



NC Department of Health and Human Services

Brain Injury Awareness Month

NC Community Supports for Individuals



March 23, 2023



NCDMHDDSUS & DHB
Celebrating Brain Injury
Awareness Month

THANK YOU

NC Brain Injury Advisory Council (BIAC)

The Brain Injury Association of North Carolina (BIANC)

Individuals, Families, Advocates

NCDHMDDSUS is committed to identifying individuals with brain injury, educating people and communities about brain injury, and developing a robust service array to support individuals with brain injury.

Governor's Budget Released

There are items in the budget that support individuals with Brain Injury including:

- Medicaid expansion means more individuals with Brain Injury (BI) and their families can get coverage for rehabilitative and skilled nursing services; personal care, private duty nursing, and medical care; and behavioral health care.
 - This also frees up state dollars for others with BI who are uninsured or underinsured and could benefit from home and community based services.
- The 1915i option (coming very soon) will provide new benefits for members with BI on Medicaid including Community Living Supports, Respite, and Supported Employment.
- The Medicaid rebase helps improve rates for nursing level of care services for people with BI and others who need that level of care.
- The budget also supports maintaining some of the COVID rate increases for personal care and skilled nursing supports for all people on Medicaid, including those with BI
- The Governor also called for investments in behavioral health care which support individuals with Brain Injury (BI).

NC Community Supports for People with Brain Injury

Qmetis





OUR MISSION

To Provide Hospitals With the Most Current Evidence-Based Treatment Guidelines for Care of the Traumatic Brain Injured Patient, Bedside, Real-Time, Every Patient, Every Shift.

A Healthcare Technology Firm

Evidence-Based Decision Support Tools

Initial Products for Adult and Ped TBI

Concussion / Mild TBI Emergency
Department Tool

BIG & TBI+ Launching 2023 in NC

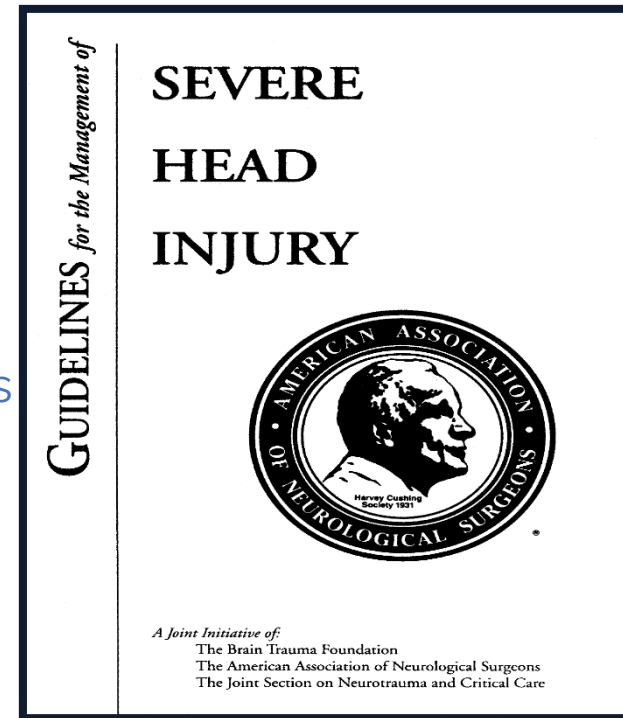
Founded in 2010...



The First Edition Severe Head Injury Guidelines

Published in:

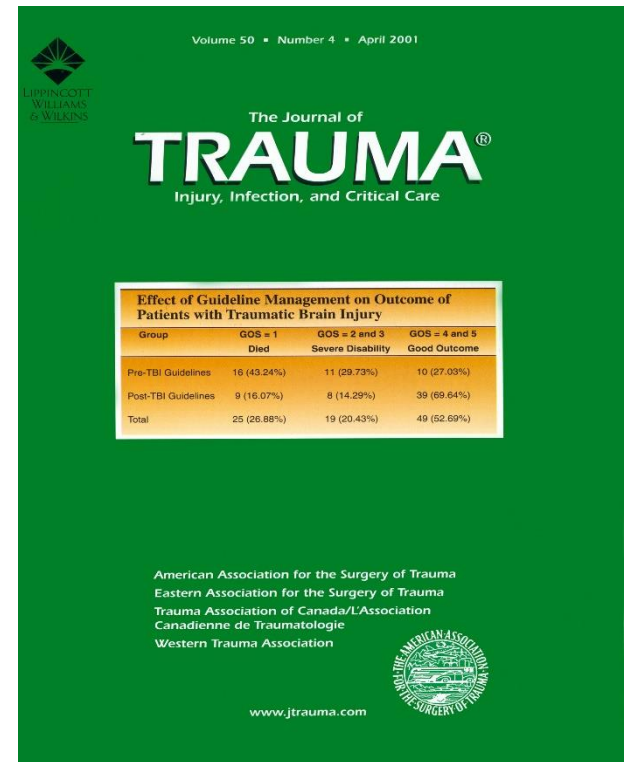
- 1995, 1996 (Journal of Neurotrauma)
- Endorsed by:
 - American Association of Neurological Surgeons
 - Congress of Neurological Surgeons
 - Neurotrauma Committee of the WHO
- Cited by:
 - AMA – “Gold Standard” of EBM guidelines



