

STATE OF ALASKA DEPARTMENT OF HEALTH & SOCIAL SERVICES SENIOR AND DISABILITIES SERVICES POLICY & PROCEDURE MANUAL	SECTION: Grants	Number: 9-4	Page: 1
	SUBJECT: Mini-grants for Traumatic and Acquired Brain Injury (TABI)		
	APPROVED: /s/ Duane G. Mayes Duane G. Mayes, Director		DATE: 7/9/15

Purpose

To delineate responsibilities for management of Traumatic and Acquired Brain Injury (TABI) mini-grant funds.

To describe the eligibility requirements and the application process for TABI mini-grant awards.

To clarify the funding priorities for which mini-grants are available.

Policy

The Division of Senior and Disabilities Services (SDS) administers the TABI mini-grant program. The TABI mini-grant program is funded annually by legislative appropriation. SDS awards a contract to a single entity to manage the process of awarding mini-grants to qualifying applicants for equipment and services that fulfill needs related to an applicant's TABI-specific conditions in order to improve the applicant's health, safety or independent functioning. Mini-grants can fund unmet medical, vision, hearing, therapeutic or dental needs, housing needs for individuals who are homeless or facing eviction, employment-related services and supports, and other equipment and services that improve health, safety, or independent functioning and are directly related to the applicant's TABI.

Individuals 18 years of age or older with a diagnosis of traumatic or acquired brain injury may apply for mini-grants. The individual or the individual's representative may submit the application package. Applicants may work with an Aging and Disability Resource Center (ADRC), Independent Living Center (ILC), a case manager, or other resource navigator to facilitate the application process in coordination with the mini-grants contractor.

TABI mini-grants cannot be awarded when other funding is available to meet the identified need. TABI mini-grant funds are available to individuals statewide up to a maximum of \$2,500 per fiscal year. Individuals may not receive more than \$5,000 in TABI mini-grant awards within a five year period.

Authority

AS §47.80.500 Traumatic and Acquired Brain Injury Program; 7 AAC §78 Grant Programs.

Definitions

“Fiscal Year” means the period between July 1 of one year and June 30 the next year, inclusive.

“Mini-grant contractor” means the entity that manages the mini-grant process.

“Representative” means a parent, guardian, or other individual with legal authority to act on behalf of an applicant or a recipient.

“Traumatic or acquired brain injury” means an insult from physical force or internal damage to the brain or its coverings, not of a degenerative or congenital nature, that produces an altered mental state and that results in a decrease in cognitive, behavioral, emotional, or physical functioning. (AS 47.80.590)

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Responsibilities

1. **SDS** is responsible for
 - a. administering the mini-grants program;
 - b. approving program forms;
 - c. making recommendations for membership on the TABI mini-grant advisory committee; and
 - d. providing technical assistance and guidance.
2. The **applicant/representative** is responsible for
 - a. submitting applications to the mini-grant contractor; and
 - b. working with an ADRC, ILC, case manager, or other resource navigator for assistance with submitting the application if needed.
3. The **mini-grant contractor** is responsible for
 - a. submitting a plan for distribution of mini-grant funds across the fiscal year by the end of the first month of every fiscal year;
 - b. submitting a detailed statewide outreach and marking plan to SDS by the end of the first quarter of every fiscal year;
 - c. verifying applicant eligibility as applications are received;
 - d. managing the grant award process, including prioritizing applications for review by the mini-grant advisory committee;
 - e. selecting members to serve on the advisory committee, subject to SDS approval;
 - f. maintaining fiscal oversight of grant funds; and
 - g. submitting required reports to SDS.
4. The **mini-grant advisory committee** is responsible for
 - a. reviewing applications; and
 - b. determining mini-grant award amounts on the basis of the funding priorities identified in this policy.

Procedures

A. Grant Process

1. Outreach and Marketing
 - a. The mini-grant contractor conducts outreach and marketing of the TABI mini-grant program, including information on how to obtain an application
 - i. by multiple means of communication which will reach the intended target population, with particular attention to rural and underserved areas;
 - ii. through outreach to provider agencies, Independent Living Centers, and community organizations; and
 - iii. by advising the Aging and Disabilities Resource Centers.

