

TBI PROGRAM

APPLICATION

STATE OF VERMONT
Division of Disability and Aging Services
Andre R Courcelle, TBI Supervisor
103 South Main Street, Weeks Building
Waterbury, VT 05671-1601

<http://www.ddas.vermont.gov/ddas-programs/programs-tbi-default-page>

(802) 786-2516 (Voice)

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Traumatic Brain Injury Program
Vermont Agency of Human Services

PART ONE

APPLICATION FORM



Traumatic Brain Injury Program
Vermont Agency of Human Services

**State of Vermont
Division of Disability and Aging Services
TBI Program**

APPLICATION FORM

**To:
TBI Program
DAIL - DDAS
103 South Main St., Weeks Bldg.
Waterbury, VT 05671-1601**

Referred by: _____
Agency: _____
Address: _____
Case Manager: _____
Phone Number: _____
Email: _____

Applicant General Information

Name (Please print): _____

Address: _____

Phone (day): (_____) _____ Phone (eve): (_____) _____

Please consider me for: TBI Rehabilitation Program * or TBI Long Term Program

* Injury must have occurred in the last 5 years.

Male or Female DOB: ____/____/____ SSN: _____

Height: _____ Weight: _____ Dietary habits: _____

Marital Status: _____ Living situation: _____

Children (names and ages): _____

Education: _____

Occupation: _____

Guardian / Payee Information

Guardian Name: _____ Phone: (_____) _____

Address: _____

Payee Name: _____ Phone: (_____) _____

Address: _____

Insurance & Income Information

I am currently receiving:

Community Medicaid or Long Term Medicaid or Other: _____

Medicaid Number: _____

yes or no Applied for Medicaid If yes, date of application ____/____/____

Income:

SSDI: \$ _____ SSI: \$ _____

Other: \$ _____

yes or no Applied for SSI/SSDI If yes, date of application ____/____/____

Medical Information

Diagnoses: _____

Cause of Injury: _____ Date of Injury: ____/____/____

Present Location: _____ Phone: (____) _____

Primary Physician: _____ Phone: (____) _____

Address: _____

Past Medical History: _____

TBI Deficits: _____

Recent Hospitalizations/Date: _____

Long-term Rehab Facilities/Date: _____

Prior mental health issues: _____

Please check all services you have received or are currently receiving:

- | | |
|--------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Developmental Services | <input type="checkbox"/> Substance Abuse Services |
| <input type="checkbox"/> Mental Health or CRT Services | <input type="checkbox"/> Choices for Care Services |
| <input type="checkbox"/> Corrections/Probation | <input type="checkbox"/> Children's Personal Care Services |
| <input type="checkbox"/> Attendant Care Services | <input type="checkbox"/> Neuro Resource Facilitation/BIA-VT |
| <input type="checkbox"/> Other _____ | |

Required Documentation

Please attach all of the following information to this form.

- Notice of Medicaid Eligibility
- Physician reports and letter of recommendation for community based services
- Rehabilitation facility admission and discharge summary
- Hospital admission and discharge summary, which includes documentation of a moderate to severe brain injury (e.g.; CAT Scan)
- Neuropsychological reports (if one has been done)
- Completed Independent Living Assessment Form
- Psychiatric evaluations (if applicable)
- Specialty reports or evaluations (i.e.; physical therapy, occupational therapy, speech therapy, etc.)
- Guardianship/payee papers (Required if individual has a legal guardian)

FOR LONG-TERM APPLICANTS ONLY—INCLUDE:

- Reports to substantiate risk factors, safety issues, and level of daily support.
- Letter(s) of denial from other applicable home and community based programs.
- Documentation of history of intensive inpatient (i.e.; other hospital admission and discharge summary), **or**
- Documentation of intensive outpatient services (i.e.; counseling, psychotherapy reports, etc.), **or**
- Physician letter to include risk of institutionalization.

*Please note: Inadequate information or delay in providing requested information can result in denial of eligibility. Applications cannot be reviewed until all information is received.

**Applicant and/or guardian should contact the appropriate State Agencies, Vermont State Police and/or Vermont Crime Information Center to resolve any outstanding legal issues, e.g.; traffic violations, warrants, etc.

