manager will work with the individual and family to determine program eligibility and provide information about federal, state, and community resources. When appropriate and necessary, an individual community reintegration plan may be developed and implemented.  
Central Registry Toll-Free Number: 1 (800) 342-0778  
Central Registry Fax: (850) 410-1975

The BSCIP supports two comprehensive statewide resource centers. These centers maintain information on the most up-to-date information pertaining to brain and spinal cord injury, assistive technology, medical, social and financial resources, and other information. They provide linkages to related initiatives and specific information to help individuals and their families cope with injury and its aftermath.

The BSCIP also supports prevention and education activities through contracts with our community-based partners. The program supports research in brain and spinal cord injuries at the University of Florida and the University of Miami.

For those individuals eligible for Medicaid and needing lifetime supports, the Brain and Spinal Cord Injury Program also provides home and community-based services for individuals who are at risk of nursing home placement. The purpose of the waiver is to provide Medicaid eligible individuals who meet the state definition of brain and spinal cord injury and who meet nursing home level of care with the long-term community-based services and supports required to live safely and independently in the community. The annual cost is not to exceed that of skilled nursing placement.

For more information about the Brain and Spinal Cord Injury Program, please click the Program Information link on the navigation bar to the left.

Are we meeting your expectations? Please click on the link below to provide your feedback in an anonymous short survey

[BSCIP Survey](#)

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Healthiest Weight



**Florida's State Surgeon General**

**At an unhealthy weight.**

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# ACBIS Academy of Certified Brain Injury Specialists

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## Welcome to ACBIS!

The Academy of Certified Brain Injury Specialists (ACBIS) offers a voluntary national certification program for both direct care staff and professionals working in brain injury services. ACBIS provides the opportunity to learn important information about brain injury, to demonstrate learning in a written examination, and to earn a nationally recognized credential.

ACBIS offers three certification options representing distinct levels of experience and supervisory skills: Certified Brain Injury Specialist (CBIS), Certified Brain Injury Specialist Trainer\* (CBIST) and Provisional Certified Brain Injury Specialist (PCBIS). Certification is based on a comprehensive training manual that covers the following topics:

- Incidence and epidemiology of brain injury
- Continuum of services
- Brain anatomy and brain-behavior relationships
- Functional impact of brain injury
- Effective treatment approaches
- Children and adolescents with brain injury
- Health and medical management
- Family issues
- Legal and ethical issues

Certification is not restricted to any one profession or discipline. Rather, it is intended for anyone who delivers services specific to brain injury. Please read Certification Disclaimer.

\*Previously known as Clinical Examiner and, most recently, ACBIS Trainer.

### ACBIS Announcements

- Display your achievement as a Certified Brain Injury Specialist or Trainer with the new

### ACBIS Board Of Governors

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**MS, CBIST**  
Robin Hill Farm  
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Riverside Community  
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**Susan Bartlett LCSW,**  
**CRC**  
Lakeview  
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Center  
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**Cynthia Boyer PhD**  
Bancroft  
Cherry Hill, NJ

**Rita Cola Carroll**



ACBIS pin. These are now available for purchase in the BIAA bookstore! [Order Here!](#)

- ACBIS has updated its Examination Accommodations Request Policy. For more information, please visit this section of the ACBIS website:  
<http://www.acbis.pro/accommodations.htm>
- On recommendation of the Board of Governors of the Academy of Certified Brain Injury Specialists, certification application and renewal fees increased on March 15, 2013 in the first rate increase since mid-2007.

The new fees are as follows:

#### **New Applications:**

1-4 applicants - \$300 per person (unchanged)  
5-29 applicants - \$225 per person  
Over 30 applicants - \$200 per person

#### **Annual Renewal Fee per Certificant - \$60**

- The Board of Governors and the BIAA staff serving ACBIS continue to pursue process improvement and program enhancement. We have enacted three changes to the group fee structure to ease paperwork burdens. The following policies will be enacted starting September 1, 2012.
  1. **Two week time limitation for application fee adjustment.** Applicants who are part of a group (and are responsible for making their own payment) but mistakenly submit the individual application rate of \$300 have two (2) weeks to notify the ACBIS office of the mistake and request a refund. Requests for refunds after two weeks will not be granted.
  2. **Retroactive group fee adjustment.** The retroactive cumulative group application fee adjustment has been discontinued. A group's size and fee structure is determined at its inception with each Group Registration Form that is submitted.

