



**Brain & Spinal Cord Injury Program
Annual Performance Report
Fiscal Year 2012-2013**

March 1, 2014

Rick Scott
Governor

John H. Armstrong, MD, FACS
Surgeon General and Secretary of Health

The Brain and Spinal Cord Injury Program (BSCIP) administers a statewide coordinated system of care to serve persons who have sustained moderate-to-severe traumatic brain and/or spinal cord injuries. The program is mandated by Chapter 381, *Florida Statutes (F.S.)*, to provide eligible persons the opportunity to obtain the necessary rehabilitative services enabling them to be referred to a vocational rehabilitation program or to return to an appropriate level of functioning in their community.

To be eligible for program services an individual must:

- Be referred to the BSCIP Central Registry pursuant to s. 381.74, *F.S.*;
- Be a legal resident of the state of Florida as defined in 64I-1.001, *F.A.C.*;
- Have sustained a traumatic brain or spinal cord injury as defined by s. 381.745, *F.S.*;
- Be medically stable as defined by the program; and
- Be reasonably able to achieve reintegration into the community through services provided by the program.

Chapter 381, *F.S.*, mandates the BSCIP provide a report to the Legislature each year summarizing the activities supported by the Brain and Spinal Cord Injury Program Trust Fund. This report summarizes the BSCIP's budget, revenue, expenditures, and statistical data for July 1, 2012 through June 30, 2013. Certified forward expenditures in fiscal year (FY) 2013-2014 are also included. Additionally, the report highlights several of the program's success stories.

PROGRAM FACTS

During FY 2012-2013, 95.1 percent of clients served and closed from the General Program were community reintegrated and/or accepted for services by Vocational Rehabilitation. This calculation does not include clients who decline program services, fail to cooperate, relocate from Florida, or become program ineligible for one reason or another.

■ GENERAL PROGRAM

Community reintegration services provided to eligible individuals included: assistive devices; community re-entry/transitional living; diagnostics; home modifications; medical follow-up; medications/medical supplies; occupational therapy; physical therapy, psychological/neuropsychological evaluations; rehabilitation engineer evaluations; speech/cognitive therapy, and transportation services.

Eligible Individuals Served

1,954

■ TBI/SCI HOME AND COMMUNITY-BASED MEDICAID WAIVER

The TBI/SCI Home and Community-Based Medicaid Waiver has three components; the General Waiver, the Consumer Directed Care Plus Program, and the Nursing Home Transition Initiative.

Community reintegration services provided through the General Waiver included: assistive technologies; attendant care; behavioral programming; community support coordination; companion services; consumable medical supplies; environmental access adaptations; life skills training; personal adjustment and care; and rehabilitation engineer evaluations.

Number of Individuals Served through the General Waiver

287

Community reintegration consulting services were provided through the Consumer Directed Care Plus Program.

Number of Individuals Served through the Consumer Directed Care Plus Program

25

Nursing Home Transition Initiative community reintegration services provided included: assistive technologies; attendant care; behavioral programming; community support coordination; companion services; consumable medical supplies; life skills training; personal care; rehabilitation engineer evaluations; transition case management; and transition environmental access.

Number of Individuals Served through the Nursing Home Transition Initiative

68

BUDGET, REVENUE, AND EXPENDITURES

The following revenue and expenditure information was obtained from the Financial Information System and reflects only BSCIP Trust Fund dollars. The BSCIP legislative budget authority for the BSCIP Trust Fund for FY 2012-2013 was \$20,984,625 (Source: 2012-2013 General Appropriations Act). Total revenues accumulated throughout the fiscal year were insufficient to allow the program to expend its total budget authority.

TOTAL REVENUE

Total revenue made available to the BSCIP Trust Fund through traffic-related civil penalties, temporary license tags, federal Medicaid reimbursements, and subrogation was \$17,080,725.23. During FY 2012-2013, total revenues for the program decreased by \$9,510,752.71 from the previous fiscal year's \$26,591,477.94.

