

A GROWING CONCERN

- Falls are the *leading cause of non-fatal traumatic brain injury (TBI) hospital visits* for Kentucky residents, accounting for over 52% of all TBI hospitalizations and 40% of TBI emergency department visits. Falls also contribute to 24% of all TBI related deaths. 84% of these fall related TBI fatalities were older adults (65+).
- *In 2019, hospitals billed for over \$322 million* in charges associated with TBI among Kentucky residents. Six out of ten of these dollars were to government payers.
- *Each week, there are 224* emergency department visits among Kentucky residents, 63 hospitalizations, *and 18 deaths due to TBIs* in Kentucky.

IMPACT AND MAGNITUDE OF TBI

During 2019, 15,835 Kentuckians were either treated for or died from a TBI. Among those injured, 917 (20.5 per 100,000) died where TBI was reported as a cause of death on the death certificate, another 3,252 (72.8 per 100,000) were hospitalized with a TBI, and an additional 11,666 (261.1 per 100,000) were treated and released from emergency departments with a TBI. An unknown number of individuals sustained injuries that were treated in other settings or went untreated.

CAUSES OF TBI

Cause of injury varies across the three levels of severity. Suicide was the leading cause of injury among those who died where TBI was reported as a cause of death on the death certificate. Falls were the leading cause of injury among those who were hospitalized with a TBI or who were treated and released from emergency departments with a TBI.

In fatal TBI cases, firearms were the leading cause of death with nearly half (46%) of all TBI related deaths being linked to firearms. Of these, over 7 out of 10 were deemed suicides.

SUPPORT TO REVISE THE ABI WAIVERS

- **The information has been gathered through careful review of the current waivers in Kentucky, review of other state waivers for brain injury, discussion with BIAA, review of Commission of Accreditation of Rehabilitation Facilities (CARF) standards, the American Congress of Rehabilitation Medicine (ACRM), the American Academy of Physical Medicine and Rehabilitation (AAPM&R), and the expertise of the subcommittee members.**
- **The costs to society effects two areas. First is the cost for the reduction or lost productivity, the loss of earning potential, payment of taxes, and the re-investment of earnings into the economy. The second cost to society involves the insufficient or inappropriate diagnosis, treatment, and care that result in emotional and behavioral disorders, psychiatric hospitalizations, substance misuse, loss of relationships, criminal activity and homelessness. (Estimated for TBI \$76.5 *billion*).**

RECOMMENDED CHANGES TO ABI WAIVERS

- Expand Acute slots for *Medically Complex* and *Neurobehaviorally-Challenged* Individuals with programs and rates adjusted on individual needs.
- Definition of Brain Injury should encompass all types of acquired brain injuries including stroke, and not exclude individuals because of substance misuse and/or mental health issues.
- Clinical expertise is needed within the ABIB Department. This is essential to assess a candidates for service; and to provide guidance and expertise to waiver providers to help Kentucky stay current with evidence-based brain injury rehabilitation practices. Conduct standardized and consistently applied audits across providers.
- Training for personnel working in the ABI Waivers should be consistent and ongoing. The Academy of Certified Brain Injury Specialists (ACBIS) training model, curriculum, and competencies are recommended.

RECOMMENDED CHANGES TO ABI WAIVERS

- **Following a medical model, the Plan of Care is the Central plan developed at admission and runs through discharge in rehabilitation programs across the country. It incorporates initial and ongoing assessments completed by team members addressing behavioral, cognitive, communication, cultural, educational, functional, leisure/recreational, medical, physical, psychological, sexual, social, spiritual, and vocational domains, important life events and life experiences, routines, decision making capacity and usability of the living environment. Goals are established from these domains with input from the person served and family/guardian/circle of support. The team meets at a frequency appropriate to meet the needs of the person served, the program and external stakeholders.**



RECOMMENDED CHANGES TO ABI WAIVERS

- There is a need for appropriate measurable, realistic goals that can result in an anticipated outcome.
- Providers should have a consistent method of reporting program evaluation data and patient outcomes.
- Adult Day Treatment should be a combination of structured therapy services and community-based programming. Often working with the person in their typical environments help anchor skills not learned in group settings.
- Individual supportive counseling and psychotherapy is recommended for the person served and family to rebuild relationships, work, intimacy and self-esteem.
- Resource Facilitation is a means of helping an individual achieve their avocational/vocational outcomes. Services may include identification of employment opportunities and resources in the local job market, development of employment goals, and resources to achieve and maintain employment. There is consideration for medical, cognitive, behavioral, physical, and functional issues, accessibility and accommodations that may be needed, economic considerations and other community resources, or there may be goals to attend a community college.

CLOSING NOTES

- ***Brain injury is truly different.* Our participants do not follow the same model as other disability categories and while they may be a smaller group they often present with more substantial medical, cognitive and behavioral challenges.**
- **In discussing these recommendations with the Department of Medicaid, we all agreed they are “common sense”. I was also able to share that these recommendations are commonly found in waiver programs across the country. It is time for us to design quality services and programs to meet the needs of Kentuckians we serve.**
- **Thank you for allowing me to share this information with all of you. I am happy to answer any questions.**