Release of Information

- I agree to participate in the assessment of my eligibility for this program and in developing my plan of care. I understand that if I am found eligible for the TBI Program. I will be given the choice of: (1) participating in the TBI Program; (2) requesting medically necessary institutional services; (3) remaining in the community without TBI Program Services.
- I give permission to the team of persons developing my plan of care to obtain personal, medical, and financial information about me to determine my eligibility for this program. They are to keep this information confidential.

Signature _____ Date _____
Applicant or Legal Representative(s)

Signature _____ Date _____
Legal Representative

PART TWO

ELIGIBILITY REQUIREMENTS



Traumatic Brain Injury Program
Vermont Agency of Human Services

ELIGIBILITY REQUIREMENTS

State of Vermont Division of Disability and Aging Services TBI Program

This program is limited to the following target group of recipients.

1. Recipients of Traditional and/or Long Term Vermont Medicaid.
2. Vermont residents 16 years of age or older.
3. Diagnosed with a documented [e.g.; CAT Scan] recent moderate to severe, traumatically acquired non-degenerative, structural brain injury resulting in residual deficits and disability. See definition.
4. Requires 1:1 instruction focusing on independent living skills. Individuals will require intensive, extended rehabilitation services and ongoing independent living and pre-vocational / employment supports in the community and would meet the criteria to be sent to out-of-state rehabilitation facilities for up to one year if no services were available in-state.
5. Individuals must agree to participate in a substance abuse treatment program if a documented history of such abuse exists.
6. The individual's potential to benefit from rehabilitation services must be evident and will be a determining factor in deciding program eligibility. In order to determine the need for rehabilitation services from the Rehabilitation Program, the recipient must require rehabilitation in four of more specified areas [see Independent Living Assessment] and have already demonstrated a response to their current program. The individual must demonstrate a potential for independent living and possibility of returning to some vocational activity in the future.

For students, this program is designed to supplement, not replace the educational services that a student is entitled to under all Federal and State Laws and Regulations.

7. This program is short term in nature. Continued eligibility is determined by the individual's progress, in one or more identified areas, and is measured at the end of a six -month period, utilizing the Independent Living Assessment tool and the Rehabilitation Quarterly or Long Term Semi-Annual Evaluation tool.
8. Once an individual has received services through the TBI Rehabilitation Program, continues to require ongoing intensity of supports, and it has been determined no other appropriate Medicaid waivers, services, or funding are available, this individual will be referred to the TBI Long-term Program for ongoing supports.

9. *Rehabilitation Program Priority order:*

- 1. Individuals currently residing in a hospital or a hospital-based rehabilitation center.**
- 2. Individuals currently residing in an out-of-state facility.**
- 3. Individuals with recent injuries living in the community.**

10. *Long-term Program Priority Order:*

- 1. Individuals currently served on the TBI Program requiring intensive supports as defined in # 8**
- 2. Graduates of the TBI Program requiring intensive supports as defined below.**
- 3. If slots are available, consideration will be given to individuals who are:**
 - Recipients of Traditional and/or Long Term Vermont Medicaid
 - Vermont residents 18 years of age or older
 - Diagnosed with a documented moderate to severe non-degenerative brain injury [see definition].
 - Require a minimum of 6 to 8 hours per day of one on one support as a result of functional issues.
 - Demonstrate a current history of risk of danger to others, or to themselves.
 - Behave in such a manner as to indicate an inability, without supervision and assistance of others, to satisfy a need of nourishment, personal or medical care, shelter, self-protection, and safety.
 - Demonstrate that without adequate services, there is a potential for substantial bodily injury, serious physical, cognitive, and mental deterioration.
 - Documentation of recent intensive inpatient supports, or intensive outpatient services, or at risk of institutionalization.
 - Documentation that alternative funding sources and programs have been fully explored and these services are unable to appropriately meet the individuals needs in the community because of the nature and high degree of supports required.

11. *Long-term continued eligibility is reviewed annually and is based on:*

- The individual continuing to meet the eligibility criteria as defined.
- A revised plan of care that reflects the required need of intensity.

