

Exploring the Impact of Funds Reductions for Individuals with Traumatic Brain Injury

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Background

There were 3589 traumatic brain injury (TBI)-related hospitalizations in West Virginia in 2009 (1). According to the Centers for Disease Control and Prevention, the rate of TBI-related hospitalizations in the U.S. has remained relatively stable ranging from 82.7 per 100,000 in 2001 to 91.7 in 2010 (2). These numbers underestimate the occurrence of TBIs, excluding persons seen in emergency departments, outpatient or office settings, and those who did not seek care. TBI-related services available through the West Virginia University, Center for Excellence in Disabilities (WVU CED) include resource coordination, person-centered planning, neuropsychological testing assistance, training and education for individuals with a TBI, their family members and caregivers, and Funds for YOU application assistance. The Funds for YOU (FFY) Program was created by the WV Traumatic Brain and Spinal Cord Injury (TB/SCI) Rehabilitation Fund Act in 1996 (Legislative Rule 197CSR1) and is administered by the WV Department of Health and Human Resources (DHHR), Bureau for Behavioral Health and Health Facilities (BBHfH). FFY is designed to pay for goods and services for unmet needs that will increase opportunities for and enhance the achievement of functional independence for individuals who have experienced a traumatic brain injury (TBI). FFY participation requires that the individual have a medically documented TBI, be a state resident, and that the program is the payer of last resort.

Effective July 1, 2014, DHHR implemented a policy change, reducing the maximum FFY award from \$2000 to \$1500 per person per year to allow the program to serve more applicants without increasing program funding (3). Additionally, the policy change included caps by goods and services categories and additional procedural changes and information for the application packet. New to the 2014 policy were the following requirements:

- Three estimates for each requested good or service, except for previous dental and vision providers, in which case only one was needed,
- A statement about how provision of the goods and services would improve their functional capacity or community integration, and
- Denial letters from community organizations that may provide initial assistance with certain goods or services in order to establish that the program was the payer of last resort.

Objective

While the impetus for the cap reduction for FFY was fiscally based, the overall impact of this change to individuals with TBI in WV is unknown. This study begins to explore the potential impact of the funding policy change on the total number of awards and expenditures for fiscal years 2014, 2015, and 2016. We also explore potential differences in the categories of goods and services requests awarded during the three-year study period.



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Funds for YOU Program Description

FFY funding requests are based upon the individual's unmet needs with initial consideration of medical needs. Table 1 shows the funding caps by service category pre-policy change (FY2014) and post-policy change (FY2015 & FY2016). Along with a reduction in the maximum award, category caps were implemented with the policy change in FY2015. Eligible services and their financial caps include:

Goods/Services	Funding Cap in FY2014	Funding Caps in FY2015 & FY2016
Medical	N/A	\$1500
Dental	N/A	\$1500
Adaptive Equipment and Home Modifications	N/A	Maximum award of \$500 for 1 piece of electronic equipment (e.g., tablet, laptop)
Vision & Hearing	N/A	\$500
Other	N/A	\$700
Start-Up Funds	N/A	\$700
Maximum Award	\$2000	\$1500

Start-up funds include the cost of essential items needed to start a home when a move is necessary (e.g., one month rent, utilities deposits, essential and basic household furnishings). The term "Other" refers to items needed that do not fit into any other category (e.g., furniture or household requests not related to a move).

The WVU CED TBI Services Program receives funding from DHHR, BHfH, Division of Intellectual and Developmental Disabilities to:

- Assist eligible individuals to complete the FFY application packet; and
- Provide resource coordination assistance.

DHHR is responsible for all funding decisions, monitoring, and oversight of the FFY Program. The WVU CED's Resource Coordinators conduct statewide outreach activities promoting the TBI Services Program, including the FFY Program. WVU CED's FFY role is to collect applications and submit them to the Application Review Team (ART) on behalf of TBI survivors. Historically, the majority of TBI survivors' FFY funded applications have been for adaptive equipment, home modifications and dental services.

