

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

COPIES SENT TO WATERBURY

1. Independent Living Assessment with appropriate signatures
 - 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 DDAS Procedure
 - Required for unlicensed placements

3. Individual Service Plan with appropriate signatures
 - 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. Case Manager Signed Financial Plan of Care (FPC)
 - Required to be signed and returned to TBI Program within 15 days
5. Rehabilitation Quarterly or Long Term Semi-Annual Report with appropriate signatures
 - 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.

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

**REHABILITATION QUARTERLY OR LONG-TERM SEMI-ANNUAL
EVALUATION**

Purpose:

To evaluate the consumer's progress from the day of admission in all areas of the rehabilitation program. For rehabilitation consumers, the report is completed every three months; for long-term consumers, the report is completed semi-annually. The report 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 quarterly reports.

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 Independent Living Assessment.

In order to complete this process, a review of the Life Skills Aides Reports for the previous quarter and the previous Independent Living Assessment is necessary. If the previous 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 to briefly describe 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 4.5 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 quarterly report, 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 quarterly report. There is a scale to report the status as of the previous report and another scale to report the status as of the current report.

Status as of previous report:

1	.	.	.	2	.	.	.	3	.	.	.	4	.	.	.	5	.	.	.	6	.	.	.	7	.	.	.	8
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature:

The assigned case manager who completed the report and the date the form was completed.

The original must be filed in the recipient's record with the agency and a copy must be sent to the TBI Program Supervisor at the TBI Program address.

Please note: signatures not required for submission to TBI Program. Please keep signatures on file at Provider Agency.

Revision Date: 06/01/09

Submission:

It is strongly recommended that you electronically submit these reports. The report format is available upon request. You may submit these reports to the TBI Supervisor or the TBI Program Technician. You must keep hard copies of these reports in the consumer's file for the TBI Quality Review..

These reports must be submitted by the 1st of the month following the period for which they are reporting on.

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

met.)

Item 2: Communication / Cognitive Skills:

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

Section B: Current Program: (Identify the specific activities being done, the intensity of the activity, and by whom – with or without support or 1:1 activity with cuing.)

Key:

1-2 = Unable to Perform
3-4 = Severe Difficulty

5-6 = Needs Assistance or Cuing
7-8 = Independent

Status as of previous report:

1	.	.	.	2	.	.	.	3	.	.	.	4	.	.	.	5	.	.	.	6	.	.	.	7	.	.	.	8	.	.	.
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Status as of current report:

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

Item 3: Eating Behaviors:

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

Section B: Current Program: (This section is to identify the specific activities being done, the intensity of the activity, and by whom – i.e., with or without support or one-on-one activity with cuing.)

Key:

1-2 = Unable to Perform
3-4 = Severe Difficulty

5-6 = Needs Assistance or Cuing
7-8 = Independent

Status as of previous report:

1	.	.	.	2	.	.	.	3	.	.	.	4	.	.	.	5	.	.	.	6	.	.	.	7	.	.	.	8	.	.	.
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Status as of current report:

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

Item 4: Food Preparation / Cooking:

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

Section B: Current Program: (Identify the specific activities being done, the intensity of the activity, and by whom – with or without support or 1:1 activity with cuing.)

Key:

1-2 = Unable to Perform
3-4 = Severe Difficulty

5-6 = Needs Assistance or Cuing
7-8 = Independent

Status as of previous report:

1	.	.	.	2	.	.	.	3	.	.	.	4	.	.	.	5	.	.	.	6	.	.	.	7	.	.	.	8	.	.	.
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Status as of current report:

1	.	.	.	2	.	.	.	3	.	.	.	4	.	.	.	5	.	.	.	6	.	.	.	7	.	.	.	8	.	.	.
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Section C: Future Program: (This section to briefly describe the anticipated changes and future program goals when current goals listed in Section B are met.)

Item 5: Personal Hygiene / Grooming:

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

Section B: Current Program: (Identify the specific activities being done, the intensity of the activity, and by whom – with or without support or 1:1 activity with cuing.)

Key:

1-2 = Unable to Perform

5-6 = Needs Assistance or Cuing

3-4 = Severe Difficulty

7-8 = Independent

Status as of previous report:

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Status as of current report:

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

Item 6: Health / Safety:

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

Section B: Current Program: (Identify the specific activities being done, the intensity of the activity, and by whom – with or without support or 1:1 activity with cuing.)

