



**NATIONAL ASSOCIATION  
OF STATE HEAD INJURY  
ADMINISTRATORS**



**BRAIN INJURY  
ASSOCIATION**  

---

**O F A M E R I C A**

# **CMS Recognizes Brain Injury As Chronic Condition**

Recommendations for State Brain Injury Programs

# Overview of Policy Changes

---



The Centers for Medicare and Medicaid Services (CMS) has recognized traumatic brain injury (TBI) as a chronic health condition.



TBI has been added to CMS's list of chronic conditions for chronic special needs plans (C-SNPs), effective for the January 2025 plan year.



Obtaining official recognition of TBI as a chronic condition from CMS is a significant step forward and provides validation that brain injury should be more broadly recognized as a chronic condition.

## Practical Implications

### **What Does This Mean and Not Mean for Individuals?**

- Medicare Special Needs Plans (SNPs) are approved by Medicare and managed by private companies. When an individual enrolls in a Medicare SNP, the plan covers all your Medicare hospital, medical care, and prescription drug services.
- New plans, including those with the Traumatic Brain Injury (TBI) C-SNP, will be made available during the open enrollment period. This enrollment period allows anyone with Medicare to join, switch, or leave a plan from October 15 to December 7 every year. 2025 plans will take effect on January 1, 2025.
- Different types of chronic special needs plans may be available in different parts of the country. Insurance companies decide where they will do business, and which plans to offer. Not everyone will be able to access a TBI C-SNP plan.

### **What Does this Mean At a Policy Level?**

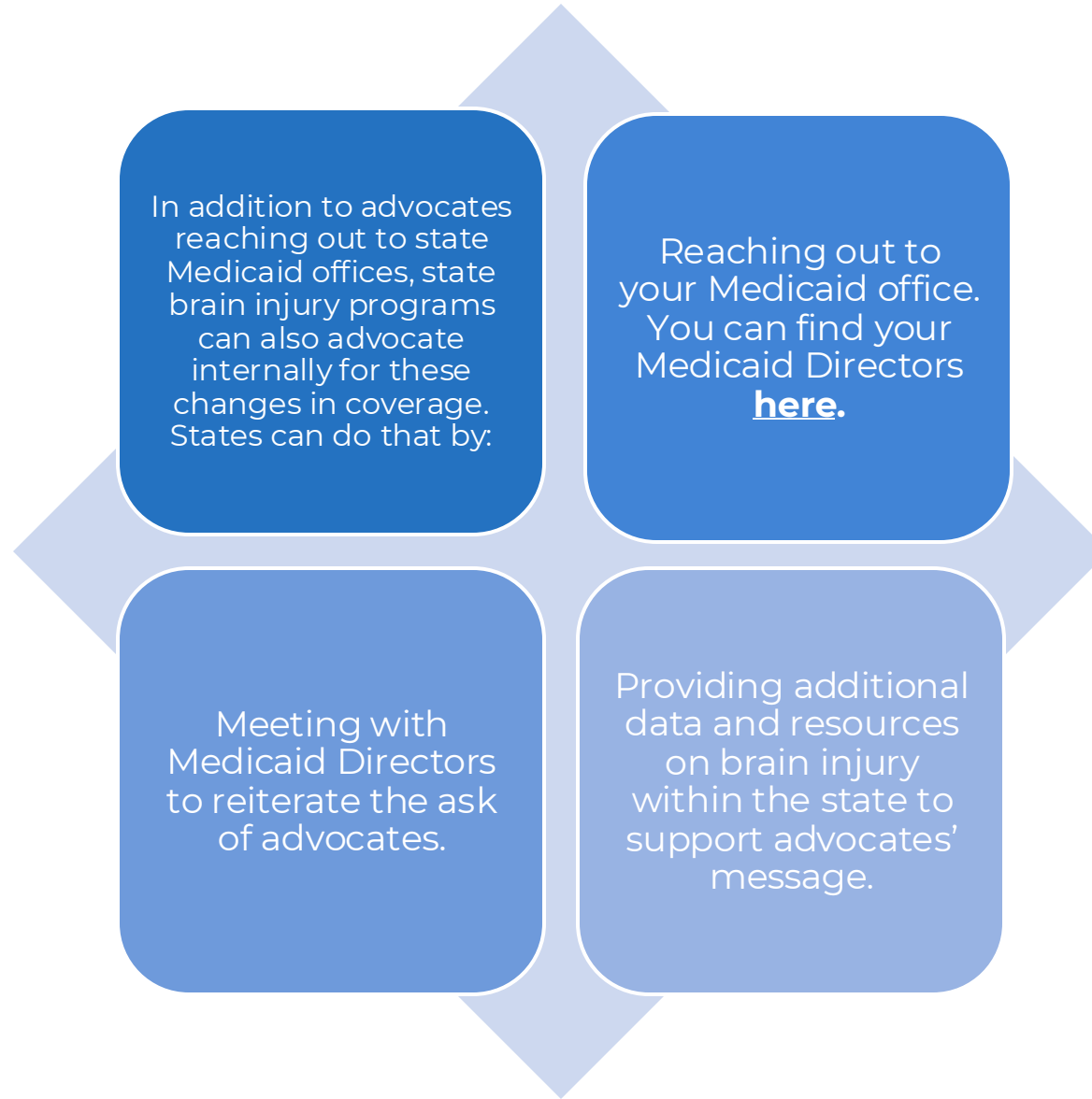
- While the actual policy from CMS designating brain injury as a chronic condition is specific to Special Needs Plans, this is one of the only places across the federal government where chronic conditions are listed.
- Other chronic conditions have leveraged this same designation from CMS to build better systems of care for people with those conditions.
- More can be done to support people with brain injury utilizing this as another piece of evidence as to why brain injury is a chronic condition.