The Seminal Study

“Using a Cost-Benefit Analysis to Estimate Outcomes of a Clinical Treatment Guideline: Testing the Brain Trauma Foundation Guidelines for the Treatment of Severe Traumatic Brain Injury”

Mark Faul, PhD, Marlena M. Wald, MLS, MPH, Wesley Rutland-Brown, MPH, Ernest E. Sullivent, MD, and Richard W. Sattin, MD



The Findings

When, TBI Guidelines Followed in ICU Care:

- \$262M Annual Medical Costs Saving
- \$43M Annual Rehabilitation Costs Saving
- \$3.84B Lifetime Societal Costs Saving
- 3,607 Reduction in Annual Mortality

Volume 50 • Number 4 • April 2001


LIPPINCOTT
WILLIAMS
& WILKINS

The Journal of
TRAUMA[®]
Injury, Infection, and Critical Care

Effect of Guideline Management on Outcome of Patients with Traumatic Brain Injury

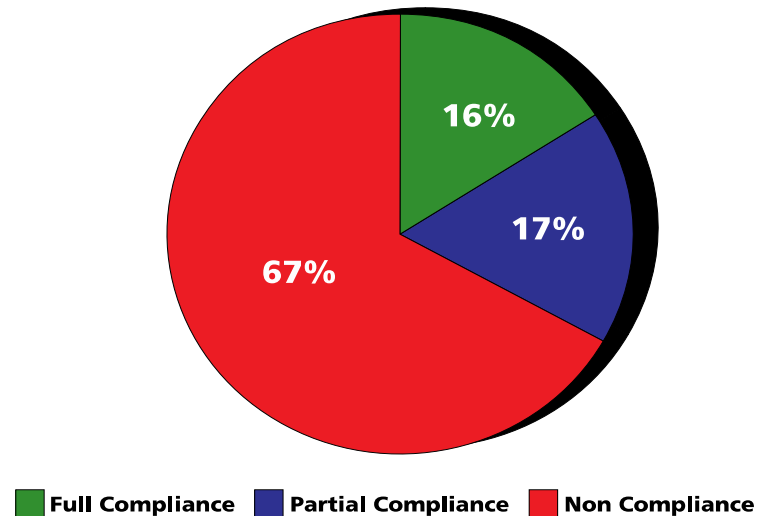
Group	GOS = 1 Died	GOS = 2 and 3 Severe Disability	GOS = 4 and 5 Good Outcome
Pre-TBI Guidelines	16 (43.24%)	11 (29.73%)	10 (27.03%)
Post-TBI Guidelines	9 (16.07%)	8 (14.29%)	39 (69.64%)
Total	25 (26.88%)	19 (20.43%)	49 (52.69%)

American Association for the Surgery of Trauma
Eastern Association for the Surgery of Trauma
Trauma Association of Canada/L'Association
Canadienne de Traumatologie
Western Trauma Association


www.jtrauma.com

The “Red Pie Chart”, and *The Issue*

In 2002, the *Journal of Trauma* published a study of 500 trauma hospitals documenting a pattern of non-compliance with guidelines showing that the severe head injury guidelines were fully followed in only 16% of all cases.



*Predictors of compliance with the evidence-based guidelines for traumatic brain injury care: a survey of United States trauma centers, *Journal of Trauma*, June 2002.

