Case Management for Individuals Living with TBI in Maryland:
Where We Are, Where We've Been

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Research conducted by the TBI model systems shows that people who sustain a moderate to severe brain injury have decreased life expectancy, poor health, lower quality of life, and functional limitations. Having access to services to address medical conditions as well as social determinants of health improves outcomes. Additionally, the frontal lobe, which controls executive functions such as planning, initiation and problem solving, is the most likely lobe of the brain to be injured when a person sustains a traumatic brain injury making navigating the medical and social service systems even more challenging. Having a point person, who is knowledgeable about brain injury, to assist people living with a brain injury and their families with connecting to the service and supports that they need can help address issues with access to services and potentially address the gaps in health outcomes. Many terms have been used to describe this role including case management, resource navigation, resource coordination or care management. Case management will be the term used in this article.

Finding and sustaining funding for a statewide case management program for people living with a brain injury continues to be a challenge for many states, including Maryland. Generally, the programs that have been sustained the longest have been funded by State TBI trust funds and grants from the Federal state partnership grants, currently administered by the Administration for Community Living.

From 2006-2012, Maryland had a Federal grant to provide case management (called resource coordination in the project) in five counties. The project was successful and the people participating in the service were better able to access the resources in their communities. When Maryland was not awarded a grant in the next grant cycle, the program ended. In the absence of a more intensive service, the Brain Injury Association of Maryland has done what it can to provide callers with information and assistance. For some people this is enough to get them connected to the services that they need. However, individuals looking for more intensive, hands on support are not able to access it.

It has been seven years since the end of the resource coordinator program. The current case management options for people living with a brain injury are disjointed and primarily related to a person's need for long-term Medicaid services or short-term case management supports through the public behavioral health system. Compounding this, brain injuries often go undiagnosed or are not recorded in these service

delivery systems. Even if a brain injury diagnosis is made, staff may not have specialized training to accommodate the needs of people living with brain injury.

As we look ahead at possible solutions to funding a case management system, the most flexible option would be for the state to fully fund the Maryland Brain Injury Trust Fund. This fund was established by the state in 2012 to help people living with TBI to live independently, return to work or school, and get the help and support they need. The TBI Advisory Board has recommended that the state include a budget item to fund the TBI Trust Fund with plans to use the money for case management and/or in-home assistance. Currently, the TBI Trust Fund's only funding source is an optional $1 donation on vehicle registrations. So far, the TBI Trust Fund has not received enough funds to date to start providing services or even initiate a pilot project with current funding .

Under the Social Security Act, which governs Medicaid Medicare programs, there are several authorities could be used to fund case management. One authority is the 1915 (i) wavier under which case management is listed as one of the allowable services. One of the requirements would be to implement the program statewide, which would require expanding a specialized provider network It would target individuals living with a brain injury who do not meet the criteria for a nursing facility level of care.

The Social Security Act specifies that targeted case management is limited to those with developmental disabilities, chronic mental illness and those with AIDs. Stakeholders should consider advocating for on the Federal Level to have brain injury as an included diagnosis for targeted case management. Maryland currently uses this authority to provide case management to people with a mental health diagnosis included on Public Behavioral Health Systems priority list. It would still be limited to Medicaid beneficiaries, but it would be something that would be sustainable.

In some states, community-based organizations are developing new services and partnerships with MCOs to try to keep people healthier and reduce cost. This writer is not aware of any partnerships in Maryland or other states that have specifically targeted case management for people with brain injury. This would require a provider agency to implement individual contracts with each MCO to provider case management or other services.

In order to make the case for implementing any of these ideas, the Brain Injury Association of Maryland and other advocates will need to gather additional information and estimate the number of people needing case management around the state. Having specialized brain injury case management services would help to connect people living with a brain injury existing services but does not directly address the need for more brain injury informed service providers. Indirectly, case managers with knowledge and experience working with people with brain injury will be able to provide some basic education about the needs of the people they work with as they connect them with supports and services.