



## 2013-2017 State Plan on Brain Injuries - Progress Report

The 2013-2017 State Plan for Brain Injuries was developed by the Iowa Advisory Council on Brain Injuries (ACBI) as guidance for brain injury services and prevention activities in Iowa. The following outlines progress made on the plan's goals from date of implementation through December 2015.

The state plan can be read in its entirety online, at the council's website:  
<https://idph.iowa.gov/brain-injuries>.

### *Focus Area 1: Individual and Family Care Access*

#### **Goal 1: Eligibility will be determined at the time of application for the Medicaid Home and Community Based Brain Injury Waiver.**

*There were discussions in 2014-2015 regarding development of an eligibility screening tool for the Home and Community Based Brain Injury waiver facilitated by Department of Human Services and Telligen. Currently, Telligen is conducting a pilot using the InterRAI with all other waivers except the BI waiver. The tool identified for brain injury waiver level of care determination is the InterRAI, however there are components that are not addressed in the InterRAI but would be necessary for make a level of care decision for eligibility determination. The National Association of State Head Injury Associations also looked into this issue by convening a workgroup of various states who are also interested in this topic. Ongoing work needs to be done to create or identify a more valid and reliable method of needs assessment.*

#### **Goal 2: Individuals will be screened for brain injury at all access points in the service delivery system.**

*While a standardized brain injury screening tool has not been formally adopted, the HELPS tool has been broadly distributed and implemented in settings such as domestic violence shelters and correctional facilities. The Mental Health and Disability Services regions have been provided this tool as well. Through a contract with Iowa Department of Public Health, the Brain Injury Alliance of Iowa has trained staff in the regions to use this screening tool and they have provided resource materials to individuals who screen positive for possible brain injury. We hope to expand use of the HELPS tool.*

### **Goal 3: Expand Neuro-Resource Facilitation services to accommodate increase in utilization.**

*The Brain Injury Alliance regularly submits utilization data, including client demographics, to Iowa Department of Public Health and the Advisory Council on Brain Injuries. Regionalized resource facilitation was piloted, and maintained, in specific areas of the Mental Health and Disability Services regions in the state, specifically the County Social Services region and the Eastern Iowa region. Regionalization has allowed for more customized information as well as increased visibility of the value of this service.*

## **Focus Area 2: Service and Support Availability**

### **Goal 1: Decrease expensive and untoward medical outcomes and associated conditions related to a break in services.**

*The year 2014 saw a steady increase in the length of all of the Home and Community Based Services Waiver waiting lists from an already staggering combined 7,367 days to well over 9,300 days, despite a legislative appropriation of \$6 million specifically to reduce the length of the list. [The waiting list specifically for the brain injury waiver is 1,394; with the wait being approximately 23 months as of January 2016.] Some people have been waiting for in-home supports and services for two-and-a-half years, unquestionably placing many at higher risk of institutionalization. The current administration needs to take a hard look at the root causes of this chronic issue and develop appropriate strategies to combat them. Clearly, funding is only part of the answer; “institutional bias” refers to a range of systemic factors that need to be addressed, such as provider capacity, workforce development needs, departmental human resource issues, and affordable, accessible housing for community living. (source: Olmstead Consumer Task Force)*

### **Goal 2: Reduce the need for out of state placement and increase ability to bring people back to Iowa from out of state placement.**

*The Department of Human Services, Iowa Medicaid Enterprise (DHS, IME) entered into an agreement with Community NeuroRehab in 2010 to provide community based neurobehavioral rehabilitation services (CNRS) for adults who have experienced a brain injury co-occurring with a mental health diagnosis as an alternative to costly out of state facility based neurobehavioral rehabilitation, hospitalization, institutionalization, incarceration or homelessness. Since that time, NeuroRestorative Iowa also began providing these services. The DHS, IME has been funding these services through exception to policy while administrative rules were being developed with a stakeholder group representing brain injury professionals. These services yield a costs savings to the state for members who would have otherwise been admitted to out of state facility based services for neurobehavioral rehabilitation. The department promulgated administrative rules through a stakeholder engagement process formally adding CNRS to the Medicaid State Plan (Effective February 10, 2016).*

### **Goal 3: Expand the availability of Medicaid funded intensive neurobehavioral/neuro-rehabilitation services in residential, home and community environments.**

*The locations where Community Based Neurobehavioral Rehabilitation Services are provided are licensed by the Department of Inspections and Appeals (DIA) as a Residential Care Facility, under special license, in accordance with Iowa Code 135c and shall be considered a “family home” in compliance with 2009 Iowa Code 414.22. DIA has licensed six such locations to date.*

