IX. Report of the Brain Injury Workgroup (DHS)

Introduction

Senate File (SF) 525 charged the MHDS Brain Injury (BI) workgroup with: "Reviewing best practices and programs utilized by other states in identifying new approaches for addressing the needs for publicly funded services for persons with brain injury." Although the timeframe for the BI work product was established as December 2012, the workgroup felt strongly that their work should be considered in conjunction with the entire redesign project. The workgroup translated the identified best practices into specific recommendations as necessary actions for improving Iowa's system for serving people with brain injuries. The recommendations reflect both a short and long term implementation timeline in recognition of the need to further develop the brain injury service system.

According to the Centers for Disease Control and Prevention (CDC), nearly 1.7% of people in Iowa or approximately 50,000 Iowans are living with long-term disabilities caused by a traumatic brain injury (CDC 2008). Brain injury is the most debilitating outcome of injury characterized by the irreversibility of its damages, long-term effects on quality of life, and healthcare costs. Brain injury can be acquired, e.g., stroke, or traumatic in nature and Iowa's aging population and increasing numbers of military service veterans will drive up the rates of incidence.

Prompt and comprehensive continuity of care for people with brain injury decreases expensive and untoward medical outcomes and associated secondary conditions. Secondary conditions can include multi-occurring disorders, defined as "any person of any age with ANY combination of any MH condition (including trauma) and/or developmental or cognitive disability (including Brain Injury) and/or any Substance abuse condition, including gambling and nicotine dependence, whether or not they have already been diagnosed." (See Section V. B) Continuity of care is the process by which the patient and the physician are cooperatively involved in ongoing health care management toward the goal of high quality, cost-effective medical care (American Academy of Family Physicians).

The vision of Olmstead is, "A life in the community for everyone." The Brain Injury workgroup developed recommendations whose outcomes will help people with brain injury and other disabilities, of any age, receive supports in the most integrated setting consistent with their needs in concert with Iowa's Olmstead Plan.

Recommendations

The Brain Injury Workgroup recommendations, based on best practices in Iowa and around the country, are designed to create a continuum of care that is affordable, accessible, available, appropriate and acceptable to all individuals with brain injury in all regions. The recommendations are prioritized based on the degree of impact on improving the existing system (high) and the degree of deployment difficulty (low). Optimized core services, expanded core services, and new core services, are ranked separately.

See Appendix F for details of each ranking, including best practice citation, short and long-term implementation, the impact/difficulty score and necessary policy action.

Core Services

All services currently offered to people with brain injuries should continue to be offered as core services. Current core services are all programs included in the Brain Injury Services Program at the Iowa Department of Public Health (IDPH), and Medicaid State Plan Brain Injury Services, and Home and Community Based Brain Injury Waiver Services at the Iowa Department of Human Service (DHS), as listed below.

- 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)

See Appendix E for definitions of Neuro-Resource Facilitation, the Iowa Brain Injury Resource Network, Neurobehavioral and Neurorehabilitation services.

Optimized Core Services

Optimized core services are modest to relatively low cost, high impact adjustments to current core brain injury services.

Prioritized Ranking for Optimized Core Services	Recommendation
A-1	Determine eligibility at the time of application for Medicaid Waiver funding based on fiscal, functional and diagnostic criteria, immediate referral to NRF and other services regardless of eligibility.
A-2	Implement uniform brain injury assessment process and tool across regions.
A-3	Prescreen individuals for brain injury at all access points (i.e., MHDD, ID, Substance Abuse, county veterans offices, waiver application, etc.).
A-4	Replace current assessment tools for the Brain Injury Waiver with a more sensitive, standardized tool to assess cognitive, psychosocial and functional abilities and needs, to determine initial and ongoing eligibility for state brain injury services.

A-5	Provide funding to eliminate any waiting period for eligible individuals within the HCBS BI Waiver, to decrease expensive and untoward medical outcomes and associated secondary conditions.
A-6	Increase availability of acute to home neurobehavioral services across the service continuum to reduce need for out-of-state placement and increase ability to bring people back to Iowa.
A-7	Increase availability of post-acute neurorehabilitation services across the service continuum to reduce need for out-of-state placement and increase ability to bring people back to Iowa.

