

Brain Injury Commission

Meeting Minutes

May 6, 2019

10:00 a.m. – 12:00 p.m.

Date of meeting: May 6, 2019

Start time: 10:03 am

End time: 12:02 pm

Location: Massachusetts State House, Room 428

Members present:

Beth Adams – *Massachusetts General Hospital*

Dr. Imiogele Aisiku – *Brigham and Women's Hospital*

Dorothée Alsentzer - *on behalf of Assistant Secretary, MassHealth*

Representative Gerard Cassidy – *MA House of Representatives*

Senator Harriette Chandler – *Massachusetts State Senate*

Representative Kimberly Ferguson – *MA House of Representatives*

Nicole Godaire – *Executive Director, BIA-MA*

Dr. Swathi Kiran – *Boston University*

Carole Malone – *Assistant Secretary, Office of Elder Affairs*

Adelaide Osborne – *MA Rehabilitation Commission*

Senator Dean A. Tran – *Massachusetts State Senate*

Secretary Francisco Ureña – *Department of Veteran Services*

Toni Wolf – *Commissioner, MA Rehabilitation Commission*

Yves Singletary – *Department of Public Health*

Members not present:

Dr. David K. Urion - *Boston Children's Hospital*

Undersecretary Lauren Peters – *Executive Office of Health and Human Services*

Helene Robillard – *Brain Injury Survivor*

Members participating through conference call line:

Marilyn Spivack, *Family member, and Spaulding Rehabilitation Hospital*

Proceedings

Senator Chandler called the meeting to order at 10:03 a.m. The members introduced themselves.

Rep. Ferguson made a motion to approve the BIC April 1st meeting minutes. It was seconded by Dr. Imiogele Aisiku and voted on and approved unanimously at 10:06 am.

Rep. Ferguson proposed to change the reporting deadline to February 22, 2020, leaving the commission adequate time to research the topic and compose a report. The motion was voted on and approved unanimously.

Rep. Ferguson asked the agency representatives to proceed with their presentations.

Ms. Dorothée Alsentzer of MassHealth, introduced information related to Home and Community Based Services waivers, the waivers are a non-entitlement program. Ms. Alsentzer noted that Massachusetts has 10 such waivers, but only discussed 6.

Rep. Ferguson asked about the management of the waiver application, which was answered by Ms. Alsentzer.

Senator Tran asked about federal funding and matching grants. Ms. Alsentzer explained that the waivers are not funded by a federal grant, 50% federal and 50% on amount the state spends.

Senator Chandler asked about the past statistics on number of people participating in the waivers. Ms. Alsentzer answered that 35,000 MassHealth members are participating in the 10 waivers.

Ms. Alsentzer explained the functionality of some waivers:

- Frail Elder Waiver (FEW) is a subset of the EOEa state-funded Home Care Program. The waiver is eligible to adults age 60+ at nursing facility level of care. For this specific waiver, state funding was \$187 million in Waiver Year 2017 and federal financial participation was 50%.
- Acquired Brain Injury (ABI-REH) and Moving Forward Plan (MFP-RS) is a Residential Waiver for MassHealth-eligible adults in nursing facilities or long-stay hospitals with ABI sustained at age 22+ or other disabilities, who require 24/7 staff. The slot capacity for Waiver Year 2020 is ABI-RH: 686, and MFP-RS:424 (enrollment not limited by diagnosis). The state funding for Waiver year 2017 was \$56 million, 50% of which was funded by Federal.
- Acquired Brain Injury (ABI-N) and Moving Forward Plan (MFP-CL; nonresidential waivers). Senator Chandler asked whether there is a wait list; Ms. Alsentzer answered that there has not been a wait list.
- Traumatic Brain Injury Waiver (TBI), the smallest waiver. 100% eligible enrollment. Is a subset of the MRC Statewide Head Injury Program (SHIP).

Ms. Alsentzer answered several clarifying questions from Ms. Spivack, Dr. Swathi Kiran, Nicole Godaire, and Dr. Imoigele Aisiku and explained some typical services under each waiver.

Commissioner Toni Wolf discussed the Massachusetts Rehabilitation Commission- Statewide Head Injury Program (MRC-SHIP). The program offers care coordination, 24-hour residential support, employment and day service, recreational and social services in home and in community, and in-home support as well as information, referrals, recreational/social opportunities for individuals who have experienced TBI. Commissioner Wolf pointed out that the diminishing state funds have resulted in a decline in service delivery. Commissioner Wolf explained that the TBI Waiver is a subset of the MRC Statewide Head Injury Program.

Rep. Ferguson asked Commissioner Wolf to explain the trend of head injury services. Ms. Spivack also asked a question regarding the waiver.

Ms. Beth Adams explained her experience in the past with day programs in the Northeast, and expressed her concern about the length of wait lists, highlighting that wait lists can be as long as 7 years.

Commissioner Wolf stated that there are currently 4,000 people on the wait list. She explained that they are trying to determine what it means to be on the “wait list”.