Results

FY2014 – FY2016 Awards Comparisons

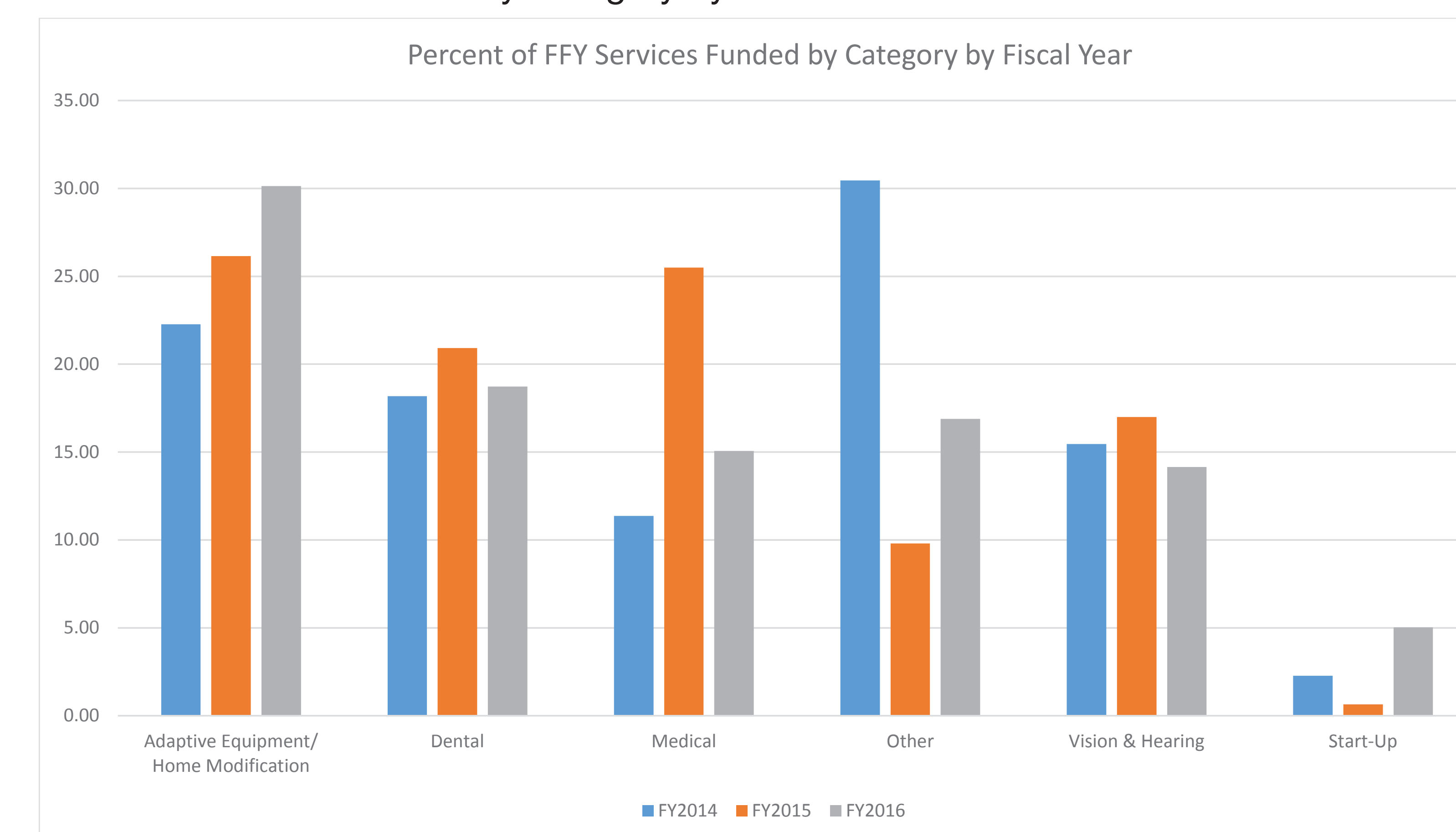
The largest number of applications awarded during the study period occurred during FY2014, before the policy change was implemented. Funded applications dropped by 26% between FY2014 and FY2015, but rebounded the following year. Total program expenditures and the average award amount followed a similar pattern. Both the number of FFY applications approved and total program expenditures showed an increase in FY2016 over FY2015. FFY awards increased by 18% in FY2016 serving the needs of an additional 20 individuals with TBI. Additionally, program expenditures increased by nearly \$30,000, but were still below the \$300,000 program cap.

