

103^D CONGRESS
1ST SESSION

H. R. 2427

To amend title XIX of the Social Security Act to provide for optional coverage under State medicaid plans of case-management services for individuals who sustain traumatic brain injuries, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JUNE 15, 1993

Mr. WYDEN (for himself, Mrs. UNSOELD, and Mr. FRANK of Massachusetts) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend title XIX of the Social Security Act to provide for optional coverage under State medicaid plans of case-management services for individuals who sustain traumatic brain injuries, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Medicaid Brain Injury
5 Rehabilitation Act of 1993”.

1 **SEC. 2. MEDICAID COVERAGE OF CASE-MANAGEMENT**
2 **SERVICES FOR INDIVIDUALS WITH TRAU-**
3 **MATIC BRAIN INJURIES.**

4 (a) IN GENERAL.—Section 1905(a) of the Social Se-
5 curity Act (42 U.S.C. 1396d(a)) is amended—

6 (1) by striking “and” at the end of paragraph
7 (21);

8 (2) by striking the period at the end of para-
9 graph (24) and inserting a semicolon;

10 (3) by redesignating paragraphs (22), (23), and
11 (24) as paragraphs (25), (22), and (23), respec-
12 tively, and by transferring and inserting paragraph
13 (25) after paragraph (23), as so redesignated; and

14 (4) by inserting after paragraph (23), as redesi-
15 gnated, the following new paragraph:

16 “(24) case-management services provided (in
17 accordance with section 1931) for individuals who
18 sustain traumatic brain injuries; and”.

19 (b) CASE-MANAGEMENT SERVICES DESCRIBED.—
20 Title XIX of the Social Security Act (42 U.S.C. 1396 et
21 seq.) is amended by adding at the end the following new
22 section:

23 “CASE-MANAGEMENT SERVICES FOR INDIVIDUALS WITH
24 TRAUMATIC BRAIN INJURIES

25 “SEC. 1931. (a) IN GENERAL.—For purposes of sec-
26 tion 1905(a)(24), case-management services for individ-

1 uals who sustain traumatic brain injuries are services pro-
2 vided to an eligible individual (as described in subsection
3 (d)) through a State case-management program that
4 meets the requirements of subsection (b).

5 “(b) REQUIREMENTS FOR STATE CASE-MANAGE-
6 MENT PROGRAMS.—

7 “(1) STATE COORDINATOR.—A State case-man-
8 agement program meets the requirements of this
9 subsection only if the State has designated a State
10 coordinator (in this section referred to as the ‘State
11 coordinator’) for traumatic brain injuries who—

12 “(A) establishes policies, standards, and
13 procedures for providing services under this sec-
14 tion to eligible individuals,

15 “(B) contracts with qualified agencies or
16 employs staff to provide services under this sec-
17 tion to eligible individuals,

18 “(C) supervises and coordinates services
19 for eligible individuals,

20 “(D) makes necessary reports to the Sec-
21 retary, and

22 “(E) performs any other duties described
23 in this section.

24 “(2) CASE-MANAGEMENT SERVICES.—A State
25 case-management program meets the requirements

1 of this subsection only if the program provides or ar-
2 ranges for the provision of the following case-man-
3 agement services for eligible individuals:

4 “(A) An initial assessment of—

5 “(i) the individual’s need for case-
6 management services, and

7 “(ii) if the individual is an appro-
8 priate candidate for receiving case-manage-
9 ment services, the individual’s need for
10 other services, with an emphasis on identi-
11 fying community-based services required to
12 prevent institutionalization or minimize the
13 need for residential rehabilitation.

14 “(B) Preparation of a treatment plan for
15 each individual requiring case-management
16 services based on consultation with the individ-
17 ual (other than an individual who is comatose)
18 and any person named by the individual. Prepa-
19 ration of the plan shall be completed—

20 “(i) as soon as possible after the indi-
21 vidual suffers the injury, but may be de-
22 layed (by one or more periods of no more
23 than 15 days each) based on a physician
24 certification that contains a brief expla-
25 nation of the reason for the delay and at-

1 tests that such a delay is in the best inter-
2 ests of the individual, or

3 “(ii) in the case of an individual who,
4 at the time the individual sustains the
5 traumatic brain injury, is not an eligible
6 individual, within 60 days after such indi-
7 vidual becomes an eligible individual.

