



NASHIA Tip of the Month!

Screening Older Adults for Unidentified Brain Injury Through Area Agencies on Aging (AAA)

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June 22, 2014, marks the 15th anniversary of the *Olmstead v. L.C.* case that affirmed the rights of Americans with disabilities to live independently. In the spirit of that landmark decision, and the upcoming July 4th, Independence Day, this month's tip is about screening older adults for Traumatic Brain Injury (TBI) at the point of program eligibility and service needs planning to help them maintain independence.

The Nebraska Brain Injury Registry data indicates that nearly 2,000 Nebraskans aged 65 and older are treated in emergency departments, hospitalized, or die each year due to TBI. According to the Nebraska State Unit on Aging, this number will likely grow as Nebraska experiences a rapid increase in its elderly population between now and 2030. The population aged 65 years and older is projected to increase from 240,000 in 2010 to 400,000 by 2030. Falls are a frequent cause for TBIs among older adults due to medication side effects or interactions, poor balance, impaired vision or tripping hazards in the home. As Nebraska's population ages, it will be natural to expect more falls and more TBIs, particularly for individuals aged 65 years and older, making older adults a particularly vulnerable population in terms of maintaining their health and independence due to TBI.

The problem of unreported or undiagnosed identification of TBI compounds this threat to independence. The Centers for Disease Control and Prevention (CDC) reports that one in three adults aged 65 or older falls each year, but less than half of them talk to their healthcare providers about it. Family members of older adults with unreported or undiagnosed TBIs due to falls may mistakenly associate the onset of cognitive or behavioral changes with the natural aging process or dementia and fail to seek appropriate health care or support services for their elder. With no knowledge of the TBI, care managers or service coordinators responsible for program eligibility and planning may fail to consider TBI-related needs for cognitive or behavioral supports to help maintain independence.

As the state's lead agency for TBI, the Nebraska Vocational Rehabilitation (VR) partnered with the University of Nebraska - Kearney researchers in 2013 to train regional Area Agency on Aging (AAA) service coordinators and care managers on brain injury and to implement a simple method to screen individuals for TBI at the point of program eligibility and service needs planning.

In Nebraska, older adults and those with disabilities access a broad range of services and supports to maintain independence through regional AAA offices, which are also responsible for Aged and Disabled Medicaid Waiver eligibility determination and service planning for individuals aged 65 years and older. After receiving training on brain injury and screening methods, the AAA professionals used the OSU TBI-ID tool to screen their current clients and new referrals.

The researchers found a high percentage of previously unreported TBIs among those screened. Of the 83 individuals screened, 28 were positive for potential TBI (34%), based on reported incidents and the long-term symptoms associated with them. Among those screened, the researchers uncovered a total of 99 incidents of potential TBI since many participants reported multiple injuries. They also noted that at least 50% of the individuals screened reported long-term symptoms of TBI with no loss of consciousness, upending the common misconception that TBI always involves a loss of consciousness. Researchers also documented an increase in knowledge of TBI among the service coordinators and care managers who received the training. These professional service providers also reported the individual screening results to be helpful in identifying appropriate services and supports for those older adults screening positive for potential TBI.

In summary:

Routine screening for TBI is an effective strategy for service coordinators in AAA regional offices to identify older adult clients with TBI, assess their needs, develop care plans and coordinate appropriate services in the community to meet their needs. Screening for the long-term effects of TBI can thus help older adults maintain greater levels of independence. June's Tip of the Month is to train professionals, service providers and agency staff serving older adults to implement simple methods to screen individuals for TBI at the point of program eligibility and service needs planning.

References:

Nebraska Department of Health and Human Services (DHHS) Division of Medicaid and Long-Term Care, State Unit on Aging 2012 -2015 Plan for Aging Services:
<http://dhhs.ne.gov/medicaid/Aging/Documents/AgingServicesStatePlanFY2012-FY2015.pdf>

Screening and Identification of Individuals with Brain Injury (BI) Seeking Services through the Area Agency on Aging in Rural Nebraska, Patocka, et al, 2013. Unpublished.

For further information contact NASHIA at info@nashia.org.