

Brain and Spinal Injury Trust Fund Commission

RE: NOTICE OF PROPOSED AMENDMENTS TO DISTRIBUTION POLICIES OF THE BRAIN AND SPINAL INJURY TRUST FUND COMMISSION

To Whom It May Concern:

The Brain and Spinal Injury Trust Fund Commission (the “Commission”), a commission of the State of Georgia, gave notice on June 16, 2008, that amendments to its DISTRIBUTION POLICIES had been “adopted” and were to become effective July 1, 2008. The intention of the Commission was to post the amendments for public comment but the notice posted did not adequately reflect the Commission’s intent. Therefore, the current DISTRIBUTION POLICIES which are posted at (www.bsitf.state.ga.us) remain in effect until the amendments become effective, pursuant to this notice.

Further, notice is hereby given to all interested parties of the intention of the Brain and Spinal Injury Trust Fund Commission to amend its DISTRIBUTION POLICIES, initially adopted July 9, 2002, and last amended on February 27, 2006. A summary of the most recent revisions made to the policies are outlined below. These policies relate to distributions from the Brain and Spinal Injury Trust Fund, as authorized by Official Code of Georgia Annotated, Section 15-21-140, et seq. (as amended in 2002, Act No. 748 (S.B. 364)). The full text of the proposed amendments can also be viewed at (www.bsitf.state.ga.us).

Summary of Proposed Amendment(s)

- Awards must be accessed, and if not fully, at least partially spent within one (1) year of the Commission approval. Any award that has not been so accessed after one (1) year is rescinded by the Commission and the funds returned to the Commission's current fiscal year distribution budget
- Additional criteria for home modifications: The state of Georgia Department of Community Affairs (DCA) will administer and supervise the actual contracting, construction and inspection of home modifications for the Trust Fund.
- “Payor of last resort” redefined to provide support for certain applicants when assessing and making distribution awards.
- Applicants on a waiver waiting list are eligible to apply for and receive funding from the Trust Fund.
- The Commission requires an applicant/recipient on a waiver waiting list to disclose when they have begun to receive services from the waiver program.
- An applicant’s personal resources, including income and expenses will be considered in the application process.
- Changed the amount of funding for a non-modified vehicle from \$5,000 to \$10,000.
- Maximum limit of \$15,000 in total award dollars to any qualified applicant. This limit constitutes a cap of \$15,000. This limit will be retroactive to all former recipients upon adoption.

- Individuals who have received in excess of \$15,000 in funds from the Commission prior to this amendment will not be eligible for future grants.
- The Trust Fund will no longer make distributions for any type of emergency housing funding including housing, down payments, rent, mortgage payments, or repairs.
- The Trust Fund will not make distributions for furniture or appliances except for front-loading washers and dryers and accessible stoves/ovens.
- The Trust Fund will no longer fund vehicle repairs.
- The Trust Fund will not make a distribution for any vehicle with the description on the state title as "salvage".
- The Trust Fund will no longer fund subscriptions for internet service.
- The Trust Fund will only fund therapeutic mattresses prescribed by a physician.
- Replace regional funding mandate language with "every effort will be made to serve Georgians throughout the state regardless of location".
- Maximum limit of \$10,000 per qualified applicant, per fiscal year, on medical, rehabilitative, or therapeutic services.
- Require a doctor's prescription that certifies the applicant cannot transfer from a non-modified vehicle for any applicant applying for a modified van.
- Funding for van modifications is up to and not exceed \$15,000.
- Funding for non-van modifications is for up to and not exceed \$10,000.

All interested parties are invited to present any comments or suggestions with respect to the adoption of these amendments by forwarding such comments or suggestions in writing to:

Craig L. Young, Executive Director
 Brain and Spinal Injury Trust Fund Commission
 2 Peachtree Street
 26th Floor, Suite 4265
 Atlanta, Georgia 30303
 Or Email clyoung@dhr.state.ga.us, Tel. 404 651-5112

Any such comments or suggestions received on or before 5:00 p.m., **July 22, 2008**, will be given due consideration by the Commission prior to any final action on the adoption of these policies.

The Brain and Spinal Injury Trust Fund Commission will consider final action on the adoption of these policies at its meeting on **July 24, 2008**, to become effective August 1, 2008.

This 9th day of July, 2008.

By: Craig L. Young
 Executive Director
**Brain and Spinal Injury Trust Fund
 Commission**

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DISTRIBUTION POLICIES OF THE BRAIN AND SPINAL INJURY TRUST FUND COMMISSION

The Brain and Spinal Injury Trust Fund Commission, pursuant to its statutory authority, hereby publishes its Distribution Policies (“Distribution Policies”) for distributions from the Brain and Spinal Injury Trust Fund. As “rules relating to . . . grants and benefits by the state or of an agency,” these Distribution Policies are exempt from the requirements of the Georgia Administrative Procedure Act. O.C.G.A. § 50-13-2(6)(I). However, public input and comment is sought and considered prior to adoption of amendments. These Distribution Policies will be periodically re-evaluated and if necessary revised on an ongoing, as needed basis, and a comprehensive review shall be undertaken at least every two (2) years.

PART 1. DEFINITIONS

For purposes of these Distribution Policies:

1. “Alternative” means any treatment, surgery, procedure, facility, equipment, device, drug, drug therapy, or supply that is currently recognized by conventional medicine as an accepted practice. This may include, but is not limited to, acupuncture and chiropractic care. “Alternative” does not include treatments that are considered to be experimental.
2. “Applicant” means a person with a traumatic brain or spinal cord injury or a person, entity, or program acting on his or her behalf, who has applied for a distribution from the Commission but who has not yet received a distribution.
3. “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 neuropsychological 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.
4. “Citizen of the state” shall have the same meaning as “domiciled.”
5. “Commission” means the Brain and Spinal Injury Trust Fund Commission created in Code § 15-21-142.
6. “Distribution” means a disbursement, grant or award of funds from the Trust Fund, and the

foregoing words shall be considered synonymous when referring to disbursements from the Trust Fund.

