

# the Working Brain

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## MOMENTUM:

### New Outcomes from Resource Facilitation Department

The RHI Resource Facilitation department developed a quality assurance and program evaluation methodology to a) ensure treatment fidelity with reference to our previous research outcomes, b) maintain evidence-based practice, and c) to provide for continuous quality improvement and monitoring. Our previous research has provided significant evidence to support Resource Facilitation as an effective intervention for return to work or school for people with acquired brain injury. Our quality assurance and program evaluation methods ensure ongoing evidence-based practice.

Indiana VRS has determined that the eligibility criteria for Resource Facilitation include: a) an acquired brain injury (stroke, traumatic brain injury, or other conditions that affect brain function) and b) the client has the goal of return to work or school that will lead to employment.

Previous research has demonstrated that approximately 40% of people with acquired brain injury ultimately return to work within 2-5 years. In our first randomized controlled trial, we found that 64% of the subjects who received resource facilitation returned to work successfully. In our second randomized controlled trial, 69% of the resource facilitation subjects returned to work successfully.

Our most recent program evaluation findings, however, demonstrate that **77% of our patients successfully returned to work**. When the **goal of returning to school is added to the outcome, 82% of our patients were successful**.

Further, significant improvements were found on the Mayo-Portland Adaptability Inventory (MPAI-4), which is a measure of disability specifically for people

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**We want to hear from you...**

**Do you have a question related to resource facilitation services?**

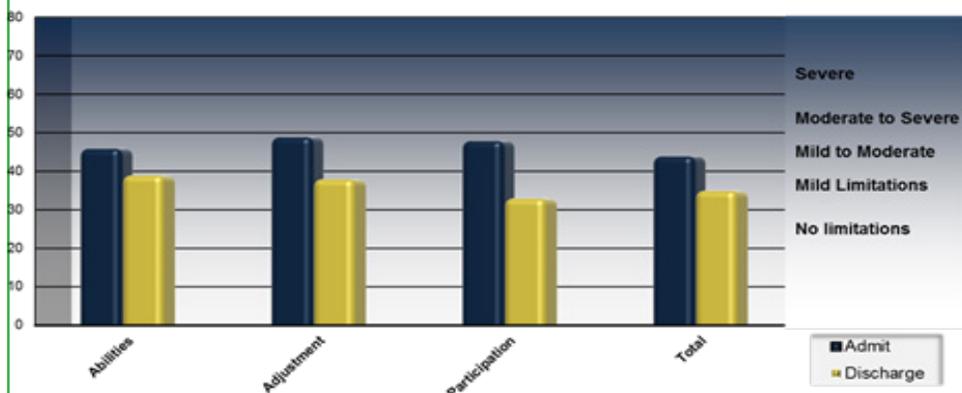
The *Working Brain* newsletter would like to provide you a forum in which to ask questions and gain knowledge to better serve our clients. Please send your questions and/or topic ideas to Judy Reuter at [judy.reuter@rhin.com](mailto:judy.reuter@rhin.com).

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## RESOURCE FACILITATION DEPARTMENT