Key:

1-2 = Unable to Perform
3-4 = Severe Difficulty

5-6 = Needs Assistance or Cuing
7-8 = Independent

Status as of previous report:

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Status as of current report:

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

Item 7: Social Behavior / Leisure Time:

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

Section B: Current Program: (Identify the specific activities being done, the intensity of the activity, and by whom – with or without support or 1:1 activity with cuing.)

Key:

1-2 = Unable to Perform
3-4 = Severe Difficulty

5-6 = Needs Assistance or Cuing
7-8 = Independent

Status as of previous report:

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Status as of current report:

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

Item 8: ADL's and Household Chores:

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

Section B: Current Program: (Identify the specific activities being done, the intensity of the activity, and by whom – with or without support or 1:1 activity with cuing.)

Key:

1-2 = Unable to Perform
3-4 = Severe Difficulty

5-6 = Needs Assistance or Cuing
7-8 = Independent

Status as of previous report:

1	.	.	.	2	.	.	.	3	.	.	.	4	.	.	.	5	.	.	.	6	.	.	.	7	.	.	.	8	.	.	.
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Status as of current report:

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

Item 9: Budgeting & Numerical Skills:

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

Section B: Current Program: (Identify the specific activities being done, the intensity of the activity, and by whom – with or without support or 1:1 activity with cuing.)

Key:

1-2 = Unable to Perform

3-4 = Severe Difficulty

5-6 = Needs Assistance or Cuing
7-8 = Independent

Status as of previous report:

1	.	.	.	2	.	.	.	3	.	.	.	4	.	.	.	5	.	.	.	6	.	.	.	7	.	.	.	8	.	.	.
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Status as of current report:

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

Item 10: Transportation & Travel:

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

Section B: Current Program: (Identify the specific activities being done, the intensity of the activity, and by whom – with or without support or 1:1 activity with cuing.)

Key:

1-2 = Unable to Perform
3-4 = Severe Difficulty

5-6 = Needs Assistance or Cuing
7-8 = Independent

Status as of previous report:

1	.	.	.	2	.	.	.	3	.	.	.	4	.	.	.	5	.	.	.	6	.	.	.	7	.	.	.	8	.	.	.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Status as of current report:

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

Item 11: Vocational Skills:

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

Section B: Current Program: (Identify the specific activities being done, the intensity of the activity, and by whom – with or without support or 1:1 activity with cuing.)

Key:

1-2 = Unable to Perform

3-4 = Severe Difficulty

5-6 = Needs Assistance or Cuing

7-8 = Independent

Status as of previous report:

1	.	.	.	2	.	.	.	3	.	.	.	4	.	.	.	5	.	.	.	6	.	.	.	7	.	.	.	8
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Status as of current report:

1	.	.	.	2	.	.	.	3	.	.	.	4	.	.	.	5	.	.	.	6	.	.	.	7	.	.	.	8
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Section C: Future Program: (This section to briefly describe the anticipated changes and future program goals when current goals listed in Section B are met.)

Case Manager

Date

Please note: signatures not required for submission to TBI Program. Please keep signatures on file at Provider Agency.

**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 Rehabilitation Quarterly or Long Term Semi-Annual 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 I: 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 II: 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 III: 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 nasogastric 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 IV: 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 V: 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 VI: 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 VII: 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 VIII: 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 minute 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
Division of Disability and Aging Services
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 Independent Living Assessment, Life Skills Aide Report, and Rehabilitation Quarterly or Long Term Semi-Annual Evaluation. This information will provide the basis for developing and evaluating the Individual 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
Division of Disability and Aging Services
TBI Program**

PROCEDURES FOR COMPLETING INDEPENDENT LIVING ASSESSMENT FORM

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 an Individual Service Plan (ISP). The ISP 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 Rehabilitation Quarterly or Long Term Semi-Annual 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." Comments on the right assist Case Managers when utilizing this form in the development of the care plan. Please make comments as necessary.
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 ISP and first quarterly report.
4. The case manager is required to complete the first independent living assessment within 30 days after admission into the program and every six months for rehabilitation consumers and annually for long term consumers.

The original ILA must be filed in the individual's records and a copy must be sent to the TBI Program Supervisor or their designee at the Division of Disability and Aging Services.

