

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

DIVISION OF DISABILITY AND AGING SERVICES
TBI PROGRAM
103 SO. MAIN STREET – WEEKS BUILDING
WATERBURY, VT 05671-1601

Dear Potential Provider,

Per your request, attached you will find our Request for Proposal (RFP) to become a provider for the Traumatic Brain Injury (TBI) Program, a TBI Program Provider Manual, and a sample RFP.

I would be happy to meet with you at your convenience to discuss this matter further.

Please do not hesitate to contact me at 802-786-2516 or andre.courcelle@ahs.state.vt.us.

I look forward to hearing from you soon!

Regards,

Andre Courcelle TBI Program Supervisor

State of Vermont Division of Disability and Aging Services TBI Program

PROPOSED PROGRAM PLANS REQUEST FOR TRAUMATIC BRAIN INJURY (TBI) PROVIDER AGENCY STATUS

The Department of Disabilities, Aging and Independent Living, Division of Disability and Aging Services, is seeking proposed program plans from interested provider organizations to serve as Medicaid approved Traumatic Brain Injury (TBI) Community Provider Agencies [Provider Agency] serving, within the community, individuals 16 years and older with a recent moderate to severe traumatic brain injury. (See attached TBI Provider Manual for details.)

Definition:

"Brain Injury is an insult to the brain, not of degenerative or congenital nature, the result of either an external physical force or internal cause, which produces an altered mental status, which results in an impairment of behavioral, cognitive, emotional, and/or physical functioning." (Vermont Division of Disability and Aging Services)

Program Background/Overview:

In 1991, the Department of Disabilities, Aging, and Independent Living and the Department for Children and Families began the operation of a three-year pilot project offering community-based rehabilitative services. The goal of this program was to divert from placement and/or return Vermonters with a moderate to severe traumatic brain injury from out-of-state facilities. Prior to the development of this service, individuals where placed in expensive out of state facilities, often there for years, with little hope of returning to their home communities. The project demonstrated that individuals with a moderate to severe traumatic brain injury participating in the pilot were appropriately served in community placements.

Effective October 1, 1994, this community-based waiver, serving individuals 16 years of age and older, was approved and financed as a Medicaid Waiver [TBI Program] under the administration of the Division of Vocational Rehabilitation, and renewed in October 1997 and October 2002. Through collaboration with the Division of Mental Health, a long-term option for individuals requiring ongoing intensive one-to-one support was also added. In 2005, the waiver was shifted from the Division of Vocational Rehabilitation to the Division of Disability and Aging Services. In 2006, the TBI Program became a program within the Global Commitment Waiver, no longer a stand-alone waiver.

The major goal of this short-term program is to assist individuals obtain their optimal level of functioning and to successfully resume living and working in their

own home community among family, friends and neighbors. Therefore, short term in nature, over time the level of services and supports necessary will decrease culminating with graduation; long term services are not time limited.

The TBI Program provides rehabilitation services. These include integrated cognitive skills training and support across all activities of the day in community settings within Vermont. Para-professionals (life skills aides), trained by the Community Provider Agency, address the individual's specific needs under the supervision of the Provider Agency Case Manager with support from appropriate therapeutic disciplines with expertise in traumatic brain injury. Life skills aides carry out treatment plans in natural settings throughout the day. Through the coordination efforts of the case manager, Individual Service Plans are developed, monitored and revised by a professional team of service providers. This approach has proven to be therapeutically effective by strengthening the individual's familiarity with the world in which (s)he will continue to live, and by emphasizing the cognitive rehabilitation needs of the individual with a traumatic brain injury. It is also cost-effective because the services are being provided efficiently in the community at a level most appropriate to the individual's rehabilitation needs. Unnecessary out-of-state institutionalizations are avoided; and, when facility based services are necessary, the length of stay is shortened. An individual with a traumatic brain injury returns to a community setting at the earliest appropriate time and receives the level of services and support (s)he needs to effectively reintegrate into daily life.

Funding:

The TBI Program is a Medicaid funded service. The Vermont Medicaid Program is a Federal-State program of financial assistance for medical services for eligible recipients. TBI Medicaid providers submit claims to the Department's fiscal agent, Electronic Data Systems (EDS), for covered services provided to eligible Medicaid recipients.

Provider agency staff will be trained in Medicaid claims processing and documentation requirements in order to submit accurate claims for reimbursement.

The Provider Agency must agree to accept reimbursement limits as stipulated in the consumer's Financial Plan of Care.

Service	Provided by	Rate
Case Management	Provider Agency	\$48.68 / hour
Rehabilitation	Life Skills Aide	\$20.50 / hour

Community Support	Caregiver	\$75.00 / day
Respite	Caregiver	\$75.00 / day
Environmental & Assistive Technology	Provider Agency	\$4,000 / cap
Crisis Support	Provider Agency	\$500.00 / day
Psychology Supports	Professional	\$65.00 / hour
Employment Supports	Life Skills Aide	\$20.50 / hour

The goal of the short-term rehabilitation program is to foster independence thereby **decreasing the level of services and supports** culminating with discharge from the program.

Pre-admission planning will be a separate billable item.

Travel expenses are not a separate billable item and are incorporated into the hourly rate of service.

