

“(II) the ways in which the pilot program provides different services that the services provided under such independent living program;

“(III) how the pilot program could be better defined or shaped; and

“(IV) whether the pilot program should be incorporated into such independent living programs.

“(iv) Such recommendations as the Secretary considers appropriate regarding improving the pilot program.

“(f) DEFINITIONS.—In this section:

“(1) The term ‘community-based brain injury rehabilitative care services’ means services of a facility in providing room, board, rehabilitation, and personal care for and supervision of residents for their health, safety, and welfare.

“(2) The term ‘case management services’ includes the coordination and facilitation of all services furnished to a veteran by the Department of Veterans Affairs, either directly or through a contract, including assessment of needs, planning, referral (including referral for services to be furnished by the Department, either directly or through a contract, or by an entity other than the Department), monitoring, reassessment, and followup.

“(3) The term ‘eligible veteran’ means a veteran who—

“(A) is enrolled in the patient enrollment system of the Department of Veterans Affairs under section 1705 of title 38, United States Code;

“(B) has received hospital care or medical services provided by the Department of Veterans Affairs for a traumatic brain injury;

“(C) is unable to manage routine activities of daily living without supervision and assistance, as determined by the Secretary; and

“(D) could reasonably be expected to receive ongoing services after the end of the pilot program under this section under another program of the Federal Government or through other means, as determined by the Secretary.”

“(g) TERMINATION.—The pilot program shall terminate on October 6, 2017.”

[Pub. L. 113-257, §2(c), Dec. 18, 2014, 128 Stat. 2925, provided that: “The amendments made by this section [amending section 1705 of Pub. L. 110-181, set out above] shall take effect on the date of the enactment of this Act [Dec. 18, 2014].”]

#### § 1710D. Traumatic brain injury: comprehensive program for long-term rehabilitation

(a) COMPREHENSIVE PROGRAM.—In developing plans for the rehabilitation and reintegration of individuals with traumatic brain injury under section 1710C of this title, the Secretary shall develop and carry out a comprehensive program of long-term care and rehabilitative services (as defined in section 1710C of this title) for post-acute traumatic brain injury rehabilitation that includes residential, community, and home-based components utilizing interdisciplinary teams.

(b) LOCATION OF PROGRAM.—The Secretary shall carry out the program developed under subsection (a) in each Department polytrauma rehabilitation center designated by the Secretary.

(c) ELIGIBILITY.—A veteran is eligible for care under the program developed under subsection (a) if the veteran is otherwise eligible to receive hospital care and medical services under section 1710 of this title and—

(1) served on active duty in a theater of combat operations (as determined by the Secretary in consultation with the Secretary of

Defense) during a period of war after the Persian Gulf War, or in combat against a hostile force during a period of hostilities (as defined in section 1712A(a)(2)(B)<sup>1</sup> of this title) after November 11, 1998;

(2) is diagnosed as suffering from moderate to severe traumatic brain injury; and

(3) is unable to manage routine activities of daily living without supervision or assistance, as determined by the Secretary.

(d) REPORT.—Not later than one year after the date of the enactment of this section, and annually thereafter, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and the House of Representatives a report containing the following information:

(1) A description of the operation of the program.

(2) The number of veterans provided care under the program during the year preceding such report.

(3) The cost of operating the program during the year preceding such report.

(Added Pub. L. 110-181, div. A, title XVII, §1702(a), Jan. 28, 2008, 122 Stat. 488; amended Pub. L. 112-154, title I, §107(b), Aug. 6, 2012, 126 Stat. 1173.)

#### REFERENCES IN TEXT

Section 1712A(a)(2)(B) of this title, referred to in subsec. (c)(1), was struck out by Pub. L. 112-239, div. A, title VII, §727(1)(B), Jan. 2, 2013, 126 Stat. 1811.

The date of the enactment of this section, referred to in subsec. (d), is the date of enactment of Pub. L. 110-181, which was approved Jan. 28, 2008.

#### AMENDMENTS

2012—Subsec. (a). Pub. L. 112-154 inserted “and rehabilitative services (as defined in section 1710C of this title)” after “long-term care” and struck out “treatment” before “teams”.

#### § 1710E. Traumatic brain injury: use of non-Department facilities for rehabilitation

(a) COOPERATIVE AGREEMENTS.—The Secretary, in implementing and carrying out a plan developed under section 1710C of this title, may provide hospital care and medical services, including rehabilitative services (as defined in section 1710C of this title), through cooperative agreements with appropriate public or private entities that have established long-term neurobehavioral rehabilitation and recovery programs.

(b) COVERED INDIVIDUALS.—The care and services provided under subsection (a) shall be made available to an individual—

(1) who is described in section 1710C(a) of this title; and

(2)(A) to whom the Secretary is unable to provide such treatment or services at the frequency or for the duration prescribed in such plan; or

(B) for whom the Secretary determines that it is optimal with respect to the recovery and rehabilitation for such individual.

(c) AUTHORITIES OF STATE PROTECTION AND ADVOCACY SYSTEMS.—Nothing in subtitle C of the

<sup>1</sup> See References in Text note below.