Individuals with a brain injury may be eligible for healthcare and long-term care services through a State’s Medicaid program. The Federal Medicaid Program is the primary payer of long-term services and supports for individuals with disabilities. Research indicates that states with better long-term services and supports and more brain injury specific supports have higher levels of community participation and life satisfaction for people with brain injury.

20 states have specific 1915(c) brain injury waivers. Individuals with brain injury also receive services and supports through comprehensive waivers or other Medicaid waiver programs designed for various populations.

Medicaid’s Role in Brain Injury Service Delivery

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The Brain Injury Challenge

- Brain injuries are considered a significant public health issue in the United States and the leading cause of death and disability in both older adults and youth.
- 2.5 million brain injuries occur each year and 5.3 million Americans live with a life-long disability as a result of brain injury. This is likely an underestimation of the true prevalence.
- Approximately 200 Americans die each day due to a traumatic brain injury.
- Individuals with brain injury have high co-occurrence with behavioral health and substance misuse challenges and are significantly over-represented within the criminal justice system and among the intimate partner violence and unhoused communities.
NASHIA is focused on the below activities this year given the significant number of people with brain injury being served by Home and Community-Based Services.

<table>
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<th>2024 Goals</th>
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<td>Ensuring that case managers, therapeutic and direct service providers, and others have the training they need to help support people with brain injury succeed.</td>
<td>Helping states determine which waiver option might be best for them to most effectively support people with brain injury.</td>
<td>Supporting states’ implementation of recent or forthcoming Medicaid Rules to ensure people with brain injury are considered.</td>
<td>Elevating the recognition of brain injury as a multi-occurring condition with significant intersections of brain injury among persons with behavioral and mental health challenges and substance use disorder.</td>
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<td>Incorporating or strengthening brain injury screening within Pre-Admissions Screening and Resident Review (PASRR) programs.</td>
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<td>Embedding an understanding of the unique needs related to person-centered services and supports among individuals with brain injury. Unique needs include factors such as grief, perceptions of new self, issues with insight, etc.</td>
<td>Supporting unhoused populations as well as those experiencing housing instability through CMS roles in supporting people with brain injury, with 50 percent of people who are unhoused having a past history of brain injury.</td>
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<td>Addressing brain injury identification and supports within initiatives addressing health equity and underserved groups.</td>
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<td>Ensuring support for criminal-legal system involved individuals who have brain injury, with some studies showing between 60-90 percent of criminal-legal system involved individuals having a past history of brain injury.</td>
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The National Association of State Head Injury Administrators (NASHIA) is the leading source of information and education for state employees who support public brain injury programs. NASHIA provides information on national trends, best practices, and technical assistance to state governments and other partners. For more information, please contact NASHIA Director of Strategic Partnerships and Policy, Zaida Ricker, at zricker@nashia.org.

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