

NJ Department of Human Services
Division of Disability Services

NJ Traumatic Brain Injury Fund Report – 2013



NJ Division of
Disability Services

Chris Christie, Governor
Kim Guadagno, Lt. Governor

Jennifer Velez, Commissioner
Joseph Amoroso, Director

Prepared by the NJ DHS Office of Publications - 07/14

NJ Traumatic Brain Injury Fund Report

TABLE OF CONTENTS

| | |
|--|----|
| Authority | 1 |
| Purpose of the Fund | 2 |
| Eligibility for the TBI Fund | 2 |
| Eligibility Requirements of the TBI Fund..... | 2 |
| Application Process for the TBI Fund..... | 2 |
| Role of the TBI Fund Case Manager | 3 |
| Definition of Traumatic Brain Injury..... | 3 |
| Common Causes for Traumatic Brain Injury | 3 |
| Symptoms of Traumatic Brain Injury | 4 |
| Common Causes for Acquired Brain Injury..... | 4 |
| History of the TBI Fund | 4 |
| NJ Advisory Council on Traumatic Brain Injury..... | 4 |
| TBI Fund Review Committee | 6 |
| Services and Supports | 6 |
| National Statistics on TBI | 5 |
| Traumatic Brain Injury in New Jersey | 6 |
| TBI Fund Applicants by County | 7 |
| Major Causes for TBI | 7 |
| Ten Year Fiscal Review of the TBI Fund-(2003-2013) | 8 |
| Education, Outreach and Prevention..... | 9 |
| Changes to the Fund's Regulations | 9 |
| The Traumatic Brain Injury Fund Today and Beyond..... | 10 |
| Case Histories..... | 11 |



NJ Traumatic Brain Injury Fund Report – 2013

This report is written in accordance to P.L. 2001, c 332 (N.J.S.A. 30.6F-B, which states, in part, “C.30:6F-7 Annual report on status of fund.

7. The Department of Human Services shall report annually on the status of the fund to the Governor and to the Senate and General Assembly committees with responsibility for issues affecting health or human services. ”

In addition to providing supports to survivors of traumatic brain injury, the Fund also contracts with the Brain Injury Alliance (BIA) of New Jersey to provide outreach and education on brain injuries. The Alliance provides many services in conjunction with the Fund’s objectives for New Jersey residents who have survived a traumatic brain injury (See section XVIII).

The Fund currently has over 1,900 active recipients. The total number of applicants in the database is 8,349. The current annual cap is \$6,000, with a lifetime cap of \$100,000. To date, no applicant has reached the lifetime cap. Average awards for the year are approximately \$1,000. Activities in 2013 included updating the database with current information. In July 2013, the Fund raised the annual cap to \$6,000 from \$3,000, as the financial stability of the program improved dramatically.

I. Authority

Statutory Citation: P.L. 2001, c 332 (N.J.S.A. 30:6F-6B)

Regulatory Citation: N.J.A.C. 10:141

II. Purpose of the Traumatic Brain Injury Fund

The purpose of the Traumatic Brain Injury (TBI) Fund is to assist New Jersey residents who have survived a traumatic brain injury to obtain post-acute and rehabilitative services and supports they need to live within the community. The Fund sponsors services and supports that foster independence and maximize quality of life. Also, in accordance with its legislation, the Fund provides support for education and outreach for prevention of brain injuries through a contract with the Brain Injury Alliance of New Jersey.

III. Eligibility for the TBI Fund

- The Fund is the payer of last resort and must be utilized after other benefits and funding sources have been exhausted, or do not exist.
- Individuals are eligible for up to \$15,000* per funding year, with a lifetime cap of \$100,000.

