- TEST TEST TEST

>>> GOOD AFTERNOON, EVERYONE.

THIS IS THE THIRD THURSDAY WEBINAR, SEPTEMBER 20TH.

THANK YOU FOR JOINING US.

I WILL BEGIN THIS SESSION WITH A CHC OVERVIEW AND THEN I'M JOINED BY SOME GUESTS TODAY THAT WILL BE PROVIDING SOME ADDITIONAL INFORMATION JACK POPLAR FROM ACADIA, DR. NAGLE FROM BEACHWOOD NEUROREHAB.

SO IF YOU HAVE ANY QUESTIONS FOR THE PANELISTS DURING THE PRESENTATION, THERE IS A BAR ON THE TOP RIGHT SIDE OF YOUR SCREEN THAT YOU WOULD JUST CLICK ON, ENTER YOUR QUESTION, PRESS ENTER AND WE'LL GET THAT QUESTION FROM YOU.

OKAY. FOLKS WERE ASKING SOME QUESTIONS ABOUT THE SOUTHWEST ENROLLMENT AND HOW THINGS WERE GOING IN THE SOUTHWEST.

JUST TO REFRESH, WE IMPLEMENTED COMMUNITY HEALTH CHOICES IN THE SOUTHWEST PORING OF THE STATE JANUARY 1ST, ESCAPE 2018.

HERE ARE FIGURES FOR JULY BY HEALTH PLAN.

THE NUMBER IS DOWN BY OUR DIFFERENT POPULATION GROUPS.

YOU CAN SEE THE FIRST LINE IS PROVIDING THE TOTAL F HOME AND COMMUNITY BASED DUAL ELIGIBLE AND THEN HOME AND COMMUNITY BASED NONDUAL ELIGIBLE.

LONG TERM CARE DUALS AND LONG TERM CARE NONDUALS.

AND THEN OUR HEALTHY DUAL POPULATION OR NFI POPULATION.

SO AS YOU CAN SEE OUR GRAND TOTALS, THE MAJORITY OF OUR ENROLLMENTS ARE NFI PARTICIPANTS.

AND WE HAVE A TOTAL OF 7 # THOUSAND 918.

-- 79,918.

FOR SOUTHWEST ENROLLMENT, THIS CHART SHOWS YOU THE TRENDS FOR NEW ENROLLMENTS FROM APRIL TO JULY.

AND IT'S BROKEN DOWN AGAIN BY HOME AND COMMUNITY-BASED PARTICIPANTS, LTC PARTICIPANTS AND NFI DUAL.

SO HOME AND COMMUNITY BASED SERVICES ARE FOLKS THAT ARE RECEIVING THEIR SERVICES IN THE COMMUNITY THAT WOULD HAVE PREVIOUSLY FALLEN UNDER OUR WAIVER PROGRAM FOR OFFICE OF LONG TERM LIVING.

AND LTC REPRESENTS FOLKS RESIDING IN A NURSING FACILITY.

AND NFI OR WHAT WE'VE REFERRED TO IN THE PAST AS OUR HEALTHY DUAL POPULATION OR THOSE FOLKS NOT RECEIVING WAIVER SERVICES.

SO SOUTHEAST IMPLEMENTATION.

WE ARE HEADED INTO SOUTHEAST WITH AN IMPLEMENTATION DATE OF JANUARY IS, 2019 AND THEN FOLLOWING THAT OF COURSE WE HEAD INTO PHASE THREE WHICH IS VIE ZONES OF IMPLEMENTATION JANUARY 1ST, TO 20.

SO FOR THE SOUTHEAST POPULATION, WE'LL TRANSITION APPROXIMATELY 127,000 PARTICIPANTS.

I CAN TELL YOU THAT THESE NUMBERS HAVE GONE UP SLIGHTLY.

SO WE'RE CLOSER TO 130,000 AT THIS POINT.

THOSE NUMBERS REFLECT THOSE PARTICIPANTS THAT WILL BE ELIGIBLE IN BEING TRANSITIONED INTO THE CHC PROGRAM.

IN THE SOUTHEAST COUNTIES EFFECTIVE JANUARY 1, 2019.

WHAT'S INTERESTING ABOUT THIS POPULATION IS IT'S 89% DUAL ELIGIBLE SO 89% OF THE POPULATION IS RECEIVING THEIR PRIMARY PAYER IS MEDICARE.

AND ALSO WHAT IS INTERESTING ABOUT THIS POPULATION IS THAT 56% ARE RECEIVING THEIR MEDICARE THROUGH A TRADITIONAL FEE FOR SERVICE MODEL.

THAT DIFFERED FROM THE SOUTHWEST WHERE THE SOUTHWEST HAD A LARGE PENETRATION OF MEDICARE MANAGED CARE SO WE ONLY HAD 38% RECEIVING FEE PER SERVICE TRADITIONAL MODEL.

SO WHAT THAT MEANS FOR US FROM A MESSAGING STANDPOINT IS MAKING SURE THAT PARTICIPANTS UNDERSTAND WHAT MANAGED CARE IS.

AND HOW -- WHAT THEY WOULD NEED TO DO UNDER A MANAGED CARE MODEL.

SO ALSO DIFFERENT FOR THE SOUTHEAST POPULATION ARE THAT FOLKS THAT ARE RECEIVING WAIVER SERVICES LONG TERM SERVICES AND SUPPORT IN THE SOUTHEAST, 33% OF THEM ARE ACTUALLY ALREADY RECEIVING THEM IN THE COMMUNITY.

SO THAT DIFFEREDED FROM THE SOUTHWEST.

WE HAD A HIGHER NUMBER OF FOLKS THAT WERE IN NURSING FACILITIES VERSUS RECEIVING THEIR SERVICES IN THE COMMUNITY.

IN THE SOUTHEAST WE SEE THAT ONLY 11% ARE IN NURSING FACILITIES.

33% ARE RECEIVING THEIR WAIVER SERVICES IN THE COMMUNITY.

AGAIN, WE HAVE A LARGE PORTION OF HEALTHY DUALS AT 56% ARE THOSE PARTICIPANTS THAT ARE DUAL ELIGIBLE BUT NOT CURRENTLY RECEIVING ANY TYPES OF WAIVER SERVICES.

AND WE HAVE 23% OF COURSE OF THOSE DUALS RECEIVING WAIVER SERVICES.

WE HAVE 10% OF THE POPULATION THAT ARE DUALS IN NURSING FACILITIES AND THEN NONDUALS IN WAIVERS REPRESENT 10% WITH NONDUALS IN NURSING FACILITIES ONLY MAKING UP 1% OF THIS POPULATION.

SO AN UPDATE ON OUR PARTICIPANT COMMUNICATION.

WE'VE BEEN DOC -- THERE'S A FLURRY OF ACTIVITY GOING ON RIGHT NOW FOR SOUTHEAST IMPLEMENTATION AND THERE'S BEEN A LOT OF OUTREACH TO PARTICIPANTS AND PRIOR TO THAT PROVIDERS.

SO RIGHT NOW, UPDATE, WE DID MAIL OUR AWARENESS FLYER TO OUR PARTICIPANTS IN JULY.

AND OUR AGING WELL EVENTS THAT WE'VE SPOKEN AT ABOUT PREVIOUSLY IN PREVIOUS SESSIONS DID BEGIN IF END OF AUGUST AND ARE CONTINUING THROUGH OCTOBER 19TH.

THERE'S 72 PARTICIPANT LISTENING SESSIONS THAT ARE BEING HELD ACROSS THE SOUTHEAST AND THE REGISTRATION IS STILL OUT ON THE WEB IF FOLKS ARE STILL INTERESTED IN CATCHING ONE OF THOSE SESSIONS.

THEY'RE SPECIFICALLY FOR PARTICIPANTS TO LEARN ABOUT COMMUNITY HEALTH CHOICES AND LEARN ABOUT WHAT THEY NEED TO DO NEXT AND HOW TO CHOOSE A PLAN.

WHO DO THEY GO TO, TO CHOOSE AN MCM.

PRETRANSITION NOTICES HAVE JUST COMPLETED.

THEY WENT OUT THE END OF AUGUST.

SO THE PRETRANSITION NOTICES ARE NOTICES FROM THE DEPARTMENT THAT TELL THE PARTICIPANTS THAT CHC IS COMING AND THEY'VE BEEN IDENTIFIED AS A CHC PARTICIPANT.

IT ALSO TELLS THEM TO EXPECT AN ENROLLMENT PACKET FROM OUR INDEPENDENT ENROLLMENT BUREAU.

THOSE STARTED GOING OUT SEPTEMBER 4TH AND THEY'RE GOING TO CONTINUE TO BE MAILED THROUGH OCTOBER 12TH.

SO THESE ARE BEING SCATTERED, THE MAILINGS ARE BEING SCATTERED SO THAT WE CAN ENSURE THAT THE ENROLLMENT BROKER IS ABLE TO HANDLE ALL OF THE CALL VOLUME THAT WOULD COME IN REGARDING PLAN CHOICE AND MCO CHOICE COUNCILING.

SO THE -- COUNSELING.

SO THESE PACKETS WILL CONTINUE TO GO OUT THROUGH THE SECOND WEEK OF OCTOBER.

OUR SERVICE COORDINATORS, SERVICE COORDINATORS HAVE BEEN RECEIVING TRAINING FROM OUR MANAGED CARE ORGANIZATIONS.

THEY'VE ALSO RECEIVED SOME TRAINING THROUGH THE DEPARTMENT AND THROUGH OUR WEB.

WE HAVE NARRATED TRAINING.

OUR FINANCIAL MANAGEMENT SERVICES VENDOR HAS ALSO DONE SPECIFIC TRAINING AROUND THE PARTICIPANT DRIVEN MODEL UNDER MANAGED CARE AND HOW SERVICE COORDINATORS COULD INTERACT WITH MCOS AND OUR FINANCIAL MANAGEMENT SERVICES VENDOR UNDER THE MANAGED CARE MODEL.

ALL OF THAT HAS BEEN GOING ON.

WE'RE NOW ASKING AND HAVE BEEN ASKING OUR SERVICE COORDINATORS TO START GOING OUT AND SPEAKING TO PARTICIPANTS TO TALK ABOUT CHC.

ALSO IN THE NURSING FACILITIES, THE FOLKS -- THE STAFF IN THE NURSING FACILITIES HAVE BEEN DOING OUTREACH AS WELL AND TALKING TO THEIR FOLKS AND ASSISTING THEIR FOLKS IN UNDERSTANDING ABOUT CHC AND MAKING SURE THAT THEY REVIEWNA ENROLLMENT PACKET IN THE MONTH OF SEPTEMBER.

SO THOSE ACTIVITIES WILL CONTINUE ON THROUGH THE SELECTION PROCESS.

SO RESOURCES.

JUST A QUICK REMINDER FOR EVERYONE.

THE THREE PLANS FOR COMMUNITY HEALTH CHOICES ARE AMERIHEALTH CARITAS AND THEY OPERATE AS KEYSTONE FIRST IN THE SOUTHEAST.

IT'S STILL THE SAME PLAN.