**PhD, CPCRT, CBIST**  
Main Line  
Rehabilitation  
Associates  
Exton, PA

**Caroline Feller MS,**  
**CBIST**  
Lakeview Specialty  
Hospital and  
Rehabilitation  
Waterford, WI

**Mary Ferraro PhD,**  
**OTR/L**  
MossRehab  
Philadelphia, PA

**Paul Folkert MBA**  
Rehab Without Walls,  
Inc.  
Phoenix, AZ

**Angie Jackson MS-**  
**CCC/SLP, MBA,**  
**CBIST**  
Pate Rehabilitation  
Dallas, TX

**Stephanie A.**  
**Kolakowsky-Hayner**  
**PhD, CBIST**  
Santa Clara Valley  
Medical Center  
San Jose, CA

**Todd J. Levy MS**  
**OTR/L, CBIST**  
The Children's  
Hospital of  
Philadelphia  
Philadelphia, PA

**Arthur C. Maerlender**  
**PhD**  
Dartmouth-Hitchcock  
Medical Center  
Geisel School of  
Medicine at Dartmouth  
Lebanon, NH

**Mary Pat Murphy**  
**MSN, CRRN, CBIST**  
ReMed  
Paoli, PA

**Cindy Roth Pahr**  
**M.Ed., CBIST**

3. **Group application substitution fee.**  
Substituting a new applicant for another who has discontinued the application process will incur a \$35 fee. Please contact the ACBIS office to request the substitution.

- As a reminder, in order to ensure the fastest processing of renewal applications, if you are making a renewal payment on another certificant's behalf, please be sure to list that person's name in the "Special Instructions" field during checkout in the BIAA bookstore.
- The paper application processes have been entirely replaced by online forms. For further information please click the appropriate category:

[GROUP ADMINISTRATION](#)  
[INDIVIDUAL CBIS](#)  
[APPLICATION PROCESS](#)  
[INDIVIDUAL CBIST](#)  
[APPLICATION PROCESS](#)  
[CBIS/CBIST RENEWAL](#)

- The ACBIS Board of Governors has updated its Code of Ethics. The detailed version is available [here](#) and the brief version is available [here](#).
- The *Journal of Head Trauma Rehabilitation* announcement can be found [here](#).

### **Upcoming Strauss, Rosenthal and Family/Caregiver Lectures**

Please visit the "Upcoming Webinars" section of the BIAA bookstore for information on upcoming lectures. More information can be found [here](#).

### **All Participants**

- New Certified Brain Injury Specialist Trainers and formerly certified Clinical Examiners and Clinical Instructors are required to attend ONE "Train the Trainer" webinar. 2013 dates for the CBIST Webinar will be January 16, April 17, July 17 and October 16. If you are already a CBIST

[EduCLIME, LLC](#)  
[San Diego Unified](#)  
[School District](#)  
San Diego, CA

**Lucille Raia DNP,  
RN-BC, NEA-BC,  
CBIST**  
[James A. Haley VA](#)  
[Med Center](#)  
Tampa, FL

**Eric T. Spier MD,  
CBIS**  
[Mentis Neuro](#)  
El Paso, TX

More information on  
the  
ACBIS Board of  
Governors  
can be found [here](#).

### **ACBIS ALLIANCE MEMBERS**

[Acquired Brain](#)  
[Injury - Ireland](#)  
Dublin, Ireland

[Centre for Neuro](#)  
[Skills](#)  
CA and TX

[Cone Health](#)  
Greensboro, NC

[Goodwill Industries](#)  
[of Northern New](#)  
[England](#)  
(Brain Injury  
Services)  
Portland, ME

[LifeBridge Health](#)  
Baltimore, MD

[Mentis Neuro](#)  
[Rehabilitation](#)  
El Paso, TX

[Opportunities](#)  
[Unlimited](#)  
Sioux City, IA

and would like to attend one of these as a refresher to the materials, please register by emailing Jessica Lucas at [acbis@biausa.org](mailto:acbis@biausa.org). If you are applying for CBIST status, you will be personally contacted to confirm attendance upon your approval.

- Incomplete applications (including payment) will be maintained for up to one year. After one year, the application will become null and void and the applicant will need to reapply. Applicants who have submitted completed applications but have not taken the certification exam within one year will need to reapply after one year.
- Please update your contact information by visiting [THIS](#) section of the website. It is very important that your email address is current so that you can receive regular updates and announcements.

**A complete current listing of ACBIS Certificants as of July 11, 2013 can be found [HERE](#).**

**Questions regarding the ACBIS Program?**

Contact Jessica Lucas at [acbis@biausa.org](mailto:acbis@biausa.org).

703-761-0750 x631 – Phone  
703-761-0755 – Fax

**Brain Injury Association of America/ACBIS**  
1608 Spring Hill Road  
Suite 110  
Vienna, VA 22182

**Pate Rehabilitation**  
Dallas, TX

**Robin Hill Farm**  
Hillsboro, NH

**Special Tree Rehabilitation System**  
Romulus, MI

**West Virginia Traumatic Brain Injury Services at the Center for Excellence in Disabilities**  
Morgantown, WV

More information on the ACBIS Alliance Program can be found [here](#).