Expanded Core Services

Prioritized expanded core services refer to moderate to mid costs, high impact adjustments to current core brain injury services.

Prioritized Ranking for Expanded Core Services	Recommendations
B-1	Require regional administrative hubs to participate as IBIRN sites with adequate funding for regional resource materials (i.e., Brain Injury Tote Bags).
B-2	Amend Iowa Code Chapter 135.22 Brain Injury Registry to align with the brain injury definition in IAC 441-83.81(249A) and require the BI Registry notification in administrative rule.
B -3	Reduce the lag time for receipt of outreach letters generated from the Brain Injury Registry regarding brain injury services in order to increase timely access to services and supports.
B-4	Expand the scope of the Residential Care Facilities specialized licensure (IAC 481-63.47(135C)) to include Brain Injury.
B-5	Expand the current NRF services to accommodate the significant increase in utilization of this service to allow NRF caseloads to align with national averages and to develop veteran-specific NRF services.
B-6	Optimize conflict-free case management for brain injury services by developing specialized brain injury case management within the case management structure.
B-7	Increase and provide adequate funding for the unfunded Brain Injury Service Program cost-share component at the IDPH.
B-8	Elevate the Governor's Advisory Council on Brain Injuries to the Brain Injury Services Commission to expand the current scope to identify it as the state policy- making body for the provision of services to Iowans with brain injury.

New Core Services

Prioritized new core services are moderate to mid costs, moderate to high impact new services, which are absent from the current service system.

Prioritized Ranking for New Core Services	Recommendations
C-1	Implement a standardized brain injury screening tool identified in collaboration with the Brain Injury Services Commission (see item B-8) to be implemented at all access points to include, but not limited to: all agencies as required by 225C.23, domestic violence shelters, mental health centers, substance abuse treatment centers, emergency rooms, crisis intervention, homeless shelters, senior centers, schools, correctional facilities, and non-profit or community based organizations providing human services, etc.
C-2	Form and support a state of Iowa interagency, intergovernmental Brain Injury Coordinating Committee to meet quarterly to continue deploying best practices for brain injury services.
C-3	Review and revise funding mechanisms, rate structures, service definitions, and reimbursement methodologies, to emphasize and incentivize person-centered, community-based employment and interagency collaboration.
C-4	Deploy brain injury competency training and education in existing and new crisis intervention programs.
C-5	Deploy and expand tele-health services for Iowans with brain injury and multi-occurring disorders.
C-6	Develop a statewide, interdisciplinary brain injury consultation team to serve the regions.
C-7	Deploy brain injury competency training and education in existing and new jail diversion programs.
C-8	Deploy and expand services to engage survivors of brain injury and their families in on-going education, peer support, mentoring, and advocacy.
C-9	Develop and deploy a web-based, searchable, comprehensive brain injury resource information and services database/directory.
C-10	Provide specialized brain injury training for direct service providers across the service array to include but not limited to human services, rehabilitation, nursing, home health agencies, assisted living, community and facility based providers, correctional, jail diversion, crisis intervention, and judicial agencies.
C-11	Provide access to flexible and reliable transportation services for brain injury rehabilitative, medically necessary care and community integration.
C-12	Deploy phone follow up service to individuals receiving brain injury registry outreach letter.

C-13	Develop acute inpatient hospital-based neurobehavioral treatment programs to prevent out of state placements for Iowans with brain injury and multi-occurring disorders.
C-14	Develop and deploy a follow-up outreach service for individuals served by the Iowa Brain Injury Resource Network (tote bag).