7. "Domiciled" means a resident of the State of Georgia for a period of at least one year prior to the date of application, and a person who has a permanent home or abode in Georgia to which, whenever such person is absent, he or she has the intention of returning. There will be a rebuttable presumption that the following person is a resident:

(a) Any person who has engaged in any trade, profession, or occupation in Georgia for a period of at least one year prior to the date of application, or has matriculated his or her children to be educated in the private or public schools of Georgia within ten days after the commencement of such employment for a period of at least one school year; or

(b) Any person who, except for infrequent, brief absences, has been present in the state for at least one year prior to the date of application;

(c) Provided, however, that no person shall be considered a resident for purposes of this definition unless such person is either a United States citizen or an alien with legal authorization from the U.S. Immigration and Naturalization Service.

A waiver of the duration requirement for one year of residency may be requested if the following two factors are met:

(a) Moving to Georgia is necessary to reunite with a circle of support to prevent institutionalization, and

(b) Must show ability to live in the state of Georgia with family, friends or independently with supportive services.

8. "Experimental" means any treatment, surgery, procedure, facility, equipment, device, drug, drug therapy, or supply which:

(a) Lacks scientific evidence (published, replicated, and/or peer-reviewed) sufficient to support the safety, effectiveness, and proven therapeutic value of the procedure and to permit conclusions as to the technology's effect on health outcome; and

(b) Lacks evidence that the technology improves the health outcome; has not been proven to be beneficial in practice or beneficial as any established alternative and which does not have final approval from the appropriate governmental regulatory bodies.

9. "Head Injury" means "Brain Injury," as defined in these policies.

10. "Infrastructure" means the basic services, agencies, organizations, funding and personnel

needed for the effective functioning of the support system for people with traumatic injuries in Georgia.

11 "Modification," for purposes of vehicle and home modification requests, shall mean an alteration based upon functional necessity which is directly related to the injury and which promotes the independence, increased physical function and mobility of the injured person.

12. "Neurotrauma" means an injury to the central nervous system, that is, a traumatic brain or spinal cord injury that is caused by external physical forces. Neurotrauma does not include:

- (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.

13. "Payor of Last Resort," for purposes of a distribution from the Trust Fund, means a situation where the applicant has previously exhausted all other government and insurance funding options or the applicant certifies he or she: (1) is on an entitlement waiting list for services or assessment; or (2) has not been provided with a denial letter from the entitlement program.

14. "Personal Support Services" means paid and or volunteer assistants who provide physical or community/social support to people with brain and spinal cord injuries in order to access community services, resources, events and activities, such as will enable them to be engaged in a lifestyle that supports independence, community inclusion and self-determination.

15. "Provider" means a person, entity, program, organization, business, agency, whether non-profit, for-profit, public, local or statewide, that has been identified by the Applicant or the Commission as a service provider or vendor by whom services or goods funded by a distribution from the Trust Fund will be rendered or sold.

16. "Recipient" means an individual or an agency or an organization that has applied for and received a distribution from the Trust Fund Commission.

17. "Rehabilitative services" shall mean products or services for people with brain and spinal cord injuries that:

- (a) Enable them to have control of their own lives including their daily routine;

- (b) Enable them to progress toward the goal of living in the community;
- (c) Strengthen and enhance the support infrastructure, including the family, to avoid institutionalization; and
- (d) Identify desired outcomes that can be measured (annually) over time.

18. "Spinal cord injury" means a traumatic injury to the spinal cord, not of a degenerative or congenital nature, but arising from blunt or penetrating trauma or from acceleration-deceleration forces, resulting in paraplegia or quadriplegia, which can be a partial or total loss of physical function.

19. "Trust Fund" means the Brain and Spinal Injury Trust Fund created by Code § 15-21-148 as a separate fund in the state treasury, into which is deposited a sum equal to 10 percent of the original fine, including costs, for any violation of Code § 40-6-391, relating to driving under the influence of alcohol or drugs.

20. "Care and Rehabilitation" means that the Trust Fund will, as payor of last resort (defined above 13), pay for appropriate post-acute and post-hospital care and rehabilitation services for the health and wellness of qualified applicants. The payment for goods and services is meant to bridge the gaps in public and private insurance; gaps that dislocate the continuum of care of persons with traumatic brain and spinal cord injuries.

PART 2. INTRODUCTION

A. ESTABLISHMENT OF THE BRAIN AND SPINAL INJURY TRUST FUND

1. The Georgia Constitution provides for the creation of the Brain and Spinal Injury Trust Fund by the General Assembly. The General Assembly has provided by general law for additional penalties or fees in any case in any court in this state in which a person is adjudged guilty of an offense involving driving under the influence of alcohol or drugs. The General Assembly has further provided by general law for the allocation of such additional penalties or fees to the Brain and Spinal Injury Trust Fund, for the specified purpose of meeting any and all costs, or any portion of the costs, of providing care and rehabilitative services to citizens of the state who have survived neurotrauma with head or spinal cord injuries. Moneys appropriated by the General Assembly for such purposes shall not lapse. The General Assembly has further provided by general law for the administration of such fund by the Brain and Spinal Injury Trust Fund Commission. Ga. Const. 1983, Article III, Section IX, Paragraph VI(k). O.C.G.A. §

15-21-140, et. seq.

2. The Trust Fund is an additional financial resource for purposes of providing care and rehabilitative services to citizens of the state who have survived neurotrauma with brain or spinal cord injuries. O.C.G.A. § 15-21-148.

