

## LEGISLATIVE BILL 519

Approved by the Governor May 25, 1999

Introduced by Lynch, 13; Landis, 46; Chambers, 11

AN ACT relating to disabled persons; to adopt the Community-Based Neurobehavioral Action Plan Act; to provide a termination date; and to declare an emergency.

Be it enacted by the people of the State of Nebraska,

Section 1. Sections 1 to 8 of this act shall be known and may be cited as the Community-Based Neurobehavioral Action Plan Act.

Sec. 2. It is the intent of the Legislature that the planning and implementation of community-based neurobehavioral rehabilitation programs which provide behavior management services, associated neurobehavioral services, independent living services, caregiver support services, activity and vocational services, and psychosocial rehabilitation services for individuals with disabilities whose primary disability results from brain or head injuries, regardless of age, is necessary to promote the health and welfare of such individuals and their families and is a matter of statewide concern.

Sec. 3. For purposes of the Community-Based Neurobehavioral Action Plan Act:

(1) Activity and vocational services means services which are intended to provide routine structure and activity in a vocational setting to enhance the adaptive behavioral capability of individuals with disabilities whose primary disability results from brain or head injuries and who as a consequence of the disabilities are unable to pursue competitive employment. Activity and vocational services shall include such services provided and coordinated through appropriately structured adult day care, work activity, vocational training, and sheltered employment settings with an intended goal of enhancing the individual's long-term potential for vocational activity;

(2) Associated neurobehavioral services means any service necessary or essential to enhance the adaptive capability of a person with a history of brain or head injuries. Examples of such services include, but are not limited to, behavior management, visual rehabilitation, occupational therapy, epilepsy treatment and control, and use of assistive technology devices;

(3) Behavior management services means behavioral manipulation or modification of the behavior of individuals with disabilities whose primary disability results from brain or head injuries which (a) enhances behavioral capabilities to acquire or demonstrate psychosocial adaptive behavior, (b) teaches such individuals to learn or acquire new skills or information, (c) provides systematic observation and supervision to sustain the safety, health, or well-being of such individuals, and (d) enhances other sensory, cognitive, or behavioral capabilities which enable such individuals to compensate for their functional limitations. Behavior management services may be provided individually or to groups. Assistive technology devices may be used;

(4) Community-based neurobehavioral rehabilitation means the provision of behavior management and associated neurobehavioral services to provide independent living services, activity and vocational services, and psychosocial rehabilitation services in community-based settings to individuals with disabilities whose primary disability results from brain or head injuries;

(5) Department means the State Department of Education;

(6) Independent living services means the behavioral manipulation or modification of the environment and includes the use of assistive technology devices and assistive technology services to enhance the independent living capability of individuals with disabilities whose primary disability results from brain or head injuries;

(7) Individuals with disabilities whose primary disability results from brain or head injuries means individuals:

(a) Who have acquired brain or head injuries resulting directly or indirectly from closed or penetrating brain or head trauma, infection, febrile condition, anoxia, vascular lesion, toxin, metabolic condition, or spinal cord injury and whose brain or head injuries are not primarily related to congenital or degenerative conditions, chemical dependency, or aging processes; and

(b) Who have permanent or temporary impairment of mental, cognitive, behavioral, or physical functioning which directly or indirectly results in impairment in attention, cognition, language function, memory, conduct,

behavior, motor function, or any other neuropsychological or cognitive behavioral function that did not occur as a result of perinatal factors or developmental anomaly;

(8) Neurobehavioral rehabilitation case counselors means credentialed individuals who have no less than a master's degree in vocational rehabilitation counseling, counseling psychology, school psychology, or guidance and counseling, who are responsible for developing and implementing planned, systematic behavior management services for individuals with disabilities whose primary disability results from brain or head injuries, and who have received additional specialized training for such responsibilities; and

(9) Psychosocial rehabilitation services means the community-based psychosocial rehabilitation services intended (a) to reduce the likelihood that individuals with disabilities whose primary disability results from brain or head injuries will develop aberrant or otherwise undesirable behavioral adaptations, (b) to reduce inactivity, and (c) to provide age-appropriate psychosocial interactions and activities.

Sec. 4. The Community-Based Neurobehavioral Rehabilitation Advisory Board is created to provide, in an advisory capacity, advice and recommendations to the State Department of Education in applying for federal grants, the completion of a statewide needs and resource assessment, and the development of a statewide action plan and reports as required by the Community-Based Neurobehavioral Action Plan Act. In developing recommendations, the board shall consult with federal, state, and local governmental agencies, with citizen groups, and with other private entities. The board shall be composed of at least nine and not more than fifteen members including:

(1) The administrator of the Office of Special Populations of the State Department of Education or his or her designee;

(2) The director of the Division of Rehabilitation Services of the State Department of Education or his or her designee;

(3) The administrator of the Department of Health and Human Services, maternal and child health, children with special health care needs program;

(4) Representatives of public and nonprofit private health-related organizations;

(5) Representatives of other disability advisory or planning groups in the state;

(6) Members of an organization or foundation representing traumatic brain injury survivors in the state;

(7) Representatives of injury control programs at the state or local level if such programs exist; and

(8) A substantial number of individuals who are survivors of traumatic brain injury or the family members of such individuals.

The members of the board shall be appointed by the Commissioner of Education within sixty days after the effective date of this act. Any vacancy occurring on the board shall be filled from the same category and in the same manner as the original appointment was made.

Members of the board shall be reimbursed for their actual and necessary expenses pursuant to sections 81-1174 to 81-1177 from the funds appropriated under section 7 of this act. The board shall select a chairperson and such other officers as it deems necessary to perform its functions and shall establish rules and regulations to govern its procedures.

Sec. 5. The statewide needs and resource assessment shall include, but not be limited to, an assessment of the full spectrum of care and services from initial acute treatment through community reintegration for individuals of all ages having traumatic brain injury. The statewide action plan shall include, but not be limited to, the development of a comprehensive, community-based system of care that encompasses physical, psychological, educational, vocational, and social aspects of traumatic brain injury services and addresses the needs of the individual having traumatic brain injury as well as family members. A report of the statewide needs and resources assessment and the statewide action plan shall be made to the Legislature, the State Department of Education, and the Department of Health and Human Services by December 31, 1999.

Sec. 6. To carry out section 5 of this act, the department shall have the power and authority to enter into contract for the completion of the needs and resource assessment, the development of the statewide action plan, and technical and administrative assistance necessary to ensure the completion of both. The department shall take into consideration the recommendation of the advisory board prior to entering into contract under this section. The total amount of funds expended shall be limited to the total amount of federal

grant and state matching funds received under the Community-Based Neurobehavioral Action Plan Act.

Sec. 7. It is the intent of the Legislature to make a one-time appropriation of \$37,500 of General Funds in FY1999-00 for the completion of the statewide needs and resource assessment, development of the statewide action plan, and technical and administrative support for the completion of both, to be treated as state funds for the purpose of applying for and accepting federal grant funds made available on a two-to-one, federal-to-state, matching basis.

Sec. 8. The Community-Based Neurobehavioral Action Plan Act terminates on July 31, 2000.

Sec. 9. Since an emergency exists, this act takes effect when passed and approved according to law.