Appendix E: Brain Injury Definitions

Neuro- Resource Facilitation (NRF):
NRF is an evidence-based, national best practice in the field of brain injury. NRF is a statewide and regional service that responds to the unique medical, disability and multi-occurring (multi-occurring disorders to include mental health, substance abuse, intellectual disability, and brain injury in any mix) needs of Iowans with brain injury and their families. This service supports individuals with brain injury, their families, caregivers and providers to choose, get and keep needed services and supports reducing the risk of segregation as well as the risk of secondary conditions, leading to an increased ability to live, learn, work and recreate in communities of choice. This service is contracted through the Iowa Department of Public Health (IDPH).

Iowa Brain Injury Resource Network(IBIRN):
The Iowa Brain Injury Resource Network (IBIRN) is a Statewide and regional system providing communication, education and resource sharing (i.e. BI Tote Bags) with identified primary points of contact for individuals and families living with brain injury (i.e., medical, mental health, disability, substance abuse, corrections and educational sites, etc). This service is contracted through the Iowa Department of Public Health.

Neurorehabilitation:
A complex, multi-disciplinary process, specifically and individually designed to facilitate and accelerate recovery from an acquired brain injury, to minimize and/or compensate for any resulting functional alterations, and to support adaptation and accommodation to such alterations.

Neurobehavioral rehabilitation:
A specialized category of neurorehabilitation provided by a multi-disciplinary team of allied health and support staff that have been trained in, and deliver, services individually designed to address cognitive, medical, behavioral and psychosocial challenges, as well as the physical manifestations of acquired brain injury. Services work concurrently to optimize functioning at personal, family, and community levels, by supporting the increase of adaptive behaviors, the decrease of maladaptive behaviors, and the adaptation and accommodation to challenging behaviors to support an individual to maximize his/her independence in activities of daily living and the ability to live in their own home and community.

Appendix F: Brain Injury Workgroup Recommendations Grid

Corresponding # to narrative recommendations	*Recommendation*	*Best Practice Citation*	*Impact/ Difficulty Score*	*Policy*	*Funding*	*Timeline for ROI (short, mid, long-range)*
A-1	Determine eligibility at the time of application for Medicaid Waiver funding based on fiscal, functional and diagnostic criteria, immediate referral to NRF and other services regardless of eligibility.	Wisconsin LTC FS—pre-screening Reid-Arndt, S.A, Schopp, L., Brenneke, L., Johnstone, B., & Poole, A.D. (2007). Evaluation of the Traumatic Brain Injury Early Referral Program in Missouri. Brain Injury, 21(12), 1295-1302.	Impact=10 Difficulty=3	Administrative rule change at DHS	Increased funding for NRF for capacity to divert wait list	Short
A-2	Implement uniform brain injury assessment process and tool across regions.		Impact=10 Difficulty=1	Administrative Rule change at DHS.	Minimal or no cost to identify tool	Short
A-3	Prescreen individuals for brain injury at all access points (i.e., MHDD, ID, Substance Abuse, county veterans offices, waiver	Minnesota Alabama Kentucky	Impact=10 Difficulty=2	Policy in Place	Funding needed to comply with the law	Short

Corresponding # to narrative recommendations	*Recommendation*	*Best Practice Citation*	*Impact/ Difficulty Score*	*Policy*	*Funding*	*Timeline for ROI (short, mid, long-range)*
	application, etc.).					
A-4	Replace current assessment tools for the Brain Injury Waiver with a more sensitive, standardized tool to assess cognitive, psychosocial and functional abilities and needs, to determine initial and ongoing eligibility for state brain injury waiver services.	Minnesota BI Waiver tool Kansas Vermont	Impact=10 Difficulty=6	Administrative Rule change at DHS	Minimal cost to identify tool and provide training for implementation	Short
A-5	Provide funding to eliminate any waiting period for eligible individuals within the HCBS BI Waiver, to decrease expensive and untoward medical outcomes and associated secondary conditions.	Kansas Wisconsin Kentucky	Impact=10 Difficulty=6	Legislative and DHS Policy	Dependent upon current waiting list	Short