JUST A DIFFERENT OPERATING NAME.

PA HEALTH AND WELLNESS AND UPMC COMMUNITY HEALTH CHOICES.

THE LINKS ARE ON THIS SLIDE IF FOLKS WANT TO CHECK OUT THEIR WEBSITE AND PARTICIPANTS, YOU KNOW, WANT TO CHECK OUT ANY INFORMATION

ABOUT THE PROVIDER NETWORKS, THEY CAN FIND THAT OUT THERE AS WELL AS ON THE INDEPENDENT EL CAR LENGTHMENT BROKER SITE.

SO IN ORDER TO SIGN UP FOR OUR LIST SERVE, OUR LIST SERVE IS AN E-MAIL COMMUNICATION LIST SO ANY TIME THAT THE DEPARTMENT HAS INFORMATION TO SHARE ABOUT COMMUNITY HEALTH CHOICES, WE SEND IT OUT THROUGH WHAT WE CALL AN LISTSERV AND THIS LINK ON THIS SLIDE WILL TAKE YOU TO A LOCATION WHERE YOU CAN SOMEWHERE YOUR E-MAIL ADDRESS TO SIGN UP FOR LISTSERV COMMUNICATIONS.

OUR MLTSS SUBMAC WEBSITE IS OUR MANAGED LONG TERM SERVICES AND SUPPORT SUBCOMMITTEE AND IT IS A PUBLIC MEETING IF YOU WANT INFORMATION ABOUT THAT MEETING AND ACCESS TO MATERIALS OF PAST MEETINGS, YOU GO TO THIS SITE.

IF YOU HAVE QUESTIONS ABOUT CHC, WE HAVE A RESOURCE ACCOUNT.

THAT E-MAIL ADDRESS IS LISTED ON THE SLIDE.

AND IF YOU HAVE QUESTIONS FOR OUR PROVIDER HOTLINE OR OUR PARTICIPANT HOTLINE, THOSE NUMBERS ARE THERE.

I DO URGE FOLKS THAT IF YOU ARE IN CHC, AND YOU HAVE QUESTIONS ABOUT PROVIDERS OR YOU HAVE QUESTIONS REGARDING YOUR SERVICE OR THAT TYPE OF THING, PLEASE START WITH YOUR MANAGED CARE ORGANIZATION AND THEN IF YOU NEED ASSISTANCE IN WORKING WITH THAT MANAGED CARE ORGANIZATION, THEN, YES, ABSOLUTELY, FEEL FREE TO CONTACT OFFICE OF LONG TERM LIVING.

THE INDEPENDENT ENROLLMENT BROKER WEBSITE AND TELEPHONE NUMBER IS LISTED THERE.

SO QUESTIONS ABOUT SELECTING A PLAN SHOULD GO TO THIS NUMBER AND/OR WEBSITE.

THE WEBSITE DOES HAVE A PLACE WHERE YOU CAN SELECT ONLINE IF YOU CHOOSE TO USE THE WEB.

SO ANY QUESTIONS?

I DON'T BELIEVE.

DID WE COLLECT ANY QUESTIONS?

THERE WAS A QUESTION REGARDING THE PRESENTATION BEHIND THIS ONE THE IMPACT OF COGNITIVE FUNCTION ON TREATMENT AND PLANNING, THAT IS CORRECT.

OUR GUEST SPEAKERS WILL BE TALKING WITH US REGARDING THE IMPACT OF COGNITIVE PROBLEMS ON FUNCTION AND TREATMENT PLANNING.

AND THAT'S DREW AND BRIDGET.

ANY OTHER QUESTIONS BEFORE WE MOVE ON?

OKAY. THE QUESTION CAME IN WHEN WILL WE BE RECEIVING INVITES TO THE TRAINING AND HHA EXCHANGE TRAINING?

THERE IS SOMETHING RIGHT NOW POSTED ON OUR WEB TO REGISTER FOR THE TRAINING THAT IS BEING HOSTED BY THE THREE MCOS.

BUT I CAN FOLLOW UP WITH YOU VIA YOUR E-MAIL ADDRESS AND MAKE SURE THAT YOU KNOW WHERE TO FIND THAT INFORMATION.

OKAY. SO WITHOUT FURTHER ADO, LET'S MOVE ON TO JACK, DREW, AND BRIDGET.

>> OKAY. GOOD AFTERNOON, EVERYONE.

I'M GOING TO TALK A LITTLE BIT AND THEN PASS THE BATON OVER TO DREW AND THEN BRIDGET IS GOING TO WRAP IT UP FOR US.

SO LET'S LOOK AT THE FIRST SLIDE HERE.

WHAT IS A COGNITIVE IMPAIRMENT.

IT INCLUDES DIFFICULTY WITH A VARIETY OF COGNITIVE SKILLS.

OUR ABILITY TO ACQUIRE AND UNDERSTAND INFORMATION.

ONE OF THE AREAS THAT MAY BE IMPAIRED IS OUR ABILITY TO MAINTAIN FOCUS ON AN IDEA OR TASK OR CONVERSATION.

WE MAY HAVE DIFFICULTIES WITH MEMORY.

THAT'S THE ABILITY TO RECALL WHO, WHAT, WHERE, WHEN INFORMATION THAT COMES IN.

IT ALLOWS US TO ENCODE OR CONVERT AND STORE INFORMATION AND RETRIEVE INFORMATION.

SO MEMORY IS A PRETTY COMPLEX PROCESS INVOLVING A LOT OF INTERCONNECTIONS.

AND IT'S OFTENTIMES IMPAIRED AND COGNITIVE DISABILITIES.

WE MAY HAVE PROBLEMS WITH PROBLEM SOLVING AND DECISION MAKING.

ABILITY TO PERFORM BASIC LIFE SKILLS.

ACTIVITIES OF DAILY LIVING.

LIKE THE ABILITY TO TAKE CARE OF YOURSELF FOR EXAMPLE.

YOUR ABILITY TO GROOM AND KEEP CLEAN AND HAVE GOOD HYGIENE AND COOK AND BUDGET AND MANAGE FINANCES.

SO YOU HAVE SOME BASIC ACTIVITIES OF DAILY LIVING THAT COULD BE IMPAIRED OR MORE ADVANCED ACTIVITIES.

IN THOSE IMPAIRMENTS [INDISCERNIBLE AUDIO].

THOSE IMPAIRMENTS CAN STEM FROM INJURY, DISEASE, AGING PROCESS.

IMPAIRMENTS IN LEARNING RESULT IN DIFFICULTIES OF THE PROCESS OF GAINING KNOWLEDGE AND UNDERSTANDING THROUGH THOUGHT, EXPERIENCE, AND THROUGH THE FIVE SENSES.

THINKING PROCESS IS DISRUPTED BY COGNITIVE IMPARMENTS THAT CAN RESULT IN DIFFICULTY OR THE INABILITY TO FOCUS ON IMPORTANT INFORMATION, THOUGHTS, OR ACTIONS.

ABILITY TO PAY ATTENTION TO A TASK OR ACTIVITY THAT IS SUSTAINED FOR A PERIOD OF TIME.

THIS CAN IMPACT PERSONAL SAFETY AS WELL AS THE ABILITY TO MAINTAIN A CONVERSATION.

COMPLETE TASKS.

LEARN NEW INFORMATION.

SO WHAT ARE SOME TYPICAL PROBLEMS OR CHALLENGES THAT WE SEE?

WELL, WE MAY OFTENTIMES SEE DIFFICULTY WITH PREDICTING WHAT MAY HAPPEN AND PLAN AND RESOLVE PROBLEMS.

THAT'S GOING TO CREATE REAL CHALLENGES WHEN IT COMES TO NOVEL SITUATIONS THAT WE'RE ALL EXPOSED TO EVERY DAY.

WE MAY HAVE DIFFICULTY TAKING --

EXCUSE ME, IN NEW INFORMATION, UNDERSTANDING WHAT THAT INFORMATION IS, AND PROCESSING THAT INFORMATION QUICKLY.

COMPLETING NEW TASKS.

GETTING TO AND FROM DIFFERENT PLACES.

USING NEW TECHNOLOGY.

BEING ABLE TO NAVIGATE OUR ENVIRONMENT SAFELY.

WE MAY HAVE DIFFICULTY WITH A SENSE OF WHERE OBJECTS ARE AROUND US.

WE MAY COME ACROSS MOVEMENT, BUMPING INTO PEOPLE, DIFFICULTY NAVIGATING STAIRS.

BUT ALSO MAYBE -- MAY PRESENT AS SORT OF NOT UNDERSTANDING PERSONAL BOUNDARIES.

COMING INTO SOMEBODY'S PERSONAL SPACE.

SO THIS SENSE OF WHERE OBJECTS ARE HAS AN IMPACT ON THIS IN MANY DIFFERENT WAYS.

WE MAY HAVE DIFFICULT DIFFICULTY UNDERSTANDING SPEAKING OR WRITING.

NOT UNDERSTAND WHATTING A PERSON SAYS OR NOT BEING ABLE TO EXPRESS ONES SELF.

IT CAN LEAD TO A HIGH DEGREE OF FRUSTRATION.

IF YOU HAVE SOMETHING YOU WANT TO SAY BUT CAN'T PRESENT IT AND SAY IT CORRECTLY, THAT CAN BE VERY FRUSTRATING.

OR IF YOU'RE NOT ABLE TO UNDERSTAND WHAT A PERSON SAYS, THAT CAN ALSO BE VERY FRUSTRATING.

SO SOME ISSUES MAY HAVE THE BASIS IN DEVELOPING SOME BEHAVIORAL MANAGEMENT ISSUES THAT WE'RE ALSO CONCERNED ABOUT.

THE CORE TRIGGER BAY THAT I'M REALLY FRUSTRATED BECAUSE I DON'T UNDERSTAND WHAT THE PERSON SAYS.

THAT FRUSTRATION OVER TIME CAN CAUSE SOME DIFFICULTIES IN MANAGING YOUR EMOTIONS AND FEELINGS.

THERE ALSO MAY BE DIFFICULTIES REMEMBERING THINGS YOU HAVE THE INTENTION TO DO IN THE FUTURE AND DOING THEM AT A TIME WHEN YOU INTENDED.

SO RECALLING INFORMATION WHEN YOU NEED IT USING THAT INFORMATION.

THIS IS CALLED PROSPECTIVE [INDISCERNIBLE AUDIO].

SO COMMON CAUSES OF COGNITIVE IMPAIRMENTIMPAIRMENTS.

WE'RE GOING TO FOCUS LARGELY ON BRAIN INJURY BUT THERE'S MANY OTHER ROOT CAUSES.

FIRST, HYPOTHYROIDISM.

WE MAY -- WE OFTENTIMES SEE CHRONIC ALCOHOL, DRUG ABUSE, OR OVERDOSE CAUSING DAMAGE TO THE BRAIN.

PARTICULARLY OVER TIME THAT BRAIN IS GOING TO BE DAMAGED THROUGH THE CHRONIC USE OF ALCOHOL AND DRUGS AND IT IMPACTS THAT PERSON'S ABILITY TO THINK, PLAN, ORGANIZE, ET CETERA.

