

**State of Vermont
Adult Services Division
TBI Program**

DOCUMENTATION TO BE SUBMITTED TO TBI PROGRAM

1. TBI Independent Living Assessment
 - Initial – due within 30 days of admission to program
 - Revisions – every 6 months for Rehabilitation consumers; Annually for Long term consumers (or more frequently as needed)
 - *Signatures not required for submission to TBI Program. Please keep signatures on file at Provider Agency.*
2. Home Evaluation in accordance with ASD Procedure
 - Required for unlicensed placements
 - Required when individuals receive community funding
3. TBI Service Plan
 - Initial – due within 30 days of admission to program
 - Revisions – every 6 months from Start Date for Rehabilitation consumers; Annually for Long term consumers (or more frequently as needed)
 - *Signatures not required for submission to TBI Program. Please keep signatures on file at Provider Agency.*
4. Care Plan
 - While there is no action required on this form any errors or concerns must be reported to the TBI Program Manager immediately
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5. TBI Evaluation
 - Required every 3 months from start date for Rehabilitation consumers and every 6 months for Long term consumers
 - *Signatures not required for submission to TBI Program. Please keep signatures on file at Provider Agency.*
6. Continued Eligibility Review
 - Required every 6 months for Rehabilitation consumers and once a year for Long term consumers
 - Assessments required 1.) TBI Independent Living Assessment; 2.) TBI Service Plan; 3.) TBI Evaluation
 - Continued Eligibility Review (CER) Assessments are due on the 1st of the month. Plans of Care expire at the end of the prior month and cannot be renewed until CER Assessments are submitted for review
 - *Signatures not required for submission to TBI Program. Please keep signatures on file at Provider Agency.*

**State of Vermont
Adult Services Division
TBI Program**

TBI EVALUATION

Purpose:

To evaluate the consumer's progress from the day of admission in all areas of the rehabilitation program. For rehabilitation consumers, the evaluation is completed every three months; for long-term consumers, the evaluation is completed semi-annually. The evaluation must be completed by the case manager assigned to the recipient and will be utilized by the Admission/Discharge Committee in determining eligibility for continuation in the program. The evaluation is also utilized for ongoing program development.

Headings:

Recipient data

Case Manager:

The staff person responsible for consumer's program. If there is a case manager change, you must explain the reason why and how familiar you are with the consumer and their program. In order to have consistent evaluations, it is important for the same person to complete each of the evaluations.

Present address:

Where the recipient is residing while in the program. This may not be where he/she used to live or where they intend to live in the future.

Evaluation process:

All areas for evaluation are the same as identified on the Life Skills Aides Reports and TBI Independent Living Assessment (ILA).

In order to complete this process, a review of the Life Skills Aides Reports for the previous quarter and the previous TBI ILA is necessary. If the previous TBI ILA was completed by the discharging facility, use this ILA.

Areas to be evaluated:

There are three sections to each element.

Section A: Status upon admission: (Identify the client's status in this area and related problems he/she may have as a result of the TBI *To be completed for initial evaluation and then to remain without changes for all future evaluations.*)

Section B: Current Program: (Identify the specific activities/goals in the recipients' plan, the intensity of the activity, and by whom – with or without support or 1:1 activity with cuing.)

Section C: Future Program: (This section briefly describes the anticipated changes and future program goals when current goals listed in Section B are met.)

The scale relates to the measurement tool for progress scale, which includes cognitive functioning from 1 through 8. Usually areas 3 and 4 are where the recipient is cognitively, meaning how able they are in responding to verbal or written cues and retaining some of the instructions, depending on short-term memory loss. Refer to the attached measurement tool for progress scale. This progress scale is explained in Section VI, "Progress Scale", of the Provider Manual.

In some areas you may see little or no progress. The scale may show movement from 4 to 5 or no movement at all. In some cases, a loss of progress may occur. In each area, circle the number the client received on the previous evaluation, with an arrow directing to the newly circled number for current report period.

As conditions improve, services in some areas may no longer be necessary or a recipient may have reached a plateau where progress is no longer possible. Once a recipient reaches 7 –8 on the measurement tool for progress, it is an indication that the recipient most likely does not need services in this area anymore.

