

Brochures to Order or Print from the Website

- ABIN-PA Services
- Brain Injury Basics
- Building New Lives
- Changes in Your Loved One
- Children Require Rehabilitation
- Criminal Justice
- Customer Service
- Definitions
- Discharge Planning
- Domestic Violence
- Everybody Knows Somebody
- Families
- Financial Planning
- Healing Strategies
- Law Officers: Info & Strategies
- Medication Record
- Partnering with Professionals
- Planning Your Recovery
- Professionals You May Meet
- Public Benefits
- Rehabilitation
- Seniors
- Sports
- Suicide Prevention
- Telephone Book
- Veterans

Brain Injury Resources

- ABIN-PA InfoLine 800-516-8052
www.abin-pa.org
- Area Agency on Aging (phone book)
- BIAA Help Line 800-444-6443
www.biausa.org
- BIAPA Resource Line 866-635-7097
- Brain Injury Help Line 866-412-4755
(PA DOH free literature, books)
- CHIP 484-477-2948
(Children's Health Insurance Program)
- Disability RightsNetwork
(SpEd, TBI, SS) 800-692-7443
- Elks Nurses (PA) 814-781-7860
(care plan if disabled before 22)
- Head Injury Program 717-772-2762
(1 year of rehab, \$100,000 max)
- Health Law Project 800-274-3258
(help with public benefits)
- Legal Aid (PA) 800-322-7572
- Meals on Wheels www.mealcall.org
- Medicaid Waivers 877-550-4227
(Help at home, COMMCARE)
- Medical Assistance 866-542-3015
(some adults, all disabled children)
- Medicare Coverage 800-633-4227
(24/7 line, A & B in-home services)
- Medicare Denials 800-322-1914
- Social Security 800-772-1213
(survivors, disability, low income)
- Special Ed Consult Line 800-879-2301
- Special Needs Help 800-521-6860
(Medicaid rehab for children)
- Vocational Rehab www.dli.state.pa.us

DISCHARGE PLANNING BEGINS WITH ADMISSION



ACQUIRED BRAIN INJURY
NETWORK OF PENNSYLVANIA
Office: 1-215-699-2139
Messages: 1-800-516-8052
Fax: 1-215-699-5139
Email: info@abin-pa.org
Website: www.abin-pa.org

Essential Role of the Discharge Planner

There is no greater responsibility than educating individuals and families about next steps in the long and difficult journey of recovery from brain injury. Survivors and families expect a quick recovery and seldom realize what is involved.

Assessment

LEVEL OF NEED: Medical, AAA or neuropsychological evaluations may indicate a high level of need.

PREFERENCES: What does the individual want? What does the family want? What is possible?

FUNDING: What funding is available? Is there Medicare, Medicaid, private/employer plans, Workers' Compensation?

Housing

Can the person return home or to family? Will home modifications be needed. Will a residential brain injury program be needed, or a nursing home? Does the person qualify for the Head Injury Program, Aging Services, or the COMMCARE or Independence Waivers?

Return to Work

For assessment and rehabilitation to help return to work, OVR is available. Check the blue pages.

Return to School

Contact the child's school district and ask for the BrainSTEPS coordinator or the Special Education Department. To assist the school with re-entry, contact BrainSTEPS at 724-944-6542.

Care at Home

Medicare offers home care under Parts A & B. Medicaid Waiver services are available to keep people in the community instead of nursing homes. Residential brain injury rehabilitation providers are another option.

Rehabilitation—Children

Disabled children are Medicaid-eligible regardless of parent income. Parents can apply easily through the social worker at the hospital, or later on their own. Where parents have insurance, Medicaid will pick up the remainder. In disputes, Medicaid is to pay first and chase the insurer later. Medicaid law mandates rehabilitation for children in Medicaid states like PA. CHIP is another insurance option.

Rehabilitation—Adults

Disabled adults with low income may be eligible for the Head Injury Program, the COMMCARE Waiver or the Independence Waiver, all of which provide rehabilitation. Some services are also available within Medicare and regular Medicaid.

Rehabilitation Services

Rehabilitation addresses the cognitive, physical and behavioral challenges which follow brain injury and promotes adjustment to a very different life.

Neuropsychological evaluations give the strengths and limitations around which to build the program and are repeated as the person improves.

Neuropsychologists, occupational therapists, physical therapists, speech & language therapists, and other professionals provide cognitive and other therapies.

Clients are helped to adjust; re-trained in lost skills such as reading; taught compensatory strategies; and learn to use assistive technology like watch reminders, communication boards, memory books, etc. As awareness returns, personality, habits, and preferences return.