

## Meeting Minutes

Hybrid Meeting | Thursday, January 8, 2026, 9:00 AM – 1:00 PM

ATTENDEES					
Voting Council Members					
Name	Present	Proxy	Name	Present	Proxy
Beth Overby - Chair	x		Kristen Barboza	x	
Tracy Hayes - (Vice-Chair)	x		Laura Morris		
April Goff	x		Laurie Stickney	x	
Christine Fernandini	x		Leila Hicks-Jarmusz	x	
Edward Jauch			Lynn Makor	x	
Geana Welter			Melinda Munden	x	
Glenn Johnson	x		Patricia Reyna	x	
Jen Kimbrough	x		Renee Johnson	x	
Jordan Slade			Rosanne Randall	x	
Joseph Propst	x		Virginia Knowlton-Marcus-Lisa Nesbitt (P)		x
Kevin Burroughs	x				
Non-Voting Council Members					
Name	Present	Proxy	Name	Present	Proxy
Abigail Coffey	x		Tom Mitchell		
Dreama McCoy			Molly Hastings	x	
Stephanie Jones	x				
Marcia Gibson	x				
Robin Sulfridge	x				
Juanita Hooker	x				
Guests					
Name	Staff	Guest	Name	Staff	Guest
Badia Henderson	x		Shannon Kuper	x	
Ginger Yarbrough			Stacey Harward	x	
Jennifer Meade	x		Lisa Jackson	x	
Kelly Crosbie	x				

### Agenda Topic: Welcome/Roll Call – Beth Overby, Chair

- Beth Overby, BIAC Chair, opened the meeting at 9:04 AM
  - A quorum was confirmed

### Agenda Topic: Public Comments

- Dr. Glenn Johnson brought up NC General Statute 135-48.37.
  - The statute defines the State Health Plan’s authority regarding subrogation and recovery.
  - It applies when a member receives payments from a third party who is liable for the member’s injuries.
  - The statute allows the Plan to recover amounts it paid for the member’s medical expenses related to those injuries, including Medicaid and TBI waivers.
- Jean Anderson and Crystal Foster shared a powerful testimony from a parent in a video clip with some members of BIAC from the Texas Brain Injury Council and BIAC members were asked to review the Texas website.
- Tracy Hayes mentioned a new term she had learned: therapeutic nihilism: a clinical attitude suggesting that treatments may offer little benefit, especially for complex or severe conditions like TBI, leading to passive care or avoidance of intervention.
  - Link for more information: [pmc.ncbi.nlm.nih.gov/articles/PMC5745829/](https://pubmed.ncbi.nlm.nih.gov/articles/PMC5745829/)

- Renee Johnson discussed looking more closely at the Home Health Care service which is covered by Medicaid
  - Medicaid may need to revise the application process to make the Home Care component more distinct.
  - The group agreed on the need for a presentation on this topic; Heather Carter (Division of Aging) will gather more information.
  - Personal Care Services fall under LTSS (Long Term Services and Supports).
  - Care Managers need better training in delivering brain injury services.
- Vaya is creating TBI-specific training to launch in a few months; since TBI is in Tailored Plan contracts, they must use that term, not “brain injury.”

**Agenda Topic: State Consumer and Family Advisory Committee (SCFAC) - Annual Report (Gaps & Needs) - Crystal Foster, SCFAC Member**

- Focus: Gaps and Needs section of the [SCFAC’s Annual Report](#).
- Reporting:
  - Four focus areas: SWOT analysis, SMART goals, timelines/deadlines, and focus areas
  - Brandon Wilson helped identify SMART goals at the last BIAC retreat.
- Recommendation: Increase OT/PT/Speech Therapy visits; supported by BIAC but declined by NC Medicaid due to funding constraints.
- Report Structure: Parts 9–11 contain SCFAC recommendations to the General Assembly, NCDHHS, or both.
- BIAC Role:
  - Previously endorsed SCFAC’s TBI recommendations; this year BIAC will make its own.
  - BIAC supported SCFAC’s recommendations #5 and #10
    - Recommendation 5: Increase specialized rehabilitative visits
    - Recommendation 10: Support the expansion of the TBI Waiver statewide
- Report Process:
  - Completed by March
  - Presented to DHB and DMHDDSUS in May/June
  - Send to the General Assembly.
  - SCFAC receives quarterly responses; some from prior years.
- Success Metric: 63% concurrence rate (2022–2025); group noted this is low, signaling need for stronger advocacy.
- BIAC Needs and Gaps Committee will overlap with SCFAC’s, enabling collaboration and sharing.