Please follow the above process for each area of evaluation in the TBI Evaluation. There is a scale to report the status as of the previous evaluation another scale to report the status as of the current evaluation.

Submission:

It is required that you electronically submit these assessments. The assessment format is available in the TBI SAMS database. You must submit these assessments via the TBI database. These assessments must be submitted by the 1st of the month following the period for which they are reporting.

****Failure to adhere to these procedures will result in delay of reimbursement for services provided.**

See Appendix for a sample SAMS TBI Evaluation.

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

PROGRESS SCALE

Individuals with a brain injury go through several stages of recovery. However, each person is unique and will go through the stages at different rates. Some individuals may skip or repeat stages, or remain in one level.

The following progress scale is to be utilized when completing the TBI Evaluation on each consumer. Each individual area should be evaluated using this measurement tool remembering that all areas will not fall within the same measurement or may only show minimal progress while other areas will identify significant progress.

This measurement tool will be utilized for admission into the program and determining ongoing eligibility.

Level 1: No response

Recipient appears to be in a deep sleep and is completely unresponsive to any stimulation presented such as pain, touch, sound or sight. Client does not communicate. Totally dependent in all care including nutrition. Bed or chair confined. Recipients in this level would not be able to benefit from rehabilitation services due to lack of all cognitive function.

Characteristics

- No response.
- No memory.
- No communication.
- No generalized response to any social behavior.
- No generalized response to self-care.

Level 2: Generalized Response

Recipient reacts inconsistently and non-purposefully to stimuli in a non-specific manner. Responses have no purpose. Usually only responds to deep pain or intense stimuli. Response may be physiological changes, random vocalization, crying, or large body movements. Totally dependent in all care including nutrition. Bed or chair confined. Recipients at this level may be demonstrating some changes, but cognitive function is still so severely impaired that intensive rehabilitation services would not be successful or beneficial.

Characteristics

- Inconsistently responds to noxious stimuli with random vowel sounds or crying.
- Memory – none.

- Communication – none.
- No generalized response to any social behavior.
- No generalized response to self-care.

Level 3: Localized Response

Responds to physical discomfort and pulls on tubes, may take small amounts orally. May recognize family or friends. Usually non-ambulatory. Dependent in all activities of daily living.

Recipient reacts specifically but inconsistently to stimuli. Responses are directly related to the type of stimulus presented, as in turning head toward a sound or focusing on an object presented. The recipient may withdraw an extremity and/or vocalize when presented with a painful stimulus. Simple commands may be followed in an inconsistent, delayed manner, such as closing the eyes, squeezing something or extending an extremity. Once external stimuli are removed, he/she may lie quietly. A vague awareness of self and body may be shown by responding to discomfort—pulling at naso-gastric tube or catheter or resisting restraints. A bias toward responding to some persons (especially family, friends) but not to others may be present.

Characteristics

- Responds to social stimuli, e.g., turns towards noises, makes eye contact.
- Occasionally responds with bias to familiar person or objects.
- Inconsistently follows simple commands, e.g., close your eyes, squeeze my hand.
- Spontaneous automatic verbal and gestured responses, e.g., waves hello/goodbye, reaches for food.
- Single word expression (yes/no).
- Responds to social stimuli and communicates within functional limitations, e.g., eye contact, turns toward voice, vocalizes at person.
- Occasionally eats finger foods.

Level 4: Confused-Agitated

May complete single step tasks, but inconsistently. Misnames objects, but may identify shapes and letters. May walk aimlessly. Recipient is in a heightened state of activity with severely decreased ability to process information. Behavior is frequently bizarre and non-purposeful relative to his immediate environment. Crying out or screaming out of proportion to stimuli even after removal is not uncommon, as is aggressive behavior, attempts to remove restraints or tubes or to crawl out of bed in a purposeful manner. Recipient does not, however, discriminate among persons or objects and is unable to cooperate directly with treatment efforts. Verbalization is frequently incoherent and/or inappropriate to the environment. Confabulation may be present, and he/she may be euphoric or hostile. Recipient lacks short-term recall and may be reacting to past events. Recipient is unable to perform self-care (feeding, dressing) without maximum assistance or cuing. If not disabled physically, he/she may perform motor activities such as sitting, reaching, and ambulating, but as part of this agitated state and not as a purposeful act or

on request.

