



THE BRAIN INJURY ALLIANCE OF IOWA

# DISCHARGE PLANNING

FOR PATIENTS WITH BRAIN INJURY

THE MISSION OF THE BRAIN INJURY ALLIANCE OF IOWA IS TO CREATE A BETTER FUTURE THROUGH PREVENTION, ADVOCACY, EDUCATION, RESEARCH AND SUPPORT.



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# Accessing Services After a Brain Injury

Brain injury is unlike other trauma to the human body. While outcomes are impacted by many variables, there is a substantial body of evidence that positive outcomes are correlated with access to specialized, intensive and multi-disciplinary interventions.

This resource is intended for professionals involved with discharge planning from acute medical settings. Its purpose is to provide resources and information to improve outcomes post discharge. Refer to the Brain Injury Alliance of Iowa's (BIAIA) fee-free service called Neuro Resource Facilitation (NRF) for information, resources and support after brain injury.

## Questions to Consider When Discharging from Acute Level of Care:

- *Who do I include in conversation?*
  - Patients, spouses/guardian/next of kin, insurance providers, case managers, discharge managers, advocates (NRF)
- *What Level of Care is indicated and available?*
  - Consider specialized, multi-disciplinary provider if additional rehabilitation is indicated.
  - Consider patient/families long-term goals
  - Discuss options with family with consideration for distance that the patient and family can travel and /or stay for extended rehabilitation (if indicated). Ensure needed assessments are completed supporting authorization for the identified level of care
  - Make referral to BIAIA - NRF at 855-444-6443
- *What funding source will pay for services/care?*
  - Private Pay (out of pocket)
  - Private Insurance
  - Public Insurance (Medicaid, Medicare, VA)
    - Medicaid application – <http://dhs.iowa.gov/how-to-apply> .Medicaid Flowchart – <https://dhs.iowa.gov/sites/default/files/Comm499.pdf>
  - Iowa Mental Health and Disability Services (MHDS) Regions
    - Some of Iowa's MHDS regions fund Community Based Brain Injury Services – <https://dhs.iowa.gov/mhds-providers/providers-regions/regions>
  - Iowa Medicaid Home and Community Based Waiver Services (BI, H&D, AIDS/HIV, Elderly, ID, PD, Children's MH)
    - Iowa currently has seven HCBS Waiver Programs that provide service funding and individualized supports to maintain eligible members in their own homes or communities who would otherwise require care in a medical institution – <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs/waivers>

## Additional things to consider when discharging home or otherwise:

- Apply for the Brain Injury Medicaid HCBS Waiver – call local DHS office
- Social Security Disability Application - <https://www.ssa.gov/benefits/disability>
- In-Home Health Services, Physical/Occupational/Speech Therapies, adaptive equipment, adult day-care, respite, etc. Refer to BIAIA-NRF services for assistance in connecting to local resources.

## Care Options Following Brain Injury

*Every discharge plan is different and reflects a patient's unique personal and social situation. Recovery from a brain injury takes time (months and even years). After discharge most people will benefit from ongoing therapy.*

### **Facility Based Programs**

#### **Acute Rehabilitation - Inpatient**

Ideally, as early as possible in the recovery process, individuals who sustain a brain injury will begin rehabilitation. This may take place in a special unit of a trauma hospital, a rehabilitation hospital or other inpatient settings. During acute rehabilitation, a team of health care and rehabilitation professionals will work with a patient to assure and/or regain abilities to engage in activities of daily living. Activities of daily living include dressing, eating, toileting, transferring/mobility, and personal hygiene.

#### **Post-Acute Rehabilitation**

Upon discharge from acute care setting the vast majority of individuals who have impairments from brain injury will benefit from intensive, specialty and multi-disciplinary inpatient brain injury rehabilitation and medical management. Post-acute rehabilitation is focused on recovering physical and psychological function and learning how to accommodate or adapt to residual changes. Regaining maximum pre-injury levels of independence are the goals of most individuals. Patients engage in up to six hours of therapy per day. This type of comprehensive rehabilitation is considered the "gold standard" for care and treatment for such patients and includes inpatient rehabilitation facilities (IRFs).

