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# HEADLINER

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The Newsletter of the Brain Injury Association of Oregon

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## Learning How to Walk Again..... And What Better Way to Accomplish Medicaid Spend Down?

**The number one reported goal of people in rehab programs, and of their families, is for them to walk again. You have options.**

Imagine....you are streaming through white water rapids in a small boat, and you suddenly hear the imminent roar of the waterfall ahead. You realize you have no paddles, no ability to steer yourself to safety. You are overwhelmed, and gripped with fear. Now imagine someone from shore throwing you two sturdy paddles. With these strong tools, you maneuver yourself out of the current, and pull yourself to shore.

This waterfall metaphor seems appropriate to describe the overwhelming and turbulent issues facing a family navigating how to properly qualify for Medicaid for a loved one experiencing the inability to walk. Decreasing mobility directly leads toward increasing confinement and permanent residential relocations away from the home. One can be unsure of what can be done, what cannot be done, and how to effectively seize the right options under time deadlines and financial constraints. Steering through the Medicaid river process can be a formidable task. Additionally, the day-to-day stress of addressing the loved one's needs for healthy functioning can create heavy burdens for everyone affected...physical, psychological and financial.

The most successful inventions come from inventors who are living through a personal challenge and need to find a real solution. Take, for instance, my own story. For the past 20 plus years I have dedicated my life to helping people walk again. I developed and designed the Gait Harness System (GHS) with a primary goal to solve the problems facing families struggling to help a loved one who is unable to walk, and to help users themselves



regain footing on solid ground. We consider ourselves a partner in the user's recovery process, and that recovery is a better approach than adaption to illness or injury.

Secondarily, the GHS is considered an exempt (non-countable) asset for Medicaid financial qualification purposes. The Gait Harness System thus provides people with a two-pronged, pragmatic tool they need:

... Accomplishing a necessary step in the recovery process for those needing to stand and walk again; and

... Helping spend down for Medicaid financial qualification

### Creative approaches, inspiring results

My story began in the mid-1980's when my mother was diagnosed with terminal cancer. As a result of escalating illness, secondary complications, and weakness, she began repeatedly falling and injuring herself in the home. This is, of course, is extremely painful for a family member to watch, unable to  
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offer solutions. When the disabled person is your family member or loved one, trying to get back on their feet again, you will do almost anything to help.

I began designs for a therapy equipment piece which would create a safe environment to facilitate independence for people to walk again. Unfortunately, my mother was not able to experience my invention prior to passing away.

However, over the past decades, I have seen many people using the Gait Harness System walk again for the first time since their illness, injury, or disease. During this time I have visited hospitals, long term care facilities, and rehab clinics across the United States. I have seen many people in these facilities that could walk again, if given the proper tools and opportunity. Many became permanently confined to beds in long term care, or sent home with no prospect of ever walking again.

Most recently, my invention came full circle back to my family. Picture this...it is now May 2010. Up until December 2009, my father has been living alone in a retirement apartment, but he keeps falling and can no longer take care of his own medical and health needs. For the past five months my father has been living in a skilled nursing and has been bed-bound.

Unfortunately, there are environmental, physical and situational limitations that prohibit many people from having their chance to walk again. Now, I was experiencing my father in a similar situation. The therapy department at his nursing facility

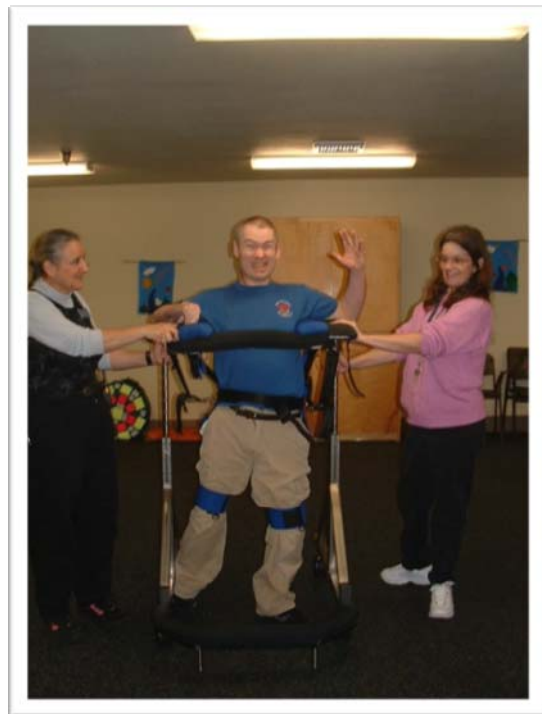
determined he was too disabled to participate in their rehab program. Although the kind of progress demanded from my father was unrealistic under the time constraints required, Medicare has terminated future reimbursements for his rehab care.