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

INDEPENDENT LIVING ASSESSMENT

Evaluation Due Date: _____

Name (Please print): _____

Date of Birth: _____ **Date of Injury:** _____

Provider Agency: _____ **Phone:** _____

Case Manager: _____ **Phone:** _____

Name: _____

SS#: _____

Key: 1-2 = Unable to Perform 3-4 = Severe Difficulty 5-6 = Needs Assistance or Cuing 7-8 = Independent N/A = Not applicable	Score	Comments / Details
I. PHYSICAL DEVELOPMENT & MOBILITY		
Balance		
Stands alone		
Balances on tiptoes		
Balances on one (1) foot		
Can Walk on Balance Board		
Walking		
Can walk upstairs and downstairs with one foot on each step		
Can walk a straight line		
Can step over obstacles		
Can walk backwards		
Can run freely		
Can climb ladder		
Achieves heel/toe gait		
Walking rhythm is appropriate		
Carries Items when walking		
Can stop and start running		
Can walk sideways		
Posture		
Good posture while sitting, standing, and walking		
Body Movements		
Touches floor while standing		

Name: _____

SS#: _____

Key: 1-2 = Unable to Perform 3-4 = Severe Difficulty 5-6 = Needs Assistance or Cuing 7-8 = Independent N/A = Not applicable	Score	Comments / Details
Kneels, Flexes knee		
Sits up from supine		
Bends at waist		
Hand movements		
Manipulates / picks up small objects		
Can move fingers		
Grasps with both hands		
Transfers objects from one hand to the other		
Uses "adult" grip		
Sensory Development		
Visually discriminates color		
Visually discriminates form		
Visually discriminates size		
Discriminates tastes		
Discriminates sounds		
Discriminates smells		
Discriminates temperature		
Discriminates weight		
Discriminates textures		
II. COMMUNICATION / COGNITIVE SKILLS		
Cognitive Skills		
Initiation		
Judgment skills		
Ability to problem solve		
Able to maintain attention		
Able to perform sequencing activities		
Ability to organize		
Insight into deficits		
Receptive Language		
Can select an object if named		
Follows instructions		
Listens when others speak		
Expressive Language		
Speaks in phrases		
Asks questions		
Uses nouns, verbs, and adj. in speech		

Name: _____

SS#: _____

Key: 1-2 = Unable to Perform 3-4 = Severe Difficulty 5-6 = Needs Assistance or Cuing 7-8 = Independent N/A = Not applicable	Score	Comments / Details
Pitch / intensity of voice appropriate		
Speaks in sentences		
Voice quality is appropriate		
Imitates new words		
Rate and rhythm of speech is appropriate		
Describes situations and events		
Will say he doesn't understand if he/she doesn't		
Articulates well		
Carries identification (ID)		
Responds when spoken to		
Communicates basic needs: verbally and non-verbally		
Communicates personal info. verbally		
Reading		
Can get information from pictures and packages		
Knows alphabet / Can Alphabetize		
Recognizes safety words		
Remembers what he reads		
Can read different forms of print		
Breaks down words phonically		
Reads own name		
Reads important signs/functional words		
Writing		
Can copy & trace (vertical, horizontal, diagonal, circular)		
Can spell name		
Writes/Copies: Names, Address, SS #, phone #, DOB		
Can print or write notes /letters and address envelopes		
III. EATING BEHAVIORS		
Drinks from glass and/or straw		
Drinks from water fountain		

Name: _____

SS#: _____

Key: 1-2 = Unable to Perform 3-4 = Severe Difficulty 5-6 = Needs Assistance or Cuing 7-8 = Independent N/A = Not applicable	Score	Comments / Details
Eats finger food appropriately		
Eats with form / Uses napkin		
Chooses / uses correct eating utensil		
Chews with mouth closed		
Eats proper amount of food		
Has appropriate table etiquette		
Orders simple food		
Eats balanced diet		
Orders complete meal		
IV. FOOD PREPARATION / COOKING		
Identifies kitchen utensils/cookware: table knife, spoon, fork, dishes, measuring cups/spoons, fry pan		
Identifies kitchen appliances		
Identifies food products: meats, vegetables, fruits, beverages		
Sets table		
Operates gas/electric stove safely:		
Operates microwave		
Cold meal preparation		
Hot meal preparation		
Washes/peels vegetables/fruits		
Makes/pours beverages: cold/hot		
Prepares simple food items		
Prepares appropriate amount of food		
Prepares main course with side dishes		
Stores food appropriately in: freezer, refrigerator, cupboard		
Uses hot pad or other objects to protect countertop, table, hands, etc.		
Reads/follows recipe		
Prepares balanced meal with or without written menu		
V. PERSONAL HYGIENE / GROOMING		
Bathing		
Identifies sink, bathtub, shower		