THAT'S PRETTY COMMON.

NOW, INTERESTING ENOUGH, MANY TIMES WE SEE INDIVIDUALS WITH BRAIN INJURIES.

THOSE INDIVIDUALS MAY ALSO HAVE CHRONIC CONTROL OR DRUG ABUSE ON TOP OF THE INJURY WHICH EXACERBATES THE ISSUES.

WE MAY SEE BRAIN INFECTIONS.

MENINGITIS AND ENCEPHALITIS ARE TWO OF THEM.

COGNITIVE PROBLEMS AS A RESULT OF BRAIN TUMORS.

CANCEROUS OR NOT CANCEROUS.

AND THE PROBLEMS MAY OCCUR BECAUSE OF WHERE THE TUMOR IS LOCATED AND THE PRESSURE AND THE DAMAGE THAT TUMOR MAY CAUSE THE BRAIN TISSUE BUT ALSO WHAT MAY HAPPEN IS BECAUSE WE USE SURGICAL INTERVENTION OR RADIATION, THOSE INTERVENTIONS TO ADDRESS AND DEAL WITH THE TUMOR MAY ALSO CAUSE DAMAGE TO THE BRAIN.

WE MAY SEE DEMENTIA.

THEY'RE A GROUP OF SYMPTOMS THAT TOGETHER AFFECT MEMORY AND COGNITIVE FUNCTION.

WE MAY SEE INDIVIDUALS WITH ALZHEIMER'S OR VASCULAR DEMENTIA OR PARKENSONS.

THEY MAY HAVE ISSUES AROUND COGNITIVE FUNCTIONING.

SEIZURES MAY CAUSE PARTICULARLY CHRONIC EPILEPSY.

AND REALLY BRAIN SURGERY OR MULTIPLE REASONS.

CONTROLLED TRAUMA TO THE BRAIN.

YOU'RE REALLY WHEN YOU'RE OPERATING ON THE BRAIN -- THAT PATHWAY IN TO GETTING TO THAT PROBLEM IS BEING DAMAGED BY THE SURGICAL PROCEDURE.

SO WE MAY SEE PEOPLE THAT HAVE SOME DAMAGE TO CORRECT SOMETHING SUCH AS A WEAK BLOOD VESSEL SO THE SURGEON MAY HAVE TO GO IN WITH TRADITIONAL SURGICAL TOOLS OR RADIATION TO DEAL WITH THAT AND DAMAGE MAY OCCUR THROUGH THE REPAIR PROCESS AS WELL.

WE MAY SEE THAT SURREY USED IN DEALING WITH STROKES, SEE --

SEIZURES AND EPILEPSY WHICH MAY CAUSE DAMAGE AS WELL.

>> I'LL GO BACK TO DISORDERERS.

ONE OF THE AREAS THAT WE MAY SEE COGNITIVE IMPAIRMENTS, PARTICULARLY CHRONIC EPILEPSY.

SOME SUSHLG CAL INTERVENTION THAT MAY ADDRESS THE DISORDER MAY CAUSE SOME DAMAGE.

THE LAST AREA IS BRAIN SURGERY AND WE TALK ABOUT THAT BEING SORT OF CONTROLLED TRAUMA TO THE BRAIN AND WHY I CALL IT THAT IS IN ORDER TO ADDRESS AN ISSUE DEEP INSIDE THE BRAIN, WE'RE TAKING SURGICAL PROCEDURES AND GOING THROUGH BRAIN TISSUE TO GET TO THAT SITE OF INJURY OR IMPAIRMENT AND THAT'S CAUSING DAMAGE.

THAT PATHWAY IS GETTING DAMAGED AS YOU GET TO THE SPINE.

AS WE'VE ADVANCED, WE USE RADIATION AND OTHER TECHNOLOGIES THAT ARE VERY PINPOINTING BUT WE'RE STILL TALKING ABOUT DAMAGE SECONDARY TO ADDRESSING THE PRIMARY PROBLEM.

WHICH MAY BE AN AN -- ANEURISM, STROKE, SEIZURES, EPILEPSY, ET CETERA.

THERE ARE NEUROLOGICAL DISEASES LIKE MS THAT MAY CAUSE SOME DIFFICULTIES.

WE KNOW THAT ABOUT TWO THIRDS OF PEOPLE WITH MS HAVE SOME PROBLEMS WITH COGNITIVE FUNCTIONING WHICH IS A LARGE NUMBER.

ANYWHERE FROM MILD TO MORE SEVERE COGNITIVE IMPAIRMENTS.

STROKES.

I THINK STROKES ARE FAIRLY OBVIOUS.

WE HAVE INTERRUPTED OR REDUCED BLOOD FLOW TO THE BRAIN CAUSING NERVE DEATH AND WHY THAT IS IMPORTANT IS BECAUSE THE BLOOD SUPPLIES USUALLY END TO THE BRAIN OR THE BRAIN CELLS.

THAT'S WHERE THOSE CELLS GET FED AND WHEN THE BLOOD FLOW HAS BLOCKED OR STOPPED --

>>> GOOD AFTERNOON, EVERYONE.

I KNOW WE'VE EXPERIENCED SOME DIFFICULTIES WITH SOUND.

WE'RE EXPERIENCING DIFFICULTIES WITH SOUND.

JUST BEAR WITH US.

IF YOU CAN HEAR ME JUST BEAR WITH US.

WE'RE WORKING ON OUR TECHNICAL DIFFICULTIES.

WE'LL BACK UP IN THE PRESENTATION.

>>> SO I THINK WE SHOULD BE BACK ONLINE AND WE APPRECIATE FOLKS LETTING US KNOW WHEN YOU'VE LOST SOUND SO THANK YOU VERY MUCH.

I THINK WE CAN JUST BACK UP MAYBE ONE.

>> I'M GOING TO GO BACK TO COMMON CAUSES OF COGNITIVE IMPAIRMENTS.

WE NOW KNOW THAT UP TO -- IN WHICH

-- NOW IT SAYS REORED.

LOOKS LIKE WE'RE STILL ON.

SORRY, FOLKS.

SO BLOOD -- ONCE AGAIN, BLOOD SUPPLY [INDISCERNIBLE AUDIO] SO THAT'S HOW THE BRAIN CELLS ACTUALLY GET NUTRITION.

SO WHEN WE HAVE A STROKE AND THAT BLOOD FLOW IS CUT OFF, THOSE CELLS ARE IN DANGER FOR DYING WHICH WILL CAUSE COGNITIVE IMPAIRMENTS.

STROKES TEND TO HAVE DAMAGE THAT TENDS TO BE LOCALIZE.

THAT'S NOT ALWAYS THE CASE BUT GENERALLY SPEAKING THEY'RE MORE LOCALIZED.

THE OTHER THING WE SEE A LOT AND THAT IS CONCUSSIONS.

THAT'S BEEN IN THE NEWS A LOT LATELY.

PEOPLE I THINK MIGHT HAVE SOME MISUNDERSTANDINGS ABOUT CONCUSSIONS.

CONCUSSIONS ARE MILD BRAIN INJURIES.

REALLY WHAT HAPPENS IN A CONCUSSION IS THERE'S A SUDDEN ACCELERATION AND DECELERATION OF THE BRAIN INSIDE THE SKULL.

OKAY. SO THE BRAIN BOUNCES BACK AND FORTH INSIDE THE SKULL, A BUMP, BLOW, OR JOLT TO THE HEAD OR BODY.

AND THAT BRAIN BOUNCING BACK AND FORTH IS GETTING BRUISED.

AND THAT'S CAUSING ALL KINDS OF PROBLEMS.

SO CONCUSSIONS ARE MILD BRAIN INJURIES THAT WE DON'T WANT TO SELL SHORT.

WE ALSO SEE OBVIOUSLY AS WE LEAD INTO MODERATE TO MORE SEVERE BRAIN INJURIES AND WHAT IS UNIQUE ABOUT MILD TO MODERATE TO SEVERE BRAIN INJURIES IS BAD BRAIN INJURIES AFFECT THE PERSON NOT ONLY COGNITIVELY BUT ALSO PHYSICALLY, SOCIALLY, EMOTIONALLY, AND BEHAVIORALLY.

THAT'S THE KEY TO SORT OF SETTING BRAIN INJURIES APART FROM OTHER TYPES OF INJURIES AND DISORDERS.

IT IMPACTS ALL AREAS OF LIFE IN MANY DIFFERENT WAYS.

AND UNFORTUNATELY, DIFFERENTLY FOR EVERY SINGLE INDIVIDUAL PERSON.

SO NO TWO BRAIN INJURIES ARE ALIKE MEANING TREATMENT INTERVENTION HAS TO BE VERY INDIVIDUALIZE TO THAT PARTICULAR PERSON.

SO WE HAVE TO LEAD INTO BRAIN INJURY.

SO ACQUIRED INJURY IS THE TERM WE NOW USE AS AN UMBRELLA TERM.

IT'S REALLY TRAUMATIC AND NOT TRAUMATIC INJURIES TO THE BRAIN THAT ARE NOT HEREDITARY.

IT OCCURS AFTER BIRTH.

THOSE CLOSE HEAD INJURIES CAN BE CAUSED LOCALIZE DAMAGE TO WHERE THE BRAIN BOUNCES BACK ABE FORTH OR CAN CAUSE MUCH MORE DIFFUSE DAMAGE MEANING THERE'S DAMAGE THROUGHOUT THE BRAIN PARTLY BECAUSE OF THE WAY THE BRAIN BOUNCES BACK AND FORTH INSIDE THE SKULL.

DOESN'T NECESSARILY ALWAYS BOUNCE BACK AND FORTH IN A LATERAL MOTION.

OFTENTIMES IT'S IN A ROTATIONAL MOTION MEANING YOU'RE GOING TO HAVE DAMAGE AND BRUISING TO THE BRAIN ITSELF IN MANY DIFFERENT PLACES CAUSING MUCH MORE DIFFUSE IMPARMENT WHEN IT COMES TO COGNITIVE FUNCTIONING.

AN OPEN BRAIN INJURY IS LARNLLY FROM PENETRATING OBJECTS, BULLETS ARE PROBABLY THE MOST COMMON.

STAB WOUND.

DAMAGE THERE IS MORE LOCALIZE WHERE THE BULLET HAS ENTERED THE BRAIN.

THE LAST ONE CONCLUDES ALL THE DISEASE PROCESSES LIKE STROKES, HEART ATTACKS.

LOSS OF OXYGEN.

THAT MAY BE THE RESULT OF ASPHYXIATION, NEAR DROWNING, EXPOSURE TO CHEMICALS, ET CETERA.

TUMORS CAN CAUSE THAT.

SO CAUSES OF TRAUMATIC BRAIN INJURY.

THIS HAS REALLY CHANGED OVER THE YEARS.

WE USED TO LOOK AT SORT OF MOTORCYCLES BEING THE LARGEST AND THE BIGGEST FACTOR AND CAUSES WITH AIR BAGS, SEAT BELTS, BETTER EDUCATION AND SAFETY.

