

GMSS REPORTER

Volume 8, Issue 11

June 2023

UNMASKING BRAIN INJURY PAINT A MASK DAY



**Brain Injury
Alliance**
VERMONT



WHAT

Join us to paint your mask and tell your story! Masks, paints and craft supplies will be available. You bring your creativity and story. Stop in any time from 9 a.m.-3 p.m. to paint. Support people are welcome to come with you, however, blank masks are limited to only survivors of brain injury. We will have other things for them to paint, though, so they can join the fun! (Support people do not need to register.) Masks will be displayed around the state and at our annual conference.

This event is free, however, donations are accepted to cover costs of supplies and snacks.

WHEN

Thursday, June 8th at 9 a.m.-3 p.m. at
Green Mountain Support Services, 93
James Road, Morrisville, VT

SIGN UP & QUESTIONS

To sign up, please go to:
give.classy.org/unmaskingbraininjury.
For any questions, call 802-244-6850
or email support@biavt.org.

ABOUT THE PROJECT

The mission of Unmasking Brain Injury is to promote awareness of the prevalence of brain injury; to give survivors a voice and the means to educate others of what it's like to live with a brain injury; to show others that persons living with a disability due to their brain injury are like anyone else, deserving of dignity, respect, compassion and the opportunity to prove their value as citizens in their respective communities.

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Our belt tightening is working

Just twelve weeks following the de-designation notice, the tide is turning, GMSS! We continue to make steady progress on our comprehensive work plan – each week marking new tasks “work begun” and, better yet, “complete.” Commissioner Monica White, Adult Services Division Director Angela Smith-Dieng, and Developmental Services Division Director Jennifer Garabedian are reviewing our progress each week and are consistently reporting that they are pleased with what they are seeing. Our belt tightening is working, too.

You may recall hearing early on that we discovered we were \$750,000 off budget fiscal year-to-date. Then, in the next month, we lost another \$100,000. To answer a question several of you have asked, this isn't money we need to “pay back” – rather, it is money we had to spend out of our long-term savings. To stem that tide, we have had to cut spending across the agency and, as you know, make the very difficult decision to eliminate some positions. We continued to spend more than we brought in during April but the latest reports from our business office show that we slowed our loss dramatically, to about \$30,000. We anticipate the May numbers will look better yet, particularly as the hard work of our intake team is about to come to fruition and the new intakes bring in new revenue. We have started building the budget for next year and it looks good – more on that soon. We still await the outcomes of the Department of Labor case and Medicaid Fraud inquiries.

As I did last month, I am sharing the data that was sent to the Commissioner this month. This excellent report reflects the hard work and commitment of all of our staff and shared living providers.

COMPLIANCE WITH SHARED LIVING HOME INSPECTION REGULATIONS

DS – 61 Total Homes [95% compliance]

58 Compliant (54 fully approved, 4 in progress and timely)

3 Non-Compliant (2 5 year reassessments in progress, 1 accessibility in progress)

BI – 7 Total Homes [100% compliance]

7 Compliant (6 fully approved, 1 accessibility in progress and timely)

AFC – 44 Total Homes [98% compliance]

43 Compliant (42 fully approved, 1 in progress and timely)

1 Non-Compliant (PT ordered extensive equipment and then changed recommendations. We are awaiting a new order so that we can proceed.)

MONTHLY IN-HOME VISITS BY SERVICE COORDINATOR

Across all programs, 97 of 112 (87%) of residential participants have a completed service coordination/visit note for the month of April.

Of the 97 completed visits, all were conducted in-home with the following exceptions:

3 – done virtually due to extended out-of-state travel

4 – done virtually due to illness

1 – done at a hospital due to an extended hospitalization

1 – done at the office to personal cir-



ELIZABETH WALTERS

INTERIM EXECUTIVE DIRECTOR

COMPLIANCE WITH CMS REGULATIONS FOR CIR REPORTING

93% (14 of 15) of the CIRs submitted to DAIL in April were submitted on time and without error.

* The exception: One CIR was submitted to DAIL the day the agency received it but the Shared Living Provider submitted it to us three days following the incident.

MONITORING OF RESPITE PROVIDERS

The monitoring measures reported last month remain in place. Another random sample of notes confirmed that service coordinators have continued to attend to the respite oversight-related questions with proper diligence.

ADULT FAMILY CARE AND BRAIN INJURY PARTICIPANT REASSESSMENTS

AFC – 3 ILAs were due in April and all 3 were submitted within the required timeframe.

All program participants have current assessments in place.

BIP – 1 reassessment was due and was completed in April.

All program participants have current assessments in place.

INTAKE

Work proceeds on prospective intakes and we are aiming for a June 1 start date for our first new participant.

It has been a great pleasure to speak with those of you who have reached out recently. Please know that I welcome the chance to speak with each of you. You can get in touch with me by writing elizabeth@gmssi.org or by calling (802) 888-7602 x243.

There remains a tremendous amount of work ahead of us, but we are climbing well and together we will succeed.