Name: _____

SS#: _____

Key: 1-2 = Unable to Perform 3-4 = Severe Difficulty 5-6 = Needs Assistance or Cuing 7-8 = Independent N/A = Not applicable	Score	Comments / Details
Operates/regulates cold & hot faucet in sink, bathtub, shower		
Dries with towel		
Uses soap & washes all parts of body		
Rinses self		
(Female) Handles feminine hygiene		
a. Applies/disposes of pad/tampon		
b. Changes/soaks stained clothing		
Hair Care		
Shampoos Hair		
Combs / Brushes hair		
Goes to barber/ beautician for hair cut		
Sets and styles hair		
Grooming		
Brushes teeth		
Uses deodorant		
Keeps nails cleaned and trimmed		
Shaves		
Uses make-up		
Toilet Use		
Goes to toilet independently		
Uses toilet tissue		
Flushes toilet after use		
Washes hands after toilet use		
VI. HEALTH / SAFETY		
Treats Simple Health Problems		
a. Cuts/scrapes/Slivers		
b. Upset stomach		
c. Cold		
Contacts Another for Health Problems More Difficult to Handle		
Fever/Diarrhea/Burn/ Animal Bite		
Eye problems/Poisoning/overdose		
Takes aspirin / medication if needed		
Refills prescription		
Reports/handles seizures		

Name: _____

SS#: _____

Key: 1-2 = Unable to Perform 3-4 = Severe Difficulty 5-6 = Needs Assistance or Cuing 7-8 = Independent N/A = Not applicable	Score	Comments / Details
Uses telephone to call police, fire dept., doctor, when appropriate		
Makes routine medical appointments		
Recognizes importance of not combining substances and medication		
Has basic understanding of human sexuality/sex education		
Follows fire drill instructions		
Can use fire extinguisher		
Use of Telephone		
Can use telephone		
Can dial number		
Takes messages		
Can place call from pay phone		
Can obtain number from operator		
Can find number phonebook		
Can find emergency numbers		
Security		
Can identify own belongings		
Protects valuable items		
Can use lock and key		
VII. SOCIAL BEHAVIORS / LEISURE TIME		
Spectator Activities		
Watches TV		
Listens to radio, plays tapes, CDs		
Goes to athletic events		
Goes to movies, plays, concerts		
Participation		
Will join in on-going activities		
Initiates own leisure time activities		
Wins and loses gracefully		
Plays team sports		
Plays musical instruments		
Interaction with Others		
Expresses emotion		
Uses hello/goodbye appropriately		
Looks at person while speaking		

Name: _____

SS#: _____

Key: 1-2 = Unable to Perform 3-4 = Severe Difficulty 5-6 = Needs Assistance or Cuing 7-8 = Independent N/A = Not applicable	Score	Comments / Details
Maintains appropriate social distance		
Engages in conversation		
Apologizes appropriately		
Waits while others speak		
Introduces self to others		
Dates		
Refrains from talking to strangers unless necessary		
Practices Acceptable Manners in community		
Expresses anger, fear, and dislike in acceptable manner		
Expresses affection in acceptable manner: same sex, opposite sex		
Demonstrates Trustworthiness:		
Conduct can be trusted in unsupervised situations		
Tells the truth		
Takes responsibility for personal actions and decisions		
Asks permission to use other's possessions/things		
Returns borrowed items		
Accepts/adjusts to situations that are contrary to own will or desire		
Accepts/adjusts to staff and schedule changes		
VIII. ADL's / HOUSEHOLD CHORES		
Dressing and Undressing		
Removes and puts on garments		
Zips and unzips		
Fastens and unfastens		
Buttons and unbuttons		
Ties and unties		
Buckles and unbuckles		
Chooses clothes that are clean		
Chooses clothes for appropriate activities, weather		