#### **Sub-Acute Rehabilitation**

Patients who are unable to tolerate the intensity of Post-Acute may consider discharge to a sub-acute rehabilitation facility. Sub-acute rehabilitation programs typically offer less-intensive rehabilitation services over a longer period of time. Generally offering 1-2 hours of therapy per day, sub-acute rehabilitation may be provided in a variety of settings, such as a skilled nursing facility or nursing home. Some such facilities in Iowa have a brain injury specialty.

#### **Residential Community Based Neurobehavioral Rehabilitation Services (CNRS).**

CNRS is a specialized category of neuro-behavioral rehabilitation provided in Iowa by a multidisciplinary team of allied health and support staff that have been trained in, and deliver services individually designed to address cognitive, medical, behavioral, or psychosocial challenges, as well as physical manifestations of acquired brain injury. The service is intended to support the individual's recovery and development of adaptive behaviors, and decrease maladaptive behaviors. The goal is to support maximum independence.

## **Home and Community Based Services**

### **Home Based and /or Outpatient Therapies**

With or without acute, post-acute, and/or sub-acute rehabilitation, a person with a brain injury may benefit from therapies to further recovery, adaptation and/or accommodation to changes after brain injury. Referral to ongoing Physical, Occupational, Speech, and/or Vision therapy should be considered. Home-Based rehabilitation services may be indicated if an individual is unable to travel for therapy. Nursing or home health agencies may provide assessment and services that include physical and occupations therapy and home health aides. General and specialized outpatient therapy clinics are available for those able to live at home and travel. These include mild traumatic brain injury clinics and concussion clinics.

### **Residential Home and Community Based Services for Eligible Iowans with Brain Injury (HCBS BI Waiver)**

Available only to Iowans who qualify for the Iowa Medicaid Home and Community Based Services Brain Injury Waiver. This program provides service funding and individualized supports to maintain eligible members in their own homes or communities who would otherwise require care in a nursing facility. Approved BI waiver service providers must have training regarding or experience with brain injury. Due to frequently long waiting lists (>24 months) discharge planners should consider supporting patients to apply for such services *as soon as possible* if potentially needed.

### **Day Programs**

An adult day program is typically a non-residential facility that supports the health, nutritional, social, and daily living needs of adults in a professionally staffed, group setting.

### **Home**

Many Iowans will discharge home after a brain injury. Supports in the home are dependent on the individual's situation, desires and needs. Many individuals will utilize natural supports including friends and family for needed support. Some need home health services for assistance with activities of daily living.

### **Secure Longer-Term Neurobehavioral Treatment**

Some individuals experience very challenging behaviors resulting from brain injury (i.e. aggression, anger, impulsivity, memory or judgment changes) that may benefit from highly personalized programs of medical, nursing and multi-disciplinary rehabilitation support in secure settings. This level of service is often considered only after trying less restrictive levels of care. Presently (in 2019) Iowa lacks this level of treatment, yet there are out of state programs that may be available depending on need and funding.

*The best outcomes from treatment and services occur when they align with the needs of the person and family with the brain injury. Level of care needs should be regularly re-assessed to determine if current or planned services and supports are adequate and optimal.*

THERE IS AN ONLINE PROVIDER SECTION FOR THIS DOCUMENT LISTING A RANGE OF PROGRAMS AND SERVICES IN AND BEYOND IOWA. Please see: [www.biaia.org](http://www.biaia.org) for the most up to date listing or click link below.

### [Brain Injury Provider Listing 2021](#)

*Brain injury treatment and services have the best outcomes when they are timely, specialized, intensive, and multi-disciplinary.*

*The Brain Injury Alliance of Iowa and its Neuro Resource Facilitation Program (NRF) may be reached at:*

[www.biaia.org](http://www.biaia.org)

[info@biaia.org](mailto:info@biaia.org)

855-444-6443