Qmetis and North Carolina 2023

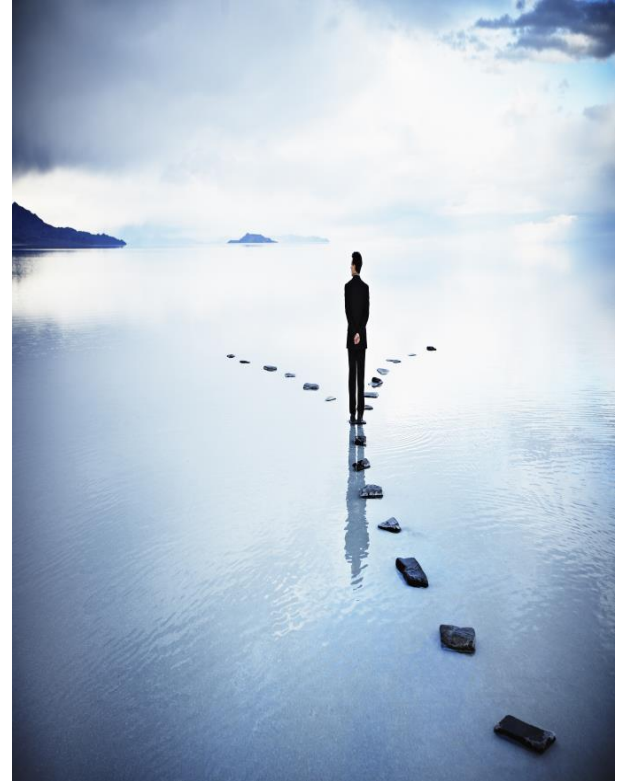
Evidence-Based Decision Support

Adult and Ped TBI

WakeMed and Vidant Users 1st Users

Mild TBI Launching Summer '23

The BIG Launching Summer '23



March 2023, Preliminary Data

Over 100 TBI Patients Treated

Adult and Ped TBI

Positive Clinical Reaction

Two Superb Hospital Partners

Cause of Injury / Demographics



Cause of Injury	Patient Total	Percent of Total
Auto	61	67%
Fall	7	7%
Unknown	7	7%
Assault	3	3%
Other	2	2%
Recreational Vehicle	1	1%
Motorcycle	6	6%
Pedestrian	6	6%
Total Cause	93	100%

Age	Patient Total	Percent of Total
0-9	15	17%
10-19	6	7%
20-29	3	3%
30-39	19	21%
40-49	2	2%
50-59	6	7%
60-69	1	1%
70-79	3	3%
80-89	2	2%
90+	(Unknown)33	36%
Total Age	90	100%

Gender	Patient Total	Percent of Total
Female	15	21%
Male	56	79%
Total Gender	71	100%

March 2023, North Carolina Data

Inconsistent with National Cause of Injury

Consistent with Adult/Pediatric Split

Slightly Higher Male/Female

MV as Cause of Injury Significantly High

Falls Significantly Lower / CDC 50% Est.



Next in 2023

Bring Additional Hospitals Onboard

Launch Mild TBI/ConcussionQx in NC
Emergency Departments

Launch the BIG tool for Hospitals, an
Emergency Department Tool for TBI

Head Scan / Bed / Neurosurgeon



[B.I.G.](#)[TREATMENT PLAN](#)[MENU +](#)

B.I.G.

[SUMMARY](#)[GUIDANCE](#)

What is the patient's current GCS

Is the patient intoxicated

Is the patient on any anticoagulant or antiplatelet medications/therapies

Does the patient have a skull fracture

What type

PATIENT

Name: Gwen, Zztest

Date of Birth: 5/9/1985

Gender: F

Encounter ID:1755

Encounter Date: 12/15/2022

MRN: 1212

B.I.G.

Question	Answer
GCS	14
Intoxication	No
AC/AP	No
Skull Fracture	Yes
Subdural Hemorrhage	No

TREATMENT PLAN

	BIG 1	BIG 2	BIG 3
HOSPITALIZATION	No ‡	Yes	Yes
UNIT	Observation	Trauma GPU	SICU
REPEAT HEAD CT	No (* unless change in neuro exam)	No (* unless change in neuro exam)	Yes 24 hr RHCT (6 hr for EDH) **obtain RHCT sooner if change in neuro exam
NEUROSURGERY CONSULT	No	No	Yes
NEUROLOGIC ASSESSMENT	Q4 hours	Q4 hours	Q1 hour
TRAUMA TEAM ASSESSMENT	At 6 hours, prior to discharge	At 3 and 6 hours	At 3, 6, and 12 hours