BSCIP TRUST FUND REVENUE SOURCES

Medicaid Waiver Federal Reimbursements		\$ 4,772,659.12
Traffic-Related Civil Penalties		\$ 6,155,458.17
Traffic-Related Civil Penalties - Red Light Camera Fines		\$ 2,861,886.96 *
Driving Under the Influence Fines		\$ 1,342,863.79
Other		\$ 462,042.49
• From other agency	\$ 322,963.14	
• Refunds	\$ 138,391.62	
• 12 Month old Warrant Cancellations/Misc.	\$ 687.73	
Temporary License Tags		\$ 1,261,179.00
Subrogation		\$ 148,438.00
Motorcycle Specialty Tags		\$ 59,646.20
Boating Under the Influence Fines		\$ 16,551.50
		=====
Total Revenue		\$17,080,725.23

* Traffic-related civil penalties for red-light camera infractions are collected and deposited into the BSCIP Trust Fund. These funds are legislatively allocated to the Miami Project to Cure Paralysis for brain and spinal cord injury research and may not be used by the BSCIP.

PROGRAM EXPENDITURES

Total program expenditures were \$12,433,627.04. Every effort was made to provide individuals with the basic and essential services needed to be safely reintegrated back into the community utilizing federal, state and community resources. The BSCIP Trust Fund was used as the payor of last resort to fill unmet needs.

Purchased Client Services - Contracted/Consulting Services				
**	Brandt	\$ 150,847.52	\$ 89,840.00	\$ 240,687.52
**	Cornerstone Software	\$ 52,858.75	\$ 0.00	\$ 52,858.75
	FDOA	\$ 70,000.00	\$ 0.00	\$ 70,000.00
**	ISC	\$ 120,190.00	\$ 0.00	\$ 120,190.00
**	Manpower	\$ 43,200.10	\$ 0.00	\$ 43,200.10
**	Marquis	\$ 122,318.75	\$ 0.00	\$ 122,318.75
**	Vitaver & Associates	\$ 110,150.00	\$ 435,870.87	\$ 546,020.87
		\$ 669,565.12	\$ 525,710.87	\$ 1,195,275.99

Purchased Client Services - Direct Client Services

Consumer Directed Care Plus	\$ 0.00	\$ 0.00	\$ 0.00
General Program	\$ 660,336.60	\$ 0.00	\$ 660,336.60
Nursing Home Transition	\$ 0.00	\$ 7,457.03	\$ 7,457.03
TBI/SCI HCB Medicaid Waiver	\$ 0.00	\$ 42,963.55	\$ 42,963.55
	\$ 660,336.60	\$ 50,420.58	\$ 710,757.18

Medicaid Waiver - State Share

Consumer Directed Care Plus	\$ 0.00	\$ 397,193.11	\$ 397,193.11
TBI/SCI HCB Medicaid Waiver	\$ 0.00	\$ 3,564,701.05	\$ 3,564,701.05
	\$ 0.00	\$ 3,961,894.16	\$ 3,961,894.16

Research

Chapter 381.79(3), F.S.	\$ 648,328.02	\$ 0.00	\$ 648,328.02
*** Chapter 381.0083(3)(a), F.S.	\$ 1,918,659.62	\$ 0.00	\$ 1,918,659.62
	\$ 2,566,987.64	\$ 0.00	\$ 2,566,987.64

	General Program	TBI/SCI Waivers	Total
* Salary	\$ 2,224,101.45	\$ 99,422.20	\$ 2,323,523.65
Expense	\$ 622,380.43	\$ 27,965.25	\$ 650,345.68
OCO	\$ 3,923.55	\$ 0.00	\$ 3,923.55
Contractual	\$ 29,356.95	\$ 3,384.50	\$ 32,741.45
Leasing of Equipment	\$ 28,828.04	\$ 295.68	\$ 29,123.72
Transfer to DMS – HR	\$ 20,884.00	\$ 708.00	\$ 21,592.00
Transfer to GR – 8%	\$ 713,979.07	\$ 0.00	\$ 713,979.07
*** Transfer to GR – 8%	\$ 223,482.95	\$ 0.00	\$ 223,482.95
	\$ 3,866,936.44	\$ 131,775.63	\$ 3,998,712.07
Total	\$7,763,825.80	\$ 4,669,801.24	\$12,433,627.04

*Administrative costs include salaries for FTE direct client service personnel. **Purchased Client Services include staff augmentation contracted services. ***Each quarter, BSCIP transfers eight percent of these funds to General Revenue as required by Chapter 215.20(1), F.S., and 92 percent to the Miami Project to Cure Paralysis as required by Chapter 316.0083(3)(a), F.S. The calculation above includes expenditures for FY 2012-2013 and Certified Forward Expenditures in FY 2013-2014.