*** An exception may be made to the Priority Order when an individual is at imminent risk of homelessness, health or safety risk, or for other reasons deemed necessary at the discretion of the DAIL Commissioner.**

PART THREE

SELECTION PROCESS



Traumatic Brain Injury Program
Vermont Agency of Human Services

**State of Vermont
Division of Disability and Aging Services
TBI Program**

APPLICATION / REFERRAL / PROVIDER SELECTION PROCESS

1. A completed, signed application is sent to the TBI Program Supervisor, Division of Disability and Aging Services, 103 South Main Street, Weeks Building, Waterbury, VT 05671-1601 by an acute rehabilitation facility, a hospital, a long-term care rehabilitation facility, an individual with a TBI, or others on behalf of the individual.
2. Upon receipt of the completed application, the TBI Program Supervisor or designee will schedule a meeting with the applicant and other relevant individuals to conduct a further assessment of eligibility for the TBI Program.
3. A recommendation is then made to the Admission / Discharge Committee for acceptance or denial.
4. The individual will be notified in writing of the Committee's decision along with instruction for the consumer's right to appeal.
5. When an individual is accepted, the TBI Program Supervisor or designee will recommend a minimum of three (3) Department of Disabilities, Aging, and Independent Living (DAIL) approved TBI Provider Agency (ies) along with the name of a contact person at the provider agencies in order for the consumer or guardian to discuss possible services. This recommendation will be based on the needs of the individual. The final selection of the provider agency will rest with the individual and/or their guardian.
6. The TBI Program Supervisor / designee will notify the provider agency of selection. A Financial Plan of Care is developed by the TBI Program Supervisor / designee; this and other necessary documentation will be sent to the provider for their review. The provider agency will notify the TBI Program Supervisor / designee of acceptance or denial of the TBI program consumer.
7. Once the provider agency accepts the consumer, the pre-admission planning process will begin.
8. If at any point during program services the consumer and/or guardian wishes to consider other provider agencies, the TBI Program Supervisor/designee should be notified.
9. If at any point during program services the provider agency is unable to meet the needs of the consumer, the TBI Program Supervisor / designee and consumer must be notified in writing. The provider agency will give a minimum of a 30-day notice and will assist with development and implementation of a transition plan. The State may require an extension of service provision beyond the 30 days to ensure a successful transition.

PART FOUR

INDEPENDENT LIVING ASSESSMENT FORM



Traumatic Brain Injury Program
Vermont Agency of Human Services

**State of Vermont
Division of Disability and Aging Services
TBI Program**

PROCEDURES FOR COMPLETING INDEPENDENT LIVING ASSESSMENT FORM

Purpose:

This form is used to evaluate the consumer's functional, cognitive, and behavioral deficits soon after the accident and as an on-going evaluation of his/her rehabilitation status.

The results of this evaluation will be used in determining eligibility for the TBI Program and confirming eligibility depending on the recipient's progress or lack of progress.

The evaluations will identify strengths and deficits in specific areas and will be used by case managers in developing an Individual Service Plan (ISP). The ISP will be developed based on the consumer's deficits and intensity of the program required. Evaluations will be required bi-annually for rehabilitation consumers and annually for long term consumers and should be utilized in filling out the consumer's Rehabilitation Quarterly or Long Term Semi-Annual Evaluation.

Procedures:

The following procedures should be used by all individuals who complete this form regardless of where the recipient is residing.

1. The form is to be completed by the consumer's case manager with input from other team members and/or consultants of the team.
2. The keys used to evaluate each area are self-explanatory. In some instances, a consumer in one specific area may vary from "unable to perform" to be "independent." Comments on the right assist Case Managers when utilizing this form in the development of the care plan. Please make comments as necessary.
3. All long-term care rehabilitation facilities and acute rehabilitation facilities are required to complete this form before discharge back to the community. The case manager should obtain a copy of this document at the time of discharge, which will be needed for developing the initial ISP and first quarterly report.
4. The case manager is required to complete the first independent living assessment within 30 days after admission into the program and every six months for rehabilitation consumers and annually for long term consumers.

The original ILA must be filed in the individual's records and a copy must be sent to the TBI Program Supervisor or their designee at the Division of Disability and Aging Services.

