

Utah Spinal Cord Injury and Brain Injury Rehabilitation Fund

Report SFY 2020

The Spinal Cord Injury and Brain Injury (SCI/BI) Rehabilitation Fund was established during the 2012 Utah Legislative Session (Section 26-54) as a restricted special revenue fund that consists of gifts, grants, donations, or any other conveyance of money that may be made to the SCI/BI Rehabilitation Fund from private sources. The SCI/BI Rehabilitation Fund is administered by the executive director of the Utah Department of Health in consultation with an advisory committee. Funds shall be used to assist “qualified IRC 501(c)(3) charitable clinics” to provide physical, occupational, and speech therapy and equipment necessary for daily living activities for people with spinal cord and brain injuries.

It is designed to be a payor of last resort, meaning individuals have no other financial means available to obtain these services.

The Legislature intends that the recipient of funding for Spinal Cord and Brain Injury Rehabilitation Fund provide a report to the Office of the Legislative Fiscal Analyst that details the following: (1) what specific savings were generated, (2) who received the savings, and (3) what the funding sources were for these savings. For FY 2020 items, the recipient shall provide the report by August 31, 2020.

What are the Funding Sources of the Specific Savings Generated by the SCI / BI Rehabilitation Fund?

As a result of the SCI / BI Rehabilitation Fund, savings have been generated from services (physical, occupational, and speech therapy and equipment necessary for daily living activities) received by individuals accessing the Fund. **Table 1** shows the outcome of services, the number of clients who demonstrated improvement in each outcome area, the estimated savings generated per client, and the total savings generated. For each outcome, the funding source of the savings is also listed.

Table 1: SCI/TBI Rehabilitation Fund Cost Savings

Outcome of services/funding source	Number of clients*	Savings per client	Total savings
Return to work and/or school Social security (\$1,234/month)	16	\$14,808	\$236,928
Improvement in transfer skills Health system (CNA wage for 2 visits /day)	23	\$8,103	\$186,369
Improvement in wheelchair mobility Insurer/individual (power to manual chair)	15	\$7,000	\$105,000
Improvement in ambulation Emergency medical services (Preventing one fall)	12	\$14,000	\$168,000
Improvement in quality of life Insurer (\$10,673/member with depression)	30	\$10,673	\$320,190
Improvement in overall mobility and wellness Health system (Cost of one hospitalization)	35*	\$2,625	\$91,875
Yearly Savings***			\$1,108,362

* Clients that demonstrated improvement

Utah Spinal Cord Injury and Brain Injury Rehabilitation Fund

Report SFY 2020

Who Receives the Savings Generated by the SCI / BI Rehabilitation Fund?

Through a Request for Proposal process, [Neuroworx](#) and the [University of Utah Sugar House Therapy Services](#) clinic, and [Intermountain Healthcare](#) were awarded contracts from July 1, 2018 through June 30, 2023 to provide physical, occupational, and speech therapy and equipment necessary for daily living activities for people with spinal cord and brain injuries. These contractors found alternative funding for 21 participants by utilizing private insurance, Medicaid, Medicare, workers compensation or private pay. This saved the Fund \$59,269.

Spinal cord and brain injuries can lead to lasting problems for individuals and their families and have a significant impact on society and the economy. Understanding the health effects and available rehabilitation services necessary to improve quality of life is vital for reducing the burden and cost of this injury. Timely rehabilitation services help those living with spinal cord and brain injuries by improving their ability to do daily tasks independently, engage with friends and family, and reintegrate in their community.

As a payor of last resort, the Fund provides substantial savings to Utah's most vulnerable populations and the agencies that serve them. These include medical costs, adaptation costs, material costs, administrative costs, productivity losses due to institutionalization and sick leave and productivity losses for caregivers. Research has shown that indirect productivity losses form the great majority of the overall economic burden of spinal cord and brain injuries to society. Further, direct treatment costs also impose a considerable burden on the healthcare sector.

Brenden's Story



Brenden 27, sustained a traumatic brain injury in a motorbike accident while completing a jump in August of 2018. He was thrown from his bike, landing face first, losing his helmet and consciousness for an unspecified amount of time. Prior to his injury Brenden worked as a welder and in the oil industry. He enjoyed dirt biking and spending time with his 4 year old son when he was not working. Following this injury, Brenden presented with difficulty paying attention, remembering, learning new information and problem solving. All of these areas precluded him from returning to work or productively completing tasks around the house, community or caring for his son. Brenden participated in 7 telehealth speech therapy sessions to address these areas of difficulty. During that time, Brenden began tinkering with his snowmobile engine. Brenden applied strategies to focus and shift his attention when faced with distractions, such as people walking by and talking to him. He was able to return to the task at hand, remembering where he left off. He was eventually able to recall details from the conversation which distracted him. Brenden improved his ability to recall instructions without cueing to the point where he was working in a friend's mechanic shop for a half day, without forgetting his assignments. Brenden also demonstrated problem solving skills, being able to apply measurements and mathematical calculations to complete mechanical projects. At the time of his discharge, Brenden continued to have mild insight limitations, not independently recognizing safety concerns regarding return to work in the oil industry. Brenden is now working Part Time, completed his Driving Evaluation and has been cleared to drive independently. Brenden is now pursuing going back to school to work towards his mechanic certificate.

Russell Frandsen

From: Jake Hennessy
Sent: Thursday, September 17, 2020 10:45 AM
To: Russell Frandsen
Cc: Joe Miner; Richard Saunders; Shari Watkins; Sheila Walsh; Heather Borski
Subject: Re: Who received the savings? FW: Intent Language Report - Spinal Cord and Brain Injury Rehabilitation

Russell,

Here is the response I received from the Program in response to your request.

The identified savings of \$1,108,362 from Table 1 of the report comes from a variety of entities that are no longer involved as a result of improvement in outcomes for individuals who have a spinal cord or brain injury. These improvements in outcomes were obtained via services provided from the SCI/BI Rehabilitation Fund. As a payor of last resort, these services most likely would not have been obtained by other means. These identified savings cannot be removed but the health care system does benefit from them at an approximate cost of \$871,434 (emergency medical services for preventing one falls, insurers for the cost of a member with depression and mobility improvements, and health systems for the cost of one hospitalization and CNA visits). The remaining cost savings (\$236,928) would benefit Social Security. Medicaid and PEHP would not see any savings as those are typically first payors, however, with the services that individuals receive as a result of the Fund, they are able to return to work, school, and their communities much sooner than if they did not have the additional services. These long term savings are what is reflected in Table 1. Further, some of the individuals that providers found other funding for might eventually require services from the Fund after their insurance, medicaid, or other funding options ran out.

On Thu, Sep 17, 2020 at 7:21 AM Russell Frandsen wrote: [_____](#)

Hi Jake – by the end of Friday, September 25th, please indicate how much of the identified savings in the attached report can be removed and from where. If savings cannot be removed, then please identify how much of the health care system savings would benefit Medicaid or another state government payer like PEHP. Thanks for your time.

Russell Frandsen

Finance Officer

Office of the Legislative Fiscal Analyst

State of Utah