8 “(C) Presentation of a copy of the initial
9 treatment plan and any subsequent modifica-
10 tions to the plan to the individual or the indi-
11 vidual’s legal representative.

12 “(D) Regular updates of each individual’s
13 treatment plan (based on consultation with the
14 care provider, the individual, and any person
15 named by the individual) with data and infor-
16 mation about treatments and services provided,
17 as well as specific outcome measures of the in-
18 dividual’s performance or activity relative to
19 goals previously established.

20 “(E) Assistance in obtaining services nec-
21 essary to allow the individual to remain in the
22 community, including coordination of home care
23 services with other services.

1 “(F) Advocacy services to assist the indi-
2 vidual in obtaining appropriate, accessible, and
3 cost-effective services.

4 “(G) Assessment of the individual’s need
5 for and level of home care services at appro-
6 priate intervals during the course of the individ-
7 ual’s treatment under the program.

8 “(H) Reassessment of each individual at
9 regular intervals of at least every 3 months to
10 determine the extent of each individual’s
11 progress and to ascertain whether the individ-
12 ual—

13 “(i) is being kept too long in a given
14 setting,

15 “(ii) is being provided services inap-
16 propriately, or

17 “(iii) would be better served by other
18 services or in another setting.

19 “(3) COORDINATION AND ADMINISTRATION OF
20 BENEFITS AND SERVICES.—A State case-manage-
21 ment program meets the requirements of this sub-
22 section only if the program assists in ensuring that
23 an eligible individual is referred to and applies for
24 other benefits (through cooperative agreements with
25 agencies administering benefit programs) and serv-

1 ices for which the individual is eligible under other
2 Federal, State, or local programs, including—

3 “(A) employment services, including voca-
4 tional assessment, training, and placement,
5 sheltered employment, and supported employ-
6 ment;

7 “(B) education benefits, including primary,
8 secondary, and higher education programs;

9 “(C) services available under the Older
10 Americans Act of 1965;

11 “(D) disability insurance under title II;
12 and

13 “(E) independent living services under title
14 VII of the Rehabilitation Act of 1973.

15 “(4) LICENSURE AND COMPLAINT PROCE-
16 DURE.—A State case-management program meets
17 the requirements of this subsection only if the pro-
18 gram provides for the following:

19 “(A) Assuring that any residential setting
20 or facility which provides services to individuals
21 under the program meets any applicable State
22 or local requirements regarding certification or
23 licensure.

24 “(B) A complaint procedure, overseen by
25 the State coordinator, regarding any treatment

1 or service provided to an individual which pro-
2 vides that—

3 “(i) the individual or any person
4 named by the individual may make an oral
5 or written complaint;

6 “(ii) the individual or any person
7 named by the individual may receive the
8 response to the complaint;

9 “(iii) the confidentiality of any com-
10 plainant is maintained;

11 “(iv) an investigation of the complaint
12 is completed within—

13 “(I) 30 days for a routine com-
14 plaint,

15 “(II) 7 days for a complaint of
16 abuse or neglect, and

17 “(III) 24 hours if the individual’s
18 life or safety is immediately threat-
19 ened; and

20 “(v) if the complaint is with respect to
21 a publicly appointed case manager or case
22 worker, substitution of such manager or
23 worker is allowed.

24 “(5) RIGHTS.—

1 “(A) NOTICE.—A State case-management
2 program meets the requirements of this sub-
3 section only if the State coordinator—

4 “(i) provides for the distribution of a
5 notice of the rights described in subpara-
6 graph (B) (including a telephone number
7 to call to register complaints of alleged vio-
8 lations of such rights) to all case managers
9 and residential facilities which provide
10 services under the program to eligible indi-
11 viduals; and

12 “(ii) ensures that such managers and
13 facilities—

14 “(I) distribute such notice to
15 each eligible individual served under
16 the program, and

17 “(II) prominently post such a no-
18 tice in a location readily accessible to
19 such individuals.

20 “(B) RIGHTS SPECIFIED.—The following
21 are the rights of eligible individuals receiving
22 services under a State case-management pro-
23 gram that meets the requirements of this sub-
24 section:

1 “(i) FREE CHOICE.—The right to
2 choose a personal attending physician, to
3 be fully informed in advance about care
4 and treatment, to be fully informed in ad-
5 vance of any changes in care or treatment
6 that may affect the individual’s well-being,
7 and (except with respect to an individual
8 adjudged incompetent) to participate in
9 planning care and treatment or changes in
10 care and treatment.