**State of Vermont
Division of Disability and Aging Services
TBI Program**

INDEPENDENT LIVING ASSESSMENT

Evaluation Due Date: _____

Name (Please print): _____

Date of Birth: _____ **Date of Injury:** _____

Provider Agency: _____ **Phone:** _____

Case Manager: _____ **Phone:** _____

Name: _____

SS#: _____

Key: 1-2 = Unable to Perform 3-4 = Severe Difficulty 5-6 = Needs Assistance or Cuing 7-8 = Independent N/A = Not applicable	Score	Comments / Details
I. PHYSICAL DEVELOPMENT & MOBILITY		
Balance		
Stands alone		
Balances on tiptoes		
Balances on one (1) foot		
Can Walk on Balance Board		
Walking		
Can walk upstairs and downstairs with one foot on each step		
Can walk a straight line		
Can step over obstacles		
Can walk backwards		
Can run freely		
Can climb ladder		
Achieves heel/toe gait		
Walking rhythm is appropriate		
Carries Items when walking		
Can stop and start running		
Can walk sideways		
Posture		
Good posture while sitting, standing, and walking		
Body Movements		
Touches floor while standing		
Kneels, Flexes knee		
Sits up from supine		

Name: _____

SS#: _____

Key: 1-2 = Unable to Perform 3-4 = Severe Difficulty 5-6 = Needs Assistance or Cuing 7-8 = Independent N/A = Not applicable	Score	Comments / Details
Bends at waist		
Hand movements		
Manipulates / picks up small objects		
Can move fingers		
Grasps with both hands		
Transfers objects from one hand to the other		
Uses "adult" grip		
Sensory Development		
Visually discriminates color		
Visually discriminates form		
Visually discriminates size		
Discriminates tastes		
Discriminates sounds		
Discriminates smells		
Discriminates temperature		
Discriminates weight		
Discriminates textures		
II. COMMUNICATION / COGNITIVE SKILLS		
Cognitive Skills		
Initiation		
Judgment skills		
Ability to problem solve		
Able to maintain attention		
Able to perform sequencing activities		
Ability to organize		
Insight into deficits		
Receptive Language		
Can select an object if named		
Follows instructions		
Listens when others speak		
Expressive Language		
Speaks in phrases		
Asks questions		
Uses nouns, verbs, and adj. in speech		
Pitch / intensity of voice appropriate		
Speaks in sentences		
Voice quality is appropriate		
Imitates new words		

Name: _____

SS#: _____

Key: 1-2 = Unable to Perform 3-4 = Severe Difficulty 5-6 = Needs Assistance or Cuing 7-8 = Independent N/A = Not applicable	Score	Comments / Details
Rate and rhythm of speech is appropriate		
Describes situations and events		
Will say he doesn't understand if he/she doesn't		
Articulates well		
Carries identification (ID)		
Responds when spoken to		
Communicates basic needs: verbally and non-verbally		
Communicates personal info. verbally		
Reading		
Can get information from pictures and packages		
Knows alphabet / Can Alphabetize		
Recognizes safety words		
Remembers what he reads		
Can read different forms of print		
Breaks down words phonically		
Reads own name		
Reads important signs/functional words		
Writing		
Can copy & trace (vertical, horizontal, diagonal, circular)		
Can spell name		
Writes/Copies: Names, Address, SS #, phone #, DOB		
Can print or write notes /letters and address envelopes		
III. EATING BEHAVIORS		
Drinks from glass and/or straw		
Drinks from water fountain		
Eats finger food appropriately		
Eats with form / Uses napkin		
Chooses / uses correct eating utensil		
Chews with mouth closed		
Eats proper amount of food		

Name: _____

SS#: _____

Key: 1-2 = Unable to Perform 3-4 = Severe Difficulty 5-6 = Needs Assistance or Cuing 7-8 = Independent N/A = Not applicable	Score	Comments / Details
Has appropriate table etiquette		
Orders simple food		
Eats balanced diet		
Orders complete meal		
IV. FOOD PREPARATION / COOKING		
Identifies kitchen utensils/cookware: table knife, spoon, fork, dishes, measuring cups/spoons, fry pan		
Identifies kitchen appliances		
Identifies food products: meats, vegetables, fruits, beverages		
Sets table		
Operates gas/electric stove safely:		
Operates microwave		
Cold meal preparation		
Hot meal preparation		
Washes/peels vegetables/fruits		
Makes/pours beverages: cold/hot		
Prepares simple food items		
Prepares appropriate amount of food		
Prepares main course with side dishes		
Stores food appropriately in: freezer, refrigerator, cupboard		
Uses hot pad or other objects to protect countertop, table, hands, etc.		
Reads/follows recipe		
Prepares balanced meal with or without written menu		
V. PERSONAL HYGIENE / GROOMING		
Bathing		
Identifies sink, bathtub, shower		
Operates/regulates cold & hot faucet in sink, bathtub, shower		
Dries with towel		
Uses soap & washes all parts of body		
Rinses self		
(Female) Handles feminine hygiene a. Applies/disposes of pad/tampon		