3. Money in the Trust Fund comes from collection of a 10% additional penalty on fines paid by persons who are convicted of driving under the influence of alcohol or drugs. O.C.G.A. §§ 15-21-149, 15-21-150.

4. The availability of distributions from the Trust Fund is limited to amounts appropriated each year by the General Assembly of Georgia. O.C.G.A. § 15-21-148.

B. ORGANIZATION AND ROLE OF THE BRAIN AND SPINAL INJURY TRUST FUND COMMISSION

ORGANIZATION

1. The General Assembly created the Brain and Spinal Injury Trust Fund Commission, consisting of fifteen (15) members. O.C.G.A. § 15-21-143.

2. The following agencies may each appoint one member of the Commission: (a) The Division of Rehabilitation Services of the Department of Labor; (b) The State Board of Education; (c) The Department of Public Safety; (d) The Department of Community Health; and (e) The Department of Human Resources. O.C.G.A. § 15-21-143.

3. The remaining ten (10) members of the Commission shall be appointed by the Governor, seven (7) of whom are citizens who have sustained brain or spinal cord injury or members of such persons' immediate families, no more than one (1) of whom shall reside in the same geographic area of the state which constitutes a health district established by the Department of Human Resources. O.C.G.A. § 15-21-143.

4. The Governor is authorized but not required to appoint the remaining three (3) members from recommendations submitted by the Private Rehabilitation Suppliers of Georgia, the Georgia Hospital Association, the Brain Injury Association of Georgia, the Medical Association of Georgia, and the Georgia State Medical Association. The Commission is assigned to the Department of Human Resources for administrative purposes only. O.C.G.A. §§ 15-21-142; 15-21-143.

5. Members of the Commission serve without compensation but receive the same expense allowance per day as that received by a member of the General Assembly for each day such member of the Commission is in attendance at a meeting of the Commission, plus either

reimbursement for actual transportation costs while traveling by public carrier or the same mileage allowance for use of a personal car in connection with such attendance as members of the General Assembly receive. O.C.G.A. § 15-21-144.

6. The Governor designates the Chair of the Commission. The Commission has adopted bylaws for conducting its business and meetings. O.C.G.A. § 15-21-145.

ROLE

1. The Commission may accept federal funds granted by Congress or executive order for the purposes of this article as well as gifts and donations from individuals, private organizations, or foundations. O.C.G.A. § 15-21-147.

2. The Commission may authorize the disbursement of available money from the Trust Fund, after appropriation thereof by the General Assembly, to eligible persons, entities, or programs pursuant to criteria set by the Commission. No funds shall be disbursed from the Trust Fund until approved by the Governor; provided, however, that the Governor may not authorize the disbursement of funds to a person, entity, or program which the Commission has not recommended for a grant. O.C.G.A. § 15-21-148.

3. The Commission or the Commission's designated representative will develop, review and approve applications for distributions according to established criteria, subject to ratification by the Commission if the application is reviewed by a designated representative.

4. The Commission will gather information for future planning and will use data and information to develop recommendations for the Governor and the General Assembly to help improve the lives of people with brain and spinal cord injury and help them re-enter community life.

5. The Commission may provide information or guidance to applicants specifically related to the needs identified during the application process, including guidance in applying for distributions from the Trust Fund.

C. VISION AND MISSION STATEMENT OF THE COMMISSION

VISION

A Georgia where people with traumatic brain and spinal cord injuries are valued, have equal opportunity and real choices.

MISSION

The Brain and Spinal Injury Trust Fund Commission improves the quality of life of Georgians with traumatic brain and spinal cord injuries by distributing funds and resources, and making policy recommendations to enhance statewide infrastructure.

D. STATISTICAL DATA CONCERNING TRAUMATIC BRAIN AND SPINAL CORD INJURIES

TRAUMATIC BRAIN INJURY

Traumatic brain injury (TBI) is the leading cause of death and disability in children and young adults. According to the Centers for Disease Control and Prevention (CDC), 1.4 million new TBI cases occur each year in America, resulting in 80,000 permanent disabilities. The CDC estimates that at least 5.3 million Americans currently have a long-term or lifelong need for assistance with activities of daily living as a result of a TBI. In Georgia, 47,199 people were treated by a hospital facility for a TBI in 2006. The three primary causes of TBI's are accidental falls (45%), motor vehicle accidents (27%), and being accidentally struck by or against an object (15%). Those who are most at risk for a TBI are males, and children aged 0 – 4 years old and 15 – 19 years old. Brain injury causes some of the greatest challenges for individuals and their families as they cope with cognitive, physical, emotional, and behavioral impairments.

SPINAL CORD INJURY

While much of the research on the incidence of spinal cord injury (SCI) is incomplete, the National Spinal Cord Injury Association (NSCIA) estimates that there are approximately 11,000 new SCI cases each year in the United States. It is also estimated that at least 250,000 – 400,000 Americans currently live with a disability related to a spinal cord injury. In Georgia, 765 people were treated by a hospital facility for a SCI in 2006. The three primary

causes for SCI are accidental falls (20%), motor vehicle accidents (15%), and acts of violence (4%), and approximately 82% of people who sustain a SCI are male. Spinal cord injury primarily affects young adults, with 60% of spinal cord injuries occurring among people under the age of 30, the majority of whom are men.

PART 3. GOALS AND GUIDING PRINCIPLES

A. DISTRIBUTION GOALS

The goal of Trust Fund distributions will be to support independence, inclusion in the community, consumer choice and self-determination.

In support of these goals, the Commission has three primary and interrelated objectives, as outlined below:

1. Disburse available funds appropriated by the General Assembly from the Trust Fund and link individuals with other resources to support the provision of care and rehabilitative services to eligible persons, entities, or programs.
2. Gather information for future planning as part of the distribution process.
3. Develop recommendations for the Governor and the General Assembly, as provided in O.C.G.A. § 15-21-146. The recommendations will address:
 - (a) Changes in state programs, statutes, policies, budgets and standards relating to the care and rehabilitation of individuals with traumatic brain or spinal cord injuries;
 - (b) Improvement in coordination among state agencies that provide care and rehabilitative services to individuals with traumatic brain or spinal cord injuries; and
 - (c) Ways to improve the condition of citizens who are in need of rehabilitative services.

