NC BRAIN INJURY ADVISORY COUNCIL

Meeting Minutes
Hybrid Meeting | Thursday, March 12, 2026, 9:00 AM – 1:00 PM

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

Agenda Topic:	**Welcome/Roll Call/Approval of Minutes – Beth Overby, Chair**

Welcome/Roll Call/Approval of Minutes

- Roll call was completed, and a quorum was confirmed.
- January meeting minutes were approved by all following a motion by Lynn Makor and a second by April Groff.

Agenda Topic:	**Division of Mental Health, Developmental Disabilities, and Substance Use Services (DMH/DD/SUS) Update – Kelly Crosbie, DMH/DD/SUS Director and Ginger Yarbrough, Chief Clinical Officer-I/DD, TBI & Olmstead**

Leadership Updates:

- Director Crosbie's role is expanding to Assistant Secretary, continuing oversight of DMH/DD/SUS and adding housing initiatives.
    - Niki Ashmont will remain Director of the Division of State Operated Healthcare Facilities (DSOHF).
    - Dr. Carrie Brown was appointed Deputy Secretary for Facilities, Behavioral Health & IDD, and Chief Psychiatrist; DSOHF and DMH/DD/SUS now report to her.

- Karen Burkes was named Chief Strategy Officer for Special Initiatives.
- General Counsel Julie Cronin now reports directly to the Secretary; Division of Health Service Regulations (DHSR) reports to her.
- Rukmini Balu joins NCDHHS as Chief of Staff.

Other Updates and Celebrations:

- March is Brain Injury Awareness Month; over 80,000 TBIs expected in North Carolina this year.
- TBI Dashboard offers Medicaid and state-funded service data (updated every 6–12 months).
  - Webinar will be held on March 16, 2026, 3:00-4:00pm.
- March is Developmental Disabilities Month (200,000+ residents with IDD).
- Innovations Waiver Waitlist Dashboard updated with enhanced county/TP metrics.

NC Rural Health Transformation Program (NCRHTP):

- NC awarded $213M federal grant to support rural health transformation.
- Six initiatives include:
  - Develop rural community care network hubs ("NC ROOTS") integrating medical, behavioral health, and social services.
  - Region-tailored hubs offering on-site and virtual services, care coordination, and family support.
  - Expand primary care, prevention, and chronic disease management.
  - Expand/integrate BH and SUD services.
  - Strengthen rural workforce and care team models.
  - Support fiscal sustainability and digital modernization.
- Timeline: April – October 2026 for award, hub lead selection, and onboarding.
- RHTP is designed to align with LME/MCOs and Tailored Plans.
- Program Link: ncdhhs.gov/rhtp

Executive Order (EO) 33 – Behavioral Health & Public Safety:

- Establishes a statewide framework for improved MH/SU crisis response.
- Calls for coordinated work among DHHS, Department of Public Safety (DPS), Adult Correction, courts, and local governments to reduce unnecessary justice involvement.

Ginger Yarbrough - TBI State Action Plan:

- Feedback received from SCFAC, Tailored Plans, DD Council, and BIAC (strong emphasis on prevention).
- Updated draft expected by the end of March.
- Vice-Chair Tracy Hayes recognized Abby Coffey for prevention-related contributions.

TBI State Appropriations:

- $3.4M allocated to Tailored Plans for TBI services; Vaya Health received $491,708 (insufficient to meet needs).
- 41% ($1.4M) spent to date; spending expected to increase as billing processes catch up.
- All funds are intended to be spent within the fiscal year.

TBI Waiver Updates:

- As of 1/31/26: 107 total slots; 98 actives; 7 in enrollment; 2 unassigned.
- Registry of Interest: 240 individuals in Alliance region; 256 disengaged, with data shared for follow-up.
- BIAC can receive disengagement-reason data; more detail pending Alliance's presentation.
- Clarification requested regarding individuals transitioning to state-funded services.
- Funding allocation follows GA approved single-stream algorithm.
- BIAC plans to send a formal request to the Governor for increased TBI funding; 2024 Annual Report with need estimates was not distributed as intended.

Strategic Planning:

- Planning for potential outcome of no GA funded waiver slots (75 slots were requested).