Name: _____

SS#: _____

Key: 1-2 = Unable to Perform 3-4 = Severe Difficulty 5-6 = Needs Assistance or Cuing 7-8 = Independent N/A = Not applicable	Score	Comments / Details
Home Care / Laundry		
Keeps living space clean		
Vacuums, dusts		
Cleans dishes / Kitchen		
Puts dirty clothes in laundry bag or basket daily		
Sorts clothes (light/white, dark/colored)		
Uses washer and dryer		
Uses coin operated washer and dryer		
Folds/hangs clothes		
Maintains orderly shelves, drawers		
Packs suitcase		
Yard Care		
Sweeps sidewalk		
Shovels snow / Mows / waters lawn		
Rakes leaves / pulls weeds		
Car Maintenance		
Keeps vehicle clean		
Can buy gas		
Keeps tires properly inflated		
Changes oil regularly		
IX. BUDGETING & NUMERICAL SKILLS		
Money Handling		
Knows equivalents and counts change		
Gives correct coin amounts for five, ten, fifteen, twenty-five, and fifty cents		
Uses coin combinations for purchases		
Identifies/gives correct bills(s)		
Uses concept of more/less than		
Knows about sales tax		
Can make deposits / withdrawals		
Budgets money		
Can open savings / checking		

Name: _____

SS#: _____

Key: 1-2 = Unable to Perform 3-4 = Severe Difficulty 5-6 = Needs Assistance or Cuing 7-8 = Independent N/A = Not applicable	Score	Comments / Details
account		
Can write and cash checks		
Pays bills when due		
Can balance check book		
Use of Credit		
Doesn't overuse credit		
Can buy with credit card		
Understands finance charge		
Shopping		
Writes menu / grocery list		
Buys groceries		
Knows clothing size		
Buys own clothes		
Resists "high pressure" sales		
Buys through catalog		
Buys personal items		
Counts to 100 x 1s, 10s, 2s, 5s		
Counts backwards from 100		
Can read and write numbers to 100		
Can add and subtract		
Uses calculator to add, subtract, multiply, divide		
Uses a ruler and tape measure		
Can multiply and divide		
X. TRANSPORTATION & TRAVEL		
Transportation		
Can walk safely to destination		
Can ride bike safely to destination		
Can ride bus / taxi / plane		
Can drive car		
Travel Skills		
Understands directions (right, left)		
Recognizes police as source of help		
Can read addresses & common signs		
Responds to traffic lights and signs		
Can find and use public toilet		
Can ask for and follow directions		

Name: _____

SS#: _____

Key: 1-2 = Unable to Perform 3-4 = Severe Difficulty 5-6 = Needs Assistance or Cuing 7-8 = Independent N/A = Not applicable	Score	Comments / Details
Knows North, South, East and West		
Reads maps/schedules (city, bus, road)		
XI. VOCATIONAL SKILLS		
Work Related Skills		
Uses want ads to find apartment, job		
Can complete job application		
Can respond to job interview questions		
Knows who his/her boss is		
Works with others		
Will ask for help with problem		
Gets to work on time		
Stays at work for required period		
Able to work without supervision		
Responds well to criticism		
Can use lunch facilities and socializes appropriately		
Responds appropriately to boss		
Starts work without prompting		
Meets work expectations		
Operates time clock		
Handles tools safely		
Takes good care of tools		
Files income tax		
Reports earnings to SSA		
Can do sorting/folding/stacking jobs		
Can do janitorial work		
Can do yard work		
Can do packing jobs		
Can do typing jobs		
Can assemble parts		
Can do inserting and sealing jobs		
Can use hammer and nails		
Can paint with brush and roller		
Can operate machinery		
Can use commercial dishwasher		
Can problem solve		

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Additional Comments:

Consumer input:

Signature of Person Completing Form

Date

Some material contained in this document has been obtained from Sioux Vocational Schools

Consumer Signature (if receiving TBI Program Services)

Date

Please note: signatures not required for submission to TBI Program. Please keep signatures on file at Provider Agency.

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

PROCEDURES FOR COMPLETING INDIVIDUAL 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 plan must be signed by the consumer, and / or legal guardian, as well as the Case Manager. This is a living document that must be updated as changes occur. ISPs 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 Individual 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 Individual Service Plan.

Vision Exam:

The American Academy of Ophthalmology recommends an initial comprehensive eye exam upon starting services. 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 Individual Service Plan.

Immunizations (Tetanus):

Dates of Tetanus Immunizations are maintained in the TBI providers files.

Client Summary:

This section should include a narrative of the individual's strengths and challenges,

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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 Independent Living Assessment. 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

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the plan or preferences.

Signatures:

All signatures are to be kept on file with the Provider Agency and available upon request. Copy of signature page is not required to be sent to the TBI Program.

