

**BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES  
DIVISION OF INTELLECTUAL/DEVELOPMENTALDISABILITIES  
SPECIALIZED FUNDS POLICY**

Revised September 21, 2016

**Traumatic Brain Injury Funds for YOU**

**PURPOSE**

Chapter 18 Section 10K of the WV Code establishes and authorizes the West Virginia Traumatic Brain and Spinal Cord Injury Rehabilitation Fund Board to pay for services that will increase opportunities for and enhance the achievement of functional independence for individuals who have experienced either a traumatic brain or spinal cord injury. Legislative Rule 197CSR1 establishes procedures and standards applicable to the implementation of the statute. The WV Bureau for Behavioral Health and Health Facilities is responsible for funding and oversight of the TBI Resource Coordination Program and Funds for YOU.

The Funds for YOU program was developed to carry out the direct service mandate of the statute. Funds for YOU funding comes from the Bureau for Behavioral Health and Health Facilities and may be used to purchase a range of goods and services. The goal for utilizing these funds is to promote increased independence.

Individuals may request as little as \$50.00 and as much as \$1,500.00, depending on need.

Funds for YOU moneys are provided as a last resort, that is, after all other possible funding sources have been explored and/or exhausted.

**ELIGIBILITY**

The following eligibility criteria must be met to participate in this program.

- The individual must be a citizen of the state of West Virginia.
- The individual's representative team verifies the request cannot be accommodated through any other resource.

**ELIGIBLE SERVICES:**

Moneys in the fund shall be used to pay for services that will increase opportunities for and enhance the achievement of functional independence and a return to maximum independence and a productive lifestyle for individuals who have experienced a traumatic brain injury or a spinal cord injury, including but not limited to:

1. **Medical:** Services and supplies verified as necessary by professional assessment (e.g. nutritional supplement).
2. **Dental:** Services and supplies verified as necessary by professional assessment (e.g., anesthesia for dental procedures).
3. **Vision/Hearing:** Services and supplies verified as necessary by professional assessment.

**BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES  
DIVISION OF INTELLECTUAL/DEVELOPMENTAL DISABILITIES  
SPECIALIZED FUNDS POLICY**

4. **Adaptive Equipment/Occupational Therapy(OT)/Physical Therapy(PT):** Assistance of daily living needs using services and items to safeguard the consumer’s health and safety, such as Durable Medical Equipment, Adaptive Equipment, Home Modifications, Therapies (Occupational Therapy Physical Therapy or other types of therapies deemed appropriate by physician/psychiatrist or rehabilitative specialists).

**Start-up Funds:** Cost of essential items needed to start a home when a move is necessary.

Examples of Eligible Start-up Expenses:

- One month rent and set up fees or deposits for utilities ( water, sewer, gas, electric)
  - Security deposit that is required to obtain a lease on an apartment or house.
  - Essential and basic household furnishings (furniture [must be indoor] appliances, cooking supplies, dining supplies, linens, towels).
5. **Other:** All other items needed that do not fit into any other category. Examples are furniture and/or household requests not related to a move or start-up of home, which if not made available would create a risk to health and safety of the individual.

**FUNDING QUALIFICATIONS AND LIMITATIONS**

1. **ONLY APPLICANTS WHO HAVE NEVER RECEIVED FUNDING (FIRST TIME APPLICANTS) THROUGH Funds for YOU WILL BE REVIEWED DURING THE FIRST QUARTER OF EACH FISCAL YEAR. AFTER THIS TIME ALL APPLICATIONS WILL BE CONSIDERED. PREFERENCE WILL BE GIVEN TO FIRST TIME APPLICANTS WHEN PROCESSING APPROVALS.**
2. Funding approvals will not exceed a combined category limit of **\$1,500.00 per fiscal year.** (See individual category limits listed below.) Applications must include information as to how this request will assist with obtaining or maintaining community integration and independence.

**Fund Usage/Caps:**

Approved funds must be used for the individual for whom the funds were requested and for the items/services for which approval was given. Should the need for such approved funds change, notification must be given to the Program and Policies Section of BBHFF and the Division of Intellectual Disabilities/Developmental Disabilities.

- Medical cap..... \$1,500.00/per FY
- Dental cap..... \$1,500.00/per FY
- Adaptive Equipment/Home Modifications ( **a maximum of \$500.00 will be paid for electronic equipment such as iPads/tablets/laptops, etc.**) ..... \$1,500.00/per FY
- Vision..... \$500.00/per FY
- Other ..... \$700.00/per FY\*
- Case Management ..... \$300.00/per FY

**BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES  
DIVISION OF INTELLECTUAL/DEVELOPMENTAL DISABILITIES  
SPECIALIZED FUNDS POLICY**

3. Typically, the following costs will **not be eligible** under the Traumatic Brain Injury *Funds for YOU* criteria: entertainment items (e.g televisions, iPad, stereo systems.), personal hygiene supplies, extended warranties on electronic items, outdoor furniture/decorative items, pet care or pet expense items, UNLESS the item is needed to assure health and safety and is accompanied by medical documentation and physician order (for example, an air conditioner or service animal).