**Note: See Section XIX "Changes to the Fund's Regulations" for an update on cap change allowances, and other revisions to Fund regulations. The annual cap was raised from \$3,000 to \$6,000 on July 1, 2013. The cap will be raised on July 1, 2014 from \$6,000 to \$10,000.*

IV. Eligibility Requirements of the TBI Fund

Fund applicants must meet the following three criteria:

1. Provide medical documentation of a traumatic brain injury, as defined by the Centers for Disease Control (CDC)
2. Must be a NJ resident for at least 90 days prior to application date
3. Have liquid assets of less than \$100,000 (excluding the primary residence, one vehicle,)

V. Application Process for the TBI Fund

When an application request is made, Fund staff send out an application (to be completed by the applicant, a family member or guardian) and medical document forms, which are completed and signed by a physician, who can verify the clinical information about the client. A case manager, through a contract with the Fund, is assigned, who will contact the applicant, family member or guardian to make an appointment for an assessment. The case manager meets with the applicant, family member and/or guardian, to gather socioeconomic information as well as benefits they may be receiving (Medicare, Medicaid, etc.), dates of when the injury occurred and how the injury was sustained.

Case managers are assigned based upon the county in which an applicant lives.

If the applicant requires assistance completing the application, Fund staff may assist over the phone, or a case manager may come to the home of the applicant and assist with completing the application.

When all documents are received by the Fund, eligibility is determined by a clinical specialist or the Fund Manager, and if deemed eligible, the application is forwarded to a contracted case management agency.

VI. Role of the TBI Fund Case Manager

Based upon that interview, the case manager writes a support plan requesting the services the client needs.

Plans submitted by case managers are screened by Fund staff to ensure adherence to Fund regulations, and then abstracted for consideration by the Review Committee.

Upon determination of the committee, letters are mailed to clients informing them of the committee's decision. The Committee may decide to approve, modify or deny a plan.

Approval letters, signed by the Fund Manager, are mailed to clients, along with letters that guarantee of payment to the approved provider(s), with copies of both to the assigned case manager, and hard copies are filed also in electronic format for client's folders.

Upon receipt of the approval letters, the case manager informs the client and the provider(s) that services may now begin. A schedule and/or appointment is arranged with the client and provider. The guarantee of payment (GOP) letter includes the service approved, the total amount of funding approved, and the beginning and ending dates services must be performed within.

Included in each GOP letter is the following statement, "It is the responsibility of the provider to ensure that the amount billed does not exceed the award amount or valid date. The TBI Fund is not responsible for the cost of any supports, items or services beyond the above award or date. Any additional treatments other than those listed above require Fund approval prior to rendering service. The TBI Fund is the payer of last resort."

In the event a plan is denied by the Committee, the client has the right to reconsideration by the Review Committee. A written request for reconsideration must be received within 30 calendar days of the date of the denial letter, and must state the reason(s) why the client disagrees with the decision reached by the Review Committee. They may provide additional information and/or supporting documentation with their request for an appeal.

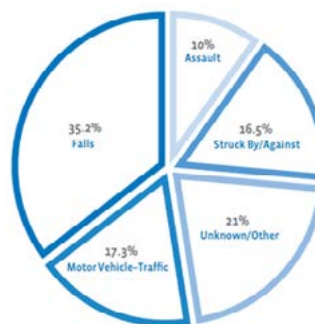
VII. Definition of Traumatic Brain Injury

The Fund has recently adopted amendments to its regulations at N.J.A.C. 10:141. These amendments include a change in the definition of Traumatic Brain Injury that is used to determine eligibility for benefits from the Fund. The Fund now uses the Federal CDC definition for traumatic brain injury, which states, in part, "A TBI is caused by a bump, blow or jolt to the head or a penetrating head injury that disrupts the normal function of the brain."

VIII. Common Causes for Traumatic Brain Injury

According to the Centers for Disease and Control Injury Prevention Center, the leading causes of traumatic brain injury nationally are:

Falls: 35.2%
Unknown/Other: 21%
Motor Vehicle: 17.3%
Struck by/Against: 16.5%
Assault: 10%



**Chart and statistics courtesy of Brain Injury Association of America*

More than half of all traumatic brain injuries to people under the age of 75 years are a result of motor vehicle crashes. Falls are the leading cause of head injuries in people over 75.