**Agenda Topic: DMH/DD/SUS Update – Kelly Crosbie, DMH/DD/SUS Director**

- Director Crosbie introduced Dr. Angela Smith as the new Chief Clinical Officer for NC Medicaid (replacing Sandra Terrell).
- Medicaid Update:
  - Provider rate cuts rolled back at Governor Stein’s request; State budget is still unapproved.
  - Legislative Timeline: Short session runs April 18–August 31; delays disadvantage the Division
  - Funding Challenges: Medicaid spending limits approvals of other priorities.
- Advocacy Goals:
  - More TBI funding and slots
  - Reinstatement of Single Stream Funds
  - Re-Entry funds
  - 3-way bed funds
- Group Input:
  - More resources are needed for individuals with TBI, especially those involved in the justice system.
  - Reviewing the Involuntary Commitment (IVC) process to reduce stigma; current law enforcement involvement with individuals in mental health crisis feels like an arrest.
  - Adult mental health crises are highly politicized in media after recent tragedies.

- TBI State Action Plan:
  - Focus on collaboration with Tailored Plans, providers, and families to increase access to TBI and IDD services.
  - Concerns: Approved slots are insufficient for provider sustainability after being divided between the four Tailored Plans. Providers need economies of scale to be successful.
    - Recommendations need to be submitted to the Governor by mid-February (copy Director Crosbie for follow up.)
  - State Action Plan Advisory Group is currently in the drafting phase.
  - There is a strong commitment to creating a clear action plan that ensures accountability, transparency and measurable results.
    - Member suggestions included:
      - Use of action-oriented language
      - Establish a Brain Injury trust
      - Expand the waiver to include individuals in Medicare
  - Focus Areas:
    - Statewide TBI Waiver expansion
    - Increase access to quality TBI services
    - Enhance provider capacity and quality
    - Support for individuals with lived experience and their families
  - Appropriations: \$3,973,086
    - \$3.4M to Tailored Plans
    - \$559K to BIANC
  - TBI Waiver Pilot Status (10/31/2025):
    - 107 slots; 230 individuals on the Registry of Interest
    - 244 disengaged (25 denials, 18 not qualified, 113 withdrawn, 50 pending)
  - Policy Paper is available on the website: [TBI Waiver Expansion Concept Paper](#)
- ACL (Administration for Community Living) Grant:
  - Workforce shortage persists despite rate increases.
  - Key Question: How can we address workforce development challenges under the ACL Grant?
  - Potential Solution: Revise Clinical Coverage Policies (CCPs) to help build a more robust and sustainable workforce.
  - DMHDDSUS received \$200,000 each year for five years (about \$1M total).
  - Achievements:
    - TBI screenings approved for Certified Community Behavioral Health Clinics (CCBHCs)
    - 103 individuals received resource facilitation
    - 118 live training events statewide
    - BIANC created online resource guide (4,286 users)
    - BIANC completed Gaps and Needs Assessment
  - Current grant cycle ends 7/31/2026; plan to request larger funding next year.
  - Feedback can be submitted to [tbicontac@dhhs.nc.gov](mailto:tbicontac@dhhs.nc.gov).
  - ACL Grant funds two BIAC members for a one-year membership in the National Association of State Head Injury Administrators (NASHIA)
- Discussion Points:
  - Refer questions/data requests for recommendations for the State Action Plan to Dr. Angela Smith.
  - DHB offers several programs that provide care and direct care support:
    - 1915(i) Option
    - Innovations Waiver
    - CAP Services

- Member frustration: Low number of SCFAC recommendations being implemented.

**Agenda Topic: Division of Health Benefits (DHB) Update – Dr. David Clapp, Behavioral Health/IDD Deputy Director and LaCosta Parker, Behavioral Health TBI Consultant**

- Collaboration:
  - DMHDDSUS and DHB continue working together to improve services despite recent funding cuts.
- TBI Waiver:
  - Statewide extension is critical for cost savings compared to institutional care.
  - DHB asked how they can better partner with BIAC.
  - Renewal Timeline: Current TBI Waiver ends 3/31/2027; renewal effective 4/1/2027.
    - DHB plans to submit to Centers for Medicare and Medicaid Services (CMS) by 10/1/2026.
  - Policy Development:
    - DHB is promulgating Clinical Coverage Policy 8Q (TBI Waiver).
    - Collaborating with the TBI Advisory Committee and stakeholders on amendments.
    - Service definitions under review:
      - Respite
      - Specialized Consultation,
      - Cognitive Rehab,
      - Supported Employment/Benefits Counseling, and
      - Mental Health Enhancements (CMS offering technical assistance on MH Enhancements).
  - Comparisons with other states (New York, Massachusetts, and Indiana)
    - NC allows broader functional applications and concurrent complementary services.
    - Service Limits: All states cap services; NC's limits support ongoing engagement.
    - Waiver Structure: NC emphasizes active utilization, coordinated delivery, and continuous review.
    - Feedback:
      - Requests to increase Cognitive Rehabilitation hours (currently 40/year); DHB is reviewing.
      - Clinical leadership is evaluating eligibility criteria for disability levels.
      - Year-to-Date: 107 CMS-approved waiver slots; 97 enrolled, 6 onboarding, 3–4 open.
      - TBI Waiver population is small compared to state population; need to compare total population vs waiver enrollment to assess additional slots.
  - Public Comment:
    - Two additional public comment periods planned.
  - TBI Dashboard:
    - DHB shared slides on the TBI Dashboard.
    - Dashboard to go public in a few weeks; reflects Medicaid and State-Funded TBI services.
    - Data validation ongoing; excludes private insurance and military data.
- Questions and Response Summary:
  - *Question:* What codes are included under brain injury?
    - Dashboard uses NC-defined TBI diagnoses based on statutory definition requiring functional impairment.
    - ICD-10 codes paired with NC's statutory definition to create NC's TBI definition.
  - *Question:* Are there any measures of satisfaction?
    - None for TBI overall yet; work underway for Waiver participants
  - *Question:* When the dashboard shows a TBI diagnosis, does that mean ICD-10 indicates TBI, brain injury, or concussion?
    - DHB believes it is ICD-10; will confirm
  - *Question:* What codes are included under brain injury?
    - Dashboard uses NC-defined TBI diagnoses based on statutory definition requiring functional impairment.

