

Traumatic Brain Injury Services Coordinating Council

Meeting Minutes

Monday, December 10, 2012

10:30am – 3:30pm

NYS Museum, Meeting Rooms A and B

Topic	Discussion	Action/Next Steps/Who/When
Attendance	<p>Present: Judy Avner, Barry Dain, Michael Kaplen, Cher Montayne, Colleen Scott, Michael Davison, Nina Baumbach and Charlotte Mason</p> <p>Absent: Kenneth Ingenito, Timothy Pruce, Debbie Zetterstrom, Gerri Malone, Meredith Klein, Lisa Robateau-Epps</p> <p>Ad-hoc Members Present: Ann Marie Calabrese, Jeffery Pohl</p> <p>DOH Staff: Mark Kissinger, Carla Williams, Helen Hines, Christopher Phillips, Kitty Gelberg and Cheryl Veith</p>	
Welcome	<ul style="list-style-type: none"> • The meeting was called to order; Michael Kaplen presided over the meeting. • A quorum was not present so no voting can take place. Minutes will be reviewed and approved at the next meeting. • Michael Kaplen introduced the day’s agenda, which needed to be modified since scheduled speakers were delayed. 	
Subcommittee Reports	<p>Judy Avner, Healthcare Reform/Non-Waiver Service Needs Committee</p> <p>Ms. Avner stated that the committee has accomplished the three initial recommendations they had defined as priorities.</p> <ul style="list-style-type: none"> • NYS Medicaid Director, Jason Helgeson, addressed the Council regarding Medicaid and the work of the Medicaid Redesign effort at the 4/20/12 meeting. A letter from the council was also sent to Mark Kissinger regarding the Fully Integrated Dual Advantage Program which came up at that meeting. The meeting was very well attended and an engaged, spirited discussion took place. The council raised a number of issues during this discussion. • The committee recommended that presentations be invited to get more information on the implementation of the Affordable Care Act in New York State. The emphasis to be specifically on assuring access to benefits for individuals with brain injury—rehabilitation, in particular. That recommendation is included in the agenda today. There will be a presentation on NYS’s Essential Health Benefits by Sherry Tomasky from DOH’s Health Benefit Exchange. The committee had recommended that the Commissioner of Health become engaged in advocacy on a federal level to ensure that individuals with brain injury were adequately addressed in the Affordable Care Act. • The committee recommended that DOH explore avenues for providing service coordination for individuals with brain injuries who are not receiving waiver benefits. This has been identified over and over as a need. • Mr. Kaplen stated that today’s agenda was developed based on the recommendations of this committee. As a follow up to this report and with the endorsement of the Executive Committee a letter dated May 7, 2012 was sent to Carla Williams, Deputy Director, Division of Long Term Care in a response to the TBI Five Year Action Plan. Mr. Kaplen read this letter into the record. • Barry Dain is now serving as the Chair for the committee and indicated that the committee will continue to follow up on the council’s specific recommendations. 	Letter to DOH read into the record

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<p>State Agency Updates</p>	<p>Office of Alcohol and Substance Abuse Services (OASAS) - Cher Montayne Two TBI conferences (Upstate and Downstate) were held in 2012 and well attended. They were a result of the TBI committee and donated time of volunteers. The conference presenters volunteer their time, and in doing so, the conferences have no fee for attendance. Ms. Montayne stated that the TBI Committee is now on hold due to staffing issues. Ms. Avner added that OASAS, in conjunction with BIANYS, sponsored two Learning Thursdays. These are free webinar trainings available to clinicians to strengthen practice in community providers. The webinars had about 800 attendees. Mr. Kaplen mentioned that he and Ms. Montayne have worked together on some alcoholism studies. Ms. Montayne said that she would follow up on her end regarding that data.</p> <p>Commission on the Quality of Care and Advocacy for Persons with Disabilities (CQC) – Colleen Scott Ms. Scott states that the agency will become part of the newly created Justice Center beginning 7/1/13. The Protection and Advocacy Programs (PA) and the Client Assistance Program (CAP) is in the process of being redesignated by the Governor. Ms. Scott invited Christine Waters, ESQ., Protection and Advocacy for individuals with TBI (PATBI), Legal Services of Central New York, to update the council further. Ms. Waters explained that Legal Services of Central New York is a contractor with CQC and provides the PATBI program legal advice and services to individuals with TBI statewide. She states that these information and referral services, individual advocacy and policy are critical. Mr. Kaplen asked if these services will continue as CQC transitions into the Justice Center. Ms. Scott indicated that the program and other Protection and Advocacy Programs within CQC will continue, but it is unclear how the programs will be administered. Ms. Scott further explained that the model of the PATBI program is unique in that one agency is handling all of the work statewide. The Client Assistance Program, for instance, works with ACCES-VR (Adult Career and Continuing Education Services-Vocational Rehabilitation) and has 12 regional offices statewide. Ms Avner, Ms. Waters and Ms. Scott indicated that this is a complicated topic and that funding for the TBI program is federal and determined by a formula and that each state handles this differently. Mr. Kaplen requested that Ms. Waters forward more information to him and Ms. Avner so that the council can make a recommendation to the Commissioner of Health to forward to the Governor’s Office.</p> <p>Office of Victim Services (OVS) – Ann Marie Calabrese Ms. Calabrese explained that her agency provides medical assistance to victims of crime. Medical records are reviewed and if a TBI I identified she advocates for individuals for services including the MA waiver. The OVS program can assist individuals financially until needed services are in place. She estimates that 5-6 people are identified with TBI injury per month. Mr. Kaplen asked what screening tool is used by OVS. Ms. Calabrese states that applications are screened for high medical need but that a specific screening methodology is not used. Mr. Kaplen stated that the state of Texas is using the screening tool developed by Mt. Sinai and suggested that Ms. Calabrese reach out to Mt. Sinai for more information.</p>	