IX. Symptoms of Traumatic Brain Injury

People who sustain a head injury may experience many different symptoms, including, but not limited to:

- loss of consciousness
- concussion
- memory loss (long and/ or short term)
- headache
- confusion
- difficulty speaking/hearing/vision loss

Open head injuries may cause bleeding, swelling and bruises on the head.

X. Common Causes for Acquired Brain Injury

An acquired brain injury is an injury to the brain, which is not hereditary, congenital, degenerative, or induced by birth trauma. An acquired brain injury is an injury to the brain that has occurred after birth.

Types of acquired brain injury include (but are not limited to):

- stroke (CVA)
- anoxia – loss of oxygen to the brain
- hypoxia - Deficiency in the amount of oxygen reaching body tissues
- tumor
- aneurysm
- brain bleed

XI. History of the TBI Fund

Legislation was passed in 2002 (PL 2001, Chapter 332, Section 5.) and the Fund began operations in 2004.

In 2002, through a surcharge on New Jersey motor vehicle registrations, the State of New Jersey established the TBI Fund. The Department of Human Services, through the Division of Disability Services, administers the program. It took two years to start the Fund operations because regulations had to be created and published in the NJ Register, forms for application were developed, procedures were created and staff was hired. The first application request was received on May 3, 2004.

XII. New Jersey Advisory Council on Traumatic Brain Injury

Legal Authority: Executive Order # 84 of 05/28/98

The TBI Fund Advisory Council is charged with the following: (a) advise and make recommendations to the Department of Human Services and the other related State agencies on ways to improve services regarding traumatic brain injury, including the coordination of such services between public and private entities; (b) encourage citizen participation through the establishment of public hearings and other types of community outreach and prevention activities; (c) encourage research and prevention activities; and oversee any programs created under federal Public Law 104-166 known as the Traumatic Brain Injury Act and any successive amendments to said Act, and report to the federal government regarding such programs. The advisory council oversees the program and makes recommendations at quarterly meetings.

Members include eight individuals who are survivors of traumatic brain injury or the family members of such individuals, and at least 1 individual representing each of the following groups: public or private health-related organizations, disability advisory or planning groups within the state, the Brain Injury Alliance of New Jersey, injury control programs at the state or local level, and the Center for Health Statistics for data research purposes. The Commissioners of the Departments of Human Services, Education, Health and Senior Services, Community Affairs, Labor, Banking and Insurance, Law and Public Safety, and Treasury and/or their designees, also serve on the Council.

The statute governing the Advisory Council states the following:

C.30:6F-3 New Jersey Advisory Council on Traumatic Brain Injury.

3. a. There is established in the Department of Human Services the New Jersey Advisory Council on Traumatic Brain Injury.
- b. The council shall be composed of 26 members as follows: the Commissioners of Human Services, Education, Health and Senior Services, Community Affairs, Labor and Banking and Insurance, the Attorney General and the State Treasurer, or their designees, who shall serve ex officio and 18 public members, who shall be appointed by the Governor, with the advice and consent of the Senate. Of the public members, eight shall be survivors of traumatic brain injury or the family members of these persons and at least five shall be representatives of the following groups: public or private health-related organizations, disability advisory or planning groups within the State, the Brain Injury Association of New Jersey, injury control programs at the State or local level, and the Center for Health Statistics in the Department of Health and Senior Services for data research purposes.
- c. Public members shall serve for a term of three years from the date of their appointment and until their successors are appointed and qualified; except that of the members first appointed, six shall serve for a term of one year, six shall serve for a term of two years and six shall serve for a term of three years. Vacancies shall be filled for the balance of the unexpired term in the same manner as the original appointments were made. A member of the council shall be eligible for reappointment.
- d. The public members who are serving on the New Jersey Advisory Council on Traumatic Brain Injury established by Executive Order No. 84 of 1998, on the effective date of this act may complete the duration of their term as members of the council established pursuant to this act and are eligible for appointment to the council established pursuant to this act.
- e. The members of the council shall meet quarterly and the Commissioner of Human Services, or his designee, shall serve as chair of the council.
- f. The members of the council shall serve without compensation, but shall be reimbursed for necessary and reasonable expenses actually incurred in the performance of their duties, within the limits of funds appropriated or otherwise made available to the council for this purpose.