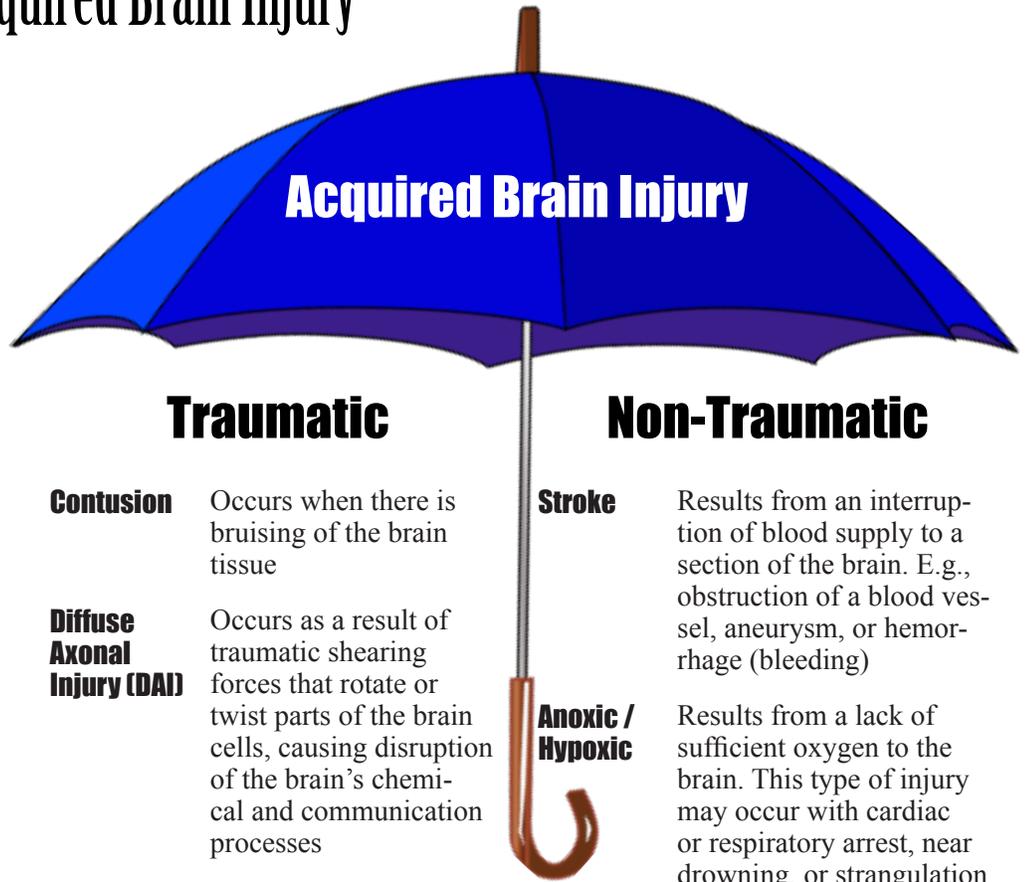
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# The “Umbrella” of Acquired Brain Injury

Brain injury can look very different from one to another. With the brain being the most complex organ of the body, injury to it can lead to a vast array of consequences, thereby producing very unique injuries for each individual. While some may easily comprehend brain injury as a result of a blow to the head, such as from a fall, motor vehicle accident or sports injury, a brain injury as a consequence of another mechanism may be less obvious or understood. An “umbrella” term that is intended to encompass all brain injuries that occur after birth and are non-progressive is Acquired Brain Injury (ABI). There are two categories of ABI, traumatic and non-traumatic.

Each of these types of brain injuries can have lasting physical, cognitive, behavioral, emotional, social, and vocational effects. The research on Resource Facilitation included people with ABI, and therefore, best practices for the vocational rehabilitation of people with ABI is Resource Facilitation.



**Traumatic**

**Contusion** Occurs when there is bruising of the brain tissue

**Diffuse Axonal Injury (DAI)** Occurs as a result of traumatic shearing forces that rotate or twist parts of the brain cells, causing disruption of the brain’s chemical and communication processes

**Non-Traumatic**

**Stroke** Results from an interruption of blood supply to a section of the brain. E.g., obstruction of a blood vessel, aneurysm, or hemorrhage (bleeding)

**Anoxic / Hypoxic** Results from a lack of sufficient oxygen to the brain. This type of injury may occur with cardiac or respiratory arrest, near drowning, or strangulation

**Brain Tumor** As a tumor grows in or around the brain, it can cause damage to the surrounding tissue. Treatments for the tumor such as surgery, chemotherapy, and radiation can also have additional effects on the brain’s function

**Infection** Bacterial or viral infections can cause inflammation and swelling, leading to damage of brain tissue. E.g., Meningitis, viral encephalitis, septicemia

**Toxic / Metabolic Injury** Results from exposure to toxic substances and/or electrolyte imbalances. E.g., high doses of lead, carbon monoxide poisoning, kidney or liver failure, alcohol or drug intoxication

## RF — New Outcomes

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with brain injury (see below). The MPAI-4 has three Indices and a total score. The Abilities Index includes items for example for memory, mobility, vision, among others that can be affected by brain injury. The Adjustment Index is a measure of family adjustment, depression, or anxiety, as examples. Lastly, the Participation Index has items such as independence at home, social contact with friends, independence with transportation, and return to work. Lower scores on the MPAI-4 reflect lower levels of disability and higher scores reflect more disability.