Corresponding # to narrative recommendations	*Recommendation*	*Best Practice Citation*	*Impact/ Difficulty Score*	*Policy*	*Funding*	*Timeline for ROI (short, mid, long-range)*
A-6	Increase availability of acute to home neurobehavioral services across the service continuum to reduce need for out-of-state placement and increase ability to bring people back to Iowa.	Massachusetts Minnesota Texas	Impact=10 Difficulty=7	Legislative	Potential to save money in the long run due to expense of out of state placement	Short
A-7	Increase availability of post-acute neurorehabilitation services across the service continuum to reduce need for out-of-state placement and increase ability to bring people back to Iowa.		Impact=9 Difficulty=9	Legislative	Potential to save money in the long run due to expense of out of state placement	Mid to long range
B-1	Require regional administrative hubs to participate as IBIRN sites with adequate funding	Tennessee DPH BIA-OH	Impact=9 Difficulty=3	Legislative		Mid

Corresponding # to narrative recommendations	*Recommendation*	*Best Practice Citation*	*Impact/ Difficulty Score*	*Policy*	*Funding*	*Timeline for ROI (short, mid, long-range)*
	for regional resource materials (i.e., Brain Injury Tote Bags).					
B-2	Amend Iowa Code Chapter 135.22 Brain Injury Registry to align with the brain injury definition in IAC 441-83.81(249A) and require the BI Registry notification in administrative rule.	*Recommendation developed at final meeting.*				
B-3	Reduce the lag time for receipt of outreach letters generated from the Brain Injury Registry regarding brain injury services in order to increase timely access to services and supports.	Florida	Impact=8 Difficulty=2	Policy (IDPH)	Minimal cost	Short
B-4	Expand the scope of the Residential Care Facilities (3-5			Legislative		Short

Corresponding # to narrative recommendations	*Recommendation*	*Best Practice Citation*	*Impact/ Difficulty Score*	*Policy*	*Funding*	*Timeline for ROI (short, mid, long-range)*
	beds) specialized licensure (IAC 481-63.47(135C)) to include Brain Injury.					
B-5	Expand the current NRF services to accommodate the significant increase in utilization of this service to allow NRF caseloads to align with national averages and to develop veteran-specific NRF services.	New Hampshire Vermont	Impact=9 Difficulty=7	Legislative	Needs additional funding based on utilization	Short
B-6	Optimize conflict-free case management for brain injury services by developing specialized brain injury case management within the case management	Virginia Minnesota Illinois Tennessee	Impact=8 Difficulty=8	Legislative	Funding needed for training and a new or shift of money.	Short

Corresponding # to narrative recommendations	*Recommendation*	*Best Practice Citation*	*Impact/ Difficulty Score*	*Policy*	*Funding*	*Timeline for ROI (short, mid, long-range)*
	structure.					
B-7	Increase and provide adequate funding for the unfunded Brain Injury Service Program cost-share component at the IDPH.	Many States	Impact=6 Difficulty=6	Existing code	Additional funding needed to support existing code	Short
B-8	Elevate the Governor's Advisory Council on Brain Injuries to the Brain Injury Services Commission to expand the current scope to identify it as the state policy-making body for the provision of services to Iowans with brain injury.		Impact=5 Difficulty=5	Legislative	Additional funding need based on charge of Commission	Short
C-1	Implement a standardized brain injury screening tool identified in collaboration with the Brain Injury Services	Minnesota Alabama Kentucky	Impact=10 Difficulty=2	Legislative	Funds needed to identify tool and provide training for implementati on	short

Corresponding # to narrative recommendations	*Recommendation*	*Best Practice Citation*	*Impact/ Difficulty Score*	*Policy*	*Funding*	*Timeline for ROI (short, mid, long-range)*
	Commission (see item B-8) to be implemented at all access points to include, but not limited to: all agencies as required by 225C.23, domestic violence shelters, mental health centers, substance abuse treatment centers, emergency rooms, crisis intervention, homeless shelters, senior centers, schools, correctional facilities and non-profit or community based organizations providing human services, etc.					
C-2	Form and support a state of Iowa interagency, intergovernmental Brain Injury	Minnesota	Impact=9 Difficulty=3	Policy (IDPH)	Could be supported by federal HRSA TBI Implementati	Short

