



## **BRAIN INJURY SERVICES FUND (BISF)**

### **What is brain injury?**

- **Traumatic Brain Injury (TBI)** is caused by an *external* blow to the head as a result of a vehicle crash, blast injury, sports or falls.
- **Acquired Brain Injury (ABI)** is an *internal injury* to the brain caused by strokes, tumors, brain infections, reactions to toxins or lack of oxygen.
- **Whether an individual has a TBI or an ABI, the consequences are similar.** Physical, psychological, behavioral, emotional & cognitive changes can be temporary or last a lifetime. A person may experience issues including, but not limited to, judgment, reasoning, balance, hearing, sight, seizures, short/long term memory, organizing/completing tasks, impulsivity, aggressiveness, and mood swings. Complicating factors include co-occurring disorders such as depression and substance abuse.

### **What is the Brain Injury Services Fund (BISF)?**

- The BISF offers *short-term non-Medicaid services* to individuals with a confirmed diagnosis of Brain Injury, either TBI or other ABI.
- The BISF is funded from a \$5 fee applied to each moving traffic violation; revenues are collected in a Trust Fund and not associated with the State General Fund. Any unexpended balances at the end of a contract year revert to the BISF. Revenues for the fund have decreased 40% since 2011.
- The BISF offers three types of SHORT TERM support to individuals with Brain Injury:
  - *Service Coordination:* Coordinates and links individuals to supports and services in their community, including applications for SSI/SSDI, Medicaid, and Medicare.
  - *Life Skills Coaching:* Provides assistance in learning skills to live as independently as possible in the individual's home or workplace.
- *Crisis Interim Services:* Pays for services and goods to assist the individual in moving out of crisis; payment for but not limited to; home health care, therapies, Brain Injury-related medications, respite, one-time crisis housing costs, transportation, assistive devices, and environmental modifications. The leading average annual CIS Service expenditures include homecare (55%) and therapies (32%). Homecare and Transportation are expected to increase, since most BISF participants are Medicare recipients, and these are uncovered Medicare costs.
- The BISF also funds statewide information and referral (I/R) services through the State Brain Injury Hotline, certified peer mentor training, and educational training for professionals. This contract is supplemented by a recent grant award to the HSD through the Health Resources and Services Administration's (HRSA) Federal TBI Program to expand outreach to NM Pueblos and the Navajo Nation. Expanded services will include I/R, screening for TBI, and Resource Facilitation. Brain Injury Champions, including Native American Community Health Representatives (CHRs) will be trained to connect Native Americans living with brain injury to the BISF and Medicaid.

### **Why is the BISF important?**

- The BISF serves as a gateway for those who are newly injured and are waiting to become Medicaid eligible. Once linked to the BISF Program, upon discharge into their homes and communities,

services from the BISF can be accessed, until a Care Plan through a Centennial Care MCO is in place, another payer source is identified, or the individual’s crisis is otherwise resolved.

- Treatment and referral to appropriate services and supports increases the likelihood of better outcomes for the individual with a brain injury and their family.
- Early treatment offers a significant lifetime cost savings as these individuals recover.
- Other State and Federal programs don’t offer these brain injury specific services without the limitations of financial or nursing home level of care eligibility. The BISF can assist people BEFORE they lose their jobs, homes, family and natural supports and become Medicaid eligible.

**Numbers Served:**

FY12	FY13	FY14	FY15 YTD (Q1)*
438	395	349	172

\*To be updated once FY 15 Q2 reports are compiled.

Fewer individuals (TBI only) were served with an annual budget of \$1.722M in FY13 as compared with FY14 due to prolonged Central Registry waiting lists with program participants who required long-term care services. Additionally, since the implementation of the Medicaid adult expansion, 109 individuals have transitioned into Centennial Care. Services and caseload capacity was further limited due to loss of BISF Service Coordinators to the MCOs, who were hiring at more competitive salaries for Centennial Care. A contract balance of more than \$400,000 reverted to the BISF at the close of FY14 to supplement FY15 revenues in funding FY16 contracts.

**Notable Issues:**

*Revenues have decreased steadily for the past 3 years* (from \$1.5M to < \$1M annually), while numbers of people seeking services are expected to increase.

**Motorcycle Helmet Bill.** Through the efforts of multiple agencies and interests, including UNM Office of the Medical Investigator, Department of Health Epidemiology and Response Unit, NM Legislative Council Service, Brain Injury Advisory Council (BIAC), HSD Brain Injury Program, Department of Transportation, DOH Office of Injury Prevention and members of the motorcycle riding community, a draft Motorcycle Helmet bill has been endorsed by the NM Health and Human Services Interim Committee. This bill outlines a 2 tiered registration system with differentiating reflective decals for those who opt to wear a helmet (\$15 fee) and those who opt not to wear a helmet (\$692). Of the \$692, 68.5% will go to the DOH Trauma System Fund, 19.5% will go to the BISF, 9.8% will go to the fatal injury diagnosis and reporting fund, and the remaining \$15 (2.2%) will go to the DOT, as otherwise provided by law. This type of motorcycle bill is considered to be an innovative safety solution not implemented in any other State.

**Centennial Care.** Currently on the BISF, a total of 67.4% are those who are on Medicare (with no private pay health insurance), or have no access to health coverage at this time. 19.1% are Medicaid-ABP seeking “Exempt” status due to long-term care needs. The BISF serves fewer than 8% with private pay insurance or insurance through employers, i.e. those who will not rely on or qualify for Medicaid/Medicare.

	Full Medicaid/ CC	Medicaid- APB	Need to Apply	Will not Qualify	Total FY15 YTD
Total BISF PPTs FY15 Q1	10	27	9	95	141
% of Total BISF PPTs	7.1%	19.1%	6.4%	67.4%	109 transitioned

PPTs = Participants

In FY15, the BISF is operating on a total budget of \$1.4M and is now providing services to those living with TBI and other ABI. The BISF served 172 participants in FY15 Q1, with 29 currently waiting for services in the Albuquerque Metro region. New partnerships with UNM Hospital and UNM Brain and Behavioral Health Institute, as well as the Albuquerque Stroke Club, are expected to increase the number of individuals who more seamlessly access the BISF, while transitioning to Medicaid, if eligible. At no cost to the HSD, a Neurotrauma Registry is being developed by UNM to capture discharge diagnoses related to Brain Injury. Certified Peer Mentors trained by the Brain Injury Resource Center will be able to assist those ready for discharge from UNM Hospital in accessing the BISF. BISF Service Coordinators will then assist with applications for SSI/SSDI, Medicaid, and Medicare.