

**Traumatic Brain Injury Services Coordinating Council
Meeting Minutes
June 27, 2017; 10:35 am – 2:25 pm
One Commerce Plaza, 99 Washington Avenue, Albany, NY
16th Floor, Conference Room 1613**

Topic	Discussion	Action/Next Steps/Who/When
Attendance	<p>Council Members Present: Barry Dain (Chair); Crystal Collins (JC); Michael Davison (Vice Chair); Brent Feuz; Michael Kaplen; Luci Wilson (OMH); Dominick Raffio; Jennifer Semonite (NYSESED); Earl M. Schmidt (TPS); Ann Marie Calabrese (OVS); David Hoffman (DOH)</p> <p>Council Members Absent: Nina Baumbach (OPWDD); Megan Clothier; Kenneth Ingenito; Meredith Klein; Maxine Smalling (OMH); Timothy Pruce; Joseph Vollaro; Chad Cook (DFS); Kitty Gelberg (DOH)</p> <p>DOH Staff: Maribeth Gnozzio; Teri Schmidt; Thomas Rees</p>	
Welcome and Introductions	The meeting was called to order at 10:35 am; Barry Dain, Chair, presided over the meeting.	
Review and Approval of 1/12/17 TBISCC Meeting Minutes	<p>Council members reviewed the minutes of the January 12, 2017 TBISCC meeting.</p> <ul style="list-style-type: none"> • B. Dain made a motion to approve the minutes. E. Schmidt seconded the motion. Motion passed. 	
Concussions: Controversies and Interdisciplinary Team in Management presentation	<p>Dr. Emerald Lin: Assistant Attending Psychiatrist at Hospital for Special Surgery, Assistant Professor of Clinical Rehabilitation Medicine, Weill Cornell Medical Center – PowerPoint presentation.</p> <p>B. Dain asked for further clarification on the use of psychiatry and the interdisciplinary treatment. The literature in the 90's indicated the approach for severe brain injury, not moderate as suggested. Where do you see this going in the future? Dr. Lin responded that it is seen to be successful in the military model in the outpatient setting. There are some settings where there is an outpatient attached to an inpatient and that inpatient interdisciplinary model gets translated to the outpatient. B. Dain asked how diverse does the team become? Dr. Lin responded that a neuropsychologist and a PT are the bare bones. Ideally, there would be a neuro-optometrist and internal medicine. Case management is very important. Letting the family know and the patient know. There has to be a balance, the patient cannot live in a bubble.</p> <p>B. Feuz commented that he had to put together an interdisciplinary team of his own after getting a concussion from an air horn as a firefighter. Doctors were not finding the issues. B. Feuz talked about the booklet he wrote on the approach and how early medical intervention is inadequate in diagnosis. B. Feuz asked if there has been any imagining with the neck and back? There are lots of injuries with spinal cord and brain stem which can affect how you feel and how your body works. Dr. Lin responded that they are doing a lot of research on the military side on how the intervention worked. There was lab</p>	DOH will post the PowerPoint presentation on the TBISCC webpage

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work on cortisol levels, MRI's, it is a lot for the average consumer. After an acute concussion, they have seen an increase in cortisone. **B. Feuz** suggested there should be a functional third scan after the CT and MRI to look at grey matter function. **Dr. Lin** responded that in terms of sports-related concussions and active duty service members the concussions were much more straight forward.

Anne Marie Todd (member of the public) asked to elaborate what the ICD-10 is and what is pathophysiology? **Dr. Lin** responded that the ICD-10 is a system used in medicine for coding and billing. Pathophysiology is the neurobiology of what happens after an injury. It is the physical manifestation of the incident. **Anne Marie Todd** suggested it would be useful to have an index of frequently used acronyms.

D. Hoffman commented that there might be a lot of valuable information in the Berlin Consensus Statement that is not understood in some important fields such as pediatrics, emergency rooms, etc. Would it be useful to distribute the Berlin Consensus Statement? **Dr. Lin** responded yes, it just came out recently and having DOH behind the initiative would be great.

B. Dain made the suggestion for the Department to distribute the Berlin Consensus Statement to the public. **B. Dain** made a motion to have the Department disseminate. **E. Schmidt** seconded the motion. Motion passed.

DOH will post the Berlin study on the TBISCC webpage

Waiver Carve-out Subcommittee Update and Review of Recommendations

B. Dain distributed NYS TBISCC Subcommittee: TBI/NHTD Waiver Transition (one-sided document).

B. Dain reported that the waiver carve-out subcommittee has met and has some recommendations for the Council and the public as well. **B. Dain** asked the Council to approve the recommendation and then bring it to the Commissioner asking not to move waiver services into Managed Care.