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Prevent tick bites, tickborne diseases

1. PROTECT: Avoid areas where ticks live, use EPA-registered tick repellents, and cover up.

2. CHECK: Don't let ticks hitch-hike inside and check your whole body.

3. REMOVE: Remove attached ticks as soon as you can.

4. WATCH: Watch for symptoms and tell your provider if you get sick.

Protect

Ticks live in wooded and brushy areas with high grass and leaf litter. Walk in the center of trails to avoid contact with host-seeking ticks.

Take extra precautions in spring through fall when ticks are most active.

Use an EPA-registered insect repellent on your skin.

Consider treating clothing with permethrin, which kills ticks on contact and gives protection through several washes. Do not use permethrin on skin.

Talk to your veterinarian about tick prevention products for pets.

Wear pants, long sleeves and long socks. Light-colored clothing can help you spot ticks more easily.

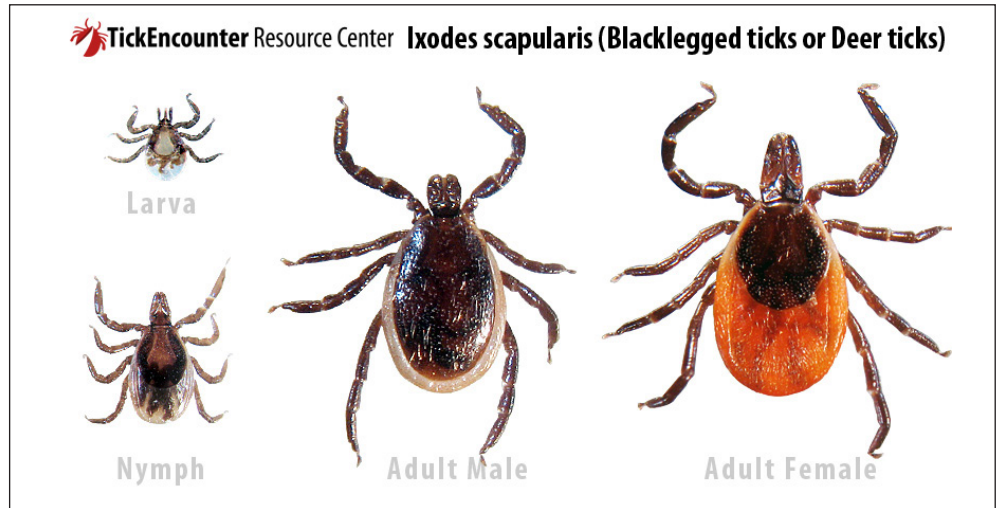
Check

Check clothing, gear, and pets before going inside.

Put your clothes in the dryer on high heat for 10 minutes.

Check your body and your child's body: under arms, behind ears, around waist, between legs, etc. Using a mirror can help.

Take a shower to wash off unattached ticks and to help find at-



tached ticks more easily.

Remove

Remove the tick as soon as you can. Use fine-tipped tweezers, or a tick removal tool, and follow the steps below. Don't use petroleum jelly, a hot match, nail polish, or any other products to remove a tick. These methods don't work!

With a steady motion, pull straight up until all parts of the tick are removed. Don't twist or jerk the tick. Don't be alarmed if the tick's mouthparts stay in the skin.

Dispose of a live tick by putting it in alcohol, placing it in a sealed bag or container, wrapping it tightly in tape or flushing it down the toilet. Never crush a tick with your fingers.

Clean your hands and the bite area with rubbing alcohol or soap and water.

You don't need to go to your health care provider or the emergency room to have a tick removed. If you have trouble removing the tick, or you can't reach it, ask a family

member or friend to help.

Tick Bite Assessment

Should I get antibiotics after a tick bite? Should I get the tick tested?

Watch

Watch for symptoms of tickborne illness for 30 days after a tick bite.

Symptoms may include fever, chills, rash, headache, joint pain, muscle aches, or fatigue. Not all people with Lyme disease report a rash.

Contact your health care provider if you develop any symptoms, and tell them about your recent tick bite, when the bite occurred, and your outdoor activities.

Some tickborne diseases, including Lyme disease and anaplasmosis, can be treated with antibiotics.

Most people who receive a timely diagnosis and begin treatment early in the course of their illness fully recover.

Learn more about the types of ticks and the tickborne diseases found in Vermont or visit the CDC for more information.

UPCOMING TRAININGS

* **Therapeutic Options** – new schedule, all dates in Morrisville. All sessions will be held from 8:30 a.m.-3 p.m.

- * Thursday, June 29
- * Monday, July 24
- * Wednesday, Aug. 16
- * Wednesday, Sept. 13
- * Wednesday, Oct. 11
- * Wednesday, Nov. 15
- * Wednesday, Dec. 13

* **SLP Medication Administration Refresher** – all dates in Morrisville.

- * Monday, June 5 (2:00 p.m.-4:00 p.m.)
- * Tuesday, June 21 (10:00 a.m.-12:00 p.m.)
- * Monday, July 10 (2:00 p.m.-4:00 p.m.)
- * Wednesday, July 19 (10:00 a.m.-12:00 p.m.)

Returning feature!

Remember the monthly feature of employee and SLP anniversary dates that used to run on this page? They will be making a comeback next month! Stay tuned.

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Email: newsletter@gmssi.org



Ensuring Our Neighbors with Disabilities
are at Home in their Community.

gmssi.org