B. GUIDING PRINCIPLES

1. The Commission will gather information needed to obtain an accurate and comprehensive picture of the needs of people with traumatic brain and spinal cord injuries in Georgia and the

best ways to meet such needs.

2. The Commission may identify and develop a database of providers that provide a discounted rate on goods and services to recipients of distributions from the Trust Fund. This will enable the Commission to maximize existing funds and allow recipients to make optimal use of the funding available to them. Applicants may choose to utilize a provider or vendor on the Commission's database, or choose their own. However, if a discounted service is available, the Commission may approve funding level at the discounted level and the applicant may be expected to be responsible for any difference in cost between the provider or vendor chosen by the applicant and the discounted provider or vendor identified by the Commission.

4. The Commission intends the Trust Fund to serve as a payer of last resort (see "Definitions" above). In order to support a strong infrastructure and maximize available resources, distributions from the Trust Fund should be a part of a support strategy that helps individuals and families utilize all the resources readily available to them, including personal, private and public funding sources.

5. To assure that Trust Fund distributions are utilized in a cost-effective manner, the Commission will encourage partnering with other public and private resources and acquiring matching grants for designated projects, programs or specific services.

6. The Commission will make every effort to ease the application process.

7. Because Trust Fund dollars are limited, priority will be given to direct services rather than research.

8. Applications will be evaluated with the goal of allowing maximum flexibility and beneficial effect from the distribution of funds from the Trust Fund.

9. Need for services will be assessed according to the potential outcome for the applicant.

10. The Commission intends to review and revise distribution policies for relevance, effectiveness, reasonableness, and coherence with the founding vision and mission of the Commission on an ongoing, as needed basis, and a comprehensive review shall be undertaken at least every two (2) years.

C. FUNDING PARAMETERS

1. The Commission will make every effort to serve Georgians throughout the state regardless of location.

2. The Commission has set the total maximum distribution cap at \$15,000 per eligible applicant. This cap is retroactive to all previous distribution recipients.

3. All distributions are subject to availability of appropriated funds. The availability of

appropriated funds is determined by a monthly distribution budget. The Commission shall prioritize eligible applicants according to specific criteria to award funds within the monthly distribution budget.

4. A distribution must be at least partially utilized by the recipient within one (1) year of the award date. A distribution that has not been utilized within such period shall automatically be rescinded and the distribution funds returned to the Commission's current fiscal year distribution budget.

5. A distribution from the Trust Fund is not intended to be a permanent source of funding for an individual and is not an entitlement.

6. Applicants must clearly establish that their request directly relates to the care or rehabilitative service of their injury or a secondary effect caused by their injury.

7. The Commission intends to serve those who are most in need, and reserves the right to deny funding to those whose income and/or assets allow the applicant to personally fund goods or services or make payments on loans. In such cases, the Commission may determine that a partial payment amount is appropriate. The Commission may also refer applicants to loan guarantee programs, such as the Credit-Able program, for loan consideration.

8. The recipient is expected to utilize a Trust Fund distribution in accordance with the purposes identified during the application process. Failure to do so may affect continued eligibility for disbursements or result in automatic denial of future applications for disbursements. In cases in which the recipient's situation has changed during the process of disbursement, such that they are no longer able to utilize the disbursement as approved, the applicant may in writing request that the funding be utilized for a good or service other than the good or service explicitly applied for, and an amendment to or modification of the award may be approved by Director of Distribution without further Commission approval, under the following conditions:

(a) The newly-requested good or service is to be purchased or provided in the same fiscal year that the previously-approved good or service was awarded; and

(b) The cost of the newly-requested good or service must be within 5% of the previously-approved good or service; and

(c) The newly-requested good or service must be classified under the same category as the previously-approved good or service was classified.

9. A request for goods and services that have already been partially or fully rendered or delivered at the time: (a) the Commission receives the application shall automatically be denied; or (b) the award date of the distribution and such distribution shall automatically be rescinded. The award date is the date on which the full Commission voted for the approval of

the distribution.

10. The Commission shall not provide funding for any medications or medical insurance premiums.

11. The Commission shall not provide funding to Applicants whose request may be subject to an existing, pending, or an Applicant's reasonable knowledge of a potential: (a) judgment; (b) lien; (c) garnishment; or (d) attachment of any kind against the Applicant.

12. Funding for services to be provided outside of Georgia will be considered only if the Applicant can establish to the satisfaction of the Commission that a comparable service is not available in Georgia or that the travel distance or travel cost to obtain the service in Georgia is unreasonable compared to the travel distance or travel cost required to obtain the service in a state that borders Georgia..

D. EVALUATION

1. The Commission will gather information needed to obtain an accurate and comprehensive picture of the needs of people with traumatic brain and spinal cord injuries in Georgia and the best ways to meet such needs.

(a) As part of the distribution process, both recipients and providers working with them will be required to provide data concerning resources they have used as well as needs that have not been met. The data will track major areas of interest to people that have been identified in:

- (i) The findings of the federal Traumatic Brain Injury Assessment Grant;
and
- (ii) Anecdotal information from advocates, providers and people with TBI and SCI.

(b) Data to be collected includes but is not limited to the following:

- (i) Information and referral;
- (ii) Employment-related expenses;
- (iii) Housing;
- (iv) Healthcare and personal assistance;
- (v) Assistive technology;
- (vi) Transportation;
- (vii) Recreation;
- (viii) Respite;
- (ix) Insurance;

- (x) Rehabilitation therapies or expenses; and
- (xi) Other as deemed appropriate.