- ICD-10 codes paired with NC’s statutory definition to create NC’s TBI definition.
- *Question:* Are there any measures of satisfaction?
  - None for TBI overall yet; work underway for Waiver participants.
- *Question:* Is the TBI Waiver meeting utilization goals?
  - Eligibility expanded by lowering the age requirement and adding additional counties.
  - Alliance will share additional details at the next BIAC meeting.
- *Question:* Can DHB and DMHDDSUS work with Alliance to look at barriers and other funding streams?
  - Care managers are available to assist with onboarding for those with Medicaid.
  - Need to explore other funding streams to support those without Medicaid.
- *Question:* Why are elderly individuals (65+) who have Medicare not eligible for Medicaid Expansion, even though they represent the fastest-growing segment of our population?
  - TBI Waiver criteria remains confusing, highlighting a need for better education and clarity.
  - SSDI and Medicare have brain injuries, creating a gap in access to TBI services.
  - DHB will take this issue back for internal discussion.
- Comments:
  - DHB is data mining and using encounter (community billing) data; 12,743 individuals with ICD-10 TBI diagnoses are in Standard Plans, not Tailored Plans.
  - Disability Rights NC (DRNC) developed a tool to identify people with TBI in the community, previously presented at a BIAC meeting.
  - ECU Medical Center opened a behavioral health facility in Greenville, including a unit for individuals involved in the criminal justice system.

**Agenda Topic: Approval of Minutes/BIAC Work/Committee Review Topic:/Open Floor Comments:**

- Minutes Approved:
  - September minutes corrected and formally approved (included meeting extension and revised bylaws).
  - September Minutes approved (Chair Beth Overby and Rose Randall).
  - November Minutes approved (Dr. Kevin Burroughs and Jen Kimbrough).
- Committee Updates:
  - **Executive Committee:** Chairs/co-chairs met; goal is regular updates, attending public forums, and making volunteer time meaningful.
  - **Needs & Gaps Committee:** 30 members; Chair Laurie Stickney, Co-Chair Abby Coffey; first meeting date pending; topics include provider/consumer experiences, collaboration with SCFAC, and State Plan recommendations.
  - **Legislation & Policy Committee:** Chair Tracy Hayes, Co-Chair Dr. Jen Kimbrough; first meeting Feb. 4 at 3 PM; topics include TBI Waiver expansion, Brain Injury Day of Action, State Action Plan response, and Trust development. Suggestion: cross-attendance with Needs & Gaps Committee.
  - **Operations Committee:** 22 members; Chair Dr. Rosanne Randall, Co-Chair Molly Hastings; focus on BIAC improvements, community engagement, orientation, and collaboration with BIANC.
- Open Floor Comments:
  - Dr. Glenn Johnson shared research on robotic technology enabling mobility for paralyzed individuals, more research underway in NC.
  - Critical need to update BIAC website (currently outdated); DMHDDSUS manages it; suggested Operations Committee oversight.
  - Brain Injury Advocacy Day scheduled for early March (Brain Injury Awareness Month); discussion on Washington, D.C. trip.
  - Crystal Foster (SCFAC) needs BIAC recommendations on needs/gaps by March; coordination with Beth planned.
  - Group emphasized DHB staff should attend every BIAC meeting, not only when requested.

**Agenda Topic: Adjournment**

<ul style="list-style-type: none"> <li>Beth Overby adjourned the meeting at 1:03 PM.</li> </ul>		
<b>Action Items</b>	<b>Responsible</b>	<b>Deadline</b>
<ul style="list-style-type: none"> <li>Interest in having a future presentation on Home Care Services (falls under Medicaid LTSS)</li> </ul>	DHB staff	Unspecified