# Advocacy Activity

The Brain Injury Association of America is calling on advocates to share this new designation with State Medicaid offices and call for expanded coverage for people with brain injury.

Email your local BIAA Affiliate or the Director of Advocacy and Government Relations at [dsupinger@biausa.org](mailto:dsupinger@biausa.org) for specifics on how to advocate in your state!

# How Can States Support Advocates?



# How Can States Leverage This for Additional Medicaid Considerations?

The designation from CMS may help underscore to your State Medicaid partners, legislators, and providers, the importance of:

- Creating Brain Injury Waivers
- Strengthening Current Brain Injury Waivers, such as by adding Services like Self Direction, Focus on Employment, Cognitive Rehabilitation, Peer Support, Therapies, and/or Crisis Services
- Strengthen Aging & Disability, I/DD, or “Super/Mega/Global” Waivers by requiring screening for brain injury and/or brain injury informed person-centered care for those utilizing the waiver
- Supporting people with brain injury through state plan options, demonstration waivers, or activities in your state, such as those focused on criminal legal system involved adults and youth, behavioral health, or those who are unhoused



## How Can States Utilize This Beyond Medicaid/Medicare?

Outside of Medicaid and Medicare, there may be other benefits to sharing this information with other state agencies, legislators, providers, or partners to encourage them to support people with brain injury. The CDC recommends that policymakers and clinicians prioritize efforts to reduce chronic disease prevalence in communities with high chronic disease prevalence.

The next page provides examples of what this designation could be used to do.



**Screen people for brain injury** across a variety of settings. Research finds that early detection and intervention of chronic conditions can save money and lives. While many chronic conditions are screened for regularly, brain injury screening still lags.



**Increase state general revenue funding** for state brain injury programs in a way that is equitable to funding spent in the state on other chronic conditions, such as diabetes.



**Partner with your Health Department Chronic Disease Directors** and their staff to support primary and secondary prevention efforts.



**Initiate, expand, or fund Brain Injury Resource Facilitation.**





**Support criminal legal system involved individuals with brain injury**

beyond Medicaid through screening and referral mechanisms. Incarcerated individuals are disproportionately affected by chronic health conditions, including brain injury, with up to 60-90 percent of criminal legal system involved individuals having a history of brain injury. Those with chronic conditions tend to receive inadequate care before, during, and after incarceration.



**Ensure integrated behavioral health and brain injury care.**

According to the CDC, over half of Americans live with a chronic condition and of that population one-third also live with an identified behavioral health condition. This is also true of the co-occurrence of brain injury and behavioral health challenges. One-third of individuals with brain injury experience mental health problems 6 months-1 year post injury.



**Build partnerships to support older adults with brain injury.**

78 percent of those 55 and older have a chronic condition. Research shows that adults aged 75 and older have the highest rates of TBI-related hospitalization and death. Studies have also increasingly linked brain injury to a higher risk of cognitive differences and Alzheimer's/dementia in older adults.

---

# Value of Screening



As mentioned, increased brain injury screening may be an outcome of the designation of brain injury as a chronic condition. As you know, there are different screening tools available, and each state must decide what is best for them. It may be helpful to provide recommendations to whichever partners you are working with to implement screening.

NASHIA recommends that states utilize the Online Brain Injury Screening and Support System (OBISSS). OBISSS is a comprehensive and validated subscription service that utilizes the standardized and validated OSU TBI-Identification Method and the Symptoms Questionnaire for Brain Injury (SQBI). OBISSS allows individuals to self-administer the screening online, in partnership with a provider. The System is accessible and accommodating to individuals aged 10 and up.

Upon completion, the System collects demographic information, identifies a potential history of brain injury, and detects if challenges related to brain injury exist. Tip sheets addressing identified challenges are then provided to both the individual and their respective provider.



# Conclusion

---

These are just some considerations for states to support your and advocates' work in leveraging CMS's designation of brain injury as a chronic condition. We look forward to hearing from states additional ways that they are sharing the news from CMS. If you have additional questions, reach out to Zaida Ricker ([zricker@nashia.org](mailto:zricker@nashia.org)), Director of Strategic Partnerships and Policy for NASHIA.

We are grateful for the partnership between NASHIA and BIAA to ultimately support better care for people with brain injury.



**NATIONAL ASSOCIATION  
OF STATE HEAD INJURY  
ADMINISTRATORS**



**BRAIN INJURY  
ASSOCIATION**  

---

**O F A M E R I C A**