This process will help the Commission develop an effective system for providing financial assistance to individuals and families as well as promote community inclusion and independence. It will also empower the Commission to support and participate in efforts to develop best practices, and planning for short and long-term care needs of individuals with traumatic brain and spinal cord injuries and their families.

- 2. The Commission will monitor activities of recipients and outcomes, specifically evaluating the effectiveness of distributions from the Trust Fund by comparing outcome projection (status of applicant at the time of application; purpose of the distribution; expected outcome at an identified point in the future) versus actual outcome (actual effect of the Trust Fund distribution at the identified point in the future).
- 3. The Commission will periodically conduct Satisfaction Surveys.

E. GUIDELINES FOR SPECIFIC CATEGORIES OF FUNDING

1. VEHICLE PURCHASE FUNDING REQUESTS

The Commission will not purchase any vehicle that has a salvage title in any state.

(a) For requests for the purchase of a vehicle to be driven by the applicant, the applicant must provide:

- (i) A copy of a current valid Georgia driver's license or learner's permit issued or renewed after the date of injury or show eligibility for such a license or permit;
- (ii) A copy of a driver's evaluation by a Certified Driving Rehabilitation Specialist;
- or
- (iii) A note on physician letterhead signed by a physician licensed to practice medicine in Georgia verifying that the applicant is able to drive. Applicants applying for a modified van must also provide a physician prescription that certifies it is reasonably difficult for the applicant to transfer in and out of a non-modified vehicle.

(b) There is a \$10,000 limit on vehicles. For a single accessible van purchase there is a \$15,000 limit. This limit applies only to accessible vans that require a conversion.

2. VEHICLE MODIFICATION FUNDING REQUESTS

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(a) For requests for the purchase of vehicle modifications, including but not limited to, conversion packages, wheelchair lifts, raised roofs, lowered floors, tie-downs and hand controls, the vehicle to be modified must meet the following criteria:

- (i) Full-sized van must be a model year 5 years or less than the current model year at the time of application and have no more than 50,000 actual miles;
- (ii) Mini-van must be a model year 3 years or less than the current model year at the time of application and have no more than 36,000 actual miles; and
- (iii) Other vehicles must be a model year 10 years or less than the current model year at the time of application; if a vehicle is from a model year more than 5 years from the current model year it must be certified by an ASE certified mechanic.

(b) If vehicle does not meet the above requirements, the vehicle can still be deemed eligible for funding approval if the applicant submits an ASE certified technician's statement that the vehicle has at least 50,000 operable miles remaining. The certifying mechanic must not be associated with the vendor that will be modifying or selling the vehicle.

3. HOME MODIFICATION FUNDING REQUESTS

For the purposes of administration, contracting, inspection and payment of vendors, the Department of Community Affairs (DCA) will manage all Commission home modification funding requests found herein. The Commission will verify both the medical cause of injury and eligibility for home modification distributions for DCA.

(a) The following documents are required by DCA for any home modification request:

- (i) A statement indicating whether the home to be modified is rented or owned;
- (ii) Documentation of ownership of the home; and
- (iii) A letter from the owner of the home indicating consent for the requested modifications is required if the applicant does not own the home.

(b) For modifications of a home owned by the applicant or the applicant's immediate family:

- (i) There is \$15,000 distribution limit per qualified applicant.

(c) For modifications of a home rented by the applicant or the applicant's immediate family:

- (i) There is a \$5,000 distribution limit per qualified applicant;
- (ii) The applicant must submit the landlord's written approval for the proposed Modification:
 - (iii) In order to establish the long-term benefit of an award from the Trust Fund, the Department of Community Affairs may request any or all of the following:
 - (1) documentation of rental history;(2) copy of a rental agreement or lease; (3) a letter from a landlord verifying length of time of rental; and (4) a recent credit

report.

(d) Funding requests for home improvements or renovations that do not meet the definition of “modification” (see “Definitions” above) will not be considered.

(e) All modifications shall meet all applicable ADA requirements and other applicable regulations and guidelines.

(f) All home modifications shall meet all DCA requirements under the Memorandum of Understanding with the Commission.

4. PERSONAL SUPPORT SERVICES (PSS) FUNDING REQUESTS

(a) The Trust Fund will make payments for Personal Support Services, as defined in these policies (“PSS”) directly to the PSS provider, unless otherwise approved by the Director of Distribution.

(b) The Provider may only submit invoices for services rendered, and may only bill the Trust Fund bi-weekly or monthly.

(c) The recipient must authorize, with an original signature, all invoices submitted by the Provider before payment can be rendered.

(d) The recipient may only submit invoices for services rendered by PSS provider or family member authorized for payment by Director of Distribution.

(e) The recipient may bill the Trust Fund bi-weekly or monthly.

(f) The Provider or Provider Agency must authorize, with original signature, all invoices submitted by the recipient.

(g) Hourly billing rate may not exceed usual and customary rates (UCR) as determined by the Trust Fund Commission.

(h) There is a \$10,000 per qualified applicant, per fiscal year, limit on personal support services. If the awarded amount is between \$5,000 and \$10,000, the applicant may not apply for any other good or service during the current fiscal year.

(i) Funding for the following types of support will be considered:

Physical Support which provides assistance for day-to-day personal support to enable a person with a disability to remain in their existing accommodation or move to a more appropriate accommodation, *i.e.* his or her home, parents’ home, shared or rental accommodation, group home.