Name: _____

SS#: _____

Key: 1-2 = Unable to Perform 3-4 = Severe Difficulty 5-6 = Needs Assistance or Cuing 7-8 = Independent N/A = Not applicable	Score	Comments / Details
b. Changes/soaks stained clothing		
Hair Care		
Shampoos Hair		
Combs / Brushes hair		
Goes to barber/ beautician for hair cut		
Sets and styles hair		
Grooming		
Brushes teeth		
Uses deodorant		
Keeps nails cleaned and trimmed		
Shaves		
Uses make-up		
Toilet Use		
Goes to toilet independently		
Uses toilet tissue		
Flushes toilet after use		
Washes hands after toilet use		
VI. HEALTH / SAFETY		
Treats Simple Health Problems		
a. Cuts/scrapes/Slivers		
b. Upset stomach		
c. Cold		
Contacts Another for Health Problems More Difficult to Handle		
Fever/Diarrhea/Burn/ Animal Bite		
Eye problems/Poisoning/overdose		
Takes aspirin / medication if needed		
Refills prescription		
Reports/handles seizures		
Uses telephone to call police, fire dept., doctor, when appropriate		
Makes routine medical appointments		
Recognizes importance of not combining substances and medication		
Has basic understanding of human sexuality/sex education		
Follows fire drill instructions		
Can use fire extinguisher		

Name: _____

SS#: _____

Key: 1-2 = Unable to Perform 3-4 = Severe Difficulty 5-6 = Needs Assistance or Cuing 7-8 = Independent N/A = Not applicable	Score	Comments / Details
Use of Telephone		
Can use telephone		
Can dial number		
Takes messages		
Can place call from pay phone		
Can obtain number from operator		
Can find number phonebook		
Can find emergency numbers		
Security		
Can identify own belongings		
Protects valuable items		
Can use lock and key		
VII. SOCIAL BEHAVIORS / LEISURE TIME		
Spectator Activities		
Watches TV		
Listens to radio, plays tapes, CDs		
Goes to athletic events		
Goes to movies, plays, concerts		
Participation		
Will join in on-going activities		
Initiates own leisure time activities		
Wins and loses gracefully		
Plays team sports		
Plays musical instruments		
Interaction with Others		
Expresses emotion		
Uses hello/goodbye appropriately		
Looks at person while speaking		
Maintains appropriate social distance		
Engages in conversation		
Apologizes appropriately		
Waits while others speak		
Introduces self to others		
Dates		
Refrains from talking to strangers unless necessary		
Practices Acceptable Manners in community		
Expresses anger, fear, and dislike in acceptable manner		

Name: _____

SS#: _____

Key: 1-2 = Unable to Perform 3-4 = Severe Difficulty 5-6 = Needs Assistance or Cuing 7-8 = Independent N/A = Not applicable	Score	Comments / Details
Expresses affection in acceptable manner: same sex, opposite sex		
Demonstrates Trustworthiness:		
Conduct can be trusted in unsupervised situations		
Tells the truth		
Takes responsibility for personal actions and decisions		
Asks permission to use other's possessions/things		
Returns borrowed items		
Accepts/adjusts to situations that are contrary to own will or desire		
Accepts/adjusts to staff and schedule changes		
VIII. ADL's / HOUSEHOLD CHORES		
Dressing and Undressing		
Removes and puts on garments		
Zips and unzips		
Fastens and unfastens		
Buttons and unbuttons		
Ties and unties		
Buckles and unbuckles		
Chooses clothes that are clean		
Chooses clothes for appropriate activities, weather		
Home Care / Laundry		
Keeps living space clean		
Vacuums, dusts		
Cleans dishes / Kitchen		
Puts dirty clothes in laundry bag or basket daily		
Sorts clothes (light/white, dark/colored)		
Uses washer and dryer		
Uses coin operated washer and dryer		
Folds/hangs clothes		
Maintains orderly shelves, drawers		
Packs suitcase		