- Identify service strategies for individuals who do not receive waiver slots.

Agenda Topic:	Division of Health Benefits (DHB) Updates – Angela Smith, Chief Clinical Officer and Dr. David Clapp, Deputy Director, Behavioral Health/IDD

NC Medicaid Updates

- Welcomed Melanie Bush as Interim Deputy Secretary for NC Medicaid, succeeding Jay Ludlam (departed February 2026)
- NC ROOTS Hub RFAs released February 27; submissions due April 2, 2026.
- SFY 2025–26 Medicaid rebase need increased to $819M (up from $700M).
- WellCare and Carolina Complete Health Standard Plans are merging on April 1, 2026, under the statewide Carolina Complete Health
- NC Medicaid launching Cell and Gene Therapy for Sickle Cell Disease Provider Education & Awareness Campaign this spring.
- Reviewed H.R. 1 (Big Beautiful Bill) enrollment and eligibility timeline.
- Updated LTSS landing page reviewed; question raised about missing Innovations and TBI Waivers. DHB noted alignment work with CMS and intent to place all HCBS waivers under LTSS.
- Greg Daniels accepted Deputy Director of LTSS role after Sabrina Lea's retirement.
- Connecting Communities and Medicaid (CCM): ongoing work to reduce barriers and incorporate community feedback; comparison to CFAC/BIAC/DD Council to be followed up by Angela Smith.
- CCM join link: https://forms.office.com/Pages/ResponsePage.aspx?id=3IF2etC5mkSFw-zCbNftGf197VAvGTxGk-NJLI4LpQpUMlJLQk43NzRCQVowUUMyMkVINzNETDZXOS4u

Provider Resources:

- NC Medicaid Website: https://medicaid.ncdhhs.gov/
    - Medicaid Bulletins: https://medicaid.ncdhhs.gov/providers/medicaid-bulletin
    - Medicaid Managed Care Webinar Series ("Back Porch Chat"), 12–1 PM: May 21, Aug 20, Nov 19 (2026)
    - Medicaid Quarterly Virtual Office Hours, 12–1 PM: May 7, Aug 6, Nov 5 (2026)

TBI Waiver Expansion Committee:

- Meetings paused during waiver development; expected to resume in May or June.
    - DHB will email BIAC with reminder notices.

PDN (Private Duty Nursing) Dashboard:

- Greg Daniels will follow up on dashboard status.

NC Medicaid: Waivers and Eligibility:

- Dr. Clapp welcomes BIAC feedback on improving NC Medicaid: Waivers and Eligibility presentation.
- Delivery system and federal service authority are distinct; authorities determine allowable services and eligible populations.

Key Concepts:

- Delivery system ≠ service authority; plans coordinate and pay for services, but federal authority determines allowable services and eligible populations.

Why Federal Authorities Matter:

- Define Medicaid funding rules and service delivery structure
- Support expansion of HCBS and specialized behavioral health services
- Enable managed care operations and coordination

Federal Authorities: SPA vs. Waiver:

- State Plan Amendments (SPA):
    - Approved indefinitely

- New benefits must apply to all Medicaid beneficiaries (with limited exceptions)
- No specific budget requirements

Section 1115 Waiver:

- Authorizes managed care, Healthy Opportunity Pilots (HOPs), expanded SUD treatment, and reentry services.
- All HCBS/BH in Standard Plans, Tailored Plans, and CFSP operate under the 1115 managed care framework.
- Focuses on the delivery system transformation, which does not authorize every specific service itself.

1915(c) TBI Waiver:

- Adults 18+, Alliance region only, 107 slots; statewide expansion approved pending funding.

1915(c) CAP/C (Children):

- Medically fragile children ages 0–20; statewide; 4,048 slots.
- Services include In-home aids, pediatric nurse aids, respite, assistive tech, and more.

1915(c) Innovations Waiver:

- Individuals with I/DD; 14,736 slots; waitlist is approximately 19,000.

1915(c) CAP/DA (Adults):

- Older adults 65+/adults with physical disabilities; 11,648 slots; statewide waitlist.