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	<p>Office of Persons with Developmental Disabilities (OPWDD) – Nina Baumbach Ms. Baumbach states that OPWDD does not have specific TBI programs but serves individuals with brain injury whose injury occurred before the age of 22. A service plan would be developed based on those individual needs. She states that OPWDD is transitioning to a Managed Care Environment in the next five years and that there will be Developmental Disability Individual Service Coordination Organization or DDISCO. She stated that an assessment tool is being developed that will look at the whole person and care coordination teams will develop individualized services for people. She stated that OPWDD was initiating a new front door process, to standardize the process for accessing services across the state. She stated that services will be based on needs and that a personal resource account will be established. This will be piloted in the near future. Ms. Baumbach states that it is unclear exactly how the personal resource accounts will work in the managed care environment.</p> <p>Division of Financial Services (DFS) – Jeff Pohl DFS is a regulatory agency that oversees insurers in NYS. They have been working on the Affordable Care Act-will require health plans to include Essential Health Benefits. These are the benefits that insurance products will be required to contain. Mr. Pohl listed the services which must be included. HHS directed each state to identify one benchmark plan. NYS chose an Oxford product as the states bench mark. Mr. Kaplen asked if this plan includes services for brain injured. Ms. Avner states that BIANYS has worked to advocate that rehabilitative services be included and sent a letter to DOH Commissioner Shah with specific recommendations.</p> <p>Mr. Kaplen states that he wishes to thank Ms. Calabrese and Mr. Pohl for their consistent attendance and input as invited ad-hoc members of the TBISCC. He wishes to continue with recommendation that these agencies become formal members of the council.</p>	
DOH Update	<p>Mark Kissinger, Director, Division of Long Term Care, NYSDOH, OHIP Managed Long Term Care (MLTC) and Fully Integrated Dual Advantage Program (FIDA) In 2011, as part of the MRT, a law was passed to transition all fee for service LTC services to Managed Long Term Care-Care Management for all. We are now in the 2nd year advancing 21 and older dual eligibles in need of home and community based LTC of more than 120 days into MLTC plans. This began with federal approval of Fee for Service Personal Care in NYC. The front door into Medicaid fee for service system will be changed so that entry for long term care services will be through MLTC plans. This is part of the ongoing care for all. In 1/2013 other milestones will be transitioning those in Long Term CHHA Services, Adult Day Health Care and Private Duty Nursing. People will get a letter and have the ability to choose a plan. If they do not choose a plan, we have approval to auto assign people into MLTC plans. The Long Term Home Health Care program will transition in 2013, but NYS does not yet have federal approval for this. Once approval is received the enrollment plan begins in NYC, moves to the suburbs of NYC, to upstate urban locales and then the rest of that state. Auto assignment is ongoing for those who have not chosen a plan. So far things are going well.</p>	

