

MINDSOURCE – Brain Injury Network
Proposed Administrative Rule changes within: 12 CCR 2512-2

BACKGROUND

The Brain Injury Trust Fund, managed by MINDSOURCE – Brain Injury Network within the Colorado Department of Human Services, was created by Title 26, Article 1, Part 3 of the Colorado Revised Statutes, to improve the lives of Colorado residents who have survived brain injuries (BI). This statute created the Colorado BI Trust Fund (Trust Fund) to finance program activities, and the Trust Fund Board to advise the Program on operations of the Trust Fund.

The Trust Fund is cash funded through assessments on certain traffic violations including speeding, driving under the influence, and driving while ability impaired. Trust fund revenues are used to provide (1) client service coordination and skills training (2) education (3) research. Funds are divided across program areas with a requirement of a minimum of 55% of the budget dedicated for services.

- The purpose of direct client services is to make service coordination and skills training supports available to children/youth and adults with BI. Children/youth also receive education consultation.
- The purpose of the education grant program is to provide training about brain injury across Colorado to improve prevention, intervention, and treatment.
- The purpose of the research program is to support research related to the treatment and understanding of brain injury.

In addition to managing and administering the Trust Fund, MINDSOURCE is responsible for providing training, capacity building and technical assistance to state/local governments and community programs across the state. MINDSOURCE manages grants including a Federal BI grant focused on infrastructure development.

The purpose of these proposed rule changes is to ensure that the program rules reflect the current statute language and to remove unnecessary language. In general the rules have been changed to reflect the change from “traumatic” brain injury to “brain injury”, “care coordination” to “service coordination and skills training”, “Brain Injury Program” to “MINDSOURCE – Brain Injury Network”. In addition, the following specific rule changes are proposed to ensure alignment with the statute.

CURRENT RULES AND PROPOSED CHANGES

Regulations	Current Language	Proposed Language
12.510 – Introduction	N/A	<i>Proposing the following addition as per 26-1-304, Section (5) of the statute, “The Board may prioritize the services covered by the trust fund and eligibility for the services while ensuring program’s original intent to serve individual with traumatic brain injuries”.</i>
12.520 – Definition	<i>“Partner” means an organization or entity that is collaborating with the Department to provide support and services to program participants.</i>	<i>Recommend removal of this term and subsequent definition.</i>
12.520 – Definition	<i>“Traumatic Brain Injury (TBI)”</i>	<i>“Brain Injury” refers to damage to the</i>

	<i>means injury to the brain caused by physical trauma resulting from, but not limited to, incidents involving motor vehicles, sporting events, falls, blast injuries, and physical assaults. Documentation of traumatic brain injury shall be based on adequate medical history, neurological examination, including mental status testing or neuropsychological evaluation. Where appropriate, neuroimaging may be used to support the diagnosis. A traumatic brain injury shall be of sufficient severity to produce partial or total disability because of impaired cognitive ability and physical functions.</i>	<i>brain from an internal or external source, including a traumatic brain injury, that occurs post-birth and is noncongenital, nondegenerative, and nonhereditary, resulting in partial or total functional impairment in one or more areas, including but not limited to attention, memory, reasoning, problem solving, speed of processing, decision-making, learning, perception, sensory impairment, speech and language, motor and physical functioning, or psychological behavior.</i> <i>Documentation of brain injury must be based on adequate medical history. A brain injury must be of sufficient severity to produce partial or total disability.</i>
12.520 - Definition	<i>"Subrogation" means that the individual must reimburse the Program for funded purchased services if he/she recovers expenses from a third party.</i>	<i>Recommend removal of this term and subsequent definition.</i>

One proposed rule change within the introduction section and three proposed rule changes are within the definition section. Each of the rule changes relate to the client services program area.

Proposed Rule change #1:

Revise general rule language to align with the current statute and program language. Specific language changes includes removing the word “traumatic”, where appropriate, throughout the rules to ensure rules reflect the expansion of services to those with both traumatic and non-traumatic brain injury. Change “care coordination” to “service coordination and skills training” to reflect the change in the statute. Change Brain Injury Program to MINDSOURCE – Brain Injury Network which is the current name of the program.

Rationale: Making these changes ensures the rules are in alignment with the statute.

Proposed Rule change #2:

Add language into the introduction section 12.510 to align rule with state statute 26-1-304, Section (5) by adding the following language from the statute, Proposing the following addition as per 26-1-304, Section (5) of the statute, “The Board may prioritize the services covered by the trust fund and eligibility for the services while ensuring program’s original intent to serve individual with traumatic brain injuries”.

Rationale: Making this addition ensures that the rules are in line with the statute and provides the program, board, and contractor specific guidance for prioritizing services if the need is greater than the resources available.

Proposed Rule change #3:

Revise definition section 12.520 to remove the term “partner”.

Rationale: Recommending removal of “partner” as the term was in place to reference a process that involved an automated referral to the Health Care Program for Children with Special Needs. This referral process is no longer in place.

Proposed Rule change #4:

Revise definition section 12.520, “traumatic brain injury” to “brain injury”.

Rationale: Making this change ensures that the program rules are in alignment with the current statute which broadened the definition to include both traumatic and non-traumatic causes of injury.

Proposed Rule change #5:

Revise definition section 12.520 to remove the term “subrogation”.

Rationale: Recommending removal of “subrogation” as the term is no longer applicable, given that the program does not provide purchased services and does not expect clients to reimburse the program.