These findings support the concept that **not only does Resource Facilitation improve return to work and school, but also reduces brain injury specific disability.** We found that the level of disability was reduced by approximately one standard deviation over the course of resource facilitation for all Indices. A change of one standard deviation is considered to be clinically significant. Based on the total score for the MPAI-4, resource facilitation subjects went on average at admission from the moderately disabled level to the mildly disabled level at discharge. The largest change was found for the Participation Index, consistent with the goals of resource facilitation to promote community re-entry and return to work.

# Refresher on Sending in RF Referrals & Authorizations

We would like to introduce Amy Crane who for the last several months has taken on the processing of referrals, scheduling and billing for Resource Facilitation. Amy coordinates and manages the receipt of authorization forms and prepares documentation for billing. Please contact Amy at Amy.Crane@rhin.com anytime you have a question about your referral. Amy has been with the department for over a year as a Neuropsych Technician, and still performs that task on certain days and is the Administrative Assistant the rest of the time. Amy has a great eye for detail and we appreciate her diligent record keeping.

As a refresher on the referral process, please remember to send in your RF Referral Form **and** VR Authorization Form and any supporting documentation directly to Amy. The same goes for the authorization for RF services. Amy tracks and distributes the **Authorization** to the appropriate RF so please be sure to send **all Authorizations** to Amy.



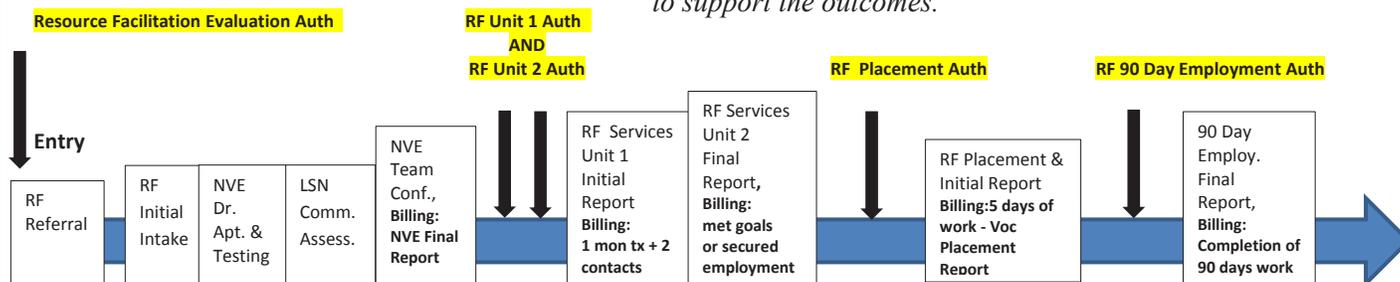
Amy Crane

The RF Referral Form is an electronic and ‘fillable’ PDF form. It helps us process your referral if you use this PDF form. Please let Amy know if you need a copy, she will be more than happy to get that to you. Don’t worry though, we will still accept handwritten or scanned documents, they just may take a little longer to process. Please save and send your forms as a PDF via email along with a copy of the **Authorization to Resource.Facilitation@rhin.com** or directly to Amy at **Amy.Crane@rhin.com**.

**Note:** Please keep a “Master Copy” of the blank referral form for your future referrals.

*The Resource Facilitation Program overview provided below allows for a quick reference guide to the type and timing of authorization required for each phase, and the documentation to support the outcomes.*

## QUICK REFERENCE GUIDE



### STEP 1 CC 21-10 NVE Assessment Authorization for:

- Resource Facilitator (RF) personal meeting with client and caregiver/support for the comprehensive Initial Intake; collection of medical records
- Neuropsychologist meeting with client & testing
- Local Support Network (LSN) Community Assessment refining treatment priorities and identifying regional resources
- Team Conference to formulate treatment plan
- Report and billing sent to VR
- RF joins client and VR for NVE review and IPE (in person or by phone)
- **Important Note:** The RF is able to initiate treatment **ONLY** after receipt of the **RF Unit 1 Authorization**. CC-21-10 Auth. covers above noted activities only. **Expedited time between C 21-10 to CC 21-20 & 21-30 is appreciated to enable RF to offer seamless contact and initiate treatment/supports to client & caregiver.**