C.30:6F-4 Duties of the council.

4. The council shall:
 - a. Advise and make recommendations to the Department of Human Services and other related State agencies on ways to improve and develop services regarding traumatic brain injury, including the coordination of these services between public and private entities;
 - b. Encourage citizen participation through the establishment of public hearings and other types of community outreach and prevention activities;
 - c. Encourage and stimulate research, public awareness, education and prevention activities;
 - d. Oversee any programs created under the federal law, Pub. L.104-166, known as the Traumatic Brain Injury Act, and any successive amendments to that act, and report to the federal government regarding these programs; and
 - e. Advise the Commissioner of Human Services on the administration of the Traumatic Brain Injury Fund established pursuant to section 5 of this act.

XIII. TBI Fund Review Committee

The review committee hears abstracts of support requests (care plans) written by case managers to determine the outcome of those requests based upon the guidelines and regulations of the Fund. The committee consists of the Director of the Division of Disability Services, a member of the Brain Injury Alliance of NJ, a family member of a brain injury survivor, a brain injury survivor, a professional in brain injury treatment, and two members of the advisory council.

The committee meets approximately six times a year.

Among the areas the Committee looks for are:

- The request has a clear link to traumatic brain injury
- There is an attainable outcome and need or necessity
- Clear longevity of service when sponsorship is over
- The plan contains a good use of Fund resources
- The request made is for more than just financial relief , and has a rehabilitative goal

XIV. Services and Supports

Among the eligible services covered by the Fund (but not limited to):

- Cognitive Therapy – to improve memory, organization, management of life skills, etc.
- Assistive technology – computers for cognitive rehabilitation, GPS, adaptive software
- Home/Vehicle Modifications – ramps, accessibility, lifts, etc.
- Pharmaceuticals – to treat conditions such as: pain, anxiety, memory loss, etc.
- Neuro - ophthalmology, Vision Care, Prisms, Glasses
- Medical Transportation – to transport to medical appointments
- Companion Care – to perform household tasks, errands, meal preparation, etc.

**All services covered must be brain injury related, by regulation.*

XV. National Statistics on TBI as of 2010

- 5.3 million people have a brain injury in the U.S., equivalent to 2% of the population
- A brain injury occurs every 23 seconds and 1.4 million people are hospitalized each year
- 235,00 will survive after hospitalization
- Approximately 80,000-90,000 will have permanent injuries
- 50,00 will not survive
- Males sustain almost 3 times the number of brain injuries than females
- Motor vehicle collisions are the leading cause of brain injuries
- Leading cause of brain injury in children are falls, motor vehicle crashes and assaults

**Statistics courtesy of Center for Disease Control and Prevention*

XVI. Traumatic Brain Injury in New Jersey

According to the Center for Health Statistics -

- Brain injuries affect thousands of New Jersey residents every year. Traumatic brain injuries (TBI) are most often caused by a blow or jolt to the head, and can severely disrupt normal brain functions.
- Each year in New Jersey there are nearly 9,000 TBIs resulting in hospitalization or death. Approximately 10% of TBIs are fatal. Many TBIs go unreported.
- TBIs range from mild to severe and can cause impairment of cognitive and physical abilities as well as changes in behavior or emotional functioning. Seemingly mild TBIs can have significant effects that do not immediately appear.

- The leading cause of TBI in New Jersey historically has been vehicle crashes (including automobiles, bicycles, and recreational vehicles), followed by falls and assaults. However, in 2003 falls became the leading cause of TBI in New Jersey, responsible for more than 20% more TBIs than vehicle crashes.
- Self-inflicted TBI, mostly gunshot wounds, are by far the most lethal, with nearly 97% resulting in death. Males are 13 times more likely to sustain a TBI due to self-injury than women.
- Men are over five times as likely as women to sustain a TBI due to an assault. The rate per 100,000 populations is 15.8 for males and 3.0 for females.