‡ Patients must meet ALL the following criteria to be discharged home (otherwise should be placed in I-1 Obs Unit):

- 1) GCS 15
- 2) 24hr supervision at home
- 3) No need for admission for another injury or medical problem
- 4) If TBI related to a fall, SWAT evaluation should be completed in ED to ensure PT/OT or rehab placement not needed

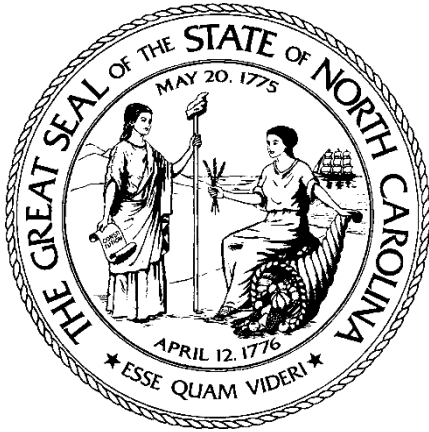
BIG, brain injury guidelines; AC/AP, anticoagulant/antiplatelet (Warfarin, DOAC, therapeutic Lovenox, Heparin; Aspirin, ADP receptor inhibitors, adenosine reuptake inhibitors, glycoprotein platelet inhibitors, PDEI); SDH, subdural hemorrhage; IPH, intraparenchymal hemorrhage; SAH, subarachnoid hemorrhage; IVH, intraventricular hemorrhage; EDH, epidural hemorrhage; RHCT, repeat head CT; NSGY, Neurosurgery