### STEP 2 Resource Facilitation Services occur in 2 separate units, paid individually: RF Unit 1 (CC 21-30) and RF Unit 2 (CC 21-40). These authorizations can be issued at the same time (though should remain on separate authorizations)

#### CC 21-20 RF Unit 1 Services Authorization for:

- This authorization allows RF treatment to begin, following NVE and IPE plans
- **Important Note:** The RF will complete an Initial Report following 1 month and 2 contacts with client; the report will include updates post NVE evaluation, current needs and action plan, and progress updates - Report and billing sent to VR

#### CC 21-30 RF Unit 2 Authorization for:

- This authorization allows the RF services to continue in line with plan, and to complete a Final Report when employment is secured and/or RF goals are met - Report and billing sent to VR
- **Important Note:** The CC 21-30 Auth. and the CC 21-40 Auth. may also be issued around the same time (though again should remain on separate authorizations), as the CC 21-40 Auth may be billed following 5 days of employment

### STEP 3 CC 21-40 RF Placement and LSN Initial Report Authorization for:

- This authorization allows the LSN Leader to complete the LSN Vocational Placement Initial Report, which outlines necessary supports for employment stabilization and success - Report and bill sent to VR upon completion of 5 days of employment

### STEP 4 CC 21-50 RF 90 Day Employment and Final Report Authorization for:

- This authorization allows the LSN Leader to complete the 90 Day Report, with summation of the RF/LSN treatment and the necessary ongoing supports for long-term success - Report and bill sent to VR

# RF Changes in the Northeast...

One of our most experienced and capable Brain Injury Resource Facilitators, Tina Funkhouser unfortunately has resigned from her position. Tina started working in the Resource Facilitation program in March 2011 and has skillfully and compassionately served hundreds of clients, both directly and indirectly. Tina has also been a major force in the Fort Wayne area for the



Tina Funkhouser

development and leadership of brain injury support groups. We wish her nothing but the best in her future and extend our ongoing respect for her contributions to the RHI Resource Facilitation Program and the people she has served.



Daminica Ruffin

We are fortunate that our newest Resource Facilitator, Daminica Ruffin is poised to take on Tina's caseload. We know that Daminica will continue Tina's legacy of service to the VR Counselors and RF clients in and around the Fort Wayne area.



Below are upcoming Webinars produced by the Resource Facilitation Department for Vocational Rehabilitation

Services through their VR Leadership Academy. Due to limited space these webinars are only available to VR staff. Stay tuned as we review ways in which these webinars can be made available to a broader audience.

**September 17, 2015 2:00 - 4:00 PM**

### Screening for Brain Injury

**Presenting: Dr. Summer Ibarra and Devan Parrott, MS**

**December 10, 2015 1:30- 4:00 PM**

### Neuropsychology of Brain Injury and Vocational Implications

**Presenting: Dr. Lance Trexler**

## RHI Resource Facilitation Department Exhibits at the Access and Inclusion Awards Ceremony

Wendy Waldman, BI Local Support Network Leader and Peter Bisbecos, Director of Market Innovation and Public Policy Counsel at the RHI Resource Facilitation Department, attended the Access & Inclusion Awards Ceremony on July 23rd.

The 2015 awards ceremony honored the Americans with Disabilities Act's 25th Anniversary and recognized individuals with Service Recognition Awards, including our own Peter Bisbecos, who was given a Special Recognition Award for his work while with the City of Indianapolis.

The Access & Inclusion Awards was designed as a way to celebrate the City of Indianapolis and recognize the Indianapolis Mayor's and Office of Disability Affairs Directors for their leadership and advocacy to advance the ADA and inspire the many significant events that have positively impacted the lives of people with disabilities throughout the Indianapolis Community.

Our congratulations to Peter on this special recognition!

*Pictured clockwise: Peter Bisbecos and other Award recipients; Peter Bisbecos and Wendy Waldman; Wendy Waldman and Mayor Ballard.*