Characteristics

- Inconsistently completes single step task with cuing.
- Oriented to person.
- Usually responds with bias to familiar person or object, recognizes shapes and letters.
- Inaccurately sequences two-step commands (e.g. touch the cup and pick up the pencil).
- Speech is inappropriate and unintelligible.
- Misnames objects or activities.
- Usually aggressive and resistant behavior, e.g. screaming, hitting, crying, withdrawing.
- Inconsistent compliance with activities, better with familiar people.
- Eats finger foods, occasionally uses fork or spoon, drinks with a straw.
- Usually initiates upper body dressing and bathing (sponge), needs assistance to complete.

Level 5: Confused, Inappropriate, Non-Agitated

Recipient appears alert and is able to respond to simple commands fairly consistently. With increased complexity of commands or lack of any external structure, responses are non-purposeful, random, or at best, fragmented toward any desired goal. Agitated behavior, a result of external stimuli, is usually out of proportion to the stimulus. Recipient shows gross attention to the environment, but is easily distracted and lacks ability to focus attention to a specific task without frequent redirection back to it. With structure, he/she may be able to converse on a social-automatic level for short periods of time. Verbalization is often inappropriate; confabulation may be triggered by present events. Memory is severely impaired, with confusion of past and present in reaction to ongoing activity. Recipient lacks initiation of functional tasks and often shows inappropriate use of objects without external direction. Recipient may be able to perform previously learned tasks when structured, but is unable to learn new information. Individual responds best to self, body, conform and often, family members. Self-care activities can usually be performed with assistance, and feeding can often be accomplished with maximum supervision. Management is often a problem if the recipient is physically mobile, as he/she may wander off either randomly or with the vague intention to "going home." Recognizes need to use toilet.

Characteristics

- Completes single step task with cuing.
- Recalls over learned behavioral sequencing, e.g., tooth brushing, feeding, dressing.
- Responds to sequencing two-step commands, e.g., put the toothpaste on brush and brush teeth.
- Understands phrases and short sentences.

- Speech is appropriate to stimuli, e.g., answers questions.
- Occasionally names objects with activities correctly when stimulus is present.
- Can copy single words.
- Occasionally aggressive and resistant.
- Usually complies with activities.
- Usually stops an inappropriate behavior if corrected, but will not retain correction.
- Greets other people and says thank you.
- Feeds self with adaptive equipment and supervision.
- Initiates and partially completes upper body dressing and bathing, needs assistance to complete.
- Recognizes need to use toilet, frequently incontinent.

Level 6: Confused –Appropriate

Recipient shows goal-directed behavior, but is dependent on external input for direction. Response to discomfort is appropriate, and he/she is able to tolerate unpleasant stimuli when need is explained. Simple directions are followed consistently and carryover for tasks he/she has relearned (in self-care) is shown. Individual is at least supervised with old learning; may be unable or need maximum assistance with new learning with little or no carryover. Responses may be incorrect, due to memory problems, but are appropriate to the situation. Responses may range from being delayed to immediate, showing decreased ability to process information with little or no anticipation or prediction of events. Past memories show more depth and entail than recent memory. The realizing he/she doesn't know an answer and can ask for assistance. He/she no longer wanders and is inconsistently oriented to time and place. Selective attention to tasks may be impaired, especially with difficult tasks and in unstructured setting, but is now functional for common daily activities (30 minutes, with structure). Increased awareness of self, family and basic needs (as food) may be shown.

Characteristics

- Completes single step task with directions given once, no cuing.
- Completes multi-step task with no cuing.
- Inconsistent self-correction.
- Inconsistently recalls basic personal information, e.g., occupation, location of home, current place, names of family members.
- Recalls names of staff.
- Recalls information immediately after presented, e.g., lists three objects.
- Understand the written language at short sentence or phrase level, e.g., reads menu.
- Understands and completes spoken multi-step task, e.g., get dressed and go to lunch.
- Writes sentences.
- Uses gestured expression.
- Names objects or activities correctly when stimulus is present.