1915(b) Waiver:

- 1915(b)(1) and (b)(4) authorize PIHPs via LME/MCOs for Medicaid Direct.
- Provide capitated behavioral health services.
- Intersects with authorities that authorize services delivered by PIHPs (e.g., Innovations and TBI waivers).

1915(i) Services:

- With Tailored Plan launch, most 1915(b)(3) services transitioned to 1915(i), except some Long-Term Residential Supports (LTRS).
- Delivered through Tailored Plans and PIHPs.
- Provide HCBS support under the Medicaid State Plan.
- Serve MH/DD/SUS populations living in the community.

1905(a) State Plan Authority (SPA):

- Covers HCBS such as Home Health, Personal Care Services (PCS), and Private Duty Nursing (PDN).

1945 Health Home Authority:

- Authorizes Tailored Care Management (TCM) for individuals in Tailored Plans.
- Delivered through TPs and PIHPs (non-risk).
- Supports care coordination for children with complex needs.

Additional Discussion:

- DHB to follow up on Medicaid subrogation inquiry from Dr. Johnson.
- Vice-Chair Hayes asked how 1915(i) expansion affects TBI populations outside the Alliance region
  - LaCosta Parker clarified: 1915(i) is a Medicaid State Plan service (not a waiver).
    - Does not require an institutional level of care(LOC).
    - Requires Medicaid eligibility, one functional deficit, and assessment by a Tailored Care Manager.
    - Encouraged review of the TBI Dashboard for statewide population trends across waivers.

Agenda Topic:	Public Comments

- There were no public comments.

Agenda Topic:	Alliance Health – Traumatic Brain Injury (TBI) Waiver – Alliance Health Staff

Alliance Health:

- Emily Kerley – Senior Director, Waiver Strategic Initiatives
- LaTanya Sobczak – Clinical Psychologist & IDD/TBI Clinical Director

- Michael Milley – Long-Term Services Program Manager
- Mya Lewis – Medicaid Contract Manager
- Sara Wilson – Chief of Staff
- Sonia Eldridge – Provider Network
- Alliance was selected by NCDHHS in 2016 to pilot the TBI Waiver, with implementation beginning in 2018 after CMS approval.
- TBI Waiver Disenrollment Summary (Dec. 2020 – Dec. 2025)
    - Total: 36 Individuals
        - 8 deceased
        - 7 transitioned to different levels of care
        - 9 moved out of the Alliance region
        - 6 voluntarily ended services (3 felt they had reached maximum benefit)
        - 4 did not meet monthly service requirements
        - 2 lost Medicaid eligibility
- Individuals Who Declined Enrollment (Ja1/2024–12/2025)
    - Total: 26 Individuals
        - 8 did not meet diagnosis criteria
        - 9 did not meet the Level of Care (LOC) requirements
            - Some needs exceeded what the rehab waiver can provide (based on Rancho Los Amigos Scale, which is required in the Waiver design)
        - 3 denied Medicaid for financial reasons
        - 2 not found disabled by Social Security
        - 2 declined to continue the enrollment process
        - 2 did not pursue Medicaid despite follow-up
    - Rancho Scale is determined by treating providers; Alliance does not administer the assessment.
    - Some individuals declined due to not wanting daily provider or staff involvement.

Eligibility and Reassessment Issues:

- Individuals may become eligible later if therapy services (PT/OT/Speech) document improvement.
- Rancho Scale changes depend on treating providers.
- Concern: Some individuals are discharged functioning too low for waiver eligibility due to limited therapy access.
    - Recommendations to revise CCP policies to increase therapy visit limits.
    - Executive Order 33 may help bridge cross-division gaps.
- Improved hospital education is increasing pre-discharge identification.
- BIAC feedback to the TBI State Action Plan highlights the need for stronger statewide discharge planning.

Service Utilization (Jan-June 2025):

- Residential vs. In-Home
    - 28 in group homes/AFLs
    - 63 living in private homes
- Meaningful Day Services
    - 36 in Community Networking
    - 23 in Day Support
    - 29 in Life Skills Training
- Specialized Services
    - 59 receiving Specialized Consultative Services

- 9 receiving Cognitive Rehabilitation

- Notes:
  - Individuals often use multiple services.
  - Underutilization of some services (e.g., Supported Employment) linked to hour caps and CCP limitations.
  - Alliance does not terminate individuals due to staffing/provider shortages.
  - Cognitive Rehabilitation is underused; Alliance is exploring strategies but faces rate and CCP limitations.
  - PT/OT/Speech tracking is challenging due to coding and definition differences across systems.