Corresponding # to narrative recommendations	*Recommendation*	*Best Practice Citation*	*Impact/ Difficulty Score*	*Policy*	*Funding*	*Timeline for ROI (short, mid, long-range)*
	Coordinating Committee to meet quarterly to continue deploying best practices for brain injury services.				on grant	
C-3	Review and revise funding mechanisms, rate structures, service definitions, and reimbursement methodologies, to emphasize and incentivize person-centered, community-based employment and interagency collaboration.	*Recommendation developed at final meeting.*				
C-4	Deploy brain injury competency training and education in existing and new crisis intervention programs.	North Carolina	Impact=10 Difficulty=3	Legislative		Short
C-5	Deploy and expand tele-health services for	Idaho-HRSA project	Impact=10 Difficulty=3	Legislative		Short

Corresponding # to narrative recommendations	*Recommendation*	*Best Practice Citation*	*Impact/ Difficulty Score*	*Policy*	*Funding*	*Timeline for ROI (short, mid, long-range)*
	Iowans with brain injury and multi-occurring disorders.					
C-6	Develop a statewide, interdisciplinary brain injury consultation team to serve the regions.	Brain Injury Resource teams are currently in the Area Education Agency system in Iowa. The team would need to be expanded to include other disciplines.	Impact=10 Difficulty=6	Legislative	Need funding for training and administrative support	Mid
C-7	Deploy brain injury competency training and education in existing and new jail diversion programs.	Maryland	Impact=10 Difficulty=6	Legislative	Funds needed to develop and deploy training program.	Short
C-8	Deploy and expand services to engage survivors of brain injury and their families in on-going education, peer support, mentoring and advocacy.	Olmstead Minnesota Wisconsin	Impact=6 Difficulty=4	Agency level policies to collaborate with advocacy groups		Short term and ongoing
C-9	Develop and deploy a web-	Arizona Colorado	Impact=7 Difficulty=7	Legislative	New funding	Mid

Corresponding # to narrative recommendations	*Recommendation*	*Best Practice Citation*	*Impact/ Difficulty Score*	*Policy*	*Funding*	*Timeline for ROI (short, mid, long-range)*
	based, searchable, comprehensive brain injury resource information and services database/directory.	New Hampshire New Mexico Oklahoma				
C-10	Provide specialized brain injury training for direct service providers across the service array to include but not limited to human services, rehabilitation, nursing, home health agencies, assisted living, community and facility based providers, correctional, jail diversion, crisis intervention and judicial agencies.	Massachusetts Michigan New Hampshire New York Wisconsin	Impact=8 Difficulty=8	Legislative (could use the DHS model training)	Low	Mid
C-11	Provide access to flexible and reliable	Minnesota New Jersey	Impact=9 Difficulty=9	Legislative	High cost	Long

Corresponding # to narrative recommendations	*Recommendation*	*Best Practice Citation*	*Impact/ Difficulty Score*	*Policy*	*Funding*	*Timeline for ROI (short, mid, long-range)*
	transportation services for brain injury rehabilitative, medically necessary care and community integration.					
C-12	Deploy phone follow up service to individuals receiving brain injury registry outreach letter.		Impact=9 Difficulty=9	Policy (IDPH)	Moderate	Mid
C-13	Develop acute inpatient hospital-based neurobehavioral treatment programs to prevent out of state placements for Iowans with brain injury and multi-occurring disorders.	Massachusetts Minnesota	Impact=10 Difficulty=10	Legislative	Potential to save money in the long run due to expense of out of state placement	Mid

Corresponding # to narrative recommendations	*Recommendation*	*Best Practice Citation*	*Impact/ Difficulty Score*	*Policy*	*Funding*	*Timeline for ROI (short, mid, long-range)*
C-14	Develop and deploy a follow-up outreach service for individuals served by the Iowa Brain Injury Resource Network (tote bag).		Impact=10 Difficulty=10	Administrative rule change	Additional funding needed	Mid