**ACBIS is a Standing Committee of the  
Board of Directors of the Brain Injury  
Association of America.**

This page was last updated on July 26, 2013.



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## Overview of Services for People with Developmental Disabilities

### Adult Family Foster Care

Personal care services in a licensed adult foster home.

### Case Management

Provides the connection between individuals who receive services and the system of developmental disabilities publicly-funded services. Case managers establish eligibility for services and authorization for federal funding, and assist individuals in accessing needed medical, social, educational, residential, vocational and other services. They also provide ongoing review of client outcomes and satisfaction, and coordinate, monitor and evaluate the services provided.

### Congregate Care

Specialized group residential facility which provides programming for elderly individuals with intellectual disabilities which will assist in the maintenance of the individual's current level of functioning. The health and medical conditions of the individuals are stable and they do not require continued nursing or medical.

### Corporate Guardianship

A service purchased on behalf of individuals eligible for developmental disabilities case management services when a district court has determined that the individual requires a guardian. When no one else is available to serve as the guardian for an eligible individual age 18 and older, Catholic Family Services, Corporate Guardianship Program will serve as the guardian through a contract with the Disability Services Division. This service is purchased with state general funds.

### Day Supports

A day program to assist individuals in acquiring, retaining, and improving skills necessary to successfully reside in a community setting. Services may include assistance with acquisition, retention, or improvement in self-help, socialization, and adaptive skills; provision of social, recreational, and therapeutic activities to maintain physical, recreational, personal care, and community integration skills; and development of non-job task-oriented prevocational skills such as compliance, attendance, task completion, problem solving, and safety; and supervision for health and safety.

### Extended Services

Supports provided for individuals employed in the community. Supports are provided as needed for each individual by a job coach. Initial job placement and stabilization and training is provided through the Supported Employment Program and Extended Services is the long term follow up.

### Family Subsidy

A program that reimburses a family for excess expenses related to their child's disability. Family Subsidy offers support to enable a family to keep their child in their home when lack of financial support would make it very difficult for the family to keep the child at home. The child may be eligible for Family Subsidy through age twenty-one (21) years.

### Family Support Services

Family centered services which are provided for an eligible client in order for the client to remain in an appropriate home environment. Family Support Services provides: (a) short-term Respite Care when a specialized trained care giver is needed in order to meet the individual's needs. Respite Care is provided when the parents/primary care givers are absent, and can be delivered in the family home or in another location; (b) Supportive Home Care which provides a specialized trained care giver to work with the parents/family when additional help is needed to meet the individual's needs; (c) Family Care Option, out-of-home support which is provided in a licensed family home.

### Home Health Aid

Non-professional personal care assistance. Home Health Aid services are provided to individuals who are at least 18 years of age and live alone, or are alone due to employment of responsible family members, unless others in the household are incapacitated. Services may include assistance in bathing, hair care, dressing, eating, toileting, transferring, eye and skin care, vital signs, exercise, catheter care, medications, etc.

### Homemaker

Assistance with environmental maintenance tasks provided in the adult individual's home such as meal preparation, dusting, vacuuming, floor care, changing linens, laundry, managing money and assistance in using the phone or reading and sending mail. The need for environmental activities is usually intermittent or occasional.

### Individualized Supported Living Arrangement (ISLA)

Residential service which provides support to individuals living in a home owned or leased by the

individual. Services may include training and assistance in personal care, budgeting, shopping, laundry, etc. Levels and amounts of support may vary depending on the individual's needs. The individual is responsible to pay for room and board.

**Infant Development**

A home-based, family-focused service that provides information, support and training for families to assist them in meeting their child's needs. A child may be eligible for Infant Development up to age three (3) years.

**Intermediate Care Facility for the Mentally Retarded (ICF/MR)**

Group residential facility licensed as a certified health care facility for individuals with mental retardation and related conditions. A responsible direct care staff is on duty and awake on a 24-hour basis when clients are present. Each client receives a continuous active treatment program which includes training, health services and related services that help him/her function with as much self determination and independence as possible.

**Minimally Supervised Living Arrangement (MSLA)**

Community waiver group home or community complex setting which provides training in community integration, and social, leisure, and daily living skills.

**Supported Living Arrangement (SLA)**

Residential service which provides support to individuals living in their own home or apartment setting. Services may include instruction in budgeting, shopping, laundry, etc. Support is provided on an intermittent basis and is generally less than 20 hours per month. Individuals receiving SLA services generally need less support and assistance than individuals receiving ISLA.

**Transitional Community Living Facility (TCLF)**

Community waiver group home which provides training for individuals in community integration, social, leisure, and daily living skills in a group environment.

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