Medicare coverage also does not cover his daily custodial care at the nursing facility. Now under private pay, he is forced to spend his life savings and retirement nest egg on medical bills and monthly skilled nursing care. But, unpaid bills are piling up, far exceeding his anticipated ability to pay, and he cannot keep up with the costs of his care. We are concerned about his options. He is getting pressured by creditors. We are in the midst of the whitewater rapids, heading straight for the waterfall drop.

At this point my father has not been able, or allowed, to walk for over 6 months. I am troubled that my father is becoming another casualty to the long term care, permanently confined to a bed. I also know that my father can walk again, given the opportunity. So, I make a plan of action on his behalf to promote and facilitate his activities of daily living.

#### **A Great Story...From a Medicaid Expert** (reprinted with author's permission)

I first met David Dubats last year while helping to get his father qualified for Medicaid. It was then that I first learned about the Gait Harness System, developed by David. (See article below reprinted from Eugene Magazine - Spring 2011.) At that point, David's father had deteriorated to the point where he needed a wheel chair to get around the care facility. David fitted him with one of his



devices and in no time Dad was whizzing around the hallways - upright and under his own power - cheered on by the other residents. He is even able to now get out and go places he couldn't go before. The Gait Harness System is a truly marvelous device that could no doubt help thousands of people actually regain their mobility, not just spend the rest of their lives being pushed around in a wheel chair or riding on a scooter. Unfortunately, Medicare has yet to approve coverage for the device (the process can be long and expensive). But there is another angle. If an individual is in the process of spending down to qualify for Medicaid, and there is a possibility that the Gait Harness System might

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## **The Brain Injury Association of Oregon can deliver a range of trainings for your organization. These include:**

- CBIS Training (Certified Brain Injury Specialist)
  - Brain Injury 101
  - Anger Management and TBI
  - Vocational Rehabilitation-working with clients
  - Methamphetamine and Brain Injury
  - ADA Awareness—including cognitive interactive simulation
  - Judicial and Police: Working with People with Brain Injury
  - Traumatic Brain Injury: A Guide for Educators
  - Native People and Brain Injury
  - Aging and TBI
  - How Brain Injury Affects Families
  - Brain Injury for Medical and Legal Professionals-What you need to know
  - Caregiver Training
  - Domestic Violence and TBI
  - Dealing with Behavioral Issues
  - Returning to Work After Brain Injury
- And more!

For more information contact Sherry Stock, Executive Director, Brain Injury Association of Oregon at [sherry@biaoregon.org](mailto:sherry@biaoregon.org) 503-740-3155 or 800-544-5243

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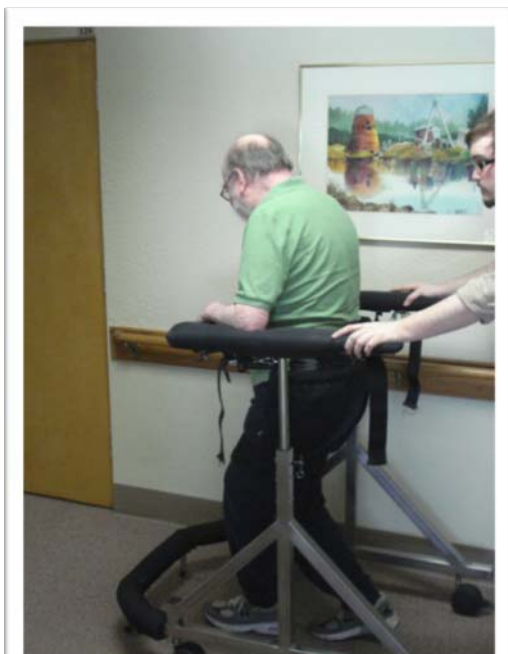
improve their quality of life, why not consider using some of the spend down to purchase such a device? After all, medical equipment is considered an exempt (non-countable) asset for Medicaid financial qualification purposes. What better way to accomplish spend down? You can learn more at [www.secondstepinc.com](http://www.secondstepinc.com).