State of Vermont Division of Disability and Aging Services TBI Program

APPLICATION TO BECOME TBI PROGRAM PROVIDER

Date:		
Agenc	y name	÷
Agenc	y addre	ss:
Agenc	y Telep	hone:
Agenc	y conta	ct person:
	specifi	e explain your organizational orientation to service provision and, cally, to the development of services for adults with traumatic brain injury. e attach the following items: Mission and Purpose Organization (include organizational chart and corporate charter) Management / Program Oversight Staff Resumes Proof of liability insurance, if not already a DAIL approved provider Financial audit and narrative report, if not already a DAIL approved provider
	Three letters of recommendation 3. Please attach a detailed description of how <i>each</i> of the services below will be provided. Please include specific staffing patterns or the development of staffing, with timeframes, to address each service. A full sprogram services must be available to each recipient at the level of his or need.	
		Case Management: Service coordination shall be the primary function of case management and will include securing, developing, implementing, coordinating and monitoring of a comprehensive therapeutic program provided to the individual and as identified in the Individual Service Plan (ISP) and the Financial Plan of Care (FPC).

Rehabilitation: Rehabilitation services for individuals with traumatic brain injury will promote independent living and re-integration into the community, and will include daily training and support. The Life Skills Aides (LSA) trained to implement Individual Service Plans (ISP) will work with the individual with traumatic brain injury, on a one to one basis, providing training in specific activities of daily living in all necessary settings. Life Skills Aides, through the supervision of the case manager, will carry out the specific, therapeutic program that will be designed in consultation [when appropriate] with licensed speech, physical and occupational therapists, physicians, psychologist, vocational counselors, educators, consumers family members, and others experienced in serving individuals with a traumatic brain injury.
Community Supports: Community Supports is designed to promote and foster independence by assisting the individual with traumatic brain injury to achieve his/her optimal level of physical, cognitive, and behavioral functions within the context of the individual's, family, school and community. Due to functioning abilities and safety issues, some individuals with traumatic brain injury are unable to return to the home or family setting where they lived prior to their injury; therefore, this service, provided by a caregiver, includes 24-hour care and supervision. The caregiver is also responsible to actively participation in the individual's daily rehabilitation program.
Environmental and Assistive Technology Services: Environmental and Assistive Technology Services improve the functional independence of individuals who have sustained a brain injury. These supports which are determined to be necessary may include home modifications, services/supports, equipment and/or devices. These purchases maybe one time in nature or made available on a per month rental basis.
Crisis Support: Crisis Supports are a short-term array of services and supports that assist an individual with brain injury to resolve a behavioral or emotional crisis safely in their community. This system includes 24 hour professional one on one-support staffing and case management services.
Respite Services: All individual primary caregivers, including family members serving in this role, who provide 24 hour care and supervision to an individual receiving service through the TBI Program, will be eligible to receive respite services to maximize the effectiveness of the residential placement. Where informal supports are available, respite services are not provided.

		individuals with a traumatic brownseling, evaluation, monitorinstruction. This service is provindividuals with masters in province.	rain injuroring, suring, surin	nis support, specifically targeted to ry, provides intensive one on one upport, and medication review & a psychiatrist, psychologist, and/or erapy or counseling. All service experience and an expertise in
		assist an individual with traurindividual employment in reguinclude activities needed to a job development, supervision activities to sustain paid work off-site support and consultation	matic brular work ccess element and train by the on with e	Supports consist of services that ain injury to obtain and maintain k settings. Employment Supports including assessment, ining. Work supports also include individual, including job coaching, including the maintain of the maintain of the maintain obtained in the maintain of the maintain obtained in the maintained in the maintain
4.	. Describe your organization's experience working with individuals with traumatic brain injury and/or key staff's experience in performing similar services. Please be specific in your examples.			
5.	. Please provide your proposed in-service training plan for general education training of staff on traumatic brain injury before services are provided and ongoing in-service training throughout the year.			
6.	Please indicate services to be subcontracted. Please attach a separate sheet explaining the details of the contract.			
	(Life S	Management Rehabilitation Skills Aides) Community ort Assistive Technology		Crisis Support Respite Psychology and Counseling Employment Supports
7.	Please	e identify how long it will take to	develop	appropriate services and when your

- organization will be ready to accept its first client.
- 8. Please identify how your organization will provide transportation services for individuals being served under this program. Attach proof of insurance.

Proposal Submission Procedures:

The designated point of contact for interested organizations is Erin Weaver, TBI Program Supervisor, Division of Disability and Aging Services, 103 South Main Street, Weeks Building, Waterbury, VT 05671-1601, (802) 241-3624.

Notification:

TBI and DDAS Staff will review the proposed program plan and make recommendation for approval to the Commissioner of the Department of Disabilities, Aging and Independent Living. Successful applicants will receive letters of approval.

Medicaid Application:

The letter of approval from the Commissioner of the Department of Disabilities, Aging and Independent Living will be submitted to the Department of Children and Family Services. An application from EDS will then be mailed to you for completion.

Provider Agency staff will be trained in Medicaid claims processing and documentation requirements in order to submit accurate claims for reimbursement. Records will be reviewed and audited by the state.

Program Report Requirements:

There will be documentation required monitoring the individual's progress. Some of these reports will include Case Management Logs, Life Skills Aide Daily Reports, Care Conference Minutes, assessment reports, individual progress evaluations, and individual schedules. Specific reporting forms have been developed and will be received by approved providers.

Audits:

A financial audit and narrative report must be submitted to the Department of Disabilities, Aging and Independent Living on an annual basis.

Amendments:

The state reserves the right to amend the request for proposed program plan.

Proposal Preparation Costs:

Cost for developing and presenting a proposed program plan are solely the responsibility of the submitting organization. The State of Vermont will not provide reimbursement for such costs.