May include:

- Personal hygiene and grooming
- Meal preparation

- Housekeeping or house cleaning assistance
- Safe ambulation or mobility

Community/Social Support - services which provide opportunities for people with disabilities to gain and use these abilities to enjoy their full potential for social independence. Provision of services cover various decreasing levels of involvement such as:

- Choosing, planning and carrying out a task for the person (may be able to complete some or all of task)
- Coaching the person through activities
- Facilitating development of a plan and the implementation
- Coordinating services, which includes the following:
 1. Local coordination and development
 2. Positive behavioral support
 3. Life skills Training or Life skills Coaching (See Addendum A for examples of each.)
- Activities/living skills/behaviors for managing day-to-day activities. Can include assessment and/or training for improvement or management of those skills depending on client's individual skills
- Community/social participation
- Interpersonal interaction/pragmatics
- Prevocational and vocational assistance
- Educational support
- Caregiver/family support
- Education and training of how to provide social/support, obtain caregivers, behavioral interactions, etc.
- Mediation, resolution of client/caregiver discord
- Education and search for community resources

5. MEDICAL, REHABILITATIVE OR THERAPEUTIC SERVICES FUNDING REQUESTS

(a) There is a \$10,000 per qualified applicant, per fiscal year, limit on medical, rehabilitative, or therapeutic services. For medical, rehabilitative, or therapeutic requests, the following documentation is required:

- (i) A letter from a physician, verifying the need for the requested service or good; and
- (ii) For rehabilitation, neuropsychological, and other therapies, a list of measurable goals for services, expected length of time for services, and frequency of services from an accredited medical professional.

6. PERSONAL COMPUTER; ASSISTIVE TECHNOLOGY FUNDING REQUESTS

Personal computer requests will be limited at \$1,500 including additional equipment, unless adaptive equipment is necessary and recommended by an Assistive Technology specialist or therapist. The Commission will not pay for internet service.

7. RECREATIONAL FUNDING REQUESTS

(a). Recreation requests shall be limited at \$5,000 per qualified applicant every five years. The application must demonstrate that the goods and services requested:

- (i) Allow for the person to be an active member of the community;
- (ii) Promote health and well-being; and
- (iii) Allow for independence in an activity the applicant would not be able to participate in otherwise.

PART 4. CRITERIA FOR DISTRIBUTIONS

A. ELIGIBILITY

1. The Commission will consider applications from a person, or an entity, or program acting on their behalf and who will assist him or her in arranging for their own care and rehabilitative services. An entity or program may not assist an applicant in completing an application, when the requested good or service will be provided by that entity or program, except as provided in "Application Process" Part 5(A)(4)(a) and (b). The Commission will evaluate applications based upon specific criteria.

2. A person is considered eligible for a distribution from the Trust Fund if he or she:
 - (a) Has sustained a neurotrauma, brain or spinal cord injury (see “Definitions” above), and can provide documentation of injury if injury occurred in the past two years;
 - (b) Is a citizen of the state at the time of application and during the provision of services in Georgia (see “Definitions” above, including waiver provisions for duration of residency under definition of “Domiciled”);
 - (c) Has exhausted all other insurance and governmental funding sources unless the applicant is on a waiver waiting list or cannot obtain a denial letter; and
 - (d) Submits a completed application on a form provided by the Commission. Incomplete applications will not be reviewed until all documentation is submitted that is necessary for review. The Applicant may request assistance in completing the application from the Commission. The completed application form must be accompanied by all pertinent documents requested in the Commission's application.
3. Eligibility for a distribution does not confer the right to a distribution. Eligible applicants may be denied due to the priority of their request.
4. Recipients of distributions are expected to utilize the distribution in accordance with the purposes identified during the application process. Failure to do so will result in automatic denial of any future applications for distributions.
5. Applicants should make their own determination concerning the legal effects of receipt of a distribution from the Trust Fund on other benefits. Applicants must disclose if they are bound by a court ordered judgment that would encumber any Trust Fund distribution(s).

B. CRITERIA

1. All applicants are reviewed and scored based on criteria set forth below. It is the intention of the Commission to serve those people who are most in need. All individual applicants will be assessed and prioritized according to the following criteria:
 - (a) Acuity/level of disability;
 - (b) Access to private or public insurance, personal finances and personal non-financial resources as determined by the application Financial Means Testing Tool;
 - (c) Need for a stable support system consisting of family, friends, community supports and agency support as determined by the application Outcome Measurement Tool; and
 - (d) Any distribution(s) previously awarded to the applicant, if any.

C. CARE AND REHABILITATIVE SERVICES COVERED

1. Care and Rehabilitative Services considered for distributions shall include but are not limited to:

- (a) Assistive Technology;
- (b) Computers;
- (c) Dental Services;
- (d) Durable Medical Equipment;
- (e) Health and Wellness;
- (f) Home Modifications;
- (g) Medical Care;
- (h) Neurobehavioral Programs;
- (i) Personal Support Services;
- (j) Psychology / Counseling;
- (k) Recreation;
- (l) Speech Services;
- (m) Transportation;
- (n) Vision/Hearing Services; and
- (o) Vocational Support.

2. Services should be targeted to achieve specific objectives for specific individuals who are eligible under these Distribution Policies. Each approved distribution should be designated for an individual person and that person's specific objectives. Additional documentation may be requested to show specific objectives for requested services or goods.

3. Services should be planned and delivered with specific, identifiable anticipated and described outcomes. These outcomes should result in definable improvements in the recipient's ability to live in the community of their choice and definable improvements in the recipient's control over the events and circumstances of their daily life.

4. An Applicant should have the flexibility to seek approval for unique care and rehabilitative services requests, including services that are considered to be alternative, subject to the following exceptions:

- (a) The Commission will not approve experimental or investigative services or goods; and
- (b) The Commission considers hyperbaric oxygen therapy ("HBOT") as being experimental when used for the treatment of traumatic brain injury and will not approve such requests.

5. Cost for the requested services or goods must be in line with usual and customary costs the Commission has identified. Applicants may be asked to provide quotes or estimates from two or three service providers for the purpose of cost comparison unless the good/service is unique or there are limited good/service providers. Costs that are unusual or exceed the expected costs must be explained to the satisfaction of the Commission. The Commission may determine that only partial funding is appropriate.