11 “(ii) FREE FROM PHYSICAL RE-
12 STRAINTS.—The right to be free from
13 physical or mental abuse, corporal punish-
14 ment, involuntary seclusion, and any phys-
15 ical or chemicals imposed for purposes of
16 discipline or convenience and not required
17 to treat the individual’s medical symptoms.
18 Restraints may only be imposed—

19 “(I) to ensure the physical safety
20 of the individual or other individuals,
21 and

22 “(II) only upon the written order
23 of a physician (or other health profes-
24 sional so authorized under State law)
25 that specifies the duration and cir-

1 cumstances under which the restraints
2 are to be used (except in emergency
3 circumstances) until such an order
4 could reasonably be obtained.

5 “(iii) FREE FROM PHARMACOLOGICAL
6 RESTRAINTS.—Psychopharmacologic drugs
7 may be administered only on the orders of
8 a physician (or other health professional
9 authorized to prescribe under State law)
10 and only as part of a plan designed to
11 eliminate or modify the symptoms for
12 which the drugs are prescribed and only if,
13 at least annually, an independent, external
14 consultant reviews the appropriateness of
15 the drug plan of each individual receiving
16 such drugs.

17 “(iv) PRIVACY.—The right to privacy
18 with regard to accommodations, medical
19 treatment, written and telephonic commu-
20 nications, visits, and meetings of family
21 and of patient groups.

22 “(v) CONFIDENTIALITY.—The right to
23 confidentiality of personal and clinical
24 records.

1 “(vi) ACCOMMODATION OF NEEDS.—

2 The right—

3 “(I) to receive services with rea-
4 sonable accommodation of individual
5 needs and preferences, except where
6 the health or safety of the individual
7 or other individuals would be endan-
8 gered, and

9 “(II) in the case of a residential
10 facility, to receive notice before the
11 room or roommate of an individual
12 living in the facility is changed.

13 “(vii) GRIEVANCES.—The right to
14 voice grievances with respect to treatment
15 of care that is (or fails to be) furnished,
16 without discrimination or reprisal for voic-
17 ing the grievances, and the right to prompt
18 efforts by the provider to resolve griev-
19 ances the individual may have, including
20 those with respect to the behavior of other
21 individuals.

22 “(viii) PARTICIPATION IN PATIENT
23 AND FAMILY GROUPS.—In the case of a
24 residential facility, the right of the individ-
25 ual to organize and participate in resident

1 groups and the right of the individual's
2 family to meet with the families of other
3 patients.

4 “(ix) PARTICIPATION IN OTHER AC-
5 TIVITIES.—In the case of a residential fa-
6 cility, the right of the individual to partici-
7 pate in social, religious, and community ac-
8 tivities that do not interfere with the rights
9 of other individuals.

10 “(x) TRANSFER AND DISCHARGE
11 RIGHTS FOR RESIDENTS OF RESIDENTIAL
12 CARE FACILITIES.—In the case of a resi-
13 dential facility, the facility must permit
14 each eligible individual who is a resident to
15 remain in the facility and must not trans-
16 fer or discharge the resident from the facil-
17 ity unless—

18 “(I) the transfer or discharge is
19 necessary to meet the resident's wel-
20 fare and the resident's welfare cannot
21 be met in the facility,

22 “(II) the transfer or discharge is
23 appropriate because the resident has
24 improved sufficiently so the resident

1 no longer needs the services provided
2 by the facility,

3 “(III) the safety or health of in-
4 dividuals in the facility would other-
5 wise be endangered,

6 “(IV) the resident has failed,
7 after reasonable and appropriate no-
8 tice, to pay (or to have paid on the
9 resident’s behalf under this title or
10 under another program for which the
11 resident is eligible to receive benefits)
12 an allowable charge imposed by the
13 facility for an item or service re-
14 quested by the resident, or

15 “(V) the facility ceases to oper-
16 ate.

17 “(xi) PRE-TRANSFER AND PRE-DIS-
18 CHARGE NOTICE.—In the case of a resi-
19 dential facility, before effecting a transfer
20 or discharge of an eligible individual who is
21 a resident, the facility must—

22 “(I) notify the resident (and, if
23 known, a family member of a resident
24 or legal representative) of the transfer

1 or discharge and the reasons there-
2 fore, and

3 “(II) record the reasons in the
4 resident’s plan of care.