Name: _____

SS#: _____

Key: 1-2 = Unable to Perform 3-4 = Severe Difficulty 5-6 = Needs Assistance or Cuing 7-8 = Independent N/A = Not applicable	Score	Comments / Details
Yard Care		
Sweeps sidewalk		
Shovels snow / Mows / waters lawn		
Rakes leaves / pulls weeds		
Car Maintenance		
Keeps vehicle clean		
Can buy gas		
Keeps tires properly inflated		
Changes oil regularly		
IX. BUDGETING & NUMERICAL SKILLS		
Money Handling		
Knows equivalents and counts change		
Gives correct coin amounts for five, ten, fifteen, twenty-five, and fifty cents		
Uses coin combinations for purchases		
Identifies/gives correct bills(s)		
Uses concept of more/less than		
Knows about sales tax		
Can make deposits / withdrawals		
Budgets money		
Can open savings / checking account		
Can write and cash checks		
Pays bills when due		
Can balance check book		
Use of Credit		
Doesn't overuse credit		
Can buy with credit card		
Understands finance charge		
Shopping		
Writes menu / grocery list		
Buys groceries		
Knows clothing size		
Buys own clothes		
Resists "high pressure" sales		
Buys through catalog		
Buys personal items		

Name: _____

SS#: _____

Key: 1-2 = Unable to Perform 3-4 = Severe Difficulty 5-6 = Needs Assistance or Cuing 7-8 = Independent N/A = Not applicable	Score	Comments / Details
Counts to 100 x 1s, 10s, 2s, 5s		
Counts backwards from 100		
Can read and write numbers to 100		
Can add and subtract		
Uses calculator to add, subtract, multiply, divide		
Uses a ruler and tape measure		
Can multiply and divide		
X. TRANSPORTATION & TRAVEL		
Transportation		
Can walk safely to destination		
Can ride bike safely to destination		
Can ride bus / taxi / plane		
Can drive car		
Travel Skills		
Understands directions (right, left)		
Recognizes police as source of help		
Can read addresses & common signs		
Responds to traffic lights and signs		
Can find and use public toilet		
Can ask for and follow directions		
Knows North, South, East and West		
Reads maps/schedules (city, bus, road)		
XI. VOCATIONAL SKILLS		
Work Related Skills		
Uses want ads to find apartment, job		
Can complete job application		
Can respond to job interview questions		
Knows who his/her boss is		
Works with others		
Will ask for help with problem		
Gets to work on time		
Stays at work for required period		
Able to work without supervision		
Responds well to criticism		
Can use lunch facilities and socializes appropriately		

Name: _____

SS#: _____

Key: 1-2 = Unable to Perform 3-4 = Severe Difficulty 5-6 = Needs Assistance or Cuing 7-8 = Independent N/A = Not applicable	Score	Comments / Details
Responds appropriately to boss		
Starts work without prompting		
Meets work expectations		
Operates time clock		
Handles tools safely		
Takes good care of tools		
Files income tax		
Reports earnings to SSA		
Can do sorting/folding/stacking jobs		
Can do janitorial work		
Can do yard work		
Can do packing jobs		
Can do typing jobs		
Can assemble parts		
Can do inserting and sealing jobs		
Can use hammer and nails		
Can paint with brush and roller		
Can operate machinery		
Can use commercial dishwasher		
Can problem solve		

Additional Comments:

Consumer input:

Signature of Person Completing Form

Some material contained in this document has been obtained from Sioux Vocational Schools

Date

Consumer Signature (if receiving TBI Program Services)

Date

PART FIVE

STATE OF VERMONT TBI PERSONNEL AND INFORMATION ABOUT TBI



Traumatic Brain Injury Program
Vermont Agency of Human Services

STATE OF VERMONT – TBI PERSONNEL

Department of Disabilities, Aging, and Independent Living
Division of Disability and Aging Services
TBI Program

103 South Main Street, Weeks 2
Waterbury, Vermont 05671-1601

Phone: (802) 786-2516

Fax: (802) 786-5055

WEB: <http://www.ddas.vermont.gov/ddas-programs/programs-tbi-default-page>

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TBI Program Supervisor

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Program Assistant, TBI, ASU

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BRAIN INJURY AND YOU

Every 15 seconds...

in America, a person sustains a traumatic brain injury (TBI). Each year over 373,000 of the two million Americans who sustain a traumatic brain injury in the United States are hospitalized, about 56,000 die and another 100,000 are permanently disabled. Similarly, there are approximately 8,000 TBI admissions to military and veterans hospitals each year, and brain injury is a major cause of casualties in combat. In fact, traumatic brain injury is the leading killer and disabler of America's children and young adults.