Thank You,

Qmetis

March, 2023





NC TBI Waiver and NC Innovations Waiver

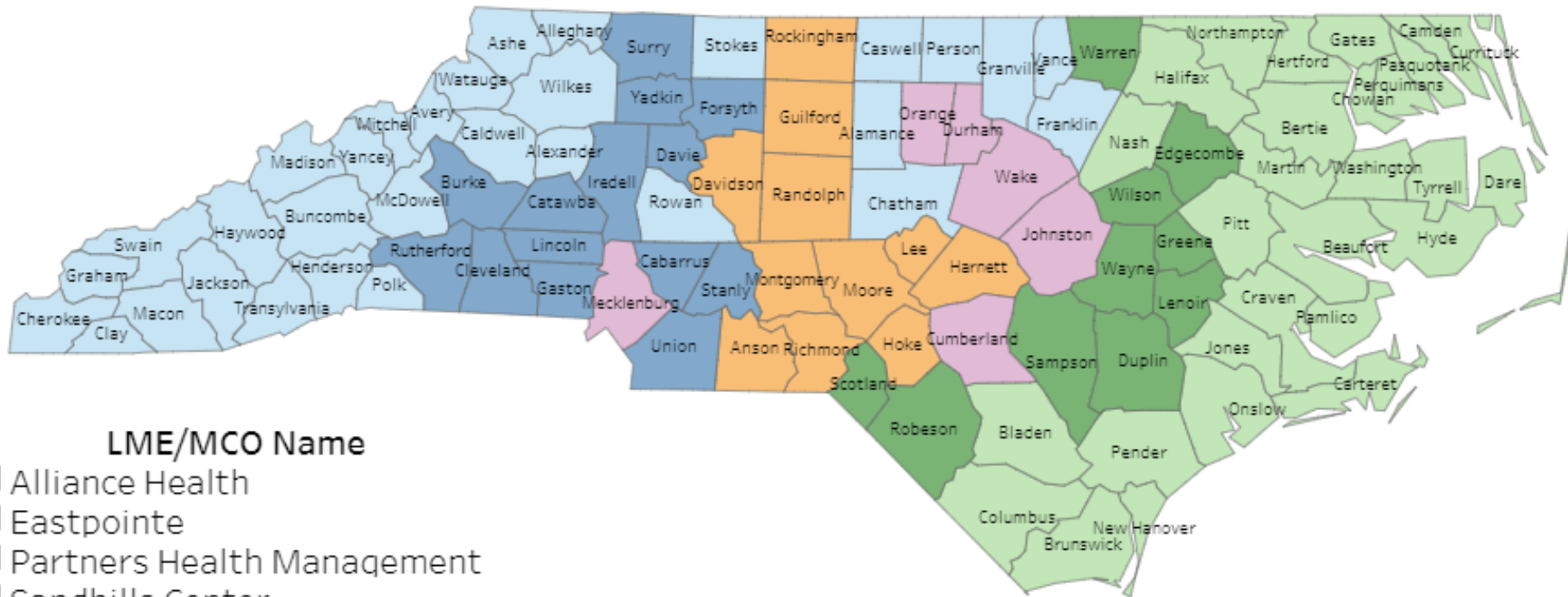
March 23, 2023

**Michelle Merritt
Division of Health Benefits (NC Medicaid)**

NC Traumatic Brain Injury Services

- **If you or your loved one has a Brain Injury and have long term support needs, it is important that you know about the LME/MCO system**
- **There are currently 6 LME/MCOs in North Carolina**
 - **The LME/MCOs are anticipated to transition to Tailored Plans on October 1, 2023**

Current LME/MCO Map (anticipated Tailed Plan Regions)



LME/MCO Name

- Alliance Health
- Eastpointe
- Partners Health Management
- Sandhills Center
- Trillium Health Resources
- Vaya Health

<https://www.ncdhhs.gov/providers/lme-mco-directory>

Accessing Traumatic Brain Injury Services in NC

What do I need to know?

- You **MUST** have established residency in NC
- Documentation regarding TBI diagnosis is **REQUIRED** (i.e., medical records)
 - Individuals diagnosed with a brain injury by the age of 21 may be eligible for I/DD services
- NC has a Registry of Unmet Needs for the **Innovations Waiver**

Who do I contact?

- To check for TBI services available in your area, **find and contact your respective LME-MCO**
- For Disability Benefits (i.e. SSI), find and contact your **county's Social Security Administration** and/or **Apply for Disability Benefits through SSA online**
- For other benefits (NC Medicaid, assistance programs, etc.) find and contact your **county's Department of Social Services** or **Apply Online**

Where can I find more information?

- Ages 0-5 **Children's Developmental Services Agencies**
- Ages 0-20 **Children and Youth with Special Health Care Needs** or 1-800-737-3028
- Ages 0-21 with Medicaid **Early Periodic Screening Diagnostic and Treatment (EPSDT)**
- **Medicaid Programs and Services**
- **Services for People who do not have Medicaid**

What do I do if I have more questions?

- **Contact your respective LME-MCO** for questions about TBI Services
- For **State Operated Healthcare Facilities** contact monica.harrelson@dhhs.nc.gov
- For all other community services and/or trouble contacting an LME-MCO, contact the Customer Service and Community Rights Team at 984-236-5300 or email dmh.advocacy@dhhs.nc.gov.

<https://www.ncdhhs.gov/media/13325/download?attachment>

Additional Resources

Ages 0-21 with Medicaid

- **Early Periodic Screening Diagnostic and Treatment (EPSDT)**
 - **Personal Care Services** can be requested under EPSDT for those with Medicaid aged 21 and under with a physician's referral
- **Community Alternatives Program for Children (CAP/C)**
 - Ages 0-20
- For Research Based-Behavioral Health Treatment eligibility, **Contact your respective Local Management Entity-Managed Care Organization (LME-MCO)**

Additional Medicaid Programs and Services

- **Behavioral Health Services**
- **Community Alternatives Program for Disabled Adults (CAP/DA)**
- **Home Health Services**
- **Personal Care Services (PCS)**
- **Private Duty Nursing**
- For additional Medicaid services eligibility (B3 Services, In Lieu of Services, ICF-IID), **Contact your respective LME-MCO**

Additional Resources

- **Contact your respective LME-MCO** for services available in you area
- **First in Families of North Carolina**
- **Brain Injury Association of North Carolina**
- **Disability Rights North Carolina**
- **Community Empowerment and Engagement**
- Contact **Hope4NC** for emotional support and additional community resources.

<https://www.ncdhhs.gov/media/13325/download?attachment>

What is a Waiver?

