

**State of Vermont  
Division of Disability and Aging Services  
TBI Program**

**ELIGIBILITY REQUIREMENTS**

This program is limited to the following target group of recipients.

1. Recipients of Traditional and/or Long Term Vermont Medicaid.
2. Vermont residents 16 years of age or older.
3. Diagnosed with a documented [e.g.; CAT Scan] recent moderate to severe, traumatically acquired non-degenerative, structural brain injury resulting in residual deficits and disability. See definition.
4. Requires 1:1 instruction focusing on independent living skills. Individuals will require intensive, extended rehabilitation services and ongoing independent living and pre-vocational / employment supports in the community and would meet the criteria to be sent to out-of-state rehabilitation facilities for up to one year if no services were available in-state.
5. Individuals must agree to participate in a substance abuse treatment program if a documented history of such abuse exists.
6. The individual's potential to benefit from rehabilitation services must be evident and will be a determining factor in deciding program eligibility. In order to determine the need for rehabilitation services from the Rehabilitation Program, the recipient must require rehabilitation in four of more specified areas [see Independent Living Assessment] and have already demonstrated a response to their current program. The individual must demonstrate a potential for independent living and possibility of returning to some vocational activity in the future.

For students, this program is designed to supplement, not replace the educational services that a student is entitled to under all Federal and State Laws and Regulations.

7. This program is short term in nature. Continued eligibility is determined by the individual's progress, in one or more identified areas, and is measured at the end of a six -month period, utilizing the Independent Living Assessment tool and the Rehabilitation Quarterly or Long Term Semi-Annual Evaluation tool.
8. Once an individual has received services through the TBI Rehabilitation Program, continues to require ongoing intensity of supports, and it has been determined no other appropriate Medicaid waivers, services, or funding are

available, this individual will be referred to the TBI Long-term Program for ongoing supports.

**9. *Rehabilitation Program Priority order:***

- 1. Individuals currently residing in a hospital or a hospital-based rehabilitation center.**
- 2. Individuals currently residing in an out-of-state facility.**
- 3. Individuals with recent injuries living in the community.**

**10. *Long-term Program Priority Order:***

- 1. Individuals currently served on the TBI Program requiring intensive supports as defined in # 8**
- 2. Graduates of the TBI Program requiring intensive supports as defined below.**
- 3. If slots are available, consideration will be given to individuals who are:**
  - Recipients of Traditional and/or Long Term Vermont Medicaid
  - Vermont residents 18 years of age or older
  - Diagnosed with a documented moderate to severe non-degenerative brain injury [see definition].
  - Require a minimum of 6 to 8 hours per day of one on one support as a result of functional issues.
  - Demonstrate a current history of risk of danger to others, or to themselves.
  - Behave in such a manner as to indicate an inability, without supervision and assistance of others, to satisfy a need of nourishment, personal or medical care, shelter, self-protection, and safety.
  - Demonstrate that without adequate services, there is a potential for substantial bodily injury, serious physical, cognitive, and mental deterioration.
  - Documentation of recent intensive inpatient supports, or intensive outpatient services, or at risk of institutionalization.
  - Documentation that alternative funding sources and programs have been fully explored and these services are unable to appropriately meet the individuals needs in the community because of the nature and high degree of supports required.

**11. *Long-term continued eligibility is reviewed annually and is based on:***

- The individual continuing to meet the eligibility criteria as defined.
- A revised plan of care that reflects the required need of intensity.