- Appropriately requests assistance from others. Occasionally initiates conversation.
- Consistent compliance with activities.
- Occasionally needs supervision for feeding.
- Completes most of upper body dressing and bathing, needs assistance to complete, e.g., with fasteners, positioning clothing.
- Initiates and partially completes lower body dressing and bathing, needs assistance to complete, e.g., helps get pants over hips. Occasional incontinence.

Level 7: Automatic-Appropriate

Recipient appears appropriate and oriented within hospital and home settings, goes through daily routine automatically, but frequently robot-like. There is minimal-to-absent confusion, but shallow recall of what he/she has been doing. There may be increased awareness of self, body, family, foods, people and interaction in the environment. The recipient may show superficial awareness of, but lack of insight into condition, along with decreased judgment and problem-solving, and a lack of realistic planning for the future. Carryover for new learning is present, but at a decreased rate. Minimal supervision for learning and for safety purposes is required. The individual is independent in self-care activities and supervised in home and community skills for safety. With structure, he/she is able to initiate social or recreational activities if there is an interest. Judgment remains impaired, such that he/she is unable to drive a car. Pre-vocational or a vocational evaluation and counseling may be indicated.

Characteristics

- Completes familiar multi-step tasks with directions given once, no cuing.
- Consistent self-correction.
- Recalls details of personal history, e.g., activities of former job, marriage, history of academics, performance, hobbies.
- Recalls activities of previous day, e.g., schedule of appointments, activities in therapies.
- Inconsistently performs recently learned multi-step task.
- Recalls information presented after a short delay, e.g., three objects recalled after 10 minute second delay.
- Understands writing and spoken information in short paragraphs.
- Word retrieval without stimulus.
- Length of utterance and gestured expression approximate normal.
- Writes short paragraph.
- Comments with cuing about topics of personal interest (egocentric) outside of present situation.
- Initiates conversation.
- Occasionally offers assistance to others.
- Independent for feeding.
- Independent for upper body dressing and bathing.

Level 8: Purposeful and Appropriate

Recipient is alert and oriented, able to recall and integrate past and recent events, and is aware of and responsive to culture. Carryover for new learning is present if acceptable in new life role, and no supervision is needed once activities are learned.

Characteristics

- Shifts attention from one familiar multi-step task to another without cuing.
- Attends to unrelated stimuli while maintaining attention to primary stimulus.
- Performs recently learned multi-step task.
- Recalls information presented after a long delay, e.g., three objects recalled after 5 minutes' delay.
- Understand information in short stories.
- Writes related paragraphs.
- Converses about topics beyond self without cuing.
- Responds to criticism by actively attempting to change his/her behavior.
- Seeks out involvement with other people
- Maintains relationships with other people
- Completes all of lower body dressing and bathing.
- Occasionally needs assistance in activities of daily living.
- Continent.
- Independent for feeding, dressing, bathing and toileting.
- Within physical capabilities, the individual is independent in home and community skills, including driving.
- Vocational rehabilitation, to determine ability to return as a contributor to society (perhaps in a new capacity), is indicated.
- The recipient may continue to show a decreased ability, relative to pre-morbid abilities, in abstract reasoning, tolerance for stress, judgment in emergencies or unusual circumstances.
- Although functional in society, social, emotional and intellectual capacities may continue to be at a decreased level.

Some information taken from Professional Staff Association, Rancho Los Amigos Hospital Inc., Downey, CA: Authors: Chris Hagen, Ph.D., Danese Malkmus, M.A. & Patricia Durham, M.S. Some information taken from injury recover scale developed by L. Brier, C. Green & J. Rosen at the Rehabilitation Medicine Unit, Medical Center Hospital of Vermont.

**State of Vermont
Adult Services Division
TBI Program**

PROGRESS SCALE

Purpose:

To identify individual strengths, weaknesses, and progress in behavioral, cognitive, emotional, and / or physical functioning.