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	<p>Fully Integrated Dual Advantage Program (FIDA) steps back to the Affordable Care Act. NYS was awarded a \$900,000 planning grant to integrate dual eligibles--those who are both eligible for Medicare and Medicaid. NYS developed a proposal to integrate dual eligible, 21 years or older, in need of 120 days plus of long term care services to fully integrate those individuals into MLTC plans —fully integrated meaning behavioral, acute and long term care services- by 2014. The plan begins in NYC, Westchester, and LI. There is much work to do to and DOH is working with all partners to get this done. A MOU which is required to do this has not been developed yet and out federal partners are focusing on the states with a 2013 start date. Out of those states only two states have their MOUs done. Mr. Kissinger stated that he believes that once the 2013 states are complete, federal partners will be able to work to get this in place in NYS. Mr. Kaplen asked how the TBI waiver participants fit into this transition. Mr. Kissinger indicated that the TBI and NHTD waiver population were statutory exempt in 2011 until program features and reimbursement models have been developed. They are scheduled for 2014 or 2015 and much work still needs to be done with communities and stakeholders to assure that the population’s needs are accommodated. Check the MRT website. There is a lot of information and a timeline for Care Management for All. The transition was delayed on purpose to make sure all services needed for TBI and NHTD populations are provided. Mr. Kissinger indicated that the council will be included as a stakeholder in this process. Mr. Kaplen asked if the council should develop a committee to address what services need to be included. Mr. Dain indicated that it will be important that service coordinators train new providers. It was agreed that a committee will be formed.</p>	
The Affordable Care Act	<p>Sherry Tomasky, Director, Stakeholder Engagement, NYSDOH Health Benefit Exchange NYS Health Benefit Exchange and Traumatic Brain Injury Ms. Tomasky provided a presentation and overview of the Affordable Care Act, the development and implementation of the Health Benefit Exchange and discussed Essential Health Benefits and the supplemental package of benefits being developed. New York State has chosen to develop an Exchange and will be operational as of 1/1/2014. Ms. Tomasky advised that the council, as a stakeholder, can provide recommendations to the Health Benefit Exchange in regard to the supplemental package of benefits. This recommendation can be sent to Donna Frescatore, Executive Director, NYSDOH Health Benefit Exchange. Ms. Tomasky ended her presentation with Q and A.</p>	Powerpoint presentation provided
NYS Concussion and Management Act	<p>Karen Hollowood, Associate in School Nursing, NY State Education Department Implementation and Update Ms. Hollowood discussed implementation of the NYS Concussion and Management Act which became law on 7/1/12. Guidelines for Concussion Management in the School Setting were developed by SED and DOH. Each school district has developed their own policies to implement this law. Ms. Hollowood indicated that different districts are approaching the law in ways that make sense in their schools. Mr. Kaplen thanked SED for their work and stated that a letter was sent to SED Deputy Commissioner, Ken Slentz, regarding Proposed Concussion Management and Awareness Rule Making. He states that he was disappointed that the council did not receive a response. Ms. Hollowood indicated that there was no mandate to include baseline neuropsychological testing, so it</p>	<p>Handout provided Letter to SED read into the record</p>

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	could not be included in regulation. Ms. Hollowood indicated that NYS is a local control state, so SED is not a regulatory agency—local districts govern themselves. The TBISCC would have to work through legislation for desired changes. Ms. Hollowood ended her presentation with Q and A.	
NYS Five Year TBI Action Plan Update	<p>Helen Hines, Division of Long Term Care, NYSDOH OHIP NY State was one of 17 states to receive a HRSA TBI grant in 2009. The grant challenged NY to:</p> <ul style="list-style-type: none"> ○ develop a five year TBI action plan ○ expand information about the NYS TBI Medicaid waiver ○ enhance access to services/supports for children and veterans with TBI <p>Recommendations in the Five Year Action Plan are:</p> <ul style="list-style-type: none"> ○ Enhance TBI public knowledge of TBI Treatment and Prevention ○ Improve access to Community Based Services ○ Enhance provider training to improve TBI diagnosis and treatment ○ Maximize Educational/Vocational Opportunities for Children/Adults ○ Address the need for Accessible Affordable Housing <p>This presentation focused on updating the progress made toward the implementation of each of the five actions areas.</p>	Powerpoint presentation provided
Council Bylaws Discussion	The current Bylaws are dated April, 1999. DOH advanced a draft revision of the TBISCC Bylaws document to members prior to this meeting. The Council advised that they did not have adequate time to review proposed Bylaw revisions in order to discuss today. The discussion was tabled to allow the council more time to prepare for a discussion.	Discussion documents provided
Public Comment	<p>Peter Karhman, Advocate: Mr. Karhmann stated that he and other members of the disability community met with Jim Introne, Governor’s Office and Roger Beardon, CQC, to discuss the current state of affairs of the Protection and Advocacy contract. He stated that they received support. Mr. Karhmann stated that the theme of the discussion at today’s meeting, which was very positive, ended as a discussion regarding the disability community not having a voice—or not being heard. Mr. Karhmann stated that he has reviewed the minutes of the meetings and did not see proposals regarding the TBI waiver for instance. Mr. Karhmann stated that DOH has received recommendations but respond that those things cannot be done. He stated that disabled people do not need people to speak for them, and urged the council to fill the vacant seats for individuals with brain injury. He closed by saying that those with brain injuries deserve the best chance to regain their independence.</p>	
Next Meeting	<ul style="list-style-type: none"> • The next Council meeting will be scheduled in the last two weeks of January, 2013. The date will be announced. This meeting will be used to plan the agenda for 2013. • The meeting was adjourned. 	