5 “(C) RIGHTS OF INCOMPETENT INDIVID-
6 UALS.—In the case of an individual adjudged
7 incompetent under the laws of a State, the
8 rights of the individual under this paragraph
9 devolve upon, and, to the extent judged nec-
10 essary by a court of competent jurisdiction, be
11 exercised by, the person appointed under State
12 law to act on the individual’s behalf.

13 “(D) CONSTRUCTION.—The rights speci-
14 fied in this paragraph are in addition to any
15 right an individual may have under the Ameri-
16 cans with Disabilities Act, section 504 of the
17 Rehabilitation Act of 1973, or under section
18 1919.

19 “(c) SCOPE OF SERVICES.—

20 “(1) IN GENERAL.—An eligible individual who
21 is receiving case-management services described in
22 subsection (b)(2) may receive the following services
23 under such individual’s treatment plan under the
24 State plan:

1 “(A) Acute rehabilitation services, focusing
2 on intensive physical and cognitive restorative
3 services in the early months following injury.

4 “(B) Subacute rehabilitation in either in-
5 patient or outpatient settings.

6 “(C) Transitional living services to train
7 the individual for more independent living, with
8 an emphasis on compensating for the loss of
9 skills which may not be restored.

10 “(D) Lifelong living services for individuals
11 discharged from rehabilitation who require on-
12 going lifetime support.

13 “(E) Home care, including comprehensive
14 training for family or other informal caregivers.

15 “(F) Day treatment and other outpatient
16 programs in nonresidential settings.

17 “(G) Independent living services to allow
18 the individual to live at home with optimal per-
19 sonal control over services.

20 “(H) Behavior disorder treatment services
21 to address or resolve patterns of behavior which
22 prevent or hinder participation in active reha-
23 bilitation.

24 “(I) Respite and recreation services to aid
25 the individual and members of the individual’s

1 family in adapting psychologically and environ-
2 mentally to residual deficits resulting from
3 brain injury.

4 “(J) Treatment for conditions related to
5 alcoholism and drug dependency.

6 “(2) WAIVER OF CERTAIN LIMITATIONS ON THE
7 EXPENDITURE OF FUNDS.—

8 “(A) IN GENERAL.—In accordance with
9 standards established by the State coordinator,
10 a State case-management program may waive
11 restrictions on the amount, duration, and scope
12 of services otherwise applicable under the State
13 plan for medical assistance under this title to
14 the extent necessary to carry out a treatment
15 plan for an individual.

16 “(B) HOME CARE SERVICES IN EXCESS OF
17 LIMITATIONS ESTABLISHED BY STATE COORDI-
18 NATOR.—In accordance with standards estab-
19 lished by the State coordinator, a State case-
20 management program may approve the use of
21 funds provided under the State plan for medical
22 assistance under this title to pay for home care
23 services when such home care services exceed
24 limitations established by the State coordinator.

1 “(C) OUT-OF-STATE PLACEMENTS FOR
2 RESIDENTIAL REHABILITATION SERVICES.—In
3 accordance with standards established by the
4 State coordinator, a State case management
5 program may approve the use of funds provided
6 under the State plan for medical assistance
7 under this title to pay for out-of-State place-
8 ments for residential rehabilitation services.

9 “(3) SPECIAL RULE FOR PROVIDERS OF LIVING
10 SERVICES.—No living services described in para-
11 graph (1) may be provided to or on behalf of any
12 individual under this section unless the State case-
13 management program with which the individual is
14 enrolled has entered into an agreement with the en-
15 tity providing such services that specifies—

16 “(A) the living services to be provided,

17 “(B) the period of time over which such
18 services will be provided, and

19 “(C) the charges to the patient for provid-
20 ing such services.

21 “(d) ELIGIBILITY OF INDIVIDUALS TO RECEIVE
22 SERVICES.—

23 “(1) IN GENERAL.—An individual is eligible to
24 receive case-management services under this section
25 if the individual resides in a State that has imple-

1 mented a case-management program that meets the
2 requirements of this section, is eligible to receive
3 medical assistance under a State plan under this
4 title, has suffered a traumatic brain injury (as de-
5 fined in paragraph (2)), and is moderately or se-
6 verely disabled (as defined in paragraph (3)).