Utilization:

Used specifically in completing the TBI ILA, Life Skills Aide Report, and TBI Evaluation. This information will provide the basis for developing and evaluating the TBI Service Plan.

Individual Response	Score**
Unable to perform	1 – 2
Severe difficulty	3 – 4
Needs assistance or cueing	5 – 6
Independent	7 – 8

** A range provides flexibility in evaluating the consumer's progress and is measured in whole numbers.

**State of Vermont
Adult Services Division
TBI Program**

PROCEDURES FOR COMPLETING TBI INDEPENDENT LIVING ASSESSMENT

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 a TBI Service Plan. The TBI Service Plan 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 TBI 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." Notes assist Case Managers when utilizing this form in the development of the care plan. Please make comments as necessary in the notes section of SAMS TBI Independent Living Assessment (ILA).
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 TBI Service Plan and first TBI Evaluation.
4. The case manager is required to complete the first TBI ILA within 30 days after admission into the program and every six months for rehabilitation consumers and annually for long term consumers.

See Appendix for a sample SAMS TBI Independent Living Assessment.

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

PROCEDURES FOR COMPLETING TBI SERVICE PLAN

Purpose:

To develop a service plan, created by the consumer and treatment team that delineates the services the consumer is eligible to receive under the TBI Program. This service plan includes an outline of the client summary, funded services, safety precautions, medications, long term outcomes, and goals and outcomes. This is a living document that must be updated as changes occur. The TBI Service Plan must be submitted within 30 days of the program initiation and updated annually for long-term consumers or every six -months for rehabilitation consumers.

Headings:

Recipient data

Annual Physical Exam:

An annual physical exam is required for all individuals receiving TBI Program Services, unless otherwise documented, in writing, by the primary care physician. Monitoring and follow-up to the physician's recommendations is the responsibility of the TBI provider. Only a notation of the date of the annual physical exam is required for the TBI Service Plan.

Dental Exam:

The American Dental Association recommends semi-annual dental cleanings and exams. In certain situations, an individual's dentist may specify a different frequency i.e., more or less frequently. Monitoring and follow-up to the Dentist's recommendations is the responsibility of the TBI provider. Only a notation of the date of the annual dental exam is required for the TBI Service Plan.

Vision Exam:

It is recommended that individuals receive a comprehensive eye exam following any injury. Monitoring and follow-up to the Ophthalmologist's recommendations is the responsibility of the TBI provider. Only a notation of the date of the annual vision exam is required for the TBI Service Plan.

Immunizations (Tetanus):

Dates of Tetanus Immunizations should be maintained in the TBI providers' files.

Client Summary:

This section should include a narrative of the individual's strengths and challenges, current environment, natural supports available, and any other pertinent information regarding the individual that the TBI Program should consider.

Funded Services:

Check off the areas of service that are *currently being funded* by the TBI Program.

Other Services:

List additional services (private or publicly funded) outside of the TBI Program Services that the individual is receiving. Examples: counseling, medication management, Alcoholics Anonymous, and therapies, such as physical therapy, occupational therapy, or speech language therapy.

Safety Precautions / Functional Activity:

Check off relative precautions listed on form. Fill in blanks where appropriate.

Diagnoses:

Describe other co-occurring medical and psychological issues. Examples: seizure disorder, manic depression, bi-polar, high blood pressure, diabetes, etc.

Medications and Dosage:

List all medications, dosages, purpose for taking the medication, and prescribing physician.

Allergies:

List all allergies that the individual may have. Examples could include, but is not limited to: medication allergies, bee stings allergies, food allergies, mold and dust allergies, and seasonal allergies.

Advanced Directives

Check off appropriate box.

Diet / Nutrition Needs:

Describe special diet or food intake restrictions. Examples: must follow diabetic diet, tube feeding requirements, thickened liquids, etc.

Long Term Outcomes:

Describe the specific goals that the consumer will work on for each outcome. This should be used in conjunction with the TBI ILA. All areas need to be addressed and should be based around the consumer's abilities, unless a consumer is fully independent within a specific outcome.