M. Kaplen commented that this document is inadequate at this time to submit on behalf of the Council because it lacks the backup findings of fact and history of transition. It would make no sense to an uninformed individual reading it. **M. Kaplen** suggested the document go back to the Council for review. **B. Dain** responded that the backup is supported by bullet number 1. Also, Public Health Law §2741 which supports these recommendations. Bullet number 3 was taken from NYS Law for TBI of 1994. **B. Dain** quoted bullet "Inability of the DOH to effectively establish a program within managed care that is substantially comparable to the NYS TBI waiver program in 2015 as supported by the stake holder letter/recommendations issued by the Brain Injury Association of New York". This was submitted to Council members in March 2017. The committee approved this in 2015. **M. Kaplen** responded that he respectfully disagrees and these are general and uninformative summaries that need further delineation in a report. **M. Kaplen** asked how is bullet number 3 different from the TBI waiver program itself in terms of a comprehensive statewide program? **M. Kaplen** suggested it should say services provided under the waiver should be offered to individuals not eligible for the waiver program. If not Medicaid eligible, you cannot be on the waiver. Services should be eligible to all public that are injured. **M.**

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	<p>Kaplen suggested this document needs more work before approval. B. Dain responded that the BIANYS comments, the HPA (Health Plan Association) 2016 budget priorities, 2017 memorandum and Managed Care provider representatives all support a carve-out from Managed Care. M. Kaplen made a motion to table this document and move it back to the committee for findings of fact to support the bullet point conclusions. M. Davison commented that it sounds like the Council is closer to agreeing to the document than voting to table it. M. Davison asked if there is a mechanism to bring some of the documents B. Dain referenced as an attachment to the document? B. Dain commented that the documents referenced would be an attachment to the recommendation. B. Dain reminded the Council that there is a motion on the floor to table to the subcommittee for supporting documents. No second to motion. The motion will not carry. B. Dain made a motion to submit the document with supporting documents mentioned. B. Feuz seconded the motion. All in favor – Opposed 0; Abstain 2 (D. Hoffman and M. Kaplen). Motion passed.</p> <p>B. Dain distributed NYS TBISCC Subcommittee: Repatriation (double-sided document).</p> <p>B. Dain explained that this subcommittee was developed out of the passion and commitment of Kim Lawrence and Kahrman Advocacy. There is a need for repatriation. This document is the committees first stab at recommendations to this Council. There are areas of the Public Health Law that have not been complied with by NYS and it is recommended that they do comply. M. Kaplen commented that this document also lacks supporting documentation and findings of fact. M. Davison commented that he agreed with the lack of facts and suggested this document needs more work. B. Dain responded that this is preliminary and what they are looking for is a support of the concept. B. Dain asked if members of State agencies could identify people living in out of state nursing homes who have a brain injury? D. Hoffman commented that it is unknown how many New Yorkers are placed out of state who have private insurance or are private pay and the Department has no means for gaining that information. The Department can only track those individuals who are Medicaid eligible. B. Dain made a motion that the Council recommends to the subcommittee to continue its work on repatriation. B. Feuz seconded the motion. All in favor – Opposed 0; Abstain 1 (D. Hoffman). Motion passed.</p>	
OMH Updates	<p>B. Dain introduced Luci Wilson representing Maxine Smalling (OMH).</p> <p>L. Wilson provided an update on the Tele-Echo Project. Kick off meeting was on 6/8/17. First virtual clinic is today. There are 28 nursing homes participating and 19 community mental health nurses from across the state participating in virtual clinics every two weeks. OMH is also open to partnering with the Council on initiatives.</p>	
Break for lunch 12:10 pm – 12:51 pm		

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Concussion Management Subcommittee Report and Update

Dr. Andrew Hess: Co-chair, Concussion Management Committee, Retired Pediatric Psychologist, Sunnyview Rehabilitation Hospital
Materials: SCAT5 (Sport Concussion Assessment Tool – 5th Edition); Leaders and Laggards: Tackling State Legislative Responses to The Youth Sports Concussion Epidemic; and The Network for Public Health Law: Summary Matrix of State Laws Addressing Concussions in Youth Sports.

Dr. Hess provided information and updates on the concussion initiative. **Dr. Hess** reports there is a preponderance of scientific evidence to make a diagnosis (Evidence-based recommendations vs. evidence-inspired recommendations) however, for children and adolescents there is not sufficient data. Children/adolescents need to return to learn/return to school before they can return to sport. Only 20-25% of concussions are sports related. The State Education Department started an initiative to review/re-write guidelines/guidance for districts using the Berlin guidelines. The CDC will be issuing guidelines within 12 months regarding pediatric diagnosis and recommendations. **Dr. Hess** asked: Where does New York stand as a leader in concussion management? New York has some of the best research institutions in the country: NYU, Cornell, University at Buffalo, etc. The National Center for Public Health Law’s most recent update was in March 2016. According to the matrix, New York is one of 30 states that has not updated its concussion guidelines. The Center is working to provide an update to laws in 2017. There is an article in the Fordham Law Review which categorized the 50 states on their strength of the Concussion Management Act. The article looked at states who are leaders, those that used the Lystedt Law for guidance and those who are lagging. New York was put in the “loafer” category. The study also looked at primary prevention (use a helmet to avoid the accident/injury) and secondary prevention (managing the after effects). **Dr. Hess** commented that he believed New York could do better. **Dr. Hess** discussed developing return