Statistics Courtesy: New Jersey Department of Health and Senior Services

Rates are age-adjusted to the US 2000 Standard population.

Source: 2003 CNS Injury Surveillance data, OISP, CHS, NJDHSS

Percentage Rankings of Active TBI Fund Applicants by County

| | | | |
|-----|-------------------|------|----------------------------|
| 1. | Middlesex County | 9.0% | 179 # of -TBI Fund Clients |
| 2. | Camden County | 8.8% | 176 |
| 3. | Ocean County | 8.5% | 169 |
| 4. | Bergen County | 8.2% | 163 |
| 5. | Burlington County | 7.8% | 155 |
| 6. | Essex County | 7.4% | 147 |
| 7. | Monmouth County | 7.2% | 143 |
| 8. | Mercer County | 6.7% | 133 |
| 9. | Morris County | 5.1% | 99 |
| 10. | Gloucester County | 4.0% | 79 |
| 11. | Union County | 3.9% | 77 |
| 12. | Passaic County | 3.8% | 76 |
| 13. | Somerset County | 3.5% | 70 |
| 14. | Atlantic County | 2.9% | 58 |
| 15. | Hudson County | 2.7% | 54 |
| 16. | Sussex County | 2.5% | 50 |
| 17. | Cumberland County | 2.1% | 42 |
| 18. | Hunterdon County | 1.9% | 38 |
| 19. | Warren County | 1.2% | 24 |
| 20. | Cape May County | 1.1% | 22 |
| 21. | Salem County | 1.0% | 20 |

Major Causes for TBI

The major causes of TBI with Fund clients have been due to:

1. Falls
2. Motor Vehicle/Motorcycle Crashes
3. Assault
4. Gunshot Wounds
5. Pedestrian Accidents

XVII. Ten Year Fiscal Review of the TBI Fund – (2003-2013)

| Year | Revenues | Expenditures |
|-------------|-----------------|---------------------|
| 2003 | \$3,427,318 | \$253,067 |
| 2004 | \$3,643,601 | \$649,003 |
| 2005 | \$3,967,436 | \$1,038,507 |
| 2006 | \$4,223,503 | \$2,405,086 |
| 2007 | \$3,911,762 | \$4,317,391 |
| 2008 | \$4,293,410 | \$5,889,069 |
| 2009* | \$3,497,442 | \$8,867,916 |
| 2010 | \$3,456,402 | \$4,605,205 |
| 2011 | \$3,501,692 | \$3,713,291 |
| 2012 | \$3,585,572 | \$1,694,556 |
| 2013 | \$3,594,404 | \$4,982,707** |

**Note- \$2,179,000.00 was taken from the Fund's surplus in 2009. The money was returned, and then paid back in 2010.*

The Fund was operating with a surplus until 2007, when expenditures increased due to the volume of applicants increasing

***Note: In 2013, \$4,145,000 was re-allocated to the TBI Waiver due to a Fund surplus, and waiver deficit, to allow brain injury funding to remain within programs that serve the BI community. (Fund Regulations (N.J.A.C. 10:141))*

XVIII. Education and Outreach

The Fund also is to provide education and outreach to raise public awareness and prevention of brain injury. Through legislation, the Brain Injury Alliance (BIA) of New Jersey is contracted with this responsibility.

Using the Fund's purposes as objectives, the Brain Injury Alliance of New Jersey focuses on four primary program goals.

- Promotion of the TBI Fund, as well as other brain injury resources.
- Publicizing the government's commitment to devoting a portion of the Fund's resources to assist people better understand the significance of brain injury on the lives of New Jersey citizens, and ways to prevent brain injury.
- Providing information about traumatic brain injury to those directly affected by injury. This includes consumers and professionals.
- Training sessions are scheduled by the NJ BIA throughout the year titled, "Brain Injury Basics" and "Brain Injury 101", to educate brain injury survivors and their families about brain injury.
- Information and Referral, as well as a library of resources available to survivors, families and professionals.
- Family Support Specialists to meet with families to assist them with information and resources that may be available to them.
- Raise awareness of traumatic brain injury, its high incidences and its prevention. The general public is the target for these activities.
- Targeted public campaigns for brain injury prevention. Other aspects of brain injury, such

as falls by elders, sports concussion, and automobile crashes, have been subjects of these campaigns.