7 “(2) TRAUMATIC BRAIN INJURY DEFINED.—
8 For purposes of this section, the term ‘traumatic
9 brain injury’ means a sudden insult or damage to
10 the brain or its coverings caused by an external
11 physical force which may produce a diminished or al-
12 tered state of consciousness, and which results in a
13 temporary or permanent impairment of cognitive or
14 mental abilities or physical functioning, or disturb-
15 ance of behavioral or emotional functioning. Such
16 term does not include any injuries of a degenerative
17 or congenital nature.

18 “(3) DEFINITIONS RELATING TO MODERATELY
19 OR SEVERELY DISABLED INDIVIDUALS.—

20 “(A) IN GENERAL.—For purposes of this
21 section, the term ‘moderately or severely dis-
22 abled’ means in the case of an individual 6
23 years of age or older, an individual who (with-
24 out regard to income or employment status) is

1 certified under the case-management program
2 as—

3 “(i) needing substantial assistance or
4 supervision from another individual with at
5 least 2 activities of daily living (as defined
6 in subparagraph (C));

7 “(ii) needing substantial supervision
8 due to cognitive or other mental impair-
9 ment and needing substantial assistance or
10 supervision from another individual with at
11 least 1 activity of daily living or in comply-
12 ing with a daily drug regimen; or

13 “(iii) needing substantial supervision
14 from another individual due to behaviors
15 that are dangerous (to the individual or
16 others), disruptive, or difficult to manage.

17 “(B) MODERATELY OR SEVERELY DIS-
18 ABLED CHILD.—

19 “(i) IN GENERAL.—For purposes of
20 this section, the term ‘moderately or se-
21 verely disabled’ means, in the case of an
22 individual under 6 years of age, an individ-
23 ual who is certified under the State case
24 management program as suffering from
25 comparable levels of disability which would

1 entitle such individual to benefits under
2 this title.

3 “(ii) COMPARABLE LEVELS OF DIS-
4 ABILITY.—For purposes of clause (i), the
5 term ‘comparable levels of disability’
6 means physical, cognitive, or other mental
7 impairments that limit the ability of an in-
8 dividual who is under 6 years of age to
9 perform activities of daily living appro-
10 priate for the age of the individual that are
11 comparable to the physical, cognitive, or
12 other mental impairments that limit the
13 ability of an individual 6 years of age or
14 older such that the individual is described
15 in clause (i), (ii), or (iii) of subparagraph
16 (A).

17 “(C) ACTIVITY OF DAILY LIVING DE-
18 FINED.—For purposes of this section, the term
19 ‘activity of daily living’ means any of the follow-
20 ing activities:

21 “(i) Bathing.

22 “(ii) Dressing.

23 “(iii) Transferring.

24 “(iv) Toileting.

25 “(v) Eating.

1 “(4) COVERAGE OF INDIVIDUALS UNDER DIS-
2 ABILITY PROTECTIONS.—Individuals receiving serv-
3 ices through a State case-management program
4 under this section shall be considered to be individ-
5 uals with disabilities for purposes of the Americans
6 with Disabilities Act of 1990.

7 “(e) ADDITIONAL DUTIES OF STATE COORDINA-
8 TOR.—

9 “(1) PREVENTION OF TRAUMATIC BRAIN IN-
10 JURY.—The State coordinator shall establish a pro-
11 gram of activities related to preventing and reducing
12 the rate of traumatic brain injuries in the State.

13 “(2) TRAUMATIC BRAIN INJURY REGISTRY.—

14 “(A) IN GENERAL.—The State coordinator
15 shall establish and maintain a central registry
16 of individuals who sustain traumatic brain in-
17 jury using standards established by the Sec-
18 retary under subsection (f) in order to—

19 “(i) collect information to facilitate
20 the development of injury prevention,
21 treatment, and rehabilitation programs;
22 and

23 “(ii) ensure the provision to individ-
24 uals with traumatic brain injury of infor-
25 mation regarding appropriate public or pri-

1 vate agencies that provide rehabilitative
2 services so that injured individuals may ob-
3 tain needed service to alleviate injuries and
4 avoid secondary problems, such as mental
5 illness and chemical dependency.