Senator Chandler solicited innovative ideas to fund the programs. Ms. Godaire discussed the current situation of a decrease in traffic violations in the past years. She explained that traffic violation fees were a major funding source. Members discussed how to better cooperate among different agencies.

Dr. Swathi Kiran and Dr. Imoigele Aisiku asked questions on the progression of the SHIP program and MRC services, as well as the process of participant determination.

Ms. Beth Adams shared her experience with the SHIP program, and expressed her concern about the lack of manpower. Ms. Godaire asked about funding and grants for the SHIP program.

Rep. Ferguson suggested elaborating on this discussion on how to fund SHIP in future meetings, and requested the presentation to be resumed.

Yves Singletary of the Department of Public Health, Bureau of Substance Addiction Services, presented on DPH's addiction 101 workshops for MRC staff across the state. MRC staff gets input from substance use and TBI experts. These resources are available on the Careers of Substance website for anyone to access. Mr. Singletary explained

that the Assistant Director of Planning and Development for Provider Support is a member of the committee for the “Bridges Between” federal grant *TBI/Substance Use Disorders (SUD)*. Mr. Singletary also highlighted that his department can share its related data to the members of Brain Injury Commission.

Assistant Secretary Carole Malone of the Executive Office of Elder Affairs explained that her office ensures individuals age 60 and above, or with a diagnosis of Alzheimer’s disease or dementia, have access to home care services such as a homemaker, personal care, meals, and transportation. Assistant Secretary Malone further explained that case managers determine the eligibility of each program, and the application process is a clinical and financial assessment conducted by Aging Service Access Point (ASAP) nurse or case manager. In FY’18, the program was funded with \$7.2 million from the state and \$9 million under the federal waiver. Assistant Secretary Malone showed the demographics of the individuals with TBI served through EOEa.

Senator Chandler asked about the common causes of traumatic brain injury for seniors. Asst. Sec. Malone explained the data analysis was focused more on the services and care provided to the aftermath of brain injury individuals, therefore the cause of those brain injuries could not be provided by EOEa.

Secretary Ureña mentioned that the Department of Veterans’ Services had identified 17 veterans with acquired brain injury in the year of 2018 out of 400 individuals. And he said that the number is expected to increase because of training for staff and increase in war. The application number is based on referral and numbers from town and city veterans’ services offices. Secretary Ureña stated that they will provide quick guides to each municipal office in anticipation of calls from those needing services. Secretary Ureña further explained that every person who is considered a veteran under MA law is eligible for services once they apply for admission to Soldier Homes.

Commissioner Wolf talked about prevention and services in the long run; she pointed out that currently services are not focused on prevention and that more foresight understanding of brain injury is needed. Commissioner Wolf pointed out that there has not been a centralized system that can coordinate with a comprehensive services system. The MRC is currently reviewing the possibility of such a centralized service system.

Rep. Ferguson acknowledged that such a system would be a huge undertaking and asked about MRC’s current plan and strategies. Commissioner Wolf shared that they are working to close the enormous gap between the current situation and the desired system, and that the MRC is currently conducting research that will conclude on June 15. Commissioner Wolf highlighted the importance to be clear about the number of people with brain injury, and the number of people who are currently utilizing the brain injury services and programs.

Rep. Ferguson acknowledged the importance of the MRC’s mission and its current vision.

Senator Chandler pivoted to discuss the next few meetings:

Senator Chandler stated that the commission would like to know more about emergency room services and rehabilitation service, and that community level support services should be represented; she further stated that the Commission should focus on insurance—both commercial and MassHealth—in June and July.

Senator Chandler brought up the idea of regional listening sessions in western Massachusetts, the North Shore, Brockton, and Central Massachusetts. She further noted that the chairs are open to any and all suggestions to make meeting agendas more productive. Rep. Ferguson agreed.

Senator Chandler went on, and suggested using September as the month to learn about the progress of brain injury recovery and to have people with brain injuries present at the meeting to hear their experiences and insights on the commission’s progress. She noted that this process would start in September and around October, which leaves the Commission adequate time to prepare for a report before February of the next year.

Adelaide Osborne summarized which data on brain injury is currently known or not. She suggested that the commission should first focus on one region of the state as a case study to make sure a managing system can be developed to track information of the services needed and to provide quality care. Ms. Osborne further highlighted the need to make sure that experts of different areas are given enough opportunities for collaboration and communication. She suggested that if a model can be successfully developed in one region, it can be replicated in other areas, which is why she believes it is very important to focus on one area. Beth Adams expressed that she is willing to help in the process in any way she can.

Dr. Imiogele Aisiku suggested that a very important step is to have a systematic layout of all the services that are available and related to brain injury service on a website so it is clear and accessible. Rep. Ferguson noted that a comprehensive guide of brain injury services would be valuable to have.

Dr. Swathi Kiran commented that she would like to see more discussion of first line caregivers/receivers about what has been working and what has not been working. She suggested that it is very important for the commission to review such insights. Ms. Spivack highlighted that case management is the top need for BIA service chain.

Senator Chandler motioned to adjourn the meeting. The commission voted unanimously to adjourn at 12:02 pm.