- Summer respite programs, county based support groups; mentor programs; family support and care coordination; injury prevention services, and systems advocacy.

XIV. Changes to the Fund's Regulations

From 2007 through 2009, the Fund experienced tremendous growth, more than doubling in the number of clients. In the summer of 2009, owing to the economic downturn, the Fund experienced unprecedented and unanticipated growth. The number of applications received each month grew from 15-20 to approximately 300. In addition, requests for assistance from the Fund increased so that the average award to an individual increased from \$3,000 to \$6,000 a year. This growth led to an increase in expenditures for client services, administrative costs for case management, and operations, while the revenues generated from the collection of motor vehicle registrations remained flat. The New Jersey Advisory Council on Traumatic Brain Injury (appointed by the Governor) is identified in the enabling legislation as the body to oversee the Fund. As a result, the initial Fund regulations were developed by a work group from that Council and promulgated. In April 2009 the Council was advised of the impending financial crisis with the Fund; then Division staff presented the Council with a variety of options for restructuring the Fund and sought their advice. There were two presentations to the Council on this issue. At the June 9, 2009 Council meeting the members, by vote, endorsed the Division's plan for restructuring the Fund. Formal amendments to the current regulations were then drafted by staff.

Effective November 1, 2009, a hold was placed on all new Fund applications and the applicants were advised that we were not able to process their applications until a later date, while also assuring them that their applications would be considered as soon as we were financially in a position to do so.

With an impending shortfall, the Traumatic Brain Injury (TBI) Fund published new regulations in the New Jersey Register on December 21, 2009 (41 N.J.R. 4657) making certain changes in eligibility criteria and covered services under the Fund.

The proposed regulations changed the definition of brain injury, made changes in service coverage, and instituted limitations on the duration of some services. These changes were purely for the purpose of keeping the Fund financially viable. The changes included:

- Amending the definition of Traumatic Brain Injury (TBI) to reflect the federal Centers for Disease Control & Prevention (CDC) definition of TBI. Previously, the definition used is that found in the federal TBI Act (different from the CDC definition) and that definition includes individuals with acquired, as well as traumatic, brain injuries. Acquired brain injuries include, stroke, brain tumors, anoxia and aneurysms.
- Limiting the duration of cognitive, physical, occupational and speech language therapy.
- Having the ability to lower the annual cap on services from \$15,000 per year in order to stay within budget.
- Defining the nature and scope of various services for clarity and consistency.
- Changing the "order of selection" that is to be invoked if the Fund has insufficient resources to approve all applications.
- Eliminating services that have been determined to not meet the criteria of being necessary for an individual with a traumatic brain injury.

Eligible services covered by the Fund also changed, including, but not limited to; the elimination of certain services such as:

- Massage therapy
- Gym/Fitness memberships
- Services rendered by out-of-state providers
- Personal care services that are deemed to be custodial in nature
- Payment of medical co-pays and insurance premiums.

**For a complete list of eligible and ineligible services, see Appendix #1.*

This change allowed the Fund to focus on services that are directly related to traumatic brain injury treatment and rehabilitation.

Active clients with acquired brain injuries were disqualified as their respective funding years ended, and referred to other state and federal programs.

XV. The Traumatic Brain Injury Fund Today and Beyond

Per the amended Fund regulations, the Fund only accepts applications from survivors of traumatic brain injury (TBI). The Fund currently is serving approximately 1,900 clients. Service requests submitted by case management agencies are being processed and services rendered on a timely basis, usually within two to four months from date of application.

Approximately 20-25 new application requests per month are being received by the Fund, with approximately 60% per month becoming new referrals to case management agencies.