WE'RE SEEING IT'S REDUCING BUT WHAT WE'RE ALSO SEEING IS FALSE FALLS INCREASING AND WE'RE SEEING FALLS AS THE LEADING CAUSE OF TRAUMATIC BRAIN INJURY --

IT AFFECTS THE YOUNGEST AND OLDEST OF AGE GROUPS.

MORE THAN HALF OR 54% OF TRAUMATIC BRAIN INJURY RELATED EMERGENCY ROOM VISITS OR HOSPITALIZATION DEATHS ARE AMONG CHILDREN 0 TO 14 YEARS AND THEY'RE CAUSED BY FALLS.

79% OF TBI RELATED [INDISCERNIBLE AUDIO] IN ADULTS AGE 65 AND OLDER WERE CAUSED BY FALLS.

PART OF THAT IS PEOPLE ARE LIVING LONGER.

AND THEY'RE ON MEDICATIONS.

AND SOME OF THEM HAVE SIDE EFFECTS AND IF THEY'RE LIVING LONGER THEY MAY NOT BE LIVING WITH A SPEWS OR CAREGIVER.

MANY FACTORS CONTRIBUTE TO THE INCREASED FALLS WE'RE SEEING IN THE LAST 15 AND 20 YEARS.

BEING STRUCK BY OR AGAINST AN OBJECT IS THE SECOND LEADING CAUSE OF TBI ACCOUNTING FOR ABOUT 15% OF ALL EMERGENCY ROOM VISITS AND DEATHS.

I ADDED TWO OTHER -- I THINK IS INTERESTING.

ONE IS A SAD STATISTIC.

INTENTIONAL SELF-HARM WAS THE SECOND LEADING CAUSE OF TBI RELATED DEATHS IN 2013.

LOOKING AT JUST TBI-RELATED DEATHS, MOTOR VEHICLE CRASHES WERE THE THIRD LEADING CAUSE IN 2013.

ONE MORE SLIDE. THE LONG TERM IMPACT OF BRAIN INJURY OF ANY TYPE RESULTS IN DAMAGE AND BRAIN CELLS WHICH RESULT IN CHRONIC --

LIMITATIONS OF FUNCTION.

THIS IS A KEY POINT THAT PEOPLE NEED TO UNDERSTAND.

WE WON'T CURE A BRAIN INJURY.

I WISH WE COULD SAY WE DO.

WE LOOK AT IMPROVEMENT.

WE DON'T EVEN REALLY USE THE WORD RECOVERY BECAUSE IT ASSUMES IT'S TURNED BACK TO IMPACTLY THE WAY YOU WERE BEFORE.

DOESN'T HAPPEN IN MOST CASES.

THERE ARE RARE CASES BUT GENERALLY RECOVERY DOESN'T HAPPEN [INDISCERNIBLE AUDIO].

SO WHAT DO WE DO?

BRAIN INJURIES AND RELATED IMPARMENTS ARE -- THROUGH REHABILITATATION AND INTERVENTION.

AND PROVIDING ENVIRONMENTAL SUPPORT SERVICES AND ADAPTIVE STRATEGIES TO HELP THE PERSON WORK AROUND THEIR DEFICITS AND BUILD ON YOUR STRENGTHS.

OKAY.

THANKS, JACK.

THANKS FOR MAKING [INDISCERNIBLE AUDIO].

>> SO WE NOW RECOGNIZE BRAIN INJURY AS THE CHRONIC DISEASE.

IT USED TO BE AN EVENT THAT HAPPENED TO SOMEBODY BUT NOW WE'RE SEEING THAT EVENT ACTUALLY HAS LONG TERM IMPLICATIONS FOR THE INDIVIDUAL.

SO WE THINK OF IT MORE AS A CHRONIC DISEASE NOW.

AND THE BRAIN CONTROLS ALL ASPECTS OF HUMAN FUNCTIONING.

WHAT WE SEE IN LONG TERM SURVIVORS OF BRAIN INJURY IS AN ACCELERATING AGING PROCESS.

PROBLEMS IN CARDIAC, MUSCULAR SKELETAL, PULMONARY SYSTEM MUCH EARLIER THAN THE POPULATION.

THE HALLMARK OF BRAIN INJURY --

FREQUENTLY PEOPLE ARE UNAWARE OF THEIR DIFFICULTIES.

THEY MAY NOT REMEMBER THAT THEY DON'T REMEMBER.

NEXT SLIDE, PLEASE.

SO IT'S THE NATURE OF BRAIN INJURY THAT THE WAY A BRAIN INJURY IS MANIFESTED IN EACH INDIVIDUAL IS DIFFERENT.

AND THIS IS A FUNCTION OF A COUPLE OF DIFFERENT FACTORS.

FIRST OF ALL, WHAT PEOPLE BRING TO THE BRAIN INJURY IN TERMS OF THEIR PREINJURY INTELLECTUAL CAPABILITIES, PREINJURY PERSONALITY STYLES, THEIR PREINJURY EMOTIONAL OR BEHAVIORAL OR PSYCHIATRIC PROBLEMS.

SO EVERYBODY COMES TO A BRAIN INJURY WITH ALL THAT SORT OF BAGGAGE, WHATEVER IT IS, AND THEN THE BRAIN INJURY OCCURS ON TOP OF THOSE THINGS.

SO ALL OF THESE FACTORS INTERACT WITH THE WAY IN WHICH THE BRAIN IS INJURIED.

THE AMOUNT OF DAMAGE.

THE LOCATION OF THE DAMAGE.

AND ALL OF THOSE INTERACTIONS PRODUCE A UNIQUE MANIFESTATION OF THE BRAIN INJURY IN EACH INDIVIDUAL.

THAT'S WHY YOU SEE NO TWO BRAIN INJURIES ALIKE.

SO OFTEN A VARIETY OF COGNITIVE FUNCTIONS ARE IMPAIRED THAT COULD IMPACT THE WAY A PERSON CAN THINK, PLAN, ORGANIZE, INITIATE, OR FOLLOW THROUGH ON TASK.

THESE HIGHER LEVEL EXECUTIVE SKILLS ARE OFTEN AFFECTED BECAUSE THEY REQUIRE COORDINATION AND COMMUNE OCCASION BETWEEN MANY PARTS OF THE BRAIN.

AND THAT'S [INDISCERNIBLE AUDIO]

CAUSES AREAS OF THE BRAIN NOT TO BE ABLE TO COMMUNICATE TO EACH OTHER.

THE TYPE OF IMPARMENT MAKES EVERY ASPECT OF DAILY FUNCTIONING MORE DIFFICULT.

IT CAN MAKE MANAGING MEDICAL WHICH WILLS DIFFICULT.

A PERSON MAY FORGET THAT THEY'RE NONWEIGHT BEARING.

MAY FORGET TO TAKE THEIR MEDICATIONS.

THEY MAY FORGET THAT THEY HAVE SPECIAL DIETARY NEEDS LIKE IN DIABETES.

AND SO THEY MIGHT NEGLECT AND CAUSE EVEN MORE PROBLEMS IN THE BRAIN BECAUSE THEY'RE NOT EATING PROPERLY.

FRSZ

BECAUSE OF THESE EXECUTIVE FUNCTIONING IMPARMENTS, MANY INDIVIDUALS WITH BRAIN INJURY HAVE A HIGH LEVEL OF VULNERABILITY.

THEY'RE EASILY TAKEN ADVANTAGE OF.

EASILY EXPLOITED.

BECAUSE OF THEIR OWN LACK OF AWARENESS OF THEIR ABILITIES, THEY MAY PORTRAY THEMSELVES AS CAPABLE TO OTHERS AND OTHERS MAY SEE THEM THAT WAY AND MAY ACTUALLY -- THEY MAY GET INTO CONTRACTS THAT THEY SHOULD NOT GET INTO AND END UP OWING LOTS OF MONEY.

THEY MAY ALSO BE VULNERABLE BECAUSE OF PROBLEM SOLVING, IMPULSIVITY, MEMORY FOR NOVEL INFORMATION.

DIFFICULTIES WITH COMMUNICATING.

NEXT SLIDE, PLEASE.

SO THESE ARE THE COMMON COGNITIVE IMPARMENTS THAT JACK ALLUDED TO THAT WE NEED TO --

ANY OF US NEED TO BE ABLE TO PERFORM SUCCESSFULLY IN EVERY DAY LIFE.

IMPAIRMENT -- IN ORDER TO REMAIN LIVING IN THE COMMUNITY.

THE MORE BASIC FUNCTIONS HERE, ATTENTION AND CONCENTRATION ARE ACTUALLY PREREQUISITES FOR LEARNING AND REMEMBERING NEW THINGS.

AND SLOWED PROCESSING SPEED AFFECTS NOT ONLY LEARNING AND MEMORY BUT ALSO CAN AFFECT THE HIGHER LEVEL EXECUTIVE FUNCTIONING OF PLANNING, ORGANIZING, PROBLEM SOLVING, AND FOLLOW THROUGH.

FOLLOW THROUGH IS ALSO KNOWN AS PROSPECTIVE REMEMBERING WHICH IS THE ABILITY TO REMEMBER TO DO SOMETHING THAT YOU INTENDED TO DO IN THE FUTURE AND TO DO IT AT THE TIME THAT YOU INTENDED TO DO IT.

THIS NOT ONLY HAS TO DO WITH REMEMBERING PRIOR INTENTIONS BUT ALSO KEEPING TRACK OF TIME AND BEING ABLE TO INITIATE THE ACTION AT THE RIGHT TIME IN THE FUTURE.

COGNITIVE IMPAIRMENTS CAN ALSO AFFECT EMOTIONAL FUNCTIONING.

FROM A FUNCTIONAL ASSESSMENT POINT OF VIEW, MOST INSIDIOUS IMPAIRMENT THAT WE SEE WHEN THERE'S COGNITIVE DISABILITY IS BOTH ANOSEFNOSIA WHICH MEANS A LACK OF AWARENESS OF IMPAIRMENT.

THIS CAN RESULT IN AN INTERVIEWER THINKING THAT A PERSON CAN DO MORE THAN THEY REALLY CAN IF THEY ONLY RELY ON INTERVIEWING THE PERSON WITH THE COGNITIVE DISABILITY.

SO THIS IS NOT SCHISMLY A CLASSIC PSYCH LODGE -- SIMPLY A CLASSIC PSYCHOLOGICAL DEFENSE MECHANISM.

IT IS TRULY THE PERSON NOT KNOWING THEIR OWN DEFICITS.

COMPOUNDING THESE IMPAIRMENTS, THERE MAY BE IMPAIRMENTS OF COMMUNICATION.

THIS CAN ALSO INTERFERE IN THEIR READING COMMITTEE HEX.

DIFFICULTY WITH PRONOUNCING WORDS CLEARLY.

AND ONE OF THE MOST DANGEROUS IMPAIRMENTS IS DYSPHAGIA WHICH IS DIFFICULTY SWALLOWING.

IT CAUSES THE EPIGLOTTIS NOT TO CLOSE PROPERLY CAUSING LEAKAGE INTO THE TRACHEA WHICH IS NORMALLY SUPPOSED TO JUST HAVE AIR IN IT.