Discharge Plan:

Describe the long-term discharge plan in detail.

Consumer Input:

Include the consumer's input. This could include the consumer's personal thoughts on the plan or preferences.

See appendix for sample SAMS TBI Service Plan.

**State of Vermont
Adult Services Division
TBI Program**

PROCEDURES FOR COMPLETING THE CARE PLAN

Purpose:

This form is utilized to establish initial and ongoing service requirements for the recipient. The TBI Program Supervisor or designee when appropriate will complete this form and send it to the Provider Agency via the TBI SAMS database. The Provider Agency will be required to acknowledge receipt of the Care Plan via the TBI database Activities and Referrals Alert system.

The Care Plan will be revised or extended every six (6) months or as needed utilizing the above process. For long term clients, the Care Plan will be revised or extended every (12) months or as needed utilizing the above process.

Procedure:

Care Plan is generated by the TBI Program Manager or designee and will include hours and units approved, cost per units, and total cost per month.

Prior Approval:

If the individual requires Crisis Support, Psychological & Counseling Supports, Employment Support or Environmental & Assistive Technology, the Case Manager will be required to submit a written request for these services to the TBI Program Manager. Crisis Support, Psychological & Counseling Services, Employment Support, and Environmental & Assistive Technology are pre-authorization services only.

NOTE:

- Failure to adhere to these procedures will result in a delay in reimbursement
- In the event that Employment Support is not fully utilized, the difference in hours may be used through rehabilitation services with written justification and upon State approval.

Right to Appeal: check for the latest version

The approved service plan includes the amount of time and list of services recipients are eligible to receive. Recipients may appeal this decision. If you wish to appeal, you must do so within 90 days of the postmark date of this notice. To appeal, write to the Commissioner's Office, 280 State Drive HC-2 South, Waterbury VT 05671-2020 or call 802-241-2401. You may also call toll-free at 1-800-250-8427 and ask to be transferred to the TBI Program.

You may also request a fair hearing from the Human Services Board by writing the Human Services Board, 120 State Street, Montpelier, VT 05620-4301. If you wish to request a Fair Hearing, you must write to the Human Services Board within 90 days of the postmark date of the notice or within 30 days of the Commissioner's review.

**State of Vermont
Adult Services Division
TBI Program**

**TBI ALL INCLUSIVE DAILY RATE
REQUEST FORM**

Purpose:

This form is used by the provider to

Procedure:

The Daily Rate is an all-inclusive daily rate that combines all the standard TBI services and allows the provider more flexibility. The TBI Program Manager has the authority to determine which program (daily rate or standard services) is most appropriate, given individual medical or behavioral challenges.

Providers should continue to maintain all required documentation for services that are being provided.

The all-inclusive daily rate is determined on an individual basis as described below. The chosen provider agency will develop an individualized budget utilizing the TBI All Inclusive Daily Rate Request Form located in Section VI.

The individualized budget will address the person's needs and strengths identified through the needs assessments and the clinical assessments, and will reflect supports and services provided by unpaid, natural supports and other providers, and will take into account any existing contract for care.

The care plan should reflect *all* services, but ASD will pay only for those which are not otherwise paid for.

ASD may grant, reduce, change or decline to fund a daily rate plan / proposal, or send it back for further consideration.

**TBI ALL INCULSIVE DAILY RATE
REQUEST FORM**

Consumers Name: _____ Long Term Rehab Mental Health

Provider: _____ Initial Assessment Reassessment Change

Start Date: _____ Requested Start Date: _____

Service	Hours of Service Requested	Rate Requested	Cost/Month
<input type="checkbox"/> Case Management			
<input type="checkbox"/> Rehabilitation (LSA)			
<input type="checkbox"/> Community Supports			
<input type="checkbox"/> Respite			
<input type="checkbox"/> Psychology Support			
<input type="checkbox"/> Employment Support			
<input type="checkbox"/> Assistive Technology			
Total Monthly Cost			\$

Special circumstances:

Service Plan Changes:

Case Managers Name / Print

Agency

Phone #

Case Manager Signature

Date

Revision Date:06/24/16