The effects of brain injury can be devastating to the person who has sustained a brain injury, their family members, co-workers and friends. No brain injury is too mild to ignore or too severe to lose hope. When you or someone you know sustains a traumatic brain injury, everyday tasks may suddenly turn into everyday problems. If you or your loved one has had a brain injury and you think you are alone, the Brain Injury Association (BIA), Vermont BIA, and Vermont's TBI Program are here to help.

WHAT IS TRAUMATIC BRAIN INJURY (TBI) OR HEAD INJURY?

Brain injury may result in physical, intellectual, emotional, social and vocational difficulties. These problems may affect the present and future life and the personality of the individual with the brain injury. Indeed, it frequently means that the person may not be quite the same after the brain injury.

There are two basic types of brain injury "closed head injury" (CHI) and "open head injury" (OHI). Open head injuries are caused by bullets or other penetrating objects. Closed head injury is the most common of the two. It is usually caused by a rapid movement of the head during which the brain is whipped back and forth, bouncing off the inside of the skull. Closed head injuries often occur as a result of motor vehicle crashes or falls. The stress of this rapid movement pulls apart and stretches nerve fibers or axons, breaking connections between different parts of the brain. It can also cause brain "contusions" (bruises), especially in the frontal parts of the brain, which help control behavior and emotions. In most cases, there may be a rupture of blood vessels, causing a blood clot or "hematoma" that may grow and push on the brain or around it, raising the pressure inside the head.

Another very important complication of brain injury is anoxia (loss of oxygen to the brain), often caused by choking, cardiac arrest, stroke or near drowning. The combination of anoxia and TBI can be devastating, can affect the majority of brain cells and can lead to severe and permanent disability.

IMPAIRMENTS RESULTING FROM TBI FALL INTO THREE MAIN CATEGORIES:

1. Cognitive Impairments that can include: short and long-term memory deficits; slowness of thinking; difficulty maintaining attention and concentration; impairments of perception, communication, reading and writing skills, reasoning, problem solving, planning, sequencing and judgment.

2. Physical Impairments that can include speech, vision, hearing and other sensory impairments; headaches; lack of coordination; spasticity of muscles (paralysis of one or both sides); seizure disorders; problems with sleep.
3. Psycho-Social, Behavioral and Emotional Impairments that can include: fatigue; mood swings; denial; self-centeredness; anxiety; depression; lowered self esteem; sexual dysfunction; restlessness; lack of motivation; inability to self-monitor; difficulty with emotional control and anger management; inability to cope; agitation; excessive laughing or crying; difficulty in relating to others. (Attention to emotional disorders is particularly important after TBI, because they are often misunderstood and misdiagnosed.)

THE SPECTRUM OF BRAIN INJURY

MILD BRAIN INJURY

A mild brain injury, also known as “concussion,” is one in which there is only a brief or momentary loss of consciousness if any without any major complications such as hematoma. Often, people with mild brain injury do not even go to a hospital. However, a relatively subtle amount of reversible brain damage occurs, even after a mild concussion. This is often followed by “post-concussion syndrome” that can include temporary headaches, dizziness, mild mental slowing and fatigue.

The most important element in the management of mild brain injury is recognizing that the symptoms are real and can be treated. Symptoms of mild brain injury almost always improve over 1-3 months. Another important element is proper management of the resulting fatigue, with a gradual return to normal activities and/or work over time.

MODERATE BRAIN INJURY

A moderate brain injury is one that results in a loss of consciousness usually lasting only minutes or a few hours followed by a few days or weeks of confusion. It may be accompanied by brain contusions or hematomas. Persons sustaining a moderate brain injury will usually have cognitive and psychosocial impairments that can last for many months. However, with treatment these individuals are generally able to make a nearly complete recovery.

