

MHDS Redesign BI Workgroup Recommendation Grid

	<i>Corresponding number to narrative recommendations</i>	<i>Identified recommendations</i>	<i>Category</i>	<i>Short Term vs. Long Term Need for implementation</i>	<i>Best Practice Citation</i>	<i>Availability C=Currently Available N=New Service E=Current service needs expansion</i>	<i>Impact/Difficulty Score</i>	<i>Policy</i>	<i>Funding</i>	<i>Timeline for ROI (short, mid, long-range)</i>
1	A-1	Prescreen of individuals for BI Waiver to determine eligibility based on diagnosis of BI and multi-occurring disorders prior to placement on waiting list. Uniform screening across the regions	Identify	immediate	WI LTC FS – pre-screening	N	Impact=10 Difficulty=1	Administrative rule change at DHS	No extra cost	short
2	A-1	Referral to immediately available services at time of application to Medicaid services (i.e. Neuro Resource Facilitation).	Identify	immediate	<i>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.</i>	N	Impact=9 Difficulty=3	Admin rules	Increased funding for NRF for capacity to divert wait list	short
3	B-1	Formalized Iowa Brain Injury Resource Network (IBIRN) network in each region to create a more robust, region specific system to facilitate communication, education, resource sharing, etc.	Awareness	short	TN DPH BIA-OH	N & E 140 IBIRN sites are active throughout the state. Regional hubs are not currently available.	Impact=9 Difficulty=3	Legislative policy	See directly above.	
4	B-1	Adequate funding for IBIRN information kits (tote bags).	Awareness	short	Iowa is the developed	C & E Tote bags are currently	Impact=6 Difficulty=3			

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		Also utilization of IBIRN information within regions as . Combine 3 &4.			of this best practice now in multiple states	funded through BISP. Additional region specific resources and infrastructure need to be developed.				
5	C-8	Develop an online, up-to-date Brain Injury specific resource system.	Awareness		Arizona Colorado, New Hampshire, Oklahoma, New Mexico	N	Impact=7 Difficulty=7	Legislative	Would require new funding	mid
6	C-5	Develop a functional, regional statewide brain injury team to serve the regions (need to define the minimum qualification of team members).	Awareness		Minnesota?	N Brain Injury Resource Teams are currently in the Area Education Agency system. Regional stakeholder groups are not currently available.	Impact=10 Difficulty=6	Legislative	Need funding for Training and cross training and Administration support	mid
7	A-3 C-1	Implement a standardized screening tool identified in collaboration with the Governor's Advisory Council on Brain Injuries (ACBI) 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, homeless shelters, senior centers, schools, correctional facilities and faith based, non-profit or community based organizations providing human	Screening		Minnesota Alabama Kentucky	C & E 225C.23 is current. Expansion includes identifying a standardized tool and implementing at additional identified access points.	Impact=10 Difficulty=2	Policy in place.	Funding needed to comply with the law.	short

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		services.								
8	A-4	Identification of a standardized and sensitive tool to assess cognitive, psychosocial and functional abilities and needs to be used to determine initial and ongoing eligibility for state brain injury services.	Follow up		Minnesota BI Waiver tool Kansas Vermont	C & E Current tool needs to be evaluated for effectiveness and sensitivity.	Impact=10 Difficulty=6	Administrative within DHS		Short
9	C-12	Follow up via phone for individuals receiving IBIRN materials at specified time frame after discharge from acute setting with referral to appropriate supports if needed and/or wanted (i.e., peer mentor, support group, service, etc)	Follow up			N	Impact=10 Difficulty=10	Administrative	Would cost money	Mid
10	C-13	The system provides an instate Acute Neurobehavioral (not mental illness) Inpatient Treatment Program in each region. Add language to address education of currently available crisis psych to train and develop BI teams within the current system. (add language for risk mgmt. to avoid litigation, risk, etc.)	Treatment	long	Massachusetts Minnesota	N	Impact=10 Difficulty=10	Legislative		Mid
11	B-8	Intensive neurobehavioral/neurorehabilitation services in both residential and home environments.	Treatment		Massachusetts Minnesota Texas	N	Impact=10 Difficulty=7	Currently in process of DHS Admin change.		Short
12	A-6 B-3	Increase availability of post acute inpatient	Treatment			C & E, N Iowa currently has post acute inpatient snf level-	Impact=9 Difficulty=9	Legislative		Mid to long range