*In March 2014, the Department of Human Services, Iowa Medicaid Enterprise (DHS, IME) launched the online Brain Injury (BI) Training for Home and Community Based Services Brain Injury Waiver service providers, direct support professionals, survivors, family members and others seeking information regarding supporting individuals diagnosed with a brain injury. The DHS, IME promulgated administrative rules through the stakeholder engagement process. Beginning January 1, 2015, providers initially enrolling to deliver BI waiver services and each of the staff members of any agency involved in direct consumer service who began providing service on or after January 1, 2015 must have completed the department’s brain injury training modules one and two within 60 days from the beginning of service provision.*

### **Goal 4: Develop telehealth services for Iowans with brain injury.**

*There was legislation introduced in 2015 regarding telemedicine reimbursement, but it did not pass. Given the rural nature of Iowa, it is hoped that telehealth services would be incorporated into our service delivery system. This would assist in reducing one of the barriers to service access that so many individuals engaged in treatment of brain injury experience.*

### **Goal 5: Expand opportunities to engage survivors of brain injury and their families.**

*The Brain Injury Alliance of Iowa (BIA-IA) provides educational opportunities via live training, webinars and conferences as a deliverable of their contract with IDPH. The Iowa Association of Community Providers also provides training and consultation as a deliverable of their contract with Iowa Department of Public Health. Funding for these contracts is from state appropriations and a federal TBI grant.*

*Peer support program through the BIA-IA was discontinued in 2015 as program data indicated a lack of utilization. As an alternative, the BIA-IA hosted multiple regional mini-conferences for survivors and their families throughout the year.*

*The BIA-IA continues to host an annual Advocacy Day at the Iowa State Capitol as an opportunity for individuals with brain injury, their caregivers and other stakeholders can engage their legislators.*

**Goal 6: Develop and deploy a web-based, searchable, comprehensive brain injury resource.**

*The Brain Injury Alliance maintains a listing of the Iowa Brain Injury Resource Network members on their website. <http://biaia.org/closablewindow.htm>.*

**Focus Area 3: Service System Enhancements**

**Goal 1: Continue to determine initial and ongoing eligibility for state brain injury services.**

*The Brain Injury Alliance of Iowa has formally partnered with the Mental Health and Disability Services (MHDS) County Social Services region to begin delivering functional assessments for individuals with brain injury using the Mayo Portland Adaptability Inventory.*

**Goal 2: Expand services and increase access to the Iowa Brain Injury Resource Network (IBIRN).**

*Since fall 2013, the IBIRN has increased nearly 27% to a total of 194 sites. Additional sites will continue to be added on an ongoing, as needed basis.*

**Goal 3: Increase timely access to information, services and supports for brain injury.**

*In 2013, the average time from date of injury to the mailing of the brain injury registry outreach letter was approximately 9-12 months. After a quality improvement process, this lag was reduced to approximately 4-6 months and ongoing assessment of quality is conducted to maximize the timeliness of outreach.*

*Iowa Department of Public Health increased outreach efforts by providing a follow up letter to individuals one month after the initial mailing is sent.*

**Goal 4: Iowa will expand services for Iowans with Brain Injury.**

*The waiver-eligible and cost-share components of the brain injury services program continue to be unfunded through state appropriations.*

**Goal 5: Expand brain injury training and education opportunities in Iowa.**

*Through contracts with Iowa Department of Public Health, the Iowa Association of Community Providers (IACP) and the Brain Injury Alliance of Iowa continue to provide training, consultation and education across the state via conferences, webinars, and in person sessions. A group has been convened by the IACP to discuss feasibility of identifying or developing an alternate*

optional certification program to the currently used program through the Academy of Certified Brain Injury Specialists.

### **Focus Area 4: Brain Injury Prevention**

#### **Goal 1: Decrease by 10%, the death rate related to falls for those aged 55 and older.**

*Staff to the council participates on the Iowa Falls Prevention Coalition and reports back on activities and upcoming events.*

*The Advisory Council on Brain Injuries provided funding to support the 2015 Falls Prevention Symposium. They have also produced falls prevention awareness materials that have been distributed statewide as well as financially supporting the training of trainers on evidenced based falls prevention programs for older adults.*

*In September 2014, the Iowa Department on Aging, in partnership with the Iowa Fall's Prevention Coalition and key stakeholders, received a two-year grant through the Administration for Community Living to expand programs proven to reduce falls risk or incidences by building a robust and effective falls prevention network. The goals of their project are to increase the number of older adults and adults with disabilities at risk for falls participating in evidence-based falls prevention programs and to embed evidence-based falls prevention programs into an integrated, sustainable falls prevention network.*

#### **Goal 4: Decrease the number of TBIs caused by falls off of bicycles.**

*The Advisory Council on Brain Injuries annually purchases bicycle helmets in a variety of sizes and styles for statewide distribution by the Iowa Department of Public Health Children's EMS program and the Brain Injury Alliance of Iowa. Since 2013 plan implementation, the council has helmeted over 1,800 Iowans.*

*The Advisory Council on Brain Injuries prints and distributes a flyer from the Centers for Disease Control and Prevention on proper helmet use and fit.*