

Survey of Acquired Brain Injury (ABI)

Injured Individuals and Their Families

Thank you for taking the time to complete this survey. We are collecting information about the knowledge and use of the Brain Injury Medicaid Waiver for people who have Acquired Brain Injuries (ABI). This survey will help us understand how many people with ABI know about and/or have accessed the waiver.

The State of Colorado has a Brain Injury Medicaid Waiver program that allows persons with brain injuries (ages 16 to 64) to access Medicaid benefits that promote an early discharge from a hospital or rehabilitation facility. The services offered under the waiver include the following:

- Specialized medical equipment and supplies
- Behavioral management
- Day treatment
- Home modifications
- Mental health counseling
- Non-medical transportation
- Personal care
- Respite care
- Substance abuse counseling
- Supported living
- Transitional living
- Personalized emergency response system

Annually, the state assists about 300 individuals through the waiver program, and there are about 500 available waiver spots.

1. Please verify that you or someone in your family has an acquired brain injury (ABI):

- I have experienced a brain injury
- I have a friend who has experienced a brain injury
- I have a family member who has experienced a brain injury (*Please list the family member. i.e.; brother, sister, child, parent, etc.*): _____

2. If you are comfortable sharing this information, please share some information using the space below explaining how the brain injury occurred.

3. When did the event occur that caused the brain injury? month: _____ day: _____ year: _____

4. How old is the individual affected by the brain injury? _____ years old

5. Where does the individual with the brain injury live? city: _____ state: _____

6. Do you/your family member affected with a brain injury live:

- Alone independently
- Alone with assistance from a relative or home health care aid
- With a family member who provides care and assistance
- With a friend who provides care and assistance
- Other (please specify): _____

7. The following list asks about the different types of care you/your family member could receive through the waiver program. Please rank each on how easy you feel it is to find providers in your community.

Service/Program:	Very Easy	Easy	Difficult	Very Difficult	Unsure
a. Specialized medical equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Behavioral management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Day treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Mental health counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Non-Medical transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Personal care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Respite care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Substance abuse counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Supported living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Transitional living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Personalized emergency response system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Do(es) you/family member receive assistance from the State of Colorado to help pay for needed in-home medical services?

- Yes
- No [SKIP to Q14]

8a. Is this assistance a brain injury waiver?

- Yes
- No [SKIP to Q14]
- Don't know [SKIP to Q14]

8b. What do you use the brain injury waiver for? Check all that apply:

- Specialized medical equipment
- Behavioral management
- Day treatment
- Mental health counseling
- Non-Medical transportation
- Personal care
- Respite care
- Substance abuse counseling
- Supported living
- Transitional living
- Personalized emergency response system

9. If you received a waiver, did you complete the paper work when you/your family member was in the hospital?

- Yes
- No
- Don't know

10. How did you learn about the Brain Injury Waiver Program?

- From my nurse/doctor
- From a family member
- From a social services organization (please specify organization): _____

- Other (please specify): _____

11. Approximately how long after the brain injury occurred did you receive waiver services?

- Less than 3 months
- 3 to 6 months
- 6 to 12 months
- 12 months to 2 years
- More than 2 years

- 12. Did you encounter any problems trying to obtain the waiver?**
- Yes
 - No

12a. If "Yes," please list the problems: _____

13. Did you find the information you received about the waiver...

- ...easy to understand
- ...somewhat easy to understand
- ...somewhat difficult to understand
- ...difficult to understand

- 14. If you are not receiving services under the Brain Injury Medicaid Waiver program, do you know what the waiver is?**
- Yes
 - No

14a. If "Yes," please define: _____

- 15. Did you apply for the waiver and found that you were not eligible?**
- Yes
 - No

16. If you chose *not* to apply for the waiver what were the reasons you did not?

- I didn't understand what the waiver is
- Too much paperwork
- Didn't understand the paperwork
- Called the state and they didn't help me
- Didn't think I'd need the support

17. Please include any other thoughts about the Brain Injury Waiver Program in the space provided.

Thank you for your assistance in completing this survey.

If you have questions, please call or email Pat Dworkin at 303-565-9136 or pequestria@hotmail.com