- **Allows states to provide services in the community**
- **Allows states to provide services that they would not otherwise be able to provide**
- **Allows states to waive ‘statewideness’, if desired**
 - **However, the NC Innovations waiver, CAP C and CAP DA are all statewide**
- **Allows states to use ‘family of one’ when determining eligibility**
- **In NC our waivers provide Home and Community Based Services (HCBS) and are required to follow federal HCBS Service rules**

NC TBI Waiver

- **The NC TBI Waiver serves individuals who have sustained a Traumatic Brain Injury on or after their 18th Birthday who have ongoing support needs**
- **Individuals must be Medicaid eligible**
- **Individuals must meet one of the two levels of Care included in the TBI Waiver**
 - **Skilled Nursing Facility**
 - **Neurobehavioral**

NC TBI Waiver

- **The initial TBI Waiver serves individuals in Alliance's Four County Area which includes:**
 - **Wake County**
 - **Durham County**
 - **Johnston County**
 - **Cumberland County**
- **As a Model Waiver; the goal of the initial TBI Waiver has been to operationalize a new waiver; serving a new population and to learn from the Pilot**
- **Implementation continues with collaboration between NC Medicaid, DMH/DD/SAS, Alliance Health, DSS, BIAC, BIANC, & Other Stakeholders**

Goals of the NC TBI Waiver:

- (1) Value and support waiver beneficiaries to be fully functioning members of their community.**
- (2) Promote rehabilitation; evidence based practices, and promising practices that result in real life outcomes for beneficiaries.**
- (3) Offer person centered service options that will facilitate each beneficiary's ability to live in homes of their choice, have employment or engage in a purposeful day of their choice and achieve their life goals.**
- (4) Provide the opportunity for all beneficiaries to contribute to the development of their services.**
- (5) Provide training and support to foster the development of strong natural support networks that enable beneficiaries to be less reliant on formal support systems.**
- (6) Ensure the well-being and safety of the people served.**
- (7) Maximize the beneficiary's self-determination, self-advocacy and self-sufficiency.**
- (8) Increase opportunities for community integration through work, life-long learning, recreation and socialization.**
- (9) Provide quality services and improve outcomes.**

Objectives of the NC TBI Waiver Include:

- 1) Enhancing the focus on Person Centered Planning and aligning services and supports with Person Centered Plans**
- 2) Reforming residential service to facilitate smaller community congregate living situations**
- 3) Facilitating living and working in the most integrated setting**
- 4) Improving outcome-based quality assurance systems**

NC TBI Waiver

Some examples of Services included in the NC TBI Waiver:

- **Cognitive Rehabilitation**
- **Life Skills Training**
- **Extended State Plan Allied Health Services**
- **Personal Care**
- **Residential Supports**
- **Supported Employment**
- **Community Networking**
- **Day Supports**
- **Resource Facilitation**
- **Specialized Consultative Services**

NC TBI Waiver

It has been important for the NC TBI Waiver to:

- Share the word about the Waiver to TBI Survivors & their families and providers serving individuals who have experienced TBIs**
- Alliance had to build a Provider Network for the TBI Waiver Beneficiaries and ensure the providers in that network are well trained.**
- Like many waiver populations, the needs of individuals who have experienced a TBI often have some similarities, but needs can also vary widely. Learning what is working is key.**

NC TBI Waiver

Implement all aspects of the waiver and review how the tools are working including:

- **Health and Risk Assessments**
- **Waiver Eligibility Processes**
- **Level of Care Tool**
- **Waiver Definitions**
- **Provider Network Development and Training**
- **Utilization of Services**
- **Unique needs of the TBI Waiver Population including need for services to address Mental Health and/or Substance Use Needs**

Approved Changes to the TBI Pilot Waiver

- **Lower age of Date of Traumatic Brain Injury down from 22 to 18**
 - **Beneficiaries at age 18 often have needs that are more similar to the Adult TBI population than the Innovations population**
 - **Innovations Waitlist**
 - **CAP DA Waitlist (only applicable to some counties)**
- **Change the eligibility requirement to 300% Federal Poverty Line**
 - **Working age adults and resources**

Approved Changes to the TBI Pilot Waiver

Add Supported Living as service definition for the TBI Pilot Waiver

- **This service is available through the NC Innovations Waiver**
- **Allows individuals to live in their own home and receive supports**
- **Promotes Community Inclusion**

Currently investigating adding Remote Supports to the TBI Waiver

GOAL: Statewide Rollout

**❖ The goal is to go statewide (all regions) within
5 years**

- Work will be done to determine the most appropriate process for statewide roll**
 - This expansion does not have to be one LME/MCO at a time**

