



January 31, 2012
 Corrections related to Brain Injury
 LSB 5488IC - Released 1/26/12

Page	Row	Comment
68	8 (Section c)	Specifically add the listing of the DHS recommended core brain injury services (see immediately below) that were provided in the DHS report to the interim committee.
68	8 (Section c)	<p><u>Recommended Services Currently approved to move forward</u></p> <ol style="list-style-type: none"> 1. Neuro-Resource Facilitation (NRF). (IDPH) 2. Iowa Brain Injury Resource Network (IBIRN). (IDPH) 3. Community Based Neurobehavioral Rehabilitation services funded through state Medicaid dollars. (DHS) 4. Medicaid Home and Community Based Services (HCBS) Brain Injury Waiver program and services. (DHS) 5. Post-Acute inpatient skilled nursing level of care and outpatient neurorehabilitation. (DHS) 6. Medicaid-funded intensive neurobehavioral services at hospital, Nursing Facility, Skilled Nursing Facility, Intermediate Care Facilities for persons with Mental Retardation, and Community-Based services currently unavailable in Iowa to children and adults (Psychiatric Medical Institution for Children). (DHS) 7. Other Medicaid Plan Services applicable to Brain Injury, e.g. hospital, Nursing Facilities, Skilled Nursing Facilities, Intermediate Care Facilities for persons with mental Retardation, and Community Based Services. (DHS) 8. Brain Injury Outreach Letter. (IDPH) 9. Replace current assessment tools with standardized tool to assess cognitive, psychosocial and functional abilities and needs. 10. Increase availability of acute to home neurobehavioral services to reduce out of state placements and bring people back to Iowa.

2	19	Add to line 19: "...fiscal year by region" and data associated with the regional service systems shall include number of persons with brain injury served, services provided and costs associated with these services. Rationale: Data on local spending on persons served (unless otherwise available) is essential to planning for future service response.
2	32	<u>Add:</u> The three-year strategic plans shall include descriptions and consideration of services to persons with mental health, intellectual disability and brain injury. Rationale: Planning should encompass all groups identified by the legislature. Without "brain injury" specifically and redundantly identified the risk of regions "overlooking" this population is increased.
3	20 – 22	<u>Change to:</u> Measures to address the needs of individuals who have two or more co-occurring conditions including: a) mental health; b) intellectual disability; c) brain injury; d) substance abuse disorder; and e) other specialized needs. Rationale: Current language refers to "disorders" being co-occurring. Disorder is pejorative language.
4	9 (or other appropriate location)	<u>Add:</u> The access points for services shall enroll in the Iowa Brain Injury Resource Network (via IDPH) Rationale: This is one of the top recommendations from the BI Workgroup; is a natural function at access points for this undeserved population; and is a low cost, existing collaboration opportunity that leads Iowans with brain injury to the effective, efficient and accessible best practice of Neuro-resource facilitation which is already part of the Brain Injury Services Program at IDPH.
4-5	33-35; 1	<u>Concern:</u> Where shall we list brain injury as a required service management provision? Here or in subsection 2?
7	6	<u>Comment:</u> As the DSM is soon to be updated might you wish to refer to "current edition".
8	17	<u>Add:</u> "...specialized needs", including mental health, intellectual disability, brain injury, and/or substance abuse. Rationale: Listing the service domains specifically will better result in providers acquiring the appropriate and needed education to serve these domains.

8	24-32	<p>Add the following core mental health service domain: a) referral to Neuro-resource facilitation for individuals with brain injury.</p> <p>Rationale: Neuro-resource facilitation is the #1 recommended core service from the Brain Injury Workgroup.</p>
14	11	<p>Add: "brain injury" to this list of cross training requirements.</p> <p>Rationale: This is a simple typo / oversight / omission.</p>
68	22	<p>Add: "....mental retardation" <u>and brain injury</u>, "who are appropriate for the transition.... "</p> <p>Rationale: Individuals with brain injury are being served in the ICF and RCF level of care and need and deserve these same actions.</p>
70	5	<p>Add: The department of human services shall also "seek federal approval to amend the home and community based services waiver for persons with brain injury to re-calculate the costs associate with provided aggregate services in the required cost neutral manner and resulting in a more realistic and comparable set of rates for services for the services in this program.</p> <p>Rationale: The establishment of rates for the BI waiver, in 1996, utilized data that did not represent a full and accurate assessment of the cost of institutional care for this population and resulted in rates for services that are not able to adequately prevent individuals from the threat of institutionalization.</p>
71	11	<p>Add: "brain injury" to this listing of groups provided for.</p> <p>Rationale: Should encompass all groups identified by the legislature.</p>