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- b. The outreach and marketing plan must state that applications
 - i. may be submitted at any time to the mini-grant contractor;
 - ii. are reviewed monthly by the mini-grant advisory committee;
 - iii. are reviewed monthly by the mini-grant advisory committee;
 - iv. must be received by the last day of the month to be considered for an award during that month's award cycle;
 - v. are considered for funding using the funding priorities stated in this policy and the essential need identified in the application; and
 - vi. that are not selected for funding awards can be resubmitted in future months.

2. Funding criteria

- a. The mini-grant contractor verifies that the requested equipment and services
 - i. cannot be funded through another program or source;
 - ii. fall within the funding categories identified in priority order below; and
 - iii. are essential to the applicant's health, safety or increased independent functioning.
- b. The mini-grant contractor funds requests for the following categories (in order of priority)
 - i. medical (includes vision, hearing, psychological testing, and therapies when prescribed by a health care professional) equipment and services;
 - ii. dental equipment and services;
 - iii. housing-related needs for individuals, including
 - A) rental assistance, limited to one payment per applicant's lifetime and with submission of a plan to prevent reoccurrence of need, for the purpose of preventing eviction from the home in which the applicant resides;
 - B) assistance with housing, in the form of a housing deposit, limited to one payment per applicant's lifetime and with submission of a plan to prevent reoccurrence of need, for the purpose of securing permanent housing for an applicant; and
 - C) utilities assistance to prevent disruption of service, limited to one payment per applicant's lifetime and with submission of a plan to prevent reoccurrence of need, for heating, fuel, or electricity for the home in which the applicant resides;
 - iv. employment-related services and supports; and
 - v. other equipment and services that improve health, safety, or independent functioning and are directly related to the applicant's TABI.

3. Application

- a. The applicant/representative
 - i. completes the *Traumatic & Acquired Brain Injury Mini-grants Application* (Attachment A);
 - ii. obtains a completed *Verification of Diagnosis (VOD)* form (Attachment B)
 - A) if the individual is applying for funds for medical services to obtain a TABI verification of diagnosis, the VOD form is waived, and
 - B) when verification of diagnosis is received, the individual will be eligible for other mini-grant funding within the guidelines of the program, and

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- iii. submits to the TABI mini-grant contractor the completed VOD form, *Traumatic & Acquired Brain Injury Mini-grants Application* and supporting documentation including
 - A) the cost of equipment and services (including tax and shipping, if applicable), as
 - 1. two written, itemized quotes or estimates from a vendor, or
 - 2. two catalog or website pages showing item and completed order form;
 - B) for physical, occupational or speech therapy, a prescription from a licensed health care professional.
 - b. The TABI mini-grant contractor
 - i. verifies that the applicant is eligible for TABI mini-grant program by reviewing the application and VOD;
 - ii. determines whether the specific equipment and services requested meet the funding priorities and essential services criteria for mini-grants;
 - iii. awards mini-grants as decided by the advisory committee, by notifying all applicants of funding decisions, whether approved or denied, by the 15th of the month following the application month;
 - iv. when eligibility or request criteria are not met, returns the application materials to the applicant/representative; and
 - vi. when a denied applicant requests in writing that the completed application be considered for funding in another specified funding cycle, includes the application in that funding cycle.
4. Selection.
- a. The mini-grant contractor forms an advisory committee that
 - i. consists of
 - (A) the contractor employee responsible for managing the mini-grant process,
 - (B) an employee of SDS, and
 - (C) an employee of a TABI stakeholder group or consumer of TABI services;
 - ii. is approved by SDS, and
 - iii. is trained regarding the funding criteria and eligibility requirements for mini-grants;
 - b. The advisory committee
 - i. evaluates applications that are received by the last day of the month and ranks them based on priority of funding category, urgency, essential qualities, and expected outcomes, and
 - ii. makes mini-grant funding award decisions, based on ranking, up to a maximum of \$2,500 per year, and \$5,000 in five years, per applicant.

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B. Fiscal Oversight

1. Grant Management

The mini-grant contractor manages the mini-grant program by

- i. order or purchase all equipment and services directly from vendors, by the 25th of the month of the award;
- ii. retaining all receipts;
- iii. documenting all expenditures, including a report from the recipient that the item or service was received and was satisfactory; and
- iv. maintaining all financial and program records for audit and compliance with 7 AAC 78.240.