6. The Trust Fund does not provide funding for:

- a) any type of emergency housing (e.g. down payments, rent, mortgage/loan payments, or repairs);
- b) vehicle repairs;
- c) internet service;
- d) furniture/appliances (except for front-loading washers and dryers, accessible stoves/ovens and physician prescribed therapeutic mattresses);
- e) legal expenses (e.g. court-mandated fees, fines or attorneys fees);
- f) taxes or tax penalties (e.g. sales, ad valorem (property) or income taxes); and
- g) any medications (prescriptions) or medical insurance premiums.

PART 5. APPLICATION PROCESS

A. SUBMISSION OF APPLICATION

1. The Commission office will prepare and make available Application Forms.
2. The Commission will accept applications on an ongoing basis.
3. The information presented on the application shall reflect the applicant's own choices and decisions.
4. An applicant may submit an application directly or through an agent, except that:
 - (a) The Commission will not accept applications submitted by, completed by, or signed by a provider, vendor, agency or organization, acting as agent for the applicant, if the good or service being requested in the application is to be provided by that provider, vendor, agency or organization; and
 - (b) A provider, vendor, agency or organization may assist an individual applicant for a distribution by providing necessary documentation, by explaining availability of goods or services, by explaining the application and funding process, or by assisting the applicant in establishing goals and anticipated outcomes for funding.
5. A person appointed to the Commission, pursuant to O.C.G.A. § 15-21-143(a), because they

have either sustained a brain or spinal cord injury or are a member of such injured person's immediate family, is eligible to apply for a distribution, subject to the following conditions:

- (a) Such request shall be handled in the same manner as other applications, with a combined name and number code so as not to reveal the identity of the applicant, and shall be reviewed and approved by both the Distribution Committee and the full Commission;
- (b) The applying Commission member shall not be present for any discussion during the review by the Distribution Committee or the full Commission, and shall recuse themselves from voting any matter regarding or affecting the request; and
- (c) If the distribution is approved, the staff and Commission will disclose to the Governor, who approves distributions, and make documentation available to the public, upon request, that the approved distribution is for a Commission member.

6. A member of a committee of the Commission (including the Advisory Board) or a member of such committee member's immediate family who has sustained a brain or spinal cord injury is eligible to apply for a distribution, subject to the following conditions:

- (a) Such request shall be handled in the same manner as other applications, with a combined name and number code so as not to reveal the identity of the applicant, and shall be reviewed and approved by both the Distribution Committee and the full Commission, provided, however that if the applicant is a member of the Distribution Committee, said Committee will not consider the application, and the staff shall instead submit the application for consideration by the full Commission sitting as a Committee of the Whole;
- (b) The applying committee member shall not be present for any discussion during review of the application by the Distribution Committee or the full Commission, and shall recuse themselves from voting on any matter before the committee regarding or affecting the request; and
- (c) If the distribution is approved, the staff and Commission will disclose to the Governor, who approves distributions, and to the public that the approved distribution is for a committee member.

B. REVIEW PROCESS

1. Staff, members of the Commission, a committee thereof, or a designated representative of the Commission may review and approve applications, subject to ratification by the

Commission if reviewed by staff, a committee, or designated representative.

2. The evaluating Commission members or their designated representative may request additional information from the Applicant or provider or request that the Applicant and a representative of the provider appear in person for purposes of evaluating the application.

3. Applications will be evaluated, scored or weighted according to specific application criteria that will consistently assess needs for services, including most in need, acuity of disability, access to other resources, and prior awarded distributions.

4. All distributions are subject to the availability of funds allocated for the month the application is reviewed. Requests are prioritized and scored based on criteria set forth herein of the Distribution Policies (see "Criteria," Part 4(B)). In the event that the requests for funding exceed the budget, funding will be given to applications with the highest priority as determined by the Commission.

5. The Commission reserves the right to deny funding to an individual should the Commission determine that they have sufficient supports, access to resources and/or a low-acuity injury.

6. The Commission or any of its committees may organize volunteer medical and rehabilitative experts to consult on individual requests for distribution. These volunteers may also be consulted in determining the medical eligibility of applications. These volunteers will be available for such reviews and consultation of currently-used policies and definitions.

7. It is anticipated that the Commission will review applications and provide notification of distribution decisions within six to eight weeks from receipt of the application, provided that the application contains all the information requested and that no additional follow-up is required to complete the application process.

8. Decisions made by the Commission for a distribution will be forwarded to the Governor for approval, prior to disbursement of any funds, as required by statute.

9. Distribution checks will be issued to a Provider for the use and benefit of a specified recipient. In rare instances a distribution may be made to the recipient.

10. Confidentiality and Privacy Issues:

(a) All applications must contain a signed informed consent for release of information concerning the Applicant to the Commission or its designated representative, which shall also be deemed to include consent for assessment of the consumer's needs by Providers;

(b) The Commission is subject to the Georgia Open Records Act (Act), O.C.G.A. § 50-18-70 et. seq. The Act provides certain exceptions, including one for medical records and similar files, the disclosure of which would be an invasion of personal privacy. Information in applications that is exempt from disclosure or confidential

under state or federal law will be maintained in strict confidentiality. Information provided by applicants will be used only for purposes directly connected to the evaluation of the application. Applicants and Preferred Providers will be made aware of the Commission's policy governing use of and access to information contained in applications;

(c) Personal identifying or business information will be redacted from an application and a unique combination partial name-number will be assigned to each application in order to assure an objective review of an applicant's request for distribution and to avoid conflicts of interest; and

(d) The Commission does not consider itself a "covered entity" for purposes of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

PART 6. APPEAL PROCESS

1. An Applicant whose application for a distribution has been denied or who is dissatisfied with the amount of the distribution may request reconsideration of the decision, within ten (10) business days from receipt of the initial notification. Such requests will be referred to the Commission's Appeals Committee. Applicants requesting reconsideration shall state in writing the reasons why they are disputing the Commission's initial decision concerning their request for distribution or amount of distribution, based upon these policies or other supporting documentation. The Applicant may also make a personal appearance before the Appeals Committee or appear by teleconference. The Appeals Committee will review the request for reconsideration and make its recommendation to the Commission. The Committee's recommendation is not binding upon the Commission.