The most frequently requested services include:

- Cognitive therapy
- Assistive technology
- Vision care
- Companion services
- Home & Vehicle Modifications

Per the 2009 amended Fund regulations (N.J.A.C. 10:141) the Fund no longer supplements other State or Federal programs; such as Medicaid, Medicare, or private insurance, etc., as the Fund is the payer of last resort. Therefore, all TBI related, approved services are covered by the Fund solely when there is no other coverage or insurances.

Several internal procedural changes have been put into place to ensure efficiencies in payment of invoices, timely processing of applications, and referrals to case management, as well as review and determinations of clients' requests. Providers now are reimbursed within 45-60 days of receipt of invoice in most cases.

Since the Fund is now more fiscally solvent, approval has been given for the Fund to increase the annual cap to up to \$10,000 per funding year, on July 1, 2014. New clients, and current clients with funding years that start on or after July 1, will be eligible for the increased cap amount. Clients who are in their current funding year will become eligible with their next new funding year*. In addition, new, updated TBI Fund brochures will be printed in 2014 for marketing and outreach activities. The Fund will have a presence at disability related events such as: the annual Brain Injury Alliance of NJ Conference, The Abilities Expo, community events and meetings.

**Note: (N.J.A.C. 10:141-1.5 (f) allows the Division Director the discretion to lower the annual cap per beneficiary for a period of twelve months during periods where the Fund has insufficient resources to meet its financial obligations.)*

XVI. Three Case Histories from the TBI Fund

The following are three examples of case histories of survivors of TBI.

Maria is a 36 year-old from Union County who was injured in a motor vehicle crash when her car was hit by another vehicle in August of 2005. She was employed full-time as marketing manager for a drug manufacturer.

After her injury she was transported to a local university hospital and was in a coma for several weeks. Her injuries included a broken arm, cracked ribs, and a traumatic brain injury.

After several weeks in the hospital, then a rehabilitation facility, Maria returned home to her husband and their young child (4 years old). Her bodily injuries healed with time; however, as a result of her TBI, she had short-term memory loss, and difficulty with organization.

The TBI Fund provided funding for cognitive therapy to assist her with her memory and organization, as well as household management to assist with organizing her mail and performing household tasks.

Since her injury she now receives funding for cognitive therapy and organization skills, paid for by the Fund.

Maria is now able to care for her family and perform several of the household tasks she was not able to perform immediately after her TBI.

Paul is a 49 year-old male from Camden County who sustained a traumatic brain injury as a result of a slip and fall accident when there was ice on his driveway. As a result of his TBI, Paul could not return to work, due to memory loss and physical pain. He became very easily agitated due to his brain injury. His health insurance provided medical coverage, however the Fund was asked to pay for life skills training, so he would be able to re-acclimate himself into the community. As a result of this assistance, he was able to move back into his apartment and live independently once again.

Mark is a 17 year-old male from Mercer County who sustained a traumatic brain injury as a result of a gunshot wound during a robbery in 2010. While walking home one night, a man with a gun approached him from behind and demanded money and his cell phone. A struggle began, however Mark was shot in the neck and head as the perpetrator fled. Neighbors heard the gunshots and called 911. The police and EMT personnel arrived on scene to find him on the ground, unconscious and bleeding profusely from the head and neck. He was immediately taken to a local trauma unit and operated on by a neuro-surgeon. After over three months, he was transferred to a rehab facility as he was now blind on one eye, mobility impaired, and had memory loss due to the traumatic brain injury the gunshot to the head caused. Once released from rehab, Mark was sent home. While he was in rehab, the facility's social worker contacted the Fund to request an application on Mark's behalf.

Once all documentation was received by the Fund, a case manager was assigned to Mark, and suggested the family contact the Victim of Crime Compensation Office, as well as assisting with other possible programs for which he may be eligible for. She also assisted with recommending some home modifications to help him with accessibility issues due to his mobility needs.

Mark now is living in his parents' home with a new ramp and an accessible bathroom. His case manager from the Fund also connected him with the Division of Vocational Rehabilitation (DVR) to assist him with any needs for his senior year of high school.



State of New Jersey
Department of Human Services
Division of Disability Services

August 2014