



Mental Health and Disability Services Redesign 2011

Brain Injury Workgroup Report Summary

Source: Brain Injury Workgroup / DHS

Date Created: November 14, 2011

Charge

The Brain Injury workgroup was given a two-year charter and tasked with reviewing nationwide best practices and programs as well as identifying new approaches to address the needs for publicly funded services for persons with brain injury. Upon completion of these tasks, using best practices, the Workgroup proposed a three-tiered approach to implementing and expanding core services and programs that would be available throughout Iowa.

The following core services are based on best practices in Iowa and around the country. The recommendations were categorized based on the following criteria:

- Degree of impact on improving existing system (high).
- Degree of deployment difficulty (low).

Core Services

All services currently offered should continue:

- Neuro- Resource Facilitation (NRF). (IDPH)
- Iowa Brain Injury Resource Network (IBIRN). (IDPH)
- Community Based Neurobehavioral Rehabilitation services funded through state Medicaid dollars. (DHS)
- Medicaid Home and Community Based Services (HCBS) Brain Injury Waiver program and services. (DHS)
- Post-Acute inpatient skilled nursing level of care and outpatient neurorehabilitation. (DHS)
- Medicaid-funded intensive neurobehavioral services at the hospital, nursing facilities (including SNF and ICFMR), and community based services, currently unavailable in Iowa to children and adults (PMIC). (DHS)
- Other Medicaid Plan Services applicable to Brain Injury, e.g., acute care, NF, etc. (DHS)
- Brain Injury Registry Outreach letter. (IDPH)

Optimized Core Services

- Determine eligibility at the time of application for Medicaid Waiver funding based on fiscal, functional and diagnostic criteria and referral to Neuro-Resource Facilitation.
- Prescreen individuals for brain injury at all access points.
- Replace current assessment tools with standardized tool to assess cognitive, psychosocial and functional abilities and needs.
- Provide funding to eliminate waiting period for HCBS Brain Injury waiver.
- Increase availability of acute to home neurobehavioral services to reduce out of state placements (OSS) and bring people back to Iowa.
- Increase availability of post acute neurorehabilitation services to reduce OSS placements and bring people back to home.

Expanded Core Services

- Amend Iowa Code Chapter 135.22 Brain Injury Registry to align with the brain injury definition in IAC 441-83.81 and require the BI Registry notification in administrative rule.
- Improve time for receipt of outreach letters generated from the BI Registry.
- Expand the scope of the Residential Care Facilities specialized in licensure to include BI.
- Expand current NRF services and caseloads to align with national average and develop veteran specific services.
- Adopt conflict-free case management for BI services.
- Provide and increase funding for unfunded BI Service Program cost-share component at the IDPH.
- Rename Governor's Advisory Council on BI to Brain Injury Services Commission and expand scope to become BI state policy making body.

New Core Services

- Implement a standardized BI screening tool.
- Form and support an Iowa interagency, intergovernmental Brain Injury Coordinating Committee.
- Review and revise funding mechanisms, rate structures, service definitions and reimbursement methodologies.
- Deploy BI competency training and education in existing and new crisis intervention programs and jail diversion programs.
- Deploy and expand tele-health services for BI and multi-occurring disorders.
- Develop a statewide, interdisciplinary BI consultation team to serve the regions.
- Deploy and expand services to engage survivors of BI and their families.
- Develop and deploy web-based, comprehensible BI resource information and services database/directory.
- Provide specialized BI training for direct service providers.
- Provide flexible and reliable transportation services.
- Deploy phone follow up service to individuals receiving BI Registry outreach letter.
- Develop acute inpatient hospital-based neurobehavioral treatment programs.
- Develop and deploy a follow-up outreach service for those served by the BI Injury Resource Network.