6 “(B) DISSEMINATION OF DATA.—The
7 State coordinator shall provide summary reg-
8 istry data to public and private entities to con-
9 duct studies using data collected by the trau-
10 matic brain injury registry established under
11 subparagraph (A). The State coordinator may
12 charge a fee for all expenses associated with the
13 provision of data or data analysis.

14 “(3) NOTIFICATION OF INJURIES TO JOB
15 TRAINING PROGRAMS.—Within a reasonable period
16 of time after receiving a report that an individual
17 has sustained a traumatic brain injury, the State co-
18 ordinator shall notify any State agency responsible
19 for employment services and job training and shall
20 forward the individual’s name and other identifying
21 information to such agency.

22 “(4) STANDARDS FOR MARKETING OF BRAIN
23 INJURY SERVICES.—The State coordinator, after
24 consultation with the advisory committee established
25 under paragraph (6), shall—

1 “(A) monitor standards established by the
2 Secretary regarding the marketing of services
3 (by hospitals and other providers) to any indi-
4 vidual who has sustained traumatic brain injury
5 or family members of such individual,

6 “(B) disseminate such standards to State
7 case-management programs, and

8 “(C) furnish information about such stand-
9 ards to such individual and such family mem-
10 bers at the earliest appropriate opportunity
11 after such individual has sustained the injury.

12 Such standards shall include (at a minimum) a rule
13 prohibiting payments under a State case-manage-
14 ment program under this section for referring indi-
15 viduals to rehabilitation facilities.

16 “(5) STUDIES.—The State coordinator shall
17 collect injury incidence information (including the
18 prevalence, prevention, and treatment of traumatic
19 brain injury), analyze the information, and conduct
20 special studies regarding traumatic brain injury.

21 “(6) ESTABLISHMENT OF ADVISORY COMMIT-
22 TEE.—The State coordinator shall establish an advi-
23 sory committee (consisting of representatives of pro-
24 fessionals who provide community-based services
25 under this section and individuals with traumatic

1 brain injuries and family members of such individ-
2 uals) to provide recommendations regarding the
3 needs of individuals with traumatic brain injuries,
4 provide advice on activities under paragraph (1), and
5 assist in the establishment of marketing standards
6 under paragraph (4).

7 “(7) PRIVACY.—Any data identifying specific
8 individuals which is collected by or provided to the
9 State coordinator may be used only for purposes of
10 case-management and rehabilitation and studies by
11 the State coordinator, in accordance with rules
12 adopted by the State coordinator.

13 “(8) ADOPTION OF STANDARDS FOR REPORT-
14 ING DATA AND OPERATION OF REGISTRIES.—The
15 State coordinator shall adopt such standards estab-
16 lished under subsection (f) as are necessary to carry
17 out this subsection. At a minimum, the State coordi-
18 nator shall adopt the standards relating to the mat-
19 ters identified in subparagraphs (A) through (E) of
20 subsection (f)(2).

21 “(9) ESTABLISHMENT OF REPORTING SYS-
22 TEM.—

23 “(A) IN GENERAL.—The State coordinator
24 shall design and establish a reporting system
25 which requires either the treating hospital, med-

1 ical facility, or physician to report to the State
2 coordinator within a reasonable period of time
3 after the identification of any individual with
4 ICD diagnostic codes treated for a traumatic
5 brain injury in the State. The consent of the in-
6 jured individual is not required.

7 “(B) REPORT.—A report under subpara-
8 graph (A) shall include—

9 “(i) the name, age, and residence of
10 the injured individual;

11 “(ii) the date and cause of the injury;

12 “(iii) the initial diagnosis; and

13 “(iv) other information required by
14 the State coordinator.

15 “(C) LIABILITY PROTECTION.—The fur-
16 nishing of information pursuant to the system
17 established under subparagraph (A) shall not
18 subject any individual or facility to any action
19 for damages or other relief, provided that the
20 individual or facility acted in good faith in fur-
21 nishing the information.

22 “(f) STANDARDS FOR REPORTING DATA AND OPER-
23 ATION OF REGISTRIES.—

24 “(1) IN GENERAL.—Not later than January 1,
25 1995, the Secretary of Health and Human Services,

1 acting through the Director of the Centers for Dis-
2 ease Control and Prevention, shall establish stand-
3 ards for the reporting of data on traumatic brain in-
4 juries and the operation of registries of traumatic
5 brain injuries for use by State coordinators under
6 this section.