SEVERE BRAIN INJURY

Severe brain injury almost always results in prolonged unconsciousness or coma lasting days, weeks or even longer. Persons in coma appear to be asleep, but cannot be awakened and there is no meaningful response to stimulation. Such persons often have brain contusions, hematomas or damage to the nerve fibers or axons, and some may have suffered from anoxia. Although persons who sustain a severe TBI can make significant improvements in the first year after injury and can continue to improve at a slower pace for many years, they will often be left with some permanent physical, behavioral and/or cognitive impairments.

RECOVERING FROM A TRAUMATIC BRAIN INJURY

The good news is that the human brain has a remarkable capacity to naturally compensate for injury.

The principal task for individuals with TBI, their families and caregivers is to stimulate this natural recovery and compensation and guide it in the proper directions through rehabilitation and education. The ultimate goal is to maximize recovery for each affected individual. The fact

that an individual with TBI may be left with a particular impairment (such as seizures, paralysis or speech difficulties) does not mean that this must also be a disability for which they cannot compensate for and which will prevent them from leading a productive and fulfilling life.

TBI REHABILITATION

The field of TBI Rehabilitation has blossomed over the past two decades. A multitude of programs that did not exist 20 years ago are now available to individuals with TBI. Almost all individuals with TBI would benefit from some level of specialized rehabilitation, especially in community-based programs. The various types of available services include acute and post-acute rehabilitation; behavior modification; transitional living; independent living; home and personal assistant care; and educational/vocational programs. However, the exact type and intensity of TBI rehabilitation that is best for each individual depends on many factors. TBI Rehabilitation is a new field and there is still much to learn. It is up to each person, their family and physician to determine what program is best suited to individual needs and to aggressively pursue those options.

THE BRAIN INJURY ASSOCIATION (BIA)

The mission of the Brain Injury Association is to create a better future through brain injury prevention, research, education and advocacy.

Founded in 1980 by a small group of concerned parents and professionals, BIA has evolved into the only national, not-for-profit organization working for and with individuals with brain injury.

BIA knows that the most immediate need for a family member of an individual who has sustained a brain injury is to ensure that their loved one receives appropriate care.

BIA also recognizes the great emotional and financial toll that brain injury puts on families. With BIA's many state associations, more than 800 support groups and the toll-free family helpline, **1-800-444-6443**, BIA works hard to assist individuals in need.

BIA STATE ASSOCIATIONS

Each BIA state association enables BIA to provide support, informational services and educational resources to people at the local community level. These associations are vital to BIA and enhance its national efforts. They are valuable resources for people with TBI.

Brain Injury Association, Inc.
1608 Spring Hill Road, Suite 110
Vienna, VA 22182
Phone: 703-761-0750
Family Helpline: 800-444-6443

Brain Injury Association of Vermont
PO Box 482
Waterbury, VT 05676
Phone:
Helpline: 877-856-1772
Email: SUPPORT1@biavt.org
Website: www.BIAVT.org

Division of Disability and Aging Services
Traumatic Brain Injury Program
103 South Main Street, Weeks Building
Waterbury, VT 05671-1601
Phone: 802-241-1228
Website: <http://www.ddas.vermont.gov/ddas-programs/programs-tbi-default-page>

This information is important. If you do not understand it, take it to your local office for help.

Ces informations sont importantes. Si vous ne les comprenez pas, apportez-les à votre bureau local pour recevoir de l'aide. **French**

Это важная информация. Если она Вам непонятна, возьмите это письмо и обратитесь за помощью в местное отделение. **Russian**

Ovaj dopis je važan. Ukoliko je nerazumljiv za vas onda ga ponesite i obratite se lokalnoj kancelariji za pomoć. **Serbo-Croatian**

Esta información es importante. Si no la entiende, llévela a su oficina local para solicitar ayuda. **Spanish**

Maelezo ya barua hii ni muhimu. Kama huielewi, ichukue, uende nayo katika ofisi yako ya karibu kwa msaada zaidi. **Swahili**

Thông tin này rất quan trọng. Nếu quý vò không hiểu nội dung trong nòu, hãy ñem thò nàoy ñéán vaên phòng tài ñòà phòng cuà quý vò ñé ñòôic giuùp ñòõ. **Vietnamese**

Information taken, in part, from the National Brain Injury Association web site. For more information, visit BIA's web site at www.biausa.org.

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