NC Innovations Waiver

- **Currently Administered by LME MCOs (or TPs in the future)**
- **LME/MCO's each manage the Innovations Waitlist (known as the Registry of Unmet Needs or RUN list), in their catchment area**
- **While the Innovations Waiver serves individuals with Intellectual and/or Developmental Disabilities, it is important to note that is a child or young adult experiences a TBI before the age of 22 and they meet ICF IID Level of Care, they can be served by the NC Innovations Waiver**
- **LME/MCOs currently provide Care Coordination as an MCO Administrative function**
 - Includes Writing Plans of Care
 - Monitoring Waiver Services
 - **With the launch of Tailored Care Management (TCM), the TCM will carry out these duties unless someone has opted out of TCM, then the TP will provide Care Coordination**
- **LME/MCOs are required to have an adequate provider network**
- **NC Medicaid sets modeling rates for services; LME/MCOs do have rate setting authority**

Goals of the NC Innovations Waiver:

- 1) To value and support Waiver beneficiaries to be fully functioning members of their community**
- 2) To promote promising practices that result in real life outcomes for beneficiaries**
- 3) To offer service options that will facilitate each beneficiary's ability to live in homes of their choice, have employment or engage in a purposeful day of their choice and achieve their life goals**
- 4) To provide the opportunity for all beneficiaries to direct their services to the extent they choose**
- 5) To provide educational opportunities and support to foster the development of stronger natural support networks that enable beneficiaries to be less reliant on formal support systems**
- 6) To ensure the wellbeing and safety of the people served**
- 7) To maximize beneficiaries' self-determination, self-advocacy and self-sufficiency**
- 8) To increase opportunities for community integration through work, life-long learning, recreation and socialization**
- 9) To deliver person centered services that leverage natural and community supports**
- 10) To provide quality services and improve outcomes**

Objectives in the NC Innovations Waiver Include:

- 1) Enhancing the focus on Person Centered Planning and aligning services and supports with Person Centered Plans**
- 2) Reforming residential service to facilitate smaller community congregate living situations**
- 3) Facilitating living and working in the most integrated setting**
- 4) Improving outcome-based quality assurance systems**

Services within the Innovations Waiver

Assistive Technology, Equipment & Supplies

- Buy equipment to help with daily life tasks
- Buy smart technology
- May also cover repairs

The range of covered items and services changes with new technology. There is a \$50,000 limit in combination with Home Modifications over the 5-year waiver period.

Community Living and Supports

- Learn skills for independent living (habilitation)
- Get necessary assistance
- Build supports by connecting with others in the community

Community Navigator (under TP will only be available to Individuals who Self Direct their services through either the Employer of Record or Agency with Choice Model)

- Support with Self Direction Model

Community Networking

- Find volunteer work
- Join a group or club
- Pay for transportation to these activities

The service links to people to volunteer groups even when participating may require additional services.

Services within the Innovations Waiver

Crisis Services

- Learn safety skills and Get help day or night
- Stay out of a facility or hospital
- Gain out-of-home service for a short time
- Make a plan to help avoid a crisis

Day Supports

- Learn, keep, or improve skills in a licensed day program
- Generally provided in a group setting; one-to-one services are available

Members receiving day supports must go to the Day Supports facility at least once a week unless enrolled in adult basic education classes. All individuals participating in Day Supports must receive education about alternatives.

Financial Support Services (for Employers of Record who Self Direct their services)

- File claims and Process payroll
- Pay for staff supplies and training
- Complete background checks

Home Modifications

- Make changes to your home that keep you healthy and safe
- Add things that make it easier to get around in your home, such as ramps and stair lifts

There is a \$50,000 limit in combination with Assistive Technology over the 5-year waiver period.

Services within the Innovations Waiver

Individual Goods and Services

- Help people who self-direct pay for items or supplies need less Medicaid services
- Become more included in the community or Increase your safety at home

You can only use Individual Goods and Services if you do not have any other way to pay for the item or the supplies. The cost limit for this service is \$2,000 per year.

Natural Supports Education

- Help family caregivers learn new or different ways to help you
- Help family caregivers learn how to use new equipment or supplies
- Provides family caregivers access to conferences and classes

Residential Supports

- Learn how to stay healthy and safe in the community
- Teaches and refines skills
- Support daily life activities
- Get to community activities and day programs

Respite

- Provides caregivers relief from responsibilities
- Allows caregivers to participate in planned or emergency activities and appointments
- Supports caregiver with planning time for themselves or other family members

This service may be used in Alternative Family Living (AFL) settings, but not on the same day as Residential Supports.