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	B-8	<p>neurorehabilitation skilled nursing facility level and create an inpatient neurorehabilitation non-skilled nursing facility level of care.</p> <p>Add broader geographic availability to services (regionalized possibly). Increased availability of speciality inpatient neurorehab non skilled nursing level of care.</p>				<p>this needs expansion. Non-NF level of care is a new service.</p>				
13	B-5	<p>Development of specialized brain injury case management services provided for individuals with diagnosis and need from an independent provider.</p>	Support		<p>Virginia Minnesota Illinois Tennessee</p>	<p>C & E Case management is provided through the waiver. Needs to be expanded.</p>	<p>Impact=8 Difficulty=8</p>	Legislative	<p>Funding for training and a new or shift of money.</p>	Short
14	C-9	<p>Mandated specialized brain injury training and consultation for direct service providers across the service array; to include but not limited to human service, healthcare, rehabilitation and nursing nf/snf, home health agencies, assisted, living correctional and judicial agencies.</p>	Support	<p>Phase in: Human service Rehabilitation/nursing homes, home health, etc judicial agencies, corrections.</p>	<p>Wisconsin Michigan Massachusetts New Hampshire New York</p>	N	<p>Impact=8 Difficulty=8</p>	<p>Legislative (BISP expansion?) DHS model training</p>		Mid
15	C-10	<p>Access to flexible and reliable transportation services for rehabilitative and medically necessary care and community</p>	Support		<p>Minnesota New Jersey</p>	N	<p>Impact=9 Difficulty=9</p>	Legislative	High dollar	Long

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		integration.								
16	A-5	Eliminate the Brain Injury Waiver waiting list by fully funding the Brain Injury Waiver	Support		Kansas Wisconsin Kentucky	C & E Iowa currently has a Brain Injury Waiver with limited number of slots.	Impact=10 Difficulty=6	Legislative and DHS Policy Heaton legislative		Short
17	B-4	The system provides and fully adequately funds neuro resource facilitation for ALL Iowans. (Non Medicaid core service)	Support		New Hampshire Vermont	E Iowa currently has NRF- additional funding is needed to fully support service	Impact=9 Difficulty=7	Current Legislative	Needs additional funding	short
18	B-2	Decrease time for Brain Injury Registry letter to be sent	Access		Florida	C & E Letter is currently sent quarterly	Impact=8 Difficulty=2	Policy (IDPH)	Might cost some.	short
19	C-11	Add phone follow up to individuals receiving Brain Injury Registry letter.	Access		??	N	Impact=9 Difficulty=9	Policy (IDPH) Automated Robo call system or email	Cost	Mid
20	B-6	Dedicated and responsive funding for Brain Injury Service Program.	Access		MANY MANY STATES	C & E Current funding needs to be expanded to be stable and appropriate for services being delivered.	Impact=6 Difficulty=6	Existing law	funding	short
21	C-2	Develop Interagency and intergovernmental TBI group. (State level)	Access		Minnesota	N	Impact=9 Difficulty=3	Agency Policy Level at IDPH might not take this much	No funding! HRSA grant	Short
22	C-6	Develop specific Brain Injury Jail diversion program. Add regional, bi training and competencies and protocols.	Access		Maryland – law enforcement	N	Impact=10 Difficulty=6	Legislative		Short
23	C-3	Develop specific and	Access		North	N	Impact=10	Legislative		Short

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		specialized competencies to regional Brain Injury Crisis Intervention program.			Carolina		Difficulty=3			
24	C-4	Allow and deploy brain injury telehealth services for licensed healthcare practitioners.	Coordination		Idaho – HRSA project	N	Impact=10 Difficulty=3	Legislative? DHS?	?	Short
25	B-7	Elevate Governor’s Advisory Council on Brain injuries to Commission status.	Coordination		Ask Tom B	C & E Expansion of current ACBI role.	Impact=5 Difficulty=5	Legislative		Short
26	C-7	Support and collaborate the engagement of survivors of brain injury <i>and their families</i> in on-going education, peer support, mentoring and advocacy opportunities.	Coordination		Minnesota, Wisconsin, Olmstead	N	Impact=6 Difficulty=4	Agency policies to collaborate with advocacy groups		Short term and ongoing