

Public Testimony
Study on System of Care for Individuals with Brain Injury
Interim Human Services Committee October 29, 2013
Submitted by Rebecca Quinn, Program Director
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Chairman Damschen and other members of the Committee. I am Rebecca Quinn and serve as the program director for brain injury programs at the Center for Rural Health, University of North Dakota. My testimony today is on behalf of the individuals and families impacted by brain injury.

As you have heard from DHS and the legislative council, North Dakota has been developing a system of brain injury service coordination over the past few sessions. Currently, my role at UND is implementing this new program for coordination and support. These developments have been wonderful and I want to thank the work of everyone who has worked and supported these efforts.

Over the past six years of development my role has been to provide support and service coordination to numerous individuals and families similar to the ones you have heard from today. During this time the largest gap I have seen is the lack of long-term supports and actual day-to-day services for individuals with brain injury. There is only so much coordination that can be done if the services are not there to coordinate.

In this sense, brain injury is similar to other disabilities in North Dakota and goes directly in line with the information you heard earlier regarding the provision of Home and Community Based Services. However, brain injury is different in that it is an evolving, changing disability that is unique to each individual. North Dakota did have a specific TBI waiver until January 01, 2007 when it was rolled into the aging and disability HCBS waiver. I am all supportive of this combining of waivers and making a more efficient system, but also feel strongly that when doing this the larger waiver meets the needs of those with brain injury. We must make sure that the services available for this population are responsive and allow the flexibility to make sure each individual can get the comprehensive care they need for living as independently as possible.

I submit for you a list priority areas of concern compiled based on feedback from providers, individuals, and family members. These needs are in line with the results of the 2005 needs assessment done by the Center for Rural Health and represent areas that should be examined by this committee regarding areas for potential policy recommendations.

I welcome any questions regarding brain injury, the current access to services or information regarding services in other states. I am also willing to provide more detailed information by request.

1. Expand legislative language to include all acquired brain injuries instead of limiting it only to traumatic brain injuries
 - This is the direction many states are going since it will broaden the services to capture include individuals with non-traumatic brain injuries such as stroke, infection, and brain cancers
 - Currently, some of North Dakota's guidelines include all brain injuries; other limited to traumatic brain injuries
 - This change would simplify the process and allow for programing to be responsive to all individuals impacted by brain injury
2. Explore the benefits of establishing a brain injury registry
 - Components: Data collection, Identification, Linkage to Services
 - Minnesota has an well-developed registry that could be examined
3. Examine the responsiveness of the current aging and disability waiver verse the possibility of reestablishing a TBI specific waiver
 - Revise the medical eligibility criteria for access to the waiver for brain injury
 - Medical eligibility is often referred to as Level of Care Determination or LOC.
 - Federal guidelines require states to establish criteria based on general guidelines; so someone eligible in North Dakota may not be eligible in Maine

- Many other states have expanded their screenings to include a TBI specific screenings or modified their existing screening to be more in line with the cognitive and behavioral needs of individuals with brain injury
- Examine the functional status of TBI transitional care option and explore possible adjustments
 - Including expanding the activities allowed and assigned point values to correspond better with the needs of the TBI population
 - Examine need to raise the factor multiplier for transitional care
 - Establish an absolute rate for transitional care
 - Impact of allowing individual transitional care providers
- Monitor the implementation and accessibility of the newly allowed 24 hour supervision
 - How accessible it will be
 - Who will be authorized to provide the supervision
 - Where will the service be able to be provided
- Explore options for TBI residential beyond only basic care
 - Currently TBI Adult Residential Services are limited to those provided in licensed basic care facilities
 - Limited available options for less restricted environment
 - Explore options for development of smaller facility or group home options