Joe Mitchell, Financial Aid Center for Long Term Care, Inc., Grants Pass OR (see [www.medicaidhelp.com](http://www.medicaidhelp.com))

### **Taking a walk toward recovery, one step at a time. If someone wants to walk again, then why not try?**

I begin researching Veterans Association Aid and Assistance coverage options and resources for my father. As part of that investigation, my father's local VA representative refers me to a long-term care and Medicaid planning specialist, Joe Mitchell, who is an expert in financial planning options for the elderly and those with special needs. Joe operates The Financial Aid Center for Long Term Care, Inc., out of Grants Pass, Oregon.

I meet with my father's elder law attorney, and Joe in my father's nursing home bedroom. Joe begins explaining to my father something called Medicaid spend down. I listen to Joe describe to my father that he would have to pay his creditors for medical bills, but could also use his life-long earnings to buy himself clothing and other essential items as part of his spend down before all his remaining money is reduced to \$2,000



(Oregon Medicaid asset limit for a patient with no spouse). Joe emphasizes to my dad that if he wants to get a "fancy new walker," or anything medically related, that would be allowed.

I am overwhelmed listening to Joe. This presents the perfect spend down opportunity for my dad, which can immeasurably help his health and well-being. A solution occurs to me of how others can own the Second Step Gait Harness System via the spend down program, and get back on their feet again.

### **Customized approach, personalized attention**

My father immediately purchases a Gait Harness System through the Medicaid spend down process. I actively communicate with the nursing staff at my father's care facility about him bringing in his own Gait Harness System to use during his time at the facility. We make some adjustments to his Gait Harness to ensure proper fit and accommodation of his special needs. I provide the nursing staff (who assist my father with his required activities of daily living such as eating, bathing, toileting and walking exercise) instruction on how to help my father walk in the GHS, and we set up an organized schedule for him to practice walking again in the System.

My father begins having nursing staff at the care center help transfer him into the GHS from his bedside or wheelchair, and walk with him up and down the facility hallways. I check in every week to ensure my father is on schedule with using the GHS.

After being bed-ridden for 6 months, he is thrilled to be up on his feet again.

My father has now progressed so well with walking again that he is being upgraded to transfer to a more independent care setting.

Many other nursing home wheelchair-bound residents follow my father, as he walks down the hallways, cheering him on. Many of them want to have their own chance to walk again. I try to share with anyone who has restricted ability to walk that there are options, and life changing opportunities result.

For liability reasons, the nursing home won't allow others to use his personally purchased GHS. However, nursing staff has been so impressed with my father's recover that they have referred to other residents and former residents. In fact, one of the residents in



an adult foster home just acquired a GHS, with a goal of walking again to transfer to an even more independent setting.

If someone is going into an institutionalized setting, and/or may be in a spend down process of their own, the time is now for them to act and invest in their functional recovery and walk again, before it is too late.

### **Navigating Medicaid spend down for medical equipment to help your loved one walk again**

#### **Conversations with Joe Mitchell, Financial Planner, about Medicaid options**

*Joe, what is Medicaid, and how do case workers evaluate an applicant?*

The Medicaid program is the largest source of payment for long-term care in Oregon. Medicaid is a joint Federal and State program. Oregon Medicaid covers the full range of long-term care services, including skilled, intermediate and custodial care, adult foster home, assisted living and in-home services. Medicaid benefits are available only to those persons who have severe health or disability needs and require assistance.