Fiscal Year	Applications Awarded by DHHR	Maximum Award	Total Expenditures	Average Award	Program Cap
2014	150	\$2000	\$243,944	\$1,626	\$300,000
2015	111	\$1500	\$129,048	\$1,163	\$300,000
2016	131	\$1500	\$159,000	\$1,214	\$300,000

FY2014 – FY2016 Service Category Comparisons

A review of the goods and services funded during the three-year study period shows the adaptive equipment/home modification category was the most frequently awarded category (aside from the Other category in FY2014). Fewer funded services were classified as Other in Fiscal Years 2015 and 2016 than in FY2014.

Funds for YOU Services by Category by Fiscal Year



Conclusions and Next Steps

FFY – a program of last resort – was developed to address unmet needs for individuals who have sustained TBIs, with consideration of medical needs first. Understanding the impact of fiscal changes, especially during difficult economic times, is important for maintaining program effectiveness and sustainability. As would be expected, the number of awards was lower both years after the new policy was implemented but started to rebound in the most recent reporting period. FFY funding and procedural changes required adjustments from all partners – CED Resource Coordinators, TBI survivors, and the ART, to learn how to appropriately implement the new policy. All parties appear to have successfully adjusted to the new system, since more applications were approved in 2016 after a substantial drop in 2015.

The largest category of services awarded in each fiscal year examined was adaptive equipment and home modifications. The increase in adaptive equipment may be attributed to advances in disability accommodations utilizing tablets and smart phones, including the use of free or low-cost mobile device applications for cognitive training to maintain or improve brain functioning. Growing demand for this category of services is not surprising.

The funding caps implemented in FY2015 were a reflection DHHR's intent to tighten award procedures and eligible service categories. Consequently, fewer goods and services classified as Other were awarded in Fiscal Years 2015 and 2016 than in FY2014.

While the policy reducing the maximum FFY award to \$1500 was implemented to serve more TBI survivors without increasing overall program resources, fewer applicants were granted funding in the two years following the policy change. Several factors could explain this finding, including procedural changes to the FFY application which increased required documentation, and changes in program staff and outreach activities. Changes in composition of the ART may have impacted the number of applications approved as well. Although there were fewer awards after the policy change, the number of awards granted in 2016 rebounded and nearly reached the number noted in 2014. Further exploration of these factors could prove informative.

WVU CED will continue to collect program data to share with DHHR decision makers to inform policy, program direction, and monitoring practices including:

- FFY applications submitted
 - Fully funded
 - Partially funded
 - Not funded
- FFY reach by county
- New and repeat program participants

FFY is an important resource whose purpose is to promote increased independence for residents with TBI. The WVU CED is committed to helping TBI survivors fully utilize FFY for their unmet needs and by doing so enhancing functional independence.

References/Resources

1. WV Health Care Authority Hospital Discharge Data
2. Centers for Disease Control and Prevention - <http://www.cdc.gov/traumaticbraininjury/data/rates.html>
3. The Funds for YOU policy - <http://www.dhhr.wv.gov/bhfh/Sections/programs/ProgramsPartnerships/IDD/Documents/TBI%20Funds%20for%20You%20FY%202015.pdf>

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