In closing, the BSCIP is the only publicly funded state program devoted entirely to the rehabilitation of individuals who have sustained a traumatic brain and/or spinal cord injury. In addition to providing services to 2,334 individuals through its General and Waiver Programs, the program also supported research through funding distributed to the University of Florida's McKnight Brain Institute and the University of Miami's Miami Project to Cure Paralysis. The BSCIP is staffed with dedicated and trained professionals who transform the lives of the people they serve. The impact on individuals is highlighted in the appendix.

Additional data reports are available upon request from the BSCIP by calling (850) 245-4045 or by sending your request to ATTENTION: DATA REQUEST, Brain and Spinal Cord Injury Program, 4052 Bald Cypress Way, BIN C-25, Tallahassee, Florida, 32399-1744.

Appendix: Individual Impact

A 32-year-old male, from Jacksonville Beach, Florida, sustained a severe traumatic brain injury (TBI) when attacked and beaten by two unknown males on July 22, 2012. He sustained significant injuries. He could no longer talk or walk. He was incontinent and had cognitive deficits. He became depressed because he could not speak. He required ongoing medical care and multiple support services to remain in the community. After enrollment in BSCIP, case management services were provided immediately linking him to appropriate community resources and services. The BSCIP provided multiple rehabilitation services to help him reintegrate back into the community. There were ongoing evaluations/assessments; monitoring; and guidance and counseling. The BSCIP provided a ramp for accessibility to the home and a smaller ramp for step down accessibility inside the home. The BSCIP also modified his bathroom, complete with a customized shower chair. The BSCIP sponsored ongoing physical therapy, occupational therapy and speech therapy provided by Brooks Rehabilitation Hospital Outpatient Services.

On September 15, 2013 the client relocated to Tennessee to live with his girlfriend. He departed able to talk and walk with the assistance of a cane. He was overjoyed with his success and so was everyone who worked with him to make this possible. The BSCIP funds used to assist the client in his rehabilitation and to make his home accessible totaled \$28,671.

A 47-year-old gentleman sustained a C4/C5 incomplete spinal cord injury as the result of a motor vehicle accident on October 29, 2011. Prior to his injury, he worked as a postal carrier for the United States Postal Service and lived independently in a home he owns in Orlando. After the accident he temporarily went to stay at his mother's home, as he was unable to live independently in his home that needed modifications. With BSCIP working as secondary payor behind his primary health insurance through his employer, he was able to receive extensive rehabilitation, home modifications, and durable medical equipment, which allowed him to return to his home with minimal need for in-home caregiver assistance. He continued participating in outpatient therapy funded by his private insurance and continued to make gains in his independence.

At last communication, he was beginning to stand with the use of assistive devices and was beginning to work on ambulation. He has been placed on the TBI/SCI Home and Community-Based Medicaid Waiver waitlist to assist with ongoing needs once his private insurance is exhausted and he is unable to fund a caregiver in the home. The BSCIP assisted him in case management of his rehabilitation, the purchase of a roll in shower chair, a modular ramp, and modifications to his bathroom, kitchen, and doorways. Upon closure of his case on October 2, 2013, the total amount of BSCIP funds used to assist the client in returning to live in his home independently was \$20,287.

A 49-year-old female sustained a spinal cord injury when she was involved in a head on collision in Sarasota on March 25, 2012. She was flown to Blake Medical Center due to multiple orthopedic trauma. She was diagnosed with central cord syndrome in which she had more weakness on her right than left side. She underwent spinal cord surgery.

On April 4, 2012 she was transferred to Blake Medical's inpatient rehabilitation program. She received aggressive physical and occupational therapy services. On May 3, 2012, the client was discharged to her home with her roommate in Sarasota. The BSCIP performed a home safety assessment resulting in the provision of an over-the-door pulley; walker bag; built up material for weak grip; and a dexterity kit. She also received in home therapies covered by her health insurance. Although she was making progress, the therapy was eventually stopped because she maxed out her benefits. She also had to undergo some additional surgeries due to other orthopedic issues.

