

Outline for Meeting with Health & Human Services

- This information has been gathered through careful review of the current waivers in Kentucky, review of other state waivers for brain injury, discussions with BIAA, review of Commission on Accreditation of Rehabilitation Facilities (CARF) standards, materials prepared from and discussions with the National Association of State Head Injury Administrators (NASHIA), the American Congress of Rehabilitation Medicine (ACRM), the American Academy of Physical Medicine and Rehabilitation (AAPM&R), and the expertise of the subcommittee members.
- Traumatic and acquired brain injuries continue to increase and represent a major public health problem in the United States, a fact not well understood by the general public or by many healthcare professionals. Brain injury is often called a silent epidemic because many of the problems resulting from the brain injury such as memory, problem solving, decision making and other thinking skills are invisible and not immediately noticeable or apparent.
- The costs to society effects two areas. First is the cost for the reduction or lost productivity, the loss of earning potential, payment of taxes, and the re-investment of earnings into the economy. The second cost to society involves the insufficient or inappropriate diagnosis, treatment, and care that result in emotional and behavioral disorders, psychiatric hospitalizations, substance misuse, loss of relationships, criminal activity and homelessness. (*Estimated for **TBI** \$76.5 *billion*)
- Post-Acute Principles from a Brain Injury Rehabilitation Perspective were adopted in 2019. Although they were specifically adopted to address the proposed Medicare unified post-acute care (PAC) payment system, the principles apply to all post-acute programs outlining an interdisciplinary treatment team, rehabilitation therapy services, cognitive therapy, prioritizing functional outcomes, providing training opportunities, social determinants of health, access to care, accounting for complex conditions and behavioral adjustments. (see attachment)
- Since then many other exciting things continue to happen in the field of brain injury rehabilitation. For example, the Model Systems are developing a Strategic Plan for the Recognition and Management of TBI as a Chronic Condition. The Brain Injury Rehabilitation Improving the Transition Experience (BRITE) is also gaining attention across the country. Resource Facilitation, a partnership that helps individuals and communities choose, get and keep information, services and supports to make informed choices and meet their goals, is widely used in a neighboring state with a high success rate in transitioning individuals to employment and educational options and increased independence, which improves quality of life and reduces cost to the state. All of these

projects use evidenced-based measures and predict outcomes to measure successes and areas for improvement. Kentucky is lacking in these areas. While we may not have a Model System or be part of the BRITE research we should be held to industry standards and complete program evaluation and outcome measures. The MPAI-4 should be one piece of this process. It is time to move Kentucky to the current state of brain injury rehabilitation.

- These are some of the reasons that influenced our recommendations as our subcommittee worked on revisions to the current brain injury waivers. We would appreciate the opportunity to discuss our recommendations with your committee.

Thank you,

Diane Schirmer
Chairperson
Brain Injury Association of America-Kentucky Chapter