WHEN LIQUID OR FOOD GET INTO THE LUNGSES, INFECTION CAN OCCUR RESULTING IN PNEUMONIA AND SOMETIMES DEATH.

ASPIRATION PNEUMONIA.

>> THE BRAIN OF COURSE CONTROLS EVERYTHING THAT WE DO, THINK, HOW WE FEEL ABOUT THINGS, IT CONTROLS OUR ACTIONS.

SO IT'S IMPOSSIBLE TO SEPARATE BEHAVIORAL AND EMOTIONAL FUNCTIONING FROM IMPAIRED BRAIN FUNCTIONING.

IN FACT ALL PSYCHIATRIC DISORDERS ARE CONSIDERED DISORDERS OF BRAIN FUNCTION.

WHEN THERE HAS BEEN KNOWN ACQUIRED BRAIN INJURY OR DISEASE, WE CAN SEE ANY OF THESE EMOTIONAL AND BEHAVIORAL DISORDERS LISTED ON THIS SLIDE.

THEY'RE CAUSED BY DAMAGE IN THE BRAIN AND A SUBSEQUENT IMBALANCE OF NEUROTRANSMITTERS.

I'VE ALREADY MENTIONED A LACK OF AWARENESS OF IMPAIRMENT WHICH MAY COME ACROSS AS DENIAL.

THAT'S ON THIS SLIDE TOO.

THERE MAY ALSO BE ANXIETY, IRRITATEBILITY, AND DEPRESSION.

IF YOU HAVE MEMORY IMPAIRMENT AND IT'S MORE DIFFICULT FOR YOU TO DO EVERYTHING THAT YOU DID BEFORE, THINGS THAT WERE EASY FOR YOU BEFORE YOUR INJURY, AND YOU'RE LOSING THINGS OR CAN'T FIND THINGS, WOULDN'T YOU BECOME ANXIOUS?

IRRITABLE OR DEPRESSED IF THAT WAS GOING ON EVERY DAY CONSTANTLY?

THESE ARE ACTUALLY NORMAL REACTIONS TO THE COGNITIVE DISABILITY.

THERE MAY ALSO BE ORGANIC COMPONENTS TO THE ANXIETY, DEPRESSION, OR MANIC BEHAVIORS.

THAT'S BECAUSE NEUROTRANSMITTERS MANUFACTURED IN THE BRAIN MAY BE OUT OF BALANCE WHICH IS WHAT SOME OF THE PSYCHIATRIC MEDICATIONS ARE TRAYING TO DO, REBALANCE THE NEUROTRANSMITTERS IN THE BRAIN.

ANOTHER FEATURE IS THEY TEND TO BECOME MORE EGO CENTRIC.

THIS IS THE RESULT OF HOW HARD IT IS FOR THEM TO PROCESS INFORMATION AND JUST GET THROUGH EACH DAY AND SO THEIR WORLD REALLY NARROWS BECAUSE THEY REALLY ARE CONCERNED ABOUT THEY'LLSES AND GETTING THROUGH THE DAY.

AND THIS CAN ALSO RESULT IN PEOPLE BECOMING MORE DEPENDENT ON THOSE AROUND THEM.

SO THE COGNITIVELY BASED EMOTIONAL AND BEHAVIORAL DIFFICULTIES THAT ARE THE MOST DIFFICULT TO MANAGE WITHOUT APPROPRIATE LONG TERM SERVICES, THESE PEOPLE MAY END UP ALIENATING THEIR FAMILIES, BECOMING VICTIMS OF ABUSE, THEY COULD BECOME HOMELESS, COULD TURN TO DRUGS AND ALCOHOL AND COULD FREQUENTLY BE PSYCH RAT RICKLY HOSPITALIZED AND COULD EVEN END UP IN PRISON WITHOUT APPROPRIATE SERVICES AND SUPPORT.

TO APPROPRIATELY ASSESS FUNCTIONAL CHALLENGES IN A COGNITIVE IMPAIRED POPULATION, YOU NEED TO DO MORE THAN JUST INTERVIEW THE PERSON.

IF YOU JUST INTERVIEW THE PERSON YOU MAY NOT GET AN ACCURATE PICTURE OF WHAT THEY CAN DO IN THEIR DAILY LIFE DUE TO THEIR LIMITED SELF-AWARENESS AND IMPAIRED MEMORY.

WE MUST ASK OTHERS WHO KNOW THEIR DAILY FUNCTIONING WELL AND DON'T BE SURPRISED WHEN THOSE OTHER REPORTERS MAY SAY THAT SOMETIMES THE PERSON CAN TAKE CARE OF THEIR LAUNDRY BUT SOMETIMES THEY CAN'T DO IT AND THEY END UP WEARING THE SAME DIRTY CLOTHES EVERY DAY OF THE WEEK.

THIS PERFORMANCE AND CONSISTENCY IS A FEATURE OF COGNITIVE IMPAIRMENT.

IT CAN BE AFFECTED BY SLEEP, NUTRITION, MANY OTHER FACTORS.

SO WHEN A PERSON CENTERED SERVICE PLAN IS BEING DEVELOPED FOR PARTICIPANT AND COMMUNITY HEALTH CHOICES, IT'S ESSENTIAL TO OBTAIN CORROBORATIVE INFORMATION ABOUT THE PERSON'S FUNCTIONING AND VARIETY OF SOURCES.

NOT JUST BY INTERVIEWING THE PERSON.

YOU WANT TO GET INFORMATION FROM PEOPLE WHO KNOW THE PERSON BEST.

THIS MAY BE FAMILY MEMBERS, PROVIDERS WHO HAVE PREVIOUSLY PROVIDED SERVICES AND SUPPORT TO THE PERSON AND IT'S IMPORTANT TO FIGURE OUT NOT ONLY IF THE PERSON HAS THE ABILITY TO DO CERTAIN FUNCTIONAL TASKS, BUT WHETHER THEY ACTUALLY DO THEM.

THIS WOULD BE CALLED INITIATION AND IT'S RELATED TO PROSPECTIVE MEMORY HAVING THE INTENTION TO DO A TASK AND THEN DOING IT.

THIS IS REALLY WHAT MATTERS IN THE LONG RUN WHETHER THEY'RE ACTUALLY DOING THE EVERYDAY LIFE TASK AND WHETHER SOMEONE IS HELPING THEM EVEN WITH A VERBAL CUE.

IT'S IMPORTANT TO UNDERSTAND HOW THE ENVIRONMENT MAY BE SUPPORTING OR NOT SUPPORTING THEIR PERFORMANCE, EVERYDAY LIFE TASKS.

SO WHEN YOU'RE DOING THE INTERVIEWS, HOPEFULLY INCLUDING FAMILY MEMBERS, THERE ARE CERTAIN RED FLAG AREAS WE CAN GET INTO SUCH AS BILL PAYING, REMEMBERING TO TAKE MEDICATIONS, KEEPING APPOINTMENTS, AND HOW THEY'RE MANAGING WITH THEIR SPENDING.

YOU SHOULD FIND OUT FROM THE PERSON THEMSELVES AND THEN GET THAT CORROBORATED BY OTHERS WHO KNOW THEM WELL.

YOU SHOULD FIND OUT PERHAPS IF THERE ARE UNSAFE SEXUAL ACTIVITIES GOING ON OR PROBLEMATIC ALCOHOL AND DRUG USE.

AS WELL AS WHETHER THERE HAVE BEEN ENCOUNTERS WITH THE LAW AND AGGRESSIVE OR DISRUPTIVE BEHAVIORS EITHER IN THE HOME OR COMMUNITY.

>> SO IF YOU'RE GOING TO BE INTERACTING WITH SOMEBODY WHO'S GOT COGNITIVE DISABILITIES, YOU WANT TO KIND OF PROVIDE A FEW TIPTIPS YOU WANT TO KEEP QUESTIONS AND STATEMENTS SHORT.

THE MORE YOU SAY, THE MORE THERE IS FOR THEM TO HAVE TO PROCESS OR FIGURE OUT WHAT'S IMPORTANT FROM WHAT YOU'RE SAYING SO KEEPING IT SHORT AND SWEET IS PROBABLY BEST.

USING CONCRETE TERMINOLOGY.

SARCASM MAY GET MISSED OR MISUNDERSTOOD.

THERE'S A DIFFERENCE BETWEEN ME SAYING OKAY, SURE, AND OKAY, SURE.

AND THAT MAY BE MISSED BY THEM BECAUSE THEY'RE JUST HEARING THESE WORDS.

YOU WANT TO KEEP IT SIMPLE AND CONCRETE.

BUT YOU ALSO DON'T WANT IT TO BE CON DESCENDING.

NO SING SONG VOICES.

NO SPEAKING TO THEM LIKE THEY'RE A CHILD.

YOU WANT TO SPEAK SLOWLY AND CLEARLY.

THEY MAY NOT YESTERDAY BUS THEY NEED TIME TO PROCESS WHAT THEY'RE SAYING.

THEY WANT YOU WANT TO GIVE THEM TIME FOR A RESPONSE BECAUSE IT MAY TAKE THEM TIME TO ACTUALLY ACTUALLY PUT THEIR THOUGHTS TOGETHER AND WHAT WORDS THEY WANT TO USE TO CONVEY IF YOU THINK ANT YOURSELF WHEN YOU HAVE THE FLU OR YOU'RE REALLY TIRED, YOU REALLY CAN'T THINK FAST.

THAT'S A LOT OF LIKE WHAT THEY'RE GOING THROUGH.

SO YOU REALLY WANT TO GIVE THEM THAT EXTRA TIME.

WHENEVER POSSIBLE YOU WANT TO GIVE THEM OPTIONS RATHER THAN TELLING THEM WHAT TO DO.

THEY'VE LOST OR THEY ARE LOSING CONTROL OF SO MANY THINGS IN THEIR LIFE SO GIVE THEM CHOICES WHENEVER POSSIBLE.

THIS GIVES THEM SOME LEVEL OF CONTROL BACK AND THEY SHOULD BE ABLE TO CHOOSE WHAT THEY WANT.

SOME OF THE KEY SERVICES DESIGNED SPECIFICALLY TO HELP INDIVIDUALS WHO HAVE GOT COGNITIVE DEFICITS ARE RESIDENTIAL REHABILITATION WHICH ARE RESIDENTIAL SERVICES PROVIDED IN A STRUCTURED SUPPORTED SETTING WHERE THERE'S A FOCUS ON HELPING SOMEBODY TO LEARN THE SKILLS NEEDED TO BE MORE INDEPENDENT WITH THEIR ACTIVITIES OF DAILY LIVING TO MANAGE THEIR LIVES MORE INDEPENDENTLY.

STRUCTURED DAY PROGRAM SUPPORTED GROUP THERAPY, BUILDING SKILLS NEEDED FOR COMMUNITY SUCCESS AND ENGAGEMENT.

AND THEN NEUROREHAB THERAPIES SPECIFICALLY TRAINED TO WORK WITHIN THEIR DISCIPLINE BLOT ALSO TO WORK WITH PEOPLE WITH --

COGNITIVE REHAB THERAPY WE'RE GOING TO TALK ABOUT IN A MINUTE.