Services within the Innovations Waiver

Specialized Consultation Services

- Provides caregivers with training and technical assistance in a specialty area such as psychology, behavior intervention, occupational therapy, physical therapy, or nutrition
 - Helps family caregivers learn how to use specialized equipment such as assistive technology, home modifications, and vehicle modifications.
 - May involve observation to determine needs
 - Family and consultant will create intervention plans and revise them through team meetings
- Provides tele-consultation for behavioral and psychological care if distance is an issue.

Supported Employment

- Find a paying job
 - Learn new job skills
 - Start your own business
 - Helps employers comply with Americans with Disabilities Act (ADA) rules
- Supported employment can be provided long-term for ongoing job support and includes long-term follow-up.

Services within the Innovations Waiver

Supported Living

- Helps members live independently in a home they own or rent
- Provides assistance meeting personalized needs
- Assists with daily activities, such as chores, budgeting, keeping appointments, and socializing

Vehicle Modifications

- Pay for changes to a vehicle that make it easier and safer for you to get around in the community

Vehicle Modifications can only be used on a vehicle that you already have and the vehicle must be insured. There is a \$20,000 limit over the 5-year waiver period.

Self Direction

- Innovations also does have an option to Self Direct some or most of an individuals' services
 - Agency with Choice (AWC)
 - Employer of Record (EOR)

More on Services within the Innovations Waiver

- **Residential Supports include 24 hour care but are smaller settings than ICF-IID settings**
 - **Group Homes**
 - **Alternative Family Living (AFLs)**
- **If Child is placed in a residential setting it must be a licensed setting**
- **A residential setting that serves 2 or more adults must be a licensed setting**
- **Certain services have typical maximums per day (some short term exceptions can be made for specific scenarios)**
 - Example Community Living and Support is typically up to 12 hours per day**
- **Relatives who live in the same home as an Innovations Waiver beneficiary who is over 18, if they meet the staff qualifications can provide Community Living and Supports Services (if that is what the beneficiary desires)**
- **Some services have maximums over the life of the waiver**
 - **Vehicle modifications**
 - **Home Mods and Assistive Technology**
 - **Community Transition Funds**

Innovations Limits

- **Annual Waiver Cost Maximum is \$135,000 per waiver year**
 - Each individual's plan of care year is based on their Birthdate; starts the month following their Birthday month (so Aug birthday would have Sept 1-Augst 31 as plan year each year)
 - There is an exception to this limit for individuals who utilize Supported Living Level 3, the waiver has a permanent exception that allows the \$135,000 to be exceeded, if medically necessary
- **The average cost of a waiver slot is about \$65,000**
- **Costs can vary greatly depending on the individuals needs and if they are in or out of school or if they are in a residential placement or not**
- **Reminder this is a Medicaid Waiver and currently Medicaid in NC is funded by roughly 2/3 by Federal Dollars and 1/3 by state dollars**
- **The total number of slots (or total number of individuals) the Innovations Waiver can serve is determined by the NC General Assembly and also must be approved by our Federal partners the Centers for Medicare and Medicaid Services (CMS)**

Innovations Overview

- **Provides an array of services and supports**
- **Provides an alternative for Intermediate Care Facility for Individuals with Intellectual Disabilities(ICF-IID)**
- **Statewide**
- **Can be for children or adults**
- **Individuals can remain on the Innovations Waiver for the rest of their life as long as they maintain appropriate level of care and remain living in NC**

Brain Injury Resources

Brain Injury Association of NC (BIANC)

www.bianc.net

North Carolina Department of Health and Human Services (NC DHHS) - TBI Program

<https://www.ncdhhs.gov/assistance/disability-services/traumatic-brain-injury>

Administration for Community Living (ACL)

<https://acl.gov/programs/post-injury-support/traumatic-brain-injury-tbi>

Alliance –TBI Waiver

[Traumatic Brain Injury \(TBI\) - Alliance Health \(alliancehealthplan.org\)](http://alliancehealthplan.org)

Center for Disease Control and Prevention (CDC)

<https://www.cdc.gov/traumaticbraininjury/index.html>

National Association of State Head Injury Administrators (NASHIA)

www.nashia.org

Questions and Answers



Comments, questions and feedback are welcome at:

- BHIDD.HelpCenter@dhhs.nc.gov

Previous awareness events and trainings can be found on the Community Engagement and Training webpage: <https://www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-abuse/councils-and-committees/community-engagement-and-training>