Medicaid eligibility is based upon a "service" (or health-related) need and upon a financial need. To be eligible for

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Medicaid, the applicant must meet three (3) criteria for eligibility: (a) a need for assistance; (b) an income requirement; and (c) an asset or resource limit. One should check with a competent Medicaid professional to determine current financial limits and for planning strategies to protect a community spouse from impoverishment.

The Medicaid intake worker will evaluate the level of assistance an applicant requires in order to engage in the various activities of daily living. This includes the worker visiting the applicant and asking a number of very personal questions. It is critical that the applicant answer honestly, even if it is embarrassing. Eligibility for benefits may depend on the applicant's answers.

The service levels are defined as levels 1 through 18. Basically, service levels address the type and degree of assistance the patient requires to engage in the various activities of daily living, including mobility issues, such as walking. Under current Oregon standards, the patient must fall into service levels 1 through 13. For a full description, see Oregon Administrative Rules at: [http://arcweb.sos.state.or.us/rules/OARS\\_400/OAR\\_411/411\\_015.html](http://arcweb.sos.state.or.us/rules/OARS_400/OAR_411/411_015.html).



**Exempt resources and spend down: medical equipment is considered an exempt (non-countable) asset for Medicaid financial qualification purposes**

*Joe, can you tell us what resources are*

*exempt and more about spend down?*

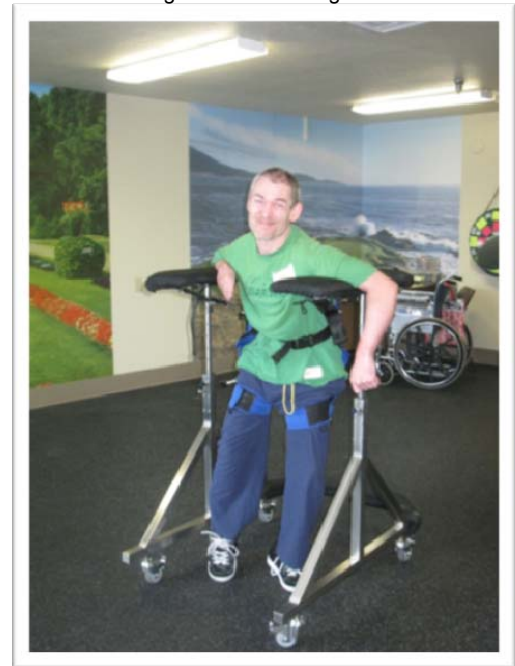
Certain resources (home, household/personal property, one vehicle, medical equipment, etc.) may be exempt and not counted in determining eligibility for Medicaid benefits. Spend down is the process of reducing assets in order to qualify for Medicaid. In most cases we are dealing with an individual who is in, or anticipates entering, a nursing home, assisted living or other type of care facility.

Spend down often begins by purchasing or maximizing exempt resources. One of these exempt resources includes purchasing medical equipment. Thus, for example, if an individual or couple makes a medical equipment purchase for the disabled person or spouse, this is an allowable use of resources. This also serves to "dispose" of an asset by converting it from a countable to exempt status. Joe, can you explain more about advantages to a family of converting assets to exempt status?

So again, one example of conversion from countable to exempt is the purchase of medical equipment (such as the Gait Harness System) for the institutionalized individual or spouse. The funds used for this purchase would, if not so used, have to be spent on something else (and the family would still have to purchase services and therapy equipment to help maintain the institutionalized person's ability to walk). For instance, if the parent's funds were not used for this purpose, the children would be forced to use their own funds and the advantage of conversion would be lost. By converting the funds to exempt status they are protected from spend down.

It is also important to note that spend down does not mean that the assets must be spent on care, i.e. medical care and/or the nursing facility. Legitimate spend down means that the funds are used for the benefit of the patient or the spouse. The purchase of medical equipment would normally be considered legitimate spend down, and not considered a "gift." Gifts, or the transfer of assets for less than fair market value, are generally penalized by Medicaid, resulting in a period of ineligibility for Medicaid benefits.

There are many intricate details involved in successfully navigating Medicaid qualifications for an institutionalized spouse or family member via spend down. Details of resource allowances, asset management



strategies, and "snapshot dates" taken by Medicaid of the individual's or couple's assets at a certain point in time are beyond the scope of this particular article. Suffice it to say it is wise to engage a Medicaid financial specialist and/or qualified legal counsel in Medicaid/Asset Protection Planning.