PHYSICAL, OKAY OCCUPATIONAL AND SPEECH THERAPIES, TRADITIONAL THERAPIES WHERE THE THERAPISTS UNDERSTAND THE COMBINATION OF ISSUES SO A PHYSICAL THERAPIST UNDERSTANDS THAT THIS PERSON MAY HAVE MEMORY ISSUES SO YOU CAN'T JUST ASSIGN THEM SOME HOME EXERCISE AND EXPECT THAT THEY'RE GOING TO BE ABLE TO FOLLOW THROUGH WITH IT OUTSIDE OF THE PT GYM.

IT ALSO WOULD INCLUDE BEHAVIOR THERAPY SERVICES SPECIFIC TO INDIVIDUALS WITH COGNITIVE DISABILITY.

SERVICES ARE DIRECTED TOWARDS WILLED BUILDING AND ADAPTIVE OR COMPENSATE -- THEY'RE GOING TO FOCUS ON INCREASING COMMUNITY ACCESS, HELPING TO ENSURE THAT THEIR PSYCHOLOGICAL AND NUNSAL SITUATION REMAINS STABLE.

PREVENTING COGNITIVE, PHYSICAL AND BEHAVIORAL HEALTH REGRESSION.

IMPROVING THEIR CURRENT LEVEL OF FUNCTIONING AND MAINTAINING SKILLS THAT ALLOW THEM TO SAFELY REMAIN IN THEIR HOMES AND COMMUNITIES OF CHOICE.

THESE ARE SPECIALIZED SERVICES AND FOCUS ON THE EDUCATION AND TRAINING OF PAID CARE WORKERS AND THE NATURAL SUPPORTS THAT ARE IN THEIR LIVES.

LIKE FAMILY, CARETAKERS, GROCERY STORE CASHIER.

BECAUSE THEY'RE GOING TO NEED TO LEARN TO PROVIDE SUPPORT IN ORDER FOR THAT PERSON WITH THE COGNITIVE PROBLEMS TO BE SUCCESSFUL.

IF YOU GO TO THE SAME CASHIER EVERY TIME YOU GO TO THE GROCERY STORE, THEN THAT CASHIER LEARNS TO REMIND THEM TO TAKE OUT -- TO TAKE HIS TIME OR TO CHECK FOR HIS COUPONS OR PUT HIS MONEY AWAY IN HIS WALLET AND NOT FEEL ALL THAT PRESSURE FROM THE OTHER PEOPLE BEHIND HIM IN LINE.

THEY LEARN TO BECOME KIND OF A NATURAL EXTENSION OF THE SUPPORT SYSTEM THAT EXISTS FOR THIS PERSON.

IT ALLOWS THE FAMILY TO AVOID GETTING OVERWHELMED OR BURNED OUT.

SO MANY TIMES THAT CAN HAPPEN BUT IF WE HELP THESE PEOPLE TO BECOME MORE INDEPENDENT, THEY CAN CONTINUE TO BE A SOURCE OF SUPPORT, THE CARETAKERS WILL STAY IN THEIR LIVES AND REMAIN INVOLVED.

SERVICES TREAT THE WHOLISTIC NEEDS OF THE PERSON.

THEY'LL IMPROVE LONG TERM PSYCHOLOGICAL BEHAVIORAL MEDICAL STABILITY.

IT'S COORDINATED CARE THAT IS NOT JUST PIECEMEALED TOGETHER.

INTERVENTIONS ARE TARGETED AT LOOKING AT AND ENCOURAGING OVERALL WELLNESS GOALS FOLLOW THROUGH WITH PREVENTATIVE HEALTH MEASURES.

UM PROVE LONG TERM HEALTH OUTCOMES.

PEOPLE WITH COGNITIVE PROBLEMS ARE NOT IMMUNE FROM HIGH BLOOD PRESSURE OR DIABETES BUT THERAPY CAN HELP THEM LEARN HOW TO MANAGE THESE ISSUES THEY'RE REMINDED TO GO FOR ANNUAL MAMMOGRAMS OR BLOOD WORK OR PHYSICALS.

CATCH THINGS EARLY AND CONTINUE TO HAVE HEALTHY AND PRODUCTIVE LIVES.

SO COGNITIVE REHAB THERAPY IS ONE OF THE SPECIALIZE SERVICES WE JUST TALKED ABOUT.

CRT PROVIDES EDUCATION ABOUT COGNITIVE FUNCTIONING.

IT HELPS IMPROVE SELF-AWARENESS AND HELPS INDIVIDUALS UNDERSTAND, ACCEPT, AND MANAGE THEIR STRENGTHS AND WEAK RENESS.

IT'S OFTEN CONFUSED WITH BUT IS VERY DIFFERENT FROM COGNITIVE BEHAVIORAL THERAPY WHICH IS A TYPE OF PSYCHOTHERAPY USED TO IMPROVE MENTAL HEALTH.

CRT IS RELEARNING COGNITIVE SKILLS THAT HAVE BEEN LOST AND IF SKILLS CANNOT BE LOST NEW ONES IN THE FORM OF COMPENSATORY STRATEGIES AND SYSTEMS HAVE TO BE TAUGHT.

SO THAT THE PERSON CAN COMPENSATE FOR THEIR LOST COGNITIVE FUNCTION.

IT'S ONE OF THE KEY SERVICES FOR INDIVIDUALS WITH COGNITIVE DEFICIT AND IT CAN REALLY HELP THEM MANAGE THEIR EVERYDAY LIVES.

PROVIDES DEVELOPMENT OF SKILLS THROUGH DIRECT RETRAINING SO WE CAN GET THOSE SKILLS STRONGER.

IT CAN BUILD UNDERLYING COGNITIVE SKILLS TO BETTER MANAGE WEAKNESSES.

IT PROVIDES THEN STRATEGY TRAINING IF WE CAN'T GET THOSE SKILLS STRONG ENOUGH WE LEARN TO COMPENSATE FOR THEM.

WE USE ENVIRONMENTAL OR INTERNAL STRATEGIES TO DEVELOP AND COMPENSATE RATHER THAN JUST CONTINUING TO RELY ON OTHER PEOPLE TO DO FOR YOU, YOU LEARN TO COMPENSATE FOR THEM SO WE'RE TEACHING THEM HOW AND WHEN TO APPLY STRATEGIES.

-- RECOGNIZING WHEN THAT NEEDS TO HAPPEN.

THIS MEANS HELPING THEM APPLY THE SKILLS THAT THEY'VE DEVELOPED IN EVERYDAY LIFE TO MAKE SURE THAT THEIR REAL LIFE IS MUCH MORE MANAGEABLE, MUCH MORE -- MUCH HIGHER QUALITY AND ENSURES SUCCESS

IN NAVIGATING THE COMMUNITY AND MANAGING ALL THOSE DIFFERENT PIECES OF THEIR LIVES.

SO THERE ARE LOTS OF CAUSES OF THE COGNITIVE PROBLEMS AND YOU CAN GO TO DIAGNOSIS SPECIFIC WEBSITES.

MS SOCIETY PROVIDES NFLGS BUT WE'VE INCLUDED A FEW HERE THAT WE WANTED TO HIGHLIGHT.

THE BRAIN INJURY ASSOCIATION OF AMERICA IS A GREAT RESOURCE FOR GENERAL BRAIN INJURY INFORMATION.

THE BRAIN INJURY ASSOCIATION OF PENNSYLVANIA IS A GOOD RESOURCE FOR GETTING HELP IN PENNSYLVANIA.

THEY HAVE THE BRAIN INJURY RESOURCE LINE WHERE VOLUNTEERS CAN HELP YOU ACCESS INFORMATION ON RESOURCES IN PENNSYLVANIA.

WE ALSO INCLUDED ON THE NEXT SLIDE SOME RESOURCES FOR ALZHEIMER'S.

THERE'S INFORMATION ON THE ALZHEIMER'S ASSOCIATION HERE.

DIFFERENT BRANCHS.

AND THEN ON THE NEXT SLIDE, IF YOU'RE HAVING PROBLEMS, YOU CAN CONTACT THE DISABILITY RIGHTS PENNSYLVANIA OR PENNSYLVANIA HELP LAW PROJECT AND THEY CAN HELP ADVOCATE FOR RIGHTS, PROVIDE LEGAL ADVICE, HELP WITH APPEALS, HELP YOU DEAL WITH SITUATIONS WHERE YOU FEEL LIKE YOU'RE BEING DISCRIMINATED AGAINST FROM YOUR LANDLORD.

WHATEVER IS CAUSING IT.

IF YOU FEEL THAT YOU ARE NOT ABLE TO ACCESS SERVICES, OR YOU WERE UNJUSTLY DENIED.

OKAY.

>> THANK YOU.

SO WE DID RECEIVE SOME QUESTIONS.

THE FIRST QUESTION, CAN YOU EXPLAIN THE DIFFERENCE BETWEEN A PSYCH EVAL AND A NEUROPSYCH EVAL?

>> DO YOU WANT ME TO TAKE THAT?

>> YES.

>> OKAY.

A PSYCHOLOGICAL EVALUATION USUALLY INCLUDES LEVELS OF INTELLECTUAL FUNCTIONING, PERSONALITY FUNCTIONING, PERHAPS ACHIEVEMENT FUNCTIONING.

A NEUROPSYCHOLOGICAL EVALUATION MAY ALSO INCLUDE THOSE MEASURES BUT GOES BEYOND THAT TO ASSESS HIGHER COGNITIVE FUNCTIONS.

SUCH AS TESTS OF MEMORY, OF EXECUTIVE FUNCTIONING, PLANNING, PROBLEM SOLVING, REASONING, INTERGRATE TO ALL OF THOSE.

IF THERE IS A DIVISION OF ANY KIND OF NEUROLOGICAL PROBLEM, BE IT FROM DEMENTIA, MS, EVEN A MILD BRAIN INJURY, A NEUROPSYCHOLOGICAL EVALUATION IS THE APPROPRIATE EVALUATION TO GET STARTED WITH.

>> NEXT QUESTION, HOW DO I KNOW IF THE PERSON I WORK WITH MAY HAVE A COGNITIVE IMPAIRMENT?

SO ONE OF THE THINGS THAT IS A RED FLAG IS THAT IF YOU ARE WORKING WITH THEM AND YOU HAVE A SESSION OR TELL THEM SOMETHING AND THEN YOU

HAVE ANOTHER SESSION WITH THEM AND THEY DON'T SEEM TO HAVE ANY RECOLLECTION OF WHAT YOU WORKED ON THE LAST TIME OR WHAT YOU TALKED ABOUT THE LAST TIME, THIS IS A SIGN THAT THERE MAY BE A COGNITIVE IMPAIRMENT.

IT MAY NOT BE READILY APPARENT AT THE FIRST MEETING BECAUSE ONE OF THE THINGS THAT IS OFTEN WELL PRESERVED ARE SOCIAL SKILLS AND SO A PERSON MAY BE ABLE TO HAVE A WHOLE CONVERSATION WITH YOU INITIALLY AND YOU MAY NOT THINK THAT THERE'S ANYTHING WRONG WITH THEM.