In October 2012, the client attempted to get some additional therapy, but was denied funding. The BSCIP stepped in to fund some in home occupational therapy. The client had limitations with both shoulders. She was also having pain and sensitivity in her right hand and forearm. She was experiencing numbness, along with weakness and decreased dexterity in her hands. Even though she was able to ambulate after her spinal cord injury, she had a limping type gait. After four months of once per week in home therapy, she made substantial progress. She was able to improve her overall activities of daily living functioning, without any adaptive equipment. During the BSCIP case manager's visit on October 31, 2012 the client reported she was doing much better since her therapy visits. She was walking better, and was able to use her right hand more. Near the end of her in-home occupational

therapy services, she became more independent and functional in her home and community. She even returned to driving again.

The client began to get involved with Vocational Rehabilitation (VR) to see if she had the ability to work part-time. She was deemed eligible for VR and received services from a job coach to enable her to find gainful part-time employment. She was very grateful for all the assistance and guidance she had received from BSCIP. Funding provided by BSCIP totaled \$3,232.

A 42-year-old male sustained a TBI in 2012 after falling from a ladder while pressure cleaning his roof. He was admitted to Broward General Medical Center and then transferred to Kindred Rehabilitation Center, using ventilator support. He was later transferred to inpatient rehab at HealthSouth in Sunrise, Florida. He was referred to BSCIP as a TBI at a Rancho 2 with motor, sensory and severe behavioral/cognitive deficits. When we first interviewed him, he needed assistance with activities of daily living, dressing and hygiene. He was ambulatory for very short distances with assistance. He was not continent, but had started letting people know when he needed to go to the bathroom. He had little insight at that point and was highly distracted and agitated. He was using a percutaneous endoscopic gastrostomy (PEG) tube due to swallowing difficulties.

Prior to his injury, he worked for WLRN as a television director and also at Dolphin Stadium working with the scoreboard. He lived with his wife and their two children ages 10 and 12. The client had good support from his wife, who was present for the interview and assisted by signing some of the applications forms.

The BSCIP assisted him with several months of community re-entry services through The Bridge (outpatient center). He made significant progress. He is able to walk without difficulties. His memory and cognitive skills were improved to the point that he expressed interest in returning to work. We referred him to VR, where he continued his remarkable progress. Through VR, he received driving lessons and was able to drive again.

In April 2013, we learned that he was working full-time again as a television director for PBS Station. He was happy with his job and to be back in his line of work. The BSCIP funded services totaling \$9,180.

A 76-year-old gentleman sustained a spinal cord injury after a slip and fall at his home in February 2011. He did not immediately seek medical attention stating that he went to bed that night and did not go to the hospital until the next morning. Upon waking up, he complained of numbness and was taken to Jackson Memorial Hospital (JMH) South. He was transferred and admitted to JMH in Miami on March 4, 2011. He had two surgeries performed on his neck and then was sent to spinal cord injury rehab where he received inpatient physical and occupational therapy for a couple of weeks. He then had a third surgery in his lower back. He had severe canal stenosis at multiple levels with cord compression extending from C2-C3 through C7-T1.

After his discharge home, he had full support and 24/7 supervision from his wife. His wife quit her job and dedicated herself to her husband's care. The BSCIP provided him with a Hoyer lift. He received outpatient physical therapy, occupational therapy and psychology services at JMH Rehabilitation, HealthSouth Rehabilitation and Baptist Rehabilitation Center. The BSCIP funded some of the client's outpatient therapies, as well as some insurance co-payments and medical equipment. When he commenced his rehabilitation therapies, he could not walk. Through intensive therapy, he has made significant progress and has been called the "Miracle Man" at Baptist Rehabilitation Center.

Today, he walks by himself with the assistance of a walker. He enjoys going to the mall and to church every Sunday with his wife. The BSCIP case manager and regional manager visited the client at his home on September 26, 2013. They noted that he is now able to do his daily activities with little assistance and is positive about his future. He has made a miraculous recovery from his spinal cord injury. Both the client and his wife expressed their appreciation and gratitude for all that BSCIP coordinated and funded to assist his rehabilitation. The BSCIP funding totaled \$2,363.