

TRAUMATIC BRAIN INJURY PROGRAM

DEPARTMENT OF DISABILITIES, AGING, AND INDEPENDENT LIVING

PROGRAM DESCRIPTION

Traumatic Brain Injury Program provides rehabilitation and life skills services to help Vermonters with a moderate-to-severe traumatic brain injury live successfully in community-based settings. This is a rehabilitation-based, choice-driven program intended to support people to achieve their optimum independence and help them return to work.

CASE MANAGEMENT ASSESSMENT

The table below identifies whether certain tasks or direct services are performed by TBI case management providers. It also estimates the number of people served, which can be used to understand what resources may be required if changes are needed.

Case Management Assessment							Scope	
Provider	Direct HCBS Services Provided?	Determines Eligibility for program?	Develops Person Centered/ Individualized Care Plan?	Determines Eligibility for Services?	Helps manage budget?	Acts as Legal Representative? (e.g. Rep. Payee, PoA, GAL, etc.)	Number of People Receiving Case Management	Number of People receiving Direct HCBS Services
1	Y	N	Y	N	Y	N	23	23
2	Y	N	Y	N	Y	N	1	1
3	Y	N	Y	N	Y	N	5	5
4	Y	N	Y	N	Y	N	2	2
5	Y	N	Y	N	Y	N	6	6
6	Y	N	Y	N	Y	N	7	7
7	Y	N	Y	N	Y	N	2	2
8	Y	N	Y	N	Y	N	3	3
9	Y	N	Y	N	Y	N	27	27
10	Y	N	Y	N	Y	N	1	1

CONSUMER SURVEY DATA

Data from the National Core Indicators survey will be available in early 2019.

CURRENT AREAS OF POTENTIAL CONFLICT OF INTEREST

1. TBI Providers provide case management as well as other direct services to individuals.
2. TBI Providers develop the support plan.
3. TBI Provider case managers supervise and train direct support staff.
4. TBI Providers contract with home providers for shared living supports.

1. The [TBI Provider Manual](#) currently instructs providers to focus on eight person-centered quality outcomes defined in Appendix D of the TBI Provider Manual: 1) Respect, 2) Self Determination, 3) Person-Centered Practices, 4) Independent Living, 5) Relationships, 6) Community Participation, 7) Well-Being, and 8) Communication.
2. All new applicants are asked by the State to choose a TBI provider. Participants may change providers at any time.
3. Participants are active in interviewing and choosing a case manager, home provider and direct staff.
4. The Quality Review (QR) process has been developed by the Adult Services Division (ASD) in collaboration with service providers, individuals, and family members. It is based on the eight participant and systems outcomes. These outcomes and program standards will be utilized by the quality review team to monitor and review the quality of services.
5. Other steps supported by the quality review team include monitoring and follow-up of agency certification, program eligibility, housing safety and accessibility, monitoring of critical incident reports, training and other technical assistance.
6. TBI Providers are required to follow grievance and appeals policies outlined by DAIL.
7. The State works with participants and TBI Providers to develop the appropriate budget to meet the participants needs.
8. The Individual Support Plan Guidelines allow the participant/guardian to include anyone they want to participate in the person-centered planning process to develop their Individual Support Plan.