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

INDIVIDUAL SERVICE PLAN

Evaluation Due Date: _____ **Today's Date:** _____

Consumer Name: _____ **SSN:** _____

Address: _____

Guardian: _____

Guardian Phone Number: _____ **Alternate Phone Number:** _____

Guardian Address: _____

Program: Long Term *OR* Rehabilitation

DOB: _____ **Date of Injury:** _____ **Services Start Date:** _____

Provider Agency: _____

Case Manager: _____ **Phone Number:** _____

Other Insurance Information: _____

Date of Last Physical: _____ **Date of Last Vision Exam:** _____

Date of Last Dental Exam: _____ **Date of Last Tetanus Booster:** _____

Client Summary: (Include a discussion of strengths, needs, current environment, natural supports, etc.):

Funded Services:

- | | | |
|---|--|--|
| <input type="checkbox"/> Life Skills Aide | <input type="checkbox"/> Case Management | <input type="checkbox"/> Community Supports |
| <input type="checkbox"/> Respite | <input type="checkbox"/> Psych & Counseling Supports | <input type="checkbox"/> Employment Supports |

Other Services: (Example: counseling, medication management, SLP, OT, PT, AA)

Safety Precautions/Functional Activity:

<input type="checkbox"/> No restrictions	<input type="checkbox"/> Contract PRN
<input type="checkbox"/> Self Administration of Medications	<input type="checkbox"/> Suicide Precautions
<input type="checkbox"/> Constant Observation	<input type="checkbox"/> Restrict driving

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<input type="checkbox"/> Transport to:
<input type="checkbox"/> Other:
<input type="checkbox"/> Supervision level:

Diagnoses: _____

Medications and Dosage: (Attach additional sheet if necessary)

Medication	Dosage	Purpose	Prescribing Physician:

Allergies: _____

Advanced Directives: Yes OR No

Diet / Nutrition Needs: _____

Long Term Outcomes: (Refer to Independent Living Assessment for developing specific goals under each outcome)

Improved Physical Development and Mobility

-

Improved Communication / Cognitive Skills

-

Improved Eating Behaviors

-

Improved Food Preparation / Cooking Ability

-

Improved Personal Hygiene and Grooming

-

Improved Health and Safety Behaviors

-

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Improved Social Behaviors and Leisure Time

-

Improved (ADL's) and Household Chores

-

Improved Budgeting and Numerical Skills

-

Improved Transportation and Travel

-

Vocational Skills:

-

Discharge Plan:

Consumer input:

Consumer: _____ Date:_____

Guardian: _____ Date:_____
 (if applicable)

Case Manager: _____ Date:_____

All signatures are to be kept on file with the Provider Agency and available upon request. Copy of signature page is not required to be sent to the TBI Program.

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

PROCEDURES FOR COMPLETING THE FINANCIAL PLAN OF CARE

Right to Appeal:

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, 103 S. Main Street., Waterbury VT 05671-1601 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.

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. The provider agency will be required to obtain the signature of the case manager and return a copy of the Financial Plan of Care to the TBI Program Supervisor.

The Financial Plan of Care will be revised or extended every six (6) months or as needed utilizing the above process. The original will be kept in the individual's file at the agency and a copy sent to the TBI Program Supervisor. For long term clients, the financial plan of care will be revised or extended every (12) months or as needed utilizing the above process.

Procedure:

Financial Plan of Care is generated by the TBI Program Supervisor or designee 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 Supervisor. 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.

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

FINANCIAL PLAN OF CARE

Consumer

Provider Agency

Program

Approval Period: From 08/01/2007 To 08/31/2007

Waiver Services	Maximum Per Month	Units	Cost Per Unit	Total Cost Per Month
Case Management	20 hours/month	80	\$12.17	\$973.60
Rehabilitation (Life Skills Aide)	160 hours/month	160	\$20.50	\$3,280.00
Community Support Services	31 days/month	31	\$75.00	\$2,325.00
Respite	0 days/month	0	\$75.00	\$0.00
Pre-Admission Planning	0 hours/admission	0	\$48.68	\$0.00
*Crisis Support	0 hours/month	0	\$500.00	\$0.00
*Psychological & Counseling Supports	0 hours/month	0	\$65.00	\$0.00
*Employment Supports	0 hours/month	0	\$20.50	\$0.00
*Environmental & Assistive Technology Supports	\$_____			
MONTHLY TOTAL:				\$6,578.60

Date of Next Review: __/__/__

* Prior approval required for authorization of these services

APPROVED: _____ **DATE:** _____

CASE MANAGER: _____ **DATE:** _____