Additional Discussion:

- Suggestion for Alliance present at a BIAC Legislative & Policy Committee meeting for coordinated policy recommendations
- Waiver cost limit is $135M; home and vehicle modifications may exceed this under the carveout.

Agenda Topic: BIAC Work/Committee Review

TBI State Action Plan:

- Vice-Chair Tracy Hayes reported on the TBI State Action Plan; Legislative & Policy Committee led BIAC's feedback, with appreciation extended to contributors, including Dr. Rose Randall, for ensuring alignment with BIAC bylaws.
- Remote and Email Voting:
  - Meeting schedules often conflict with DHHS feedback timelines; BIAC bylaws currently do not permit remote/email voting.
  - Request to pursue bylaw revisions to allow remote/email voting.
  - Council agreed to bring revisions forward at the next meeting; legal confirmed it is allowable if included in the bylaws.
  - Motion to approve remote/email voting revisions to bylaws:
    - Motion: Jen Kimbrough
    - Second: Laurie Stickney and Lisa Nesbitt
  - Question raised about including feedback timeline; general agreement to proceed once a majority is reached.
  - Dr. Randall will compile required revisions for leadership review.

Review of TBI State Action Plan Feedback:

- No goals from the 2017 Plan were met due to lack of SMART goals; draft goals remain vague and need refinement.
- Funding emphasized as essential for infrastructure, provider capacity, and realistic expectations for families.
- Requested greater clarity in waiver eligibility components.
- Terminology used in the plan (priorities, goals, action steps) was noted as confusing.
- Action steps are not in chronological order, making processes difficult to follow.
- Hospital discharge planning remains a critical issue; regression often occurs before services begin. Need statewide protocols, warm handoffs, and person-centered planning.
- Workforce training varies widely; TBI rehabilitation needs differ from I/DD habilitation.
- Concerns raised about the TBI Resource Hub listing services unavailable in certain counties.
- Prevention added as a fourth focus area, consistent with the 2017 Plan.
- Metrics need strengthening to ensure clarity and measurability.
- Need clearer definitions distinguishing TBI from Acquired Brain Injury; potential for a broader "Whole Brain Injury Plan."
- Accountability identified as a key gap in the current draft.

Committee Reports:

- Needs & Gaps Committee meets every other month.

- Policy & Legislation Committee meets every other month.
- Operations Committee meets monthly, addressing orientation, bylaws, committee alignment, and cross-committee collaboration.
    - Committee materials will be posted online when finalized; public engagement encouraged via AandE.staff@dhhs.nc.gov.
- Executive Committee meets monthly, including BIAC and standing committee leadership, exploring best formats for providing advice (e.g., letters/forms).
- Renee Johnson shared the City of Charlotte Brain Injury Awareness Month Mayoral Proclamation event (March 9, 2026).
    - Strong community support and meaningful survivor testimonials
    - Hinds Feet Farm Executive Director Beth Callahan also attended.

Agenda Topic: Adjournment

- Meeting adjourned at 12:51 PM.

Action Items	Responsible	Deadline
Bylaw revisions will include attendance guidelines to be presented for approval at the next meeting.	Tracy Hayes and Beth Overby (BIAC)	At the next meeting
DMHDDSUS to provide the deadline for budget feedback on funding	Ginger Yarbrough (DMH/DD/SUS)	Unspecified
Medicaid subrogation inquiry from Dr. Johnson; DHB received the email and will follow up	LaCosta Parker (DHB)	Before the next meeting
PDN (Private Duty Nursing) dashboard status	Greg Daniels (DHB)	Before the next meeting
BIAC requests to submit a formal letter to the Governor requesting increased dedicated state funds specifically for TBI; state staff will follow up.	Ginger Yarbrough (DMH/DD/SUS)	Unspecified
How does CCM compare to groups like CFAC, BIAC, and DD Council in terms of providing feedback and sharing information?	Angela Smith (DHB)	Before the next meeting