Costs for computer software **will not be included** as part of the cost for the computer/laptop/iPad, however the combined costs for the computer and the software shall not exceed \$700.00. This does not include specialized software consistent with cognitive retraining or considered to be adaptive in nature, as determined by a physician/psychiatrist or rehabilitative specialist. Items such as televisions, pool tables or other similar items will not be covered.

**Purchases for the computers, iPads, laptops will consist of the following conditions:**

- **Rehabilitative purposes – Examples: brain retraining after injury; assistance on job if employer is unable to accommodate (must provide documentation that employer cannot provide and have been denied through Division of Rehabilitation)**
- **Communication Device - Used for individuals who are non-verbal or who have significant deficits in communication**
- **Adaptive Equipment - All other issues that have been medically documented indicating a computer is necessary to maintain quality of life**

\*\* When purchasing electronic equipment such as computers or tablets, only ONE of each item will be purchased. Example: If an application is received for a computer and a tablet, then BBHF will pay for only one item and not both of those items. Applicant must provide **documentation of denials** from resources that were contacted. Applicants must provide **three estimates** for the items they are requesting. All contractors who will be completing any modifications or repairs to the home must have a valid license to do so.

1. Funding approvals will not exceed a combined category limit of **\$1,500.00 per fiscal year per person.**
2. Items purchased with *Funds for YOU* will be deemed the property of the individual.
3. Recipients of funding agree to have the funding agency review or observe completed goods and services.
4. Checks will be made payable to the vendor, contractor or entity providing the goods and services requested in this application. Checks will not be made payable to the individual receiving the goods and services.
5. Maintenance and service of purchased goods is the sole responsibility of the individual.

**APPLICATION PROCESS**

1. *Funds for YOU* brochures are made available to the person(s) requesting monetary assistance by contacting the Traumatic Brain Injury Services Program and through many service agencies. After completing the information in the brochure, it is then mailed to:

**BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES  
DIVISION OF INTELLECTUAL/DEVELOPMENTAL DISABILITIES  
SPECIALIZED FUNDS POLICY**

*Funds for YOU*

Center for Excellence in Disabilities  
959 Hartman Run Road  
Morgantown, West Virginia 26505

2. Center for Excellence in Disabilities (CED) staff will mail an application to the person who has completed the brochure information. Applications can also be requested by telephone (304-293-4692), toll free telephone (1-877-724-8244), fax (304-293-7294), by e-mail [tbi@hsc.wvu.edu](mailto:tbi@hsc.wvu.edu), and from the website [www.cedwvu.org/programs/tbi](http://www.cedwvu.org/programs/tbi).

If the application is not returned to CED within 30 days, follow-up by a Resource Coordinator or other staff will be provided, either by telephone or by written correspondence.

3. Upon receipt of the completed application at the *Funds for YOU* office in Morgantown, the application will be assigned to a Resource Coordinator. This assignment will be made based upon the geographical location of the client and the current distribution of cases among the Resource Coordinators. After assignment of a case, the Resource Coordinator will make contact with the *Funds for YOU* applicant by telephone or written correspondence. Coordination of the ongoing application process will be done by telephone, mail, and/or home visits, and field visits to vendors, and will include the following duties of the Resource Coordinator:

- Review of eligibility criteria, including receipt of documentation to verify diagnosis. This can be done by letter, medical records, confirmation by FAX, or confirmation by telephone.
- Obtaining release of information forms as designated by WVU CED. A signature of client/guardian/conservator/payee will be necessary to request information in written form or by telephone contact with the service provider/agency from whom the information is requested.
- Review of request for *Funds for YOU* monies. Vendor choices and cost estimates can be obtained by the client/guardian, etc., a service coordinator, and/or the Resource Coordinator.
- Verification that *Funds for YOU* is payer of last resort through receipt of denial letters

4. The Resource Coordinator completes the Application Review Team (hereinafter referred to as ART) form. At least once a month, the ART form and packet is presented to the Application Review Team for disposition.
5. The Resource Coordinator or designee officially notifies the applicant of the ART's decision. A letter outlining the services/equipment approved will be prepared by the Resource Coordinator and signed by a Team member. All letters conveying Team decisions of denial or partial approval shall be sent by return receipt requested mail. When applicable, information regarding alternative services and/or funding sources will be provided to client/guardian/decision maker.

**BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES  
DIVISION OF INTELLECTUAL/DEVELOPMENTALDISABILITIES  
SPECIALIZED FUNDS POLICY**

**APPLICATION DETERMINATION**

The ART was established by the TBI Rehabilitation Fund Board to assure the *Funds for YOU* Program is administered in a fair and equitable manner and according to statute. The ART's responsibilities are to review applications for services and authorize funding of services for individuals based upon priorities established by the Board.

ART membership consists of one Board member and other members, one of whom is an individual who has experienced either a TBI survivor or a family member and one member designated by the Commissioner of the Bureau of Behavioral Health and Health Facilities.

The team meets to review applications for *Funds for YOU* moneys at least every two months, or on an as-needed basis, following a request from a Resource Coordinator. Upon review of the application, the ART may make one of the following decisions:

1. Approve the application as submitted.
2. Approve a portion of the application/request (amend the amount of award or category of award).
3. Request additional information – Application will be pended until information is received.
4. Deny the application.

**FUND DISBURSEMENT AND REVIEW**

The Resource Coordinator submits approved applications for processing and payment to Northern West Virginia Center for Independent Living

Documentation required for payment:

- Completed application
- Completed invoice, signed in blue ink

Payment will be made to the service coordination agency or vendor on behalf of the individual via Northern West Virginia Center for Independent Living. Payment will be made either electronically or by check to the service coordination agency or vendor according to arrangements made by designated WVU CED representative. This grant is based upon the availability of State funds, which are designated on a state fiscal year basis (July 1 – June 30).

The funds must be used to purchase items listed on the application and any unused funds should be returned within 90 days of receipt. All funds should be returned using a **check or money order** to: Northern WV Centers for Independent Living, 601-603 East Brockway, Suite A & B, Morgantown, WV 26501

Original receipts for all services/items/equipment must be kept on file by the WVU Centers for

**BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES  
DIVISION OF INTELLECTUAL/DEVELOPMENTALDISABILITIES  
SPECIALIZED FUNDS POLICY**

Excellence in Disabilities (WVU CED).

Reviews will be conducted on a random basis without notice by a representative of the Bureau for Behavioral Health and Health Facilities per West Virginia Code Chapter 12, Section 12-4-14. Original receipts as verification of expenditures in accordance with the approved application must be provided upon request and may be submitted to the State office once received. If receipts are not received within the time specified in the request then notification will be sent to the applicable agency requesting return of funds. Return of funds will be requested for all unapproved purchases.

**APPEAL PROCEDURES**

Any person denied services by the ART has the right to appeal that decision. The appeal must be submitted in writing in the form of a letter to the Traumatic Brain Injury Program Center for Excellence in Disabilities and must be received by the WVU CED within thirty (30) days of receipt of any adverse decision by the applicant. Appeals may be addressed to:

ATT: Traumatic Brain Injury Program  
Center for Excellence in Disabilities  
959 Hartman Run Road  
Morgantown, WV 26505

The Appeals Panel will be guided by Chapter 18, Section 10K of the WV Code, which provides for provision of services to individuals with Traumatic Brain Injury that will increase opportunities for and enhance the achievement of functional independence for individuals who have experienced either a traumatic brain or spinal cord injury, as well as policy guidelines set forth by The Bureau for Behavioral Health and Health Facilities.

The Appeals Panel is composed of three members to include: The Bureau for Behavioral Health and Health Facilities' Office of Policy, Research, Planning and Compliance; The Bureau for Medical Services Traumatic Brain Injury Waiver Program Manager/Designee; and a Traumatic Brain Injury Survivor/Family Member. The Appeals Panel will select a chairperson, and a decision will be made by majority vote. If a hearing on the matter is waived by both parties, the Appeals Panel shall issue a written decision within thirty (30) days after the hearing or within thirty (30) days of receipt of the appeal letter. The decision of the Appeals Panel is the final administrative decision. Either party may appeal the final administrative decision to the Kanawha County circuit court.

At the time of any adverse decision, the applicant will be advised of his or her right to appeal the decision and where he or she may seek assistance for help in making an appeal. The applicant may have a representative of his or her choice present at an appeals hearing. Because of the possible appearance of a conflict of interest, West Virginia University Centers for Excellence in Disabilities Traumatic Brain Injury Program Staff shall not represent the applicant in the appeals process.

**BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES  
DIVISION OF INTELLECTUAL/DEVELOPMENTALDISABILITIES  
SPECIALIZED FUNDS POLICY**

For additional information, contact West Virginia University Centers for Excellence in Disabilities Traumatic Brain Injury Program.

Phone: 304-293-4692  
Fax: 304-293-7294  
Toll-free: 877-724-8244  
E-mail: [TBI@hsc.wvu.edu](mailto:TBI@hsc.wvu.edu)