7 “(2) SCOPE.—The standards established under
8 paragraph (1) shall at a minimum provide for—

9 “(A) the specific International Classifica-
10 tion of Diseases, Ninth Revision, Clinical Modi-
11 fication, diagnostic codes (hereafter referred to
12 in this subsection as ‘ICD diagnostic codes’) in-
13 cluded in the definitions of traumatic brain in-
14 jury;

15 “(B) the type of data to be reported;

16 “(C) standards for reporting specific types
17 of data;

18 “(D) the individuals and facilities required
19 to report and the time period in which reports
20 must be submitted; and

21 “(E) criteria relating to the use of registry
22 data by public and private entities engaged in
23 research.”.

24 (c) BUDGET NEUTRALITY.—

1 (1) IN GENERAL.—During the first 12-month
2 period a State provides case-management services to
3 which the amendments made by this section apply,
4 and each 12-month period thereafter, Federal finan-
5 cial participation for all services under a State plan
6 approved under title XIX of the Social Security Act
7 provided to individuals with traumatic brain injuries
8 shall not exceed the baseline amount determined
9 under paragraph (2).

10 (2) BASELINE AMOUNT.—

11 (A) FIRST YEAR.—The baseline amount
12 for the first 12-month period to which para-
13 graph (1) applies shall be equal to the sum of—

14 (i) the amount of Federal financial
15 participation attributable to all services
16 provided to individuals with traumatic
17 brain injuries under a State plan in the
18 12-month period prior to the inclusion of
19 case-management services in the State
20 plan, as certified by the Secretary, plus

21 (ii) such amount multiplied by the es-
22 timated percentage increase in the
23 Consumer Price Index for All-Urban Con-
24 sumers for the preceding 12-month period.

1 (B) SUBSEQUENT YEARS.—The baseline
2 amount for any subsequent 12-month period
3 shall be equal to the sum of—

4 (i) the baseline amount for the pre-
5 ceding 12-month period, plus

6 (ii) such amount multiplied by the es-
7 timated percentage increase in the
8 Consumer Price Index for All-Urban Con-
9 sumers for the preceding 12-month period,
10 with appropriate adjustments to reflect
11 previous underestimations or overesti-
12 mations under this clause of subparagraph
13 (A)(ii).

14 (d) CONFORMING AMENDMENT.—Section 1915(g)(2)
15 of the Social Security Act (42 U.S.C. 1396n(g)(2)) is
16 amended by striking the period at the end and inserting
17 the following: “, but does not include any services provided
18 under section 1931.”.

19 (e) AUTHORIZATION OF APPROPRIATIONS.—There
20 are authorized to be appropriated \$5,000,000 for each fis-
21 cal year beginning with fiscal year 1995 to carry out para-
22 graphs (1) and (2) of section 1931(e) of the Social Secu-
23 rity Act (as added by subsection (b)).

1 (f) EFFECTIVE DATE.—The amendments made by
2 subsections (a), (b), and (d) shall apply to calendar quar-
3 ters beginning on or after January 1, 1995.

4 **SEC. 3. STUDY OF EFFECTIVENESS OF TRAUMATIC BRAIN**
5 **INJURY INTERVENTIONS.**

6 (a) STUDY.—The Administrator of the Agency for
7 Health Care Policy and Research shall conduct a study
8 to identify common therapeutic interventions which are
9 used for the rehabilitation of traumatic brain injury pa-
10 tients, and shall include in the study an analysis of—

11 (1) the effectiveness of each such intervention
12 in improving the functioning of traumatic brain in-
13 jury patients; and

14 (2) the comparative effectiveness of interven-
15 tions employed in the course of rehabilitation of
16 traumatic brain injury patients to achieve the same
17 or similar clinical outcome.

18 (b) REPORT.—Not later than 3 years after the date
19 of the enactment of this Act, the Administrator of the
20 Agency for Health Care Policy and Research shall submit
21 a report on the study conducted under subsection (a) to
22 the Congress.

23 (c) AUTHORIZATION OF APPROPRIATIONS.—There
24 are authorized to be appropriated \$2,000,000 for each of

- 1 fiscal years 1994 through 1997 to carry out the purposes
- 2 of this section.

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