**Tips, if your loved one is already on Medicaid, to get the GHS pre-authorized or reimbursed**

Medicaid's information changes frequently and one should always check with provider's manuals, our sales office, or a durable medical equipment specialist to verify. At this time there is not a single, unified billable code for the Gait Harness System which would lead to uniform coverage or reimbursement in all states. One needs to know how Medicaid or the supplier needs to receive documentation that is required for Prior Authorization. This will help encourage pre-purchase approvals for the Gait Harness System. In some states, Medicaid may approve the GHS under a certain code, with a punch list of supporting and required documentation, if it is ordered through a durable medical equipment company. In other states, Medicaid may agree to reimburse a member directly for their private pay cash purchase of the GHS, provided that member has received written approval for such purchase.

**Therapy to help you resume your life: what expert clinicians have to say**

Dr. John Hatfield, Ph.D. (General

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Manager and Founder, Cognitive Systems Inc., Oklahoma City OK) developed CSI, a home-based cognitive therapy system for people who have incurred cognitive deficits. Used around the country, the CSI system enable those living with brain injuries to more rapidly and appropriately make decisions and solve daily problems (see [www.cog-systems.com](http://www.cog-systems.com)).

Dr. Hatfield has found that many individuals have been able to regain their physical and cognitive processing abilities, even years after their brain-based event. For years, survivors from injuries, strokes, or congenital conditions were told that if their brains did not regenerate within 6 months to 12 months, then they should “just live with the disability for the rest of their lives.” Dr. Hatfield has observed the brain can and does regenerate itself if there is proper stimulation. This process creates a birth of new neurons. Research shows that organized physical and cognitive activities rewire the brain to function more quickly and appropriately.

Dr. Hatfield articulates that helping to restore hope in people, who have been told that they can never be able to live independently again, is the first step in the journey toward independence, whether it is with a Gait Harness System that helps to rewire the brain to be able to purposely move their legs and walk again, or with the CSI cognitive therapy system.

In his practice working with brain injured individuals, he has begun use of

the Gait Harness System and the CSI systems together. Dr. Hatfield comments he is anticipating potent results and recoveries with his clients.

As physical therapist Bill Thornton MPT (Clinical Director, Level Eleven PT, Holly MI, and presenter at the past two BIAOR annual conferences) has said, the Gait Harness System has provided good success in the area of physical rehabilitation and recovery for those living with brain injuries, post stroke and spinal cord injuries (see [www.level11pt.com](http://www.level11pt.com)). Bill notes that his use of the Gait Harness System has enabled him to work with patients alone rather than with the assistance of two to three caregivers. Bill has one group of patients who were all told they would never walk again. After using the Gait Harness System, only two now use a wheelchair as their primary locomotion.

#### **Life changing options and results**

Helping people walk again, more independently, is our passion and our mission. Many individuals who are using the Second Step Gait Harness System, and who were unable to walk in the 5, 10 and 20 plus years post their illness or injury, are now beginning to stand and walk again for the first time. Our goal is to



keep people out of permanent confinement, and transition them into a more preferred residential setting.

Most families, caregivers, and results oriented clinicians agree that keeping people active and walking helps reintegrate their brain with their body, and leads to healing. Filling days with needed, rewarding activities of daily living helps people recover and enjoy life more. The more ambulatory and independent person is also less likely to experience secondary hospitalizations and complications.

I think of the many families out there who are sharing a similar situation with a mother or father, a spouse, a child, or other loved one. Perhaps the disabling health condition has even struck them. The Gait Harness System is clinically proven to help people regain more independent mobility. It is designed to provide options outside of spending the rest of your life being bed- or wheelchair bound.

If an individual is in the process of spending down to qualify for Medicaid, and since the Gait Harness System can provide healthy opportunities for recovery, considering using some of the spend down to purchase the System is a powerful option. The results can be life changing.

As told to Steffani Bjelke Dubats, J.D.

