

PA DPW Home & Community Based Services Stakeholder Planning Team Brain Injury Workgroup Recommendations

Brain Injury Recovery Blueprint Approved August 25, 2006

Purpose - Address the barriers and gaps in services for people with brain injury by developing, expanding and coordinating services across the lifespan.

Goal – A DPW coordinated response to address the issue of brain injury.

A. RECOMMENDATIONS: Issues across programs and departments.

1. Brain injury screening – a short, standardized brain injury screening will be used during intake and routine assessments typically done for consumers before receiving or being eligible to receive services, and intermittently thereafter, to determine whether an event occurred that could have caused a brain injury.

- Currently, there are no screening questions specific to brain injury.
- Screenings should be consistent and used within all service systems
- Two screening models were examined:
 1. the brief Alaska screening, which was adapted by Frederick Maue, M.D., for the Pennsylvania Department of Corrections
 2. the more thorough Mt. Sinai BISQ at \$7.50 per report, which could be used if the brief screening revealed a history of an event that could have caused a brain injury. The report will provide some guidance until a neuropsychological evaluation can be secured.

2. Neuropsychological evaluation – a person with a positive Mt. Sinai BISQ or other firm indication of consequences following a brain injury will receive a neuropsychological evaluation to determine cognitive and behavioral rehabilitation treatment requirements and guidance.

- Currently, neuropsychological evaluations are not consistently available across systems
- Neuropsychological evaluations will be limited to the unique testing elements needed to identify, define, and plan treatment for the areas of difficulty experienced by each person
- Neuropsychological evaluations will be used within all service systems

3. Brain injury treatment standards – generally accepted treatment standards will be utilized in every service system to ensure appropriate cognitive and behavioral rehabilitation.

- the treatment standards for each licensed profession will be uniformly enhanced by specific additional requirements related to brain injury.
- treatment standards will be consistent between programs and services

4. Coordination of standards between programs – treatment standards uniformly enhanced for brain injury will be utilized in every service system.

- coordination will be assured within the service systems
- coordination between the service systems will continually be enhanced

5. Staff training – appropriate brain injury training will be developed to identify, screen, evaluate requirements and treat people with brain injury in each service system.

- currently there is no consistent, standard brain injury training in the service system
- stakeholders will be included in designing training for the service system

B. RECOMMENDATIONS: Issues specific to children with brain injury:

- Children with brain injury who access public funding will be identified and connected to cognitive and behavioral rehabilitation.
 1. All children coming into the MA, Early Intervention, MH, MR, special education, Juvenile Justice, Children & Youth and the Bureau of Drugs & Alcohol of the Department of Health systems will be screened
 2. All children under 21 already in the service system will be screened
 3. Neuropsychological evaluations and brain injury rehabilitation will be provided under Medicaid EPSDT reimbursement.
- Brain injury services will be evaluated and coordinated between service systems such as Early Intervention, OMR, MH, Juvenile Justice, Children & Youth, the Bureau of Drugs & Alcohol in the Department of Health, and the school system.
- A transition process will be implemented from child serving systems into adult serving systems to ensure consistent and comprehensive services for consumers with brain injury.
- A standard, comprehensive, best practices module for brain injury rehabilitation will be incorporated into every child-serving system and assure ongoing staff training and annual refinement of the module.

C. RECOMMENDATIONS: Issues specific to adults with brain injury:

- Geography and level of need will not result in the absence of service systems for certain populations.
- Provider systems will be developed for people with intense, continuous supervision needs and for those with unmanageable behavior in the least restrictive setting.
- All people going into adult service systems (such as MR, MH, and OLTL) or leaving state prison (after completing maximum sentences or through parole to the Bureau of Offender Re-entry) will be screened to identify appropriate services.
- A standard, comprehensive, best practices module for brain injury rehabilitation will be incorporated into every adult-serving system and assure ongoing staff training and annual refinement of the module.
- Add a Supports Broker Option to the CommCare Waiver.