# TABI Supplemental Services Guide

The supplemental service grant program is run through the Senior Disability Services (SDS) with Daybreak Incorporated, who was awarded the grant to manage the program. This funding provides support for individuals experiencing symptoms from a Traumatic or Acquired Brain Injury (TABI). Because the needs and circumstances of the consumers served by this program vary greatly, this document does not provide an exhaustive list of all allowable activities and expenses, but rather some basic guidelines. The services and goods provided under Daybreak Inc.'s Supplemental Services program should be one piece of a coordinated support plan that contributes to an individual's long-term independence goals.

## Eligibility

Individuals with diagnosed Traumatic or Acquired Brain Injury are eligible for TABI Supplemental Service funding. Supplemental services are primarily targeted at those 18 and older, and applications for those under 18 years old will be considered on a case-by-case basis. A completed Verification of Diagnosis (VOD) form is required as part of the application process, *unless the applicant has medical record documenting a brain injury or an applicant is applying for funds to cover a medical assessment/evaluation to potentially obtain an official TABI diagnosis.*

## Funding Limit

Requests are limited to $2,500 per individual within a fiscal year unless an exception is approved by the SDS and/or the Daybreak program manager. Some categories have additional funding restrictions outlined below. This funding source is *not intended to be a 'sustaining' program.* This means that individuals should not expect to apply for and receive Supplemental Service funding each fiscal year. SDS and/or Daybreak will consider two application requests per individual in a five-year period, with a cap of $5,000 over the same period. Exceptions must be explained in writing by the TABI Coordinator to submit the Supplemental Service application.

## Allowable Costs

The TABI Supplemental Services fund is a payer of last resort. Funds can only be used if no other funding source is available for the item or service requested. Other funding includes personal assets, health insurance, Medicaid waiver benefits, housing vouchers, VA, or other grants such as the Alaska Mental Health Trust Authority.

**All applications must include at least one estimate of costs** from the vendor, for both labor and supplies. If you use an online vendor for purchases, remember to include color and size where appropriate and list the full price to include taxes and/or shipping to avoid any change in the amount while waiting for the application to review. For costs relating to dental, medical, vision services and equipment, **the TABI agency must verify that the services are not covered by the applicant's health insurance** and assist the applicant in applying for Medicaid if they are potentially eligible. For costs relating to vehicle repairs, mechanical shops must be licensed bonded to legitimate business.

## *Examples of Allowable Costs:*

Essential items will directly correlate with having a brain injury and will improve the individual's quality of life and increase independent functioning.

- **Medical** including consumable products (e.g., Ensure or other nutritional shakes, incontinence supplies), vision, hearing, psychological testing, and therapies when prescribed by health care professional equipment and services.
- **Housing-related needs** including rental assistance, in the form of first and/or last month's rent, limited to one payment per the applicant's lifetime and with *submission of a plan to prevent reoccurrence of need,* ex. Paystubs, Social Security benefits, etc. for the purpose of preventing eviction from the home in which the applicant resides for the purpose of securing stable housing for one applicant. SDS/Daybreak will consider funding assistance for utilities to prevent disruption of service, limited to one payment per applicant's lifetime and with submission of a plan to prevent recurrence of need, for heating, fuel, or electricity for the home in which the applicant resides.
- **Employment/Education** - classes, training, or specialized conferences directly related to the diagnosis or individual's plan of care or independent goals.

### Short-term services and support

Generally, requests will not be considered to fund direct care and/or general medical or other treatment unless the service is a *one-time only service* without any other available resources. In these special circumstances, the services may be considered if they are related to a plan of care, or if prescribed by a licensed health care professional with expertise regarding the need for such therapy.

- **Electronic Devices (Funding limit $1,000)** - Requests for electronic devices such as computers, laptops, tablets, and televisions, will be considered for funding up to $1,000, including peripherals. The need must be justified with information on the therapeutic benefit of the device for the beneficiary. Requests for ongoing expenses such as subscriptions or internet plans are *not* eligible.
- **Clothing (Funding limit $500)** - Requests for new clothing will be funded up to $500. Additional funding may be requested for specialized clothing or severe weather outerwear.
- **Home Items and Furniture** – Basic home items and furniture that increase an individual's independence and overall accessibility of the home. The need must be justified with information on the therapeutic benefit of the items for the benefit of the beneficiary.
- **Home Improvements or Modifications** – Home modifications that will enable the beneficiary to function with greater independence or to access the community.
- **Transportation** – transportation to and from required services, therapies, or other vital activities.

# Unallowable Costs

TABI Supplemental Services will not pay for the following expenses:

- Past due bills, including medical bills or other bills that have been sent to collections.
- Requests for ongoing expenses such as subscriptions or internet plans.
- Services not directly serving the individual with a brain injury (for example, services or expenses related to the individual's family members).

- Goods or services that do not have a clear and justified connection to the individual's therapeutic needs and independent living skills.

## Review Process

The Review Committee will maintain the confidentiality of all application materials, including medical records and personal statements, in accordance with HIPAA regulations. Applications must be received by the 15th of each month to be considered for review. Submission of a completed application does not guarantee approval. Exceptions for requests exceeding funding limits may be considered at the discretion of the Review Committee. Applicants will be notified of their approval or denial status within one week of the committee's review.