

Traumatic Brain Injury (TBI): Funding Request March 2025

The Request

As the legislature considers the 2025/26 state budget, there is a critical need to immediately allocate funding for brain injury (BI) residential habilitation providers. These providers deliver essential services to those with traumatic brain injuries (TBI). Specifically, we are asking for **an investment of \$13 million** from the Community HealthChoices (CHC) Capitation line item for residential habilitation services. With a federal match, this equates to a total investment of \$30 million. Further, we request that the Office of Long-Term Living (OLTL) and the CHC managed care organizations (CHC-MCOs) be directed to serve as a pass-through to get these funds to the brain injury providers of this service.

A Comparison in Human Services

In many ways, the BI providers and the services they offer are analogous to those provided to individuals with intellectual and developmental disabilities (IDD) and administered through the Office of Developmental Programs (ODP). Providers in both systems offer community group homes (i.e., residential habilitation), direct support professionals (DSPs), home and community-based services (HCBS), employment services, transportation, and so forth. There has been widespread recognition of the need for proper funding of IDD services and ensuring a living wage for those DSPs. Yet BI providers are consistently left out of that discussion.

It has been said that comparing these two systems is “apples and oranges.” Certainly, the complexities of working with a TBI individual versus someone with IDD gets into some important clinical and medical details. But at a high level, the services are very similar, and it is in reality “apples to apples.” The main difference is that residential habilitation is reimbursed at a little over \$270 a day through OLTL; ODP community group homes range in reimbursement, but they are at \$600 a day for intensive services. In February, OLTL released its CY 2025 Home and Community-Based Services Rate and Wage Study, which demonstrates that health and human services funding is underfunded by an average of 22% across services, with residential habilitation services for those living with a traumatic brain injury and other disabilities being underfunded by 44%. The \$30 million requested investment into this program for BI residential habilitation at least begins to **bridge this gap in funding** and begins to address parity by getting the rate to approximately \$400 a day.

Access/Wait List

When someone goes to a BI provider for services, and the provider is unable to help them, they do not make the person go through the full CHC assessment and enrollment process just to be told that services are not available. They are placed on a list to wait for an assessment. While OLTL and the MCOs may claim there is no official “wait list,” that’s only because these individuals are still waiting to be assessed in the first place. **As of June 2024, there were 298 individuals impacted.** To understand the magnitude of that number, there are approximately 2,600 individuals receiving BI services; 600 of those in residential habilitation. This is out of 140,000 individuals in CHC.

Summary

What is needed is immediate relief; **an infusion of dollars.** We request a directed, budgeted payment by the legislature to OLTL, to be given to the MCOs as a pass-through to fund BI services. This situation has gone on too long. People in need with TBI are not receiving these vital services.

