

EXPENDITURE JUSTIFICATION - Community Supports and Services - Traumatic Brain Injury Waiver - 38400

Program Overview: CSS administers the Home and Community-Based Services Waiver program for persons who have suffered a Traumatic Brain Injury (TBI). The TBI Waiver provides Medicaid funding for a variety of community services for those who prefer to live in their community rather than a rehabilitation hospital. Services through this waiver are targeted to persons with a TBI between 16 to 65 years of age. Individuals receive services from various professionals, including therapists (PT, OT, Speech, Behavior, Cognitive), Transitional Living Skills Specialists, and Personal Care Attendants. Services and community resources are coordinated by case managers who either work independently or work for Centers for Independent Living or Home Health Agencies. Persons must continue to make progress in their rehabilitation or independent living skills training to maintain eligibility. Although the rehabilitative progress of persons receiving TBI Waiver services is monitored on an ongoing basis, a formal Administrative Review process is conducted for individuals approaching four years of receiving services to determine if the person is maintaining eligibility for the program by continuing to make progress. Most persons who suffer with a TBI prefer to receive services while remaining in their home and community and transition from the waiver within two years of initiating services.

Object Code 5500: Grants and Assistance

The following table details the Traumatic Brain Injury Waiver:

How Funds Are Distributed – CG = Competitive Grants; EN = Entitlement; ER = Eligibility Requirements; CT = Contracts

What Population is Served – C = Children; A = Adults; F = Families

Item	Dis	Pop	FY 2011 Actuals	FY 2012 Current Year	Estimated Financial Management Savings	Estimated Electronic Time Keeping Savings	FY 2012 Request	MFP Transfer Federal Program	MFP Enhanced FMAP Adjustment	FMAP Adjustment FY 2013	FY 2013 Allocated Budget
Avg Monthly Consumers Billed	ER	C,A	352	382			382				395
Avg Monthly Cost per Person			\$3,282	\$3,251			\$3,129				\$3,052
Total Expenditures			\$13,865,016	\$14,904,469	(\$288,527)	(\$270,628)	\$14,345,314	\$259,922	(\$136,560)	\$0	\$14,468,676
Financing											
State General Fund			\$3,148,008	\$6,341,153	(\$122,797)	(\$115,179)	\$6,103,177	\$53,206		\$83,957	\$6,240,340
Fee Fund			\$1,334,057	\$0							
Federal Funds - Medicaid			\$8,230,802	\$8,563,316	(\$165,730)	(\$155,449)	\$8,242,137	\$206,716	(\$136,560)	(\$83,957)	\$8,228,336
Federal Funds - ARRA			\$1,152,149	\$0							
Total			\$13,865,016	\$14,904,469	(\$288,527)	(\$270,628)	\$14,345,314	\$259,922	(\$136,560)	(\$0)	\$14,468,676

FY 2012: \$14,345,314 is requested to fund FY 2012 estimated program costs. This includes reductions (\$559,155) from estimated savings from the implementation of the Financial Management System, and Electronic Time Keeping.

FY 2013: \$14,468,676 (\$14,239,033 with Reduced Resource) is requested to fund the TBI Waiver for FY 2013. This includes an anticipated transfer of \$259,922 from the Federal MFP Grant in FY 2013.