2. The Applicant shall bear the burden of showing why the Commission's initial decision concerning his or her request for distribution was without justifiable basis.

3. The Appeals Committee shall consider all information, including but not limited to, that is contained in the Applicant's file, presented by Applicant or Commission staff, or considered by the Distribution Committee.

4. Upon review of the request for reconsideration, all supporting documentation and the recommendation of the Appeals Committee, the Commission will notify the Applicant in writing of its final decision.

5. An Applicant who has exhausted all the above administrative remedies available before the Commission and who continues to be aggrieved the final decision of the Commission may seek judicial review in accordance with applicable Georgia law.

PART 7. PROVIDERS OF GOODS AND SERVICES

1. Providers may be identified by an applicant, recipient or by the Commission.
2. Providers may be identified by an applicant or recipient according to personal preference and geographic accessibility.
3. Providers can be a person, entity, program or organization, non-profit, for-profit or public, local or statewide, capable of delivering services or goods to recipients according to the parameters of the funds awarded and for the purposes specified by the Commission.
4. Providers will be expected to comply with applicable laws and regulations governing the delivery of goods and services.
5. The Commission may seek additional information about Providers to assess their ability to provide the requested service or good.
6. In cases where a Provider is determined not to be able to provide the requested service or good, the Commission may require the applicant or recipient to identify an alternate Provider. The Commission will provide assistance to the Applicant or recipient in identifying alternate Providers.
7. The Commission has worked with the Atlanta Regional Commission (ARC) to expand the Gateway database, and will refer providers to ARC when needed and appropriate. The Commission is not responsible for registering providers in the database or monitoring the quality of services by providers who are registered in the database.
8. The Commission may network with Providers to assist in identifying local resources for applicants. This approach will have the following benefits:
 - (a) It will provide applicants with a range of community organizations or businesses that are geographically accessible and whose services or goods have been recognized by the Commission as quality providers;
 - (b) It will increase the capacity of the local infrastructure through the use of community resources for products and services when possible; and
 - (c) It will allow for funds to be distributed more quickly.
9. The Commission may distribute names of Providers to applicants and recipients as needed or upon request.
10. The Commission will maintain database of Providers of goods and services for reference for recipients of distributions from the Trust Fund upon request.

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APPENDIX A

Life skills Training and Life skills Coaching

I. Life skills Training

- Short term services that evaluate and set up systems that allow a person to compensate for his/her brain injury in functional activities. May be provided by a Licensed Professional . Goals to evaluate client's needs and develop a plan for a coach.

II. Life skills Coaching

- Life coaching also set up systems that allow a client to compensate for his/her brain injury in functional activities.
- Life coaching continues longer term intervention and support allowing the client to live in a less restrictive environment and/or place less demands on family.

1. Activities of daily living

- Money management/banking
- Financial/personal management of public and private benefits/services, such as Social Security, taxes, Medicaid, Medicare, trusts (including: what to ask, how to behave when meeting or calling agencies, etc.)
- Cognitive abilities needed to conduct these activities such as compensatory strategies for memory, problem solving, initiation
- Housekeeping (e.g. cleaning, laundry, changing light bulbs)
- Household management (e.g. setting up and maintaining utilities, leases, roommates, maintenance – understanding, initiating, planning, evaluating, taking action, resolving issues)
- Food planning, shopping, preparation
- Personal “business” activities (e.g. dry cleaning, haircut, photos developed, birthday cards sent)
- Safe ambulation with or without assistive devices/transfers/other basic physical needs
- Bathing/dressing/hygiene
- Health management
 - Medical appointments
 - Well care/preventive care
 - Dental hygiene and care
 - Sexual health and safety
 - Medication management
 - Medical need advocacy
 - Nutrition
 - Sleep
 - Fitness/exercise
 - Modifying problem behaviors – when is medication needed and how to access it, evaluate its effectiveness, report effects to MD

2. Community participation

- Hobbies (could also be included in ADL's)
- Transportation
 - Driving (e.g. maintaining license, vehicle decisions – what, how, where, when to buy, insurance)
 - Learning to drive
 - Public transportation
 - Resolving transportation conflicts

- Responsibility as a passenger
- Bicycle
- Walking safety
- Socialization, development of support system, contribution as part of a support system
- Recreation/leisure activities
- Volunteer positions

3. **Interpersonal interaction**

- Insight into strengths and challenges
- Communication-verbal, nonverbal, styles and one's responsibility during communication
- Advocating for rights or desires
- Childcare
- Feedback regarding interactions with others
- Contributing to a common cause/assisting others
- Feeling needed, valued and belonging to a community
- Individual/group adjustment counseling
- Strategies to monitor and modify behavior
- Sexual appropriateness

4. **Prevocational and vocational assistance**

- Individual/group career counseling/exploration/sampling
- Avocational, vocational, technical positions
- Personnel Training Assisted Services (PAS)/job coaching and support to manage job demands and changes within job

5. **School readiness and training assistance**

- Neuropsychological/academic testing
- Education and training to teachers/aides
- IEP development and assistance
- Personal assistance to support academic milieu and demand/changes

APPENDIX B
MAP OF public health regions

Brain and Spinal Injury Trust Fund
Distribution Regions