2. Reports

a. The mini-grant contractor provides to SDS the

- i. *Cumulative Fiscal Report* on a quarterly basis;
- ii. *TABI Mini-Grant Quarterly Award Report* on a quarterly basis, which includes
 - number of awards and dollar amounts by category;
 - number of unduplicated individuals receiving an award;
 - number of awards by region;
 - number of denied applications by region;
 - number of denied applications by reason; and
 - amount of unfunded requests for eligible but denied applications; and
- iii. the TABI Mini-Grant Narrative Report on a semi-annual basis.

b. The mini-grant contractor enters statistical, demographic, and award data into the SDS web-based data system on a monthly basis.

Attachments

1. Attachment A: TABI Mini-Grant Application
2. Attachment B: Verification of Diagnosis Form



Traumatic & Acquired Brain Injury Mini-grant Application

Applicant:		Date of Birth:	
Address:			
City:		State:	Zip code:
Telephone:		Email address:	
Have you applied for a TABI mini-grant before? Yes <input type="checkbox"/> No <input type="checkbox"/>		Have you received a TABI mini-grant before? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<p>Certification statement: I have no funds personally to make this purchase. I verify that there are no other programs available to fund this request, and acknowledge that SDS may request verification in the form of denied applications. I also give permission for the mini-grant contractor to contact me and/or the person completing the form, as indicated below.</p> <p>Signature: _____ Date: _____</p>			
Amount requested (Maximum \$2,500): \$ _____ for equipment and/or services to meet the following needs: <input type="checkbox"/> Medical (includes vision and hearing) <input type="checkbox"/> Dental <input type="checkbox"/> Psychological <input type="checkbox"/> Physical/occupational/ speech therapy <input type="checkbox"/> Housing <input type="checkbox"/> Home modifications <input type="checkbox"/> Assistance or adaptive equipment <input type="checkbox"/> Employment <input type="checkbox"/> Transportation <input type="checkbox"/> Other: _____			
Describe equipment/services requested. <i>Attach supporting documentation, e.g., estimate from a vendor, catalog page/order, or prescription from a licensed health care professional. Include the cost of shipping and enough detail to facilitate the purchase if awarded the mini-grant.</i>			
Describe the essential need which the equipment/services will address. Provide additional documented evidence of need, if available. List all other resources that were explored in addition to the TABI mini-grant.			
Describe how the equipment/services will increase independent functioning and integration in the community. What outcome is expected if funding is received? What outcome will take place if funding is not received?			
Person completing form:		Telephone/email:	
Relationship to applicant:			
Referring provider agency:			
Agency contact:		Telephone:	



State of Alaska • Department of Health and Social Services • Senior and Disabilities Services
Traumatic & Acquired Brain Injury Mini-grant Program

Verification of Diagnosis
For Traumatic and Acquired Brain Injury

Applicant/Recipient Name: _____ Date of Birth _____

The information requested by this form, which must be completed by a physician, a physician assistant, an advanced nurse practitioner, or a neuropsychologist, will assist to determine if the applicant/recipient qualifies for the TABI mini-grant program. Questions may be directed to {insert agency name}, the mini-grant contractor, by calling {insert agency contact numbers}.

“Traumatic or acquired brain injury” means an insult from physical force or internal damage to the brain or its coverings, not of a degenerative or congenital nature, that produces an altered mental state and that results in a decrease in cognitive, behavioral, emotional, or physical functioning, as defined in Alaska Statute 47.80.590. An acquired brain injury is an injury to the brain that has occurred after birth, and is not induced by birth trauma.

I certify that the above named individual has a current diagnosis of Traumatic or Acquired Brain Injury, and is currently experiencing symptoms as a result of the brain injury.

Diagnoses (*Please do not use ICD codes*):

Primary: _____

Secondary: _____

Additional: _____

I certify that, to the best of my knowledge, the above information is true, accurate, and complete.

Physician, PA, ANP or Neuropsychologist signature Date ID#

Name (*please print*) Telephone number

Physicians may fax the completed form to (agency fax number).