BUT WHEN YOU COME BACK LATER AND YOU COME TO FIND OUT THEY DON'T REMEMBER YOUR NAME, THEY DON'T REMEMBER WHAT YOU TALKED ABOUT, THAT'S A SURE SIGN THAT THERE'S A COGNITIVE PROBLEM.

>> IT'S IMPORTANT TO LOOK AT THE PATTERNS OF BEHAVIOR OVER TIME.

IN DIFFERENT SITUATIONS WHERE PROBLEMS MAY OCCUR.

SO IF CERTAIN PROBLEMS OCCUR ONLY IN ACTIVITIES THE PERSON DISLIKES, THAT MAY BE A RED FLAG SAYING I DON'T KNOW WHAT'S GOING ON HERE BUT IF PROBLEMS OCCUR IN LIKE -- HARD, EASY ACTIVE AS.

PERFORMANCE INCONSTITUTION CYSTENCY IS ALWAYS A SIGN OF NEUROLOGICAL IMPAIRMENT.

IT'S IMPORTANT THOUGH TO REALIZE THAT SOMETIMES A PERSON MAY HAVE EXISTING LEARNING PROBLEMS PREINJURY.

THAT'S PROBABLY A LARGE PORTION OF PEOPLE WE SIGH.

I WOULD SAY 50, 60% OF PEOPLE HAVE ADHD, THERE MAY BE MENTAL HEALTH ISSUES THERE AS WELL.

WE MAY NEED TO SORT OUT ISSUES.

[INDISCERNIBLE AUDIO] OFTENTIMES PEOPLE ARE MISDIAGNOSED WITH A PSYCHIATRIC DISORDER WHEN IN FACT IT'S A NEUROLOGICAL DISORDER.

>> I THINK A LOT OF TIMES TOO YOU'LL SEE PEOPLE WHO ARE HORRIBLY DISORGANIZED OR IT TAKES THEM AN HOUR AND A HALF, TWO HOURS JUST TO GO THROUGH THEIR MORNING ROUTINE EVERY SINGLE MORNING.

YOU KNOW.

YOU SEE THINGS THAT JUST SEEM LIKE IT'S NOT WHAT YOU SEE WITH EVERYBODY ELSE.

SO WHEN YOU'RE SEEING THOSE TYPES OF THINGS, IT'S DEFINITELY WORTH INVESTIGATING A LITTLE BIT FURTHER.

>> THAT REMINDS ME.

ONE OF THE NEUROFUNCTIONAL EVALUATIONS WE DO IS TO GIVE PEOPLE A LIST, SHOPPING LIST AND WE TAKE THEM TO THE GROCERY STORE AND THE LIST HAS 12 ITEMS ON IT.

SO HOW LONG DO YOU THINK IT SHOULD TAKE TO GET 12 ITEMS?

THE

MAYBE 20 MINUTES?

TOPS?

IF IT TAKES THEM AN HOUR TO GET 12 ITEMS, THAGS A SURE SIGN THERE'S COGNITIVE IMPAIRMENT BECAUSE THEIR SEARCH THROUGH THE STORE IS DISORGANIZED.

THEY'RE NOT USING GROUPING, CAT GORIZING.

THEY NEED TOO MUCH HELP TO BE INDEPENDENT.

SO WE HAVE AN ADDITIONAL QUESTION.

WHAT IS COGNITIVELY ACCESSIBLE DOCUMENTS AND MATERIALS?

AND HOW IMPORTANT ARE THEY FOR INDIVIDUALS WITH BRAIN INJURY.

>> THAT'S A GREAT QUESTION.

SO THIS IS A WHOLE NEW AREA THAT I THINK ALL OF US ARE REALLY JUST SORT OF LEARNING ABOUT BECAUSE OUR NORMAL WAYS OF FILLING OUT FORMS AND GETTING PEOPLE SIGNED UP FOR THINGS USUALLY INVOLVES A LOT OF PAPER.

RIGHT.

OR EVEN AN ONLINE APPLICATION MAY BE, MAY NOT BE COGNITIVELY ACCESSIBLE.

WHAT WE MEAN BY THAT TERM IS THE INFORMATION PRESENTED IN A WAY THAT THE PERSON CAN UNDERSTAND IT AND UTILIZE THE INFORMATION.

CAN THEY INTERACT WITH YOUR SYSTEM.

IS YOUR SYSTEM PRESENTING WHATEVER IT IS THAT YOU'RE PRESENTING COGNITIVELY ACCESSIBLE WAYS SO AS WE ROLL OUT COMMUNITY HEALTH CHOICES WE NEED TO BE AWARE OF THAT BECAUSE THERE'S GOING TO BE PEOPLE WHO NEED THESE SERVICES AND SUPPORTS WHO HAVE IMPAIRMENT

AND SO THE NOTICES, THE CONTACTS WITH SERVICE COORDINATION, ALL OF THAT HAS TO BE DONE IN A COGNITIVELY ACCESSIBLE MANNER.

>> TALKING ABOUT SOME OF THE INTERNSHIP TIPS, KEEP IT SHORT WHEN YOU'RE SPEAKING WITH SOMEBODY.

KEEP IT SHORT AND SWEET.

HAVING A DOCUMENT THAT'S LOTS OF NARRATIVES TO HAVE TO SIFT THROUGH IS NOT ACCESSIBLE.

SO BULLETED POINTS, SHORT INFORMATION, HIGHLIGHTING WHAT'S IMPORTANT.

THAT'S THE KIND OF THINGS THAT MAKES IT MUCH MORE COGNITIVELY ACCESSIBLE.

WE HAVE TO REALLY -- TAKING INFORMATION SLOW.

WE HAVE TO BE VERY CAREFUL IT DOESN'T COME ACROSS AS CHILD LIKE OR PATRONIZING.

SO WE HAVE TO JUST BE CAUTIOUS AND KEEP IN THE BACK OF OUR MIND WE'RE DEALING WITH PEOPLE WHO ARE 18, 21.

THEY'RE ADULTS AND -- THE OTHER THING SOMETIMES IS [INDISCERNIBLE AUDIO].

I THINK IF YOU JUST KIND OF TAKE THINGS SLOW WITHOUT BEING PATRONIZING, SMALL CHUNKS OF INFORMATION, GIVE THE PERSON TIME TO PROCESS IT.

AND IT MAY TAKE A COUPLE OF DAYS TO COMPLETE CERTAIN THINGS.

KEEP IN MIND SOME PEOPLE PROCESS THINGS SLOWER THAN OTHERS.

EVERY SINGLE PERSON IS DIFFERENT AND HAS A DIFFERENT PILE OF STRESS AND A DIFFERENT PILE OF WEAKNESSES AND HOW WE PRESENT WE NEED TO FOCUS IN ON THAT.

>> TO THAT END IT'S ACTUALLY FEDERAL REGULATION THAT REQUIRES ALL OF US TO ASSESS THE PERSON'S COMMUNICATION PREFERENCES BEFORE WE ENGAGE WITH PEOPLE SO THAT WE ARE USING WHATEVER THEY CAN COGNITIVELY HANDLE.

SO WE SHOULD BE ASKING WHETHER THEY PREFER WRITTEN COMMUNICATION, PHONE, E-MAIL, TEXT.

AND THEN ADAPT OURSELVES TO THAT.

SO THAT'S ACTUALLY SOMETHING WE DON'T HAVE A CHOICE ABOUT.

>> ONE OF THE THINGS WE LEARNED IN THE PENNSYLVANIA PROGRAM THROUGH THE DEPARTMENT OF HEALTH WAS THAT IF YOU'RE SENDING LETTERS OUT TO AN INDIVIDUAL WHO MAY HAVE A BRAIN INJURY AND EXPECTING THEM TO GET THEM, IT'S PROBABLY NOT GOING TO HAPPEN AND THE DEPARTMENT OF HEALTH HIRED SYSTEMS TO WALK THE PERSON THROUGH BECAUSE WE KNOW THAT A PERSON WHO HAS A BRAIN INJURY OR IMPAIRMENT MAY NOT EVEN REALIZE THEY GOT THE LETTER, MAY LOSE THE LETTER, MAY NOT KNOW HOW TO FOLLOW DIRECTIONS, ET CETERA.

DO ALL INDIVIDUALS WITH A CONCUSSION NEED EXTRA THERAPY?

>> WELL, THAT'S A GOOD QUESTION.

RESEARCHING CONCUSSIONS CONTINUES TO EVOLVE.

UNTIL TODAY.

SIX, SEVEN YEARS AGO, MY PRESENTATION OF DRAIN TRARNING CHANGED DRASTICALLY TODAY FROM YEARS AGO.

THERE'S A SMALL PERCENTAGE OF INDIVIDUALS WHO HAVE CONCUSSIONS.

15 TO 20% THAT MAY HAVE ONGOING COGNITIVE NEEDS THAT MAY LAST SEVERAL MONTHS TO SEVERAL YEARS TO LIFE LONG.

SMALL PERCENTAGE.

WHAT WE'RE FINDING THOUGH IS THE KEY TO TRYING TO REDUCE THAT PERCENTAGE IS THAT PEOPLE FOLLOW VERY SIMPLE BASIC STEPS IMMEDIATELY AFTER A CONCUSSION.

AND THOSE STEPS ARE BASICALLY COMPLETE AND TOTAL REST, PHYSICAL COGNITIVE BEHAVIORAL REST FOR 24, 48 HOURS.

NOW, IN THE PAST WE SAID LONG TIME.

REST TWO OR THREE WEEKS AFTER.

THAT'S GOOD.

WHAT WE HAVE FOUND OVER THE LAST SEVERAL YEARS IS THAT MAY IN FACT MAKE PROBLEMS WORSE, CAUSE ANXIETY, CAUSE DEPRESSION.

WE'RE EVOLVING AND CHANGING THAT WHOLE PROCESS.

BUT THE SMALL PORTION OF INDIVIDUALS THAT MAY HAVE PROBLEMS NUMBER ONE AND NUMBER TWO IF WE GET THAT RIGHT TREATMENT RIGHT AWAY, THE LIKELIHOOD OF BEING ONE OF THOSE 20% IS REDUCED TREMENDOUSLY.

DON'T GO BACK ON THE COMPUTER.

DON'T GO BACK TO WORK.

TAKE IT EASY FOR AT LEAST 12 TO 24, 48 HOURS.

AND THEN GARAGEALLY GO BACK TO SOME ACTIVITY AND YOUR BODY WILL BEGIN TO TELL YOU YOU'RE MOVING TOO FAST.

IF YOU START TO GET -- BE ABLE TO TUNE IN AND READ THAT.

>> I HAVE A RELATED QUESTION HERE THAT CAME IN ON THE LINE FROM DAVE FROM THE DEPARTMENT OF HEALTH BRAIN INJURY ADVISORY BOARD.

GLAD TO KNOW HE'S OUT THERE.

DOES CPE COME UNDER THE UMBRELLA OF BRAIN INJURY?

SO THAT THE CHRONIC TRAUMATIC ENCEPHILOPATHY SUCH AS FOOTBALL PLAYERS, THOSE EXPOSED TO MULTIPLE BLAST INJURIES IN WARS.

IT'S ACTUALLY A DEGENERATIVE DISEASE PROCESS BUT IT STARTS WITH HAVING MULTIPLE BRAIN INJURIES.

SO, YES, IT DOES COME UNDER THE UMBRELLA OF BRAIN INJURY BUT IT'S DIFFERENT IN THE SENSE THAT IT LOOKS MORE LIKE DEMENTIA IN THE LATER STAGES BUT IT'S CAUSED BY EARLY MULTIPLE TRAUMATIC BRAIN INJURY.

>> CONCUSSION?

>> LET ME ADD TO THAT WHAT WE'RE FINDING IN MORE RECENT RESEARCH IS THAT MULTIPLE CONCUSSIONS CERTAINLY MAY BE FACTORED AND CONTRIBUTED ARE ALSO FINDING MORE RECENTLY THAT SUB CON USSIVE HITS, MULTIPLE HITS ARE AS PROBLEMATIC AND MAYBE MORE PROBLEMATIC -- AREN'T FULLY DIAGNOSED AS A CONCUSSION.

SO IT'S KIND OF A COMBINATION OF COGNITIVE [INDISCERNIBLE AUDIO]

IS ALSO NOT NECESSARILY EVEN THE NUMBER IT'S THE CLOSENESS OF CONCUSSIONS OCCURRING.

SO GETTING A CONCUSSION ONCE A YEAR IT'S SLIGHTLY LESS THAN IF YOU HAVE A CONCUSSION EVERY MONTH.

SO IT'S THE CLOSENESS OF CONCUSSIONS.

IT'S THE CONCUSSIVE HITS AS WELL THAT CONTRIBUTE.

AND THAT SCIENCE IS EVOLVING CONTINUALCONTINUALLY.

SO WE MAY HAVE NEW INFORMATION A YEAR FROM NOW.

AND THERE'S SO MUCH RESEARCH GOING ON AND SO MUCH OF THAT IS FINDING THINGS AND CHANGING ABOUT WHAT WE THOUGHT ABOUT CONCUSSIONS AND LARGELY THAT RESEARCH IS COMING OUT OF THE ARMED FORCES IF THE

A LOT OF GOOD RESEARCH COMING OUT OF THE ARMED FORCES BECAUSE OF CONCUSSIONS BECAUSE THAT'S THE INJURY IN THE TWO WARS WE JUST -- WE STILL ARE INVOLVED WITH.

>> OKAY. THANK YOU.

NEXT QUESTION, I WORK WITH AN INDIVIDUAL IN THE AGING WAIVER.

CAN THIS INDIVIDUAL RECEIVE COGNITIVE REHABILITATION THERAPY?

>> THAT'S THE REALLY NEAT THING ABOUT COMMUNITY HEALTH CHOICES.

[LAUGHTER]

>> IS THAT THE ENTIRE MENU OF SERVICES IS THERE FOR PEOPLE WHO NEED THEM.

AND THEY WERE NOT IN THE -- THAT WAS NOT THE SERVICE --

>> THEY'RE STILL IN THE AGING WAIVER.

>> ONCE THEY MOVE INTO CHC, THEY WILL BE ABLE TO GHAT IT.

RIGHT.

AND THAT'S ACTUALLY A BENEFIT FOR SEVERAL POPULATIONS THAT WERE COVERING OTHER WAIVERS PREVIOUS.

>>> OKAY. WHAT IF OUR CLIENTS HAVE SERVICES THAT ARE DECREASED OR ELIMINATED FROM THEIR MCO AND THEY DON'T UNDERSTAND WHY.

WHAT IS THEIR NEXT STEP IN THE PROCESS?

>> WE'RE HOPING YOU WOULD ANSWER.

[LAUGHTER]

>> SO THE NEXT STEP IN YOUR PROCESS IS TO FOLLOW THE APPEAL PROCESS.

SO YOU WANT TO REACH OUT TO YOUR MANAGED CARE ORGANIZATION AND SUBMIT AN APPEAL.

THERE IS INFORMATION ABOUT THE ENTIRE APPEAL PROCESS IN YOUR MEMBER HANDBOOK WITH EACH MANAGED CARE ORGANIZATION.

IT'S ALSO POSTED ON THEIR WEBSITE.

AND ALSO IF YOU NEED ASSISTANCE, YOU CAN CONTACT THE PENNSYLVANIA HELP LAW PROJECT.

-- HEALTH LAW PROJECT.

THEIR KIRKLIN CLINIC INFORMATION IS LISTED ON THE DENIAL NOTICE THAT YOU WOULD RECEIVE SO IF YOU RECEIVE A NOTICE OF DENIAL FROM YOUR MANAGED CARE ORGANIZATION OR AN APPROVED OTHER THAN REQUESTED NOTICE, ALL OF THE INFORMATION ON HOW TO FILE AN APPEAL IS ON THAT NOTICE AS WELL AS THE CONTACT INFORMATION FOR PENNSYLVANIA HEALTH LAW PROJECT.

IF YOU OR SOMEONE YOU KNOW HAVE ANY QUESTIONS OR CONCERNS ANT A PERSON WITH BRAIN INJURY AND YOU'RE NOT SURE WHERE TO TURN FOR HELP, WHO SHOULD THEY CALL?

>> SO NOT GHOST BUSTERS.

[LAUGHTER]

>> IT'S BETTER TO CALL THE BRAIN INJURY ASSOCIATION OF PENNSYLVANIA AND 800-444-6443 AND THAT GETS YOU TO THE BRAIN INJURY RESOURCE LINE WHICH IS MANNED BY TRAINED VOLUNTEERS WHO ARE FAMILIAR WITH ALL THE RESOURCES IN PENNSYLVANIA THAT MIGHT HELP A PERSON WITH BRAIN INJURY.

AND SO THEY ARE NOT ALLOWED TO REFER PEOPLE TO A SPECK PROVIDER IF THEY WANT A TYPE OF SERVICE --

THIS IS WHAT WE ENCOURAGE PEOPLE TO USE AND THAT IS AVAILABLE 24/7.

YOU'LL LEAVE YOUR MESSAGE AND THEN YOU WILL GET A RETURN CALL.

>> OKAY. GREAT.

WE DID HAVE A COUPLE OF FOLLOW UP QUESTIONS FROM THE CHC.

UPDATE.

QUESTION ONE, IS THERE A COMPARISON SHEET FOR PARTICIPANTS TO UNDERSTAND THE DIFFERENCE IN THE LIFE PROGRAM VERSUS THE WAIVER SERVICES TO MAKE AN INFORMED DECISION?

SO WE ARE CURRENTLY THE DEPARTMENT IS CURRENTLY WORKING ON A COMPARISON CHART THAT WOULD COMPARE THEM SIDE BY SIDE BUT THE PARTICIPANTS CAN ACCESS THE INDEPENDENT ENROLLMENT BROKER TO ASK QUESTIONS IF THEY HAVE QUESTIONS BETWEEN THE DIFFERENCE BETWEEN THE CHC PROGRAM AND LIFE.

WE ALSO HAVE PROVIDED EACH CHC PAR TIS PANTED ABOUT THE PROGRAM AND WE ALSO HAVE INCLUDED INFORMATION IN WITH OUR ENROLLMENT PACKAGE FROM THE IEB BUT STAY TUNED FOR THE UPCOMING RELEASE OF THE COMPARISON SHEET.

WE DID ALSO REEF SOME ADDITIONAL QUESTIONS REGARDING SERVICE COORDINATOR ORGANIZATIONS AND IF THERE HAVE BEEN ANY TERMINATED IN THE SOUTHWEST.

THE ANSWER IS YES.

THERE WERE 28 SERVICE COORDINATION ENTITIES TERMINATED BY UPMC WITH AN EFFECTIVE DATE OF 10/12/2018.

THERE WERE 19 ALREADY TERMINATED BY AMERIHEALTH.

THOSE IMPACTED ENTITIES, I DID RECEIVE NOTICES FROM THE MANAGED CARE ORGANIZATION AND ANY IMPACTED CONSUMERS OUGHT TO RECEIVE INFORMATION REGARDING THE TERMINATION TO THE NETWORK OPTIONS FOR ASSISTANCE IN EITHER CHANGING PLANS OR SELECTING NEW SERVICE COORDINATION ENTITY.

SO DO WE HAVE ANY ADDITIONAL WRAP UP QUESTIONS?

WE DIDN'T RECEIVE ANY ADDITIONAL ONES?

THOSE THAT WE MAY NOT HAVE RESPONDED TO, WE WILL FOLLOW UP DIRECTLY WITH YOU VIA E-MAIL.

WE DID RECEIVE A COUPLE OF QUESTIONS REGARDING THE TRAININGS THAT THE MCOS ARE CONDUCTING.

SO I'M FOLLOWING UP ON HOW THOSE TRAININGS WERE COMMUNICATED.

I'M NOT SURE HOW THE MCOS WERE COMMUNICATING THAT INFORMATION.

BUT WITH EACH PERSON THAT ASKED THAT QUESTION, WE WILL SEND A RESPONSE BACK TO YOU AND IF WE NEED TO SEND SOMETHING OUT TO OUR LISTSERV, WE CAN DO THAT AS WELL.

SO WITH THAT, I WOULD LIKE TO THANK OUR GUEST SPEAKERS TODAY.

I THINK THIS WAS A GREAT VERY INFORMATIVE SESSION.

IF WE RECEIVE ADDITIONAL QUESTIONS FOR YOU, WE'LL GLADLY GET THEM BACK TO YOU.

DO YOU HAVE ANY CLOSING COMMENTS?

>> THE ONLY THING I WOULD SAY IS BECAUSE CHC SERVES A VAST AUDIENCE OF INDIVIDUALS AND MOSTLY OLDER FOLKS, I REALLY WOULD BE TUNED INTO

CONCUSSIONS PARTICULARLY BECAUSE FALLS ARE THE LARGEST CAUSE AND CONCUSSIONS ARE THE RESULT.

SO REALLY BE TUNED INTO CONCUSSIONS AND MAKING SURE A PERSON GETS THE RIGHT TREATMENT.

>> SO, YES, ANOTHER QUESTION HAS COME IN ABOUT THE PROPER NUMBER FOR THE 800 NUMBER FOR THE BRAIN INJURY ASSOCIATION OF PENNSYLVANIA.

AND --

>> IS THAT NUMBER INCORRECT ON THE SLIDE?

>> WELL, THAT'S THE OFFICE NUMBER.

>> OKAY.

>> IT IS AN OKAY NUMBER BUT IT'S NOT GOING TO GET YOU TO THE BRAIN INJURY RESOURCE LINE.

>> OKAY.

>> AND SO THE BRAIN INJURY RESOURCE LINE NUMBER IS {800}444-6443.

{800}444-6443.

AN YOU CAN ALSO LOOK IT UP AT BIAPA.ORG.

>> OKAY. GREAT.

THANK YOU.

HAVE A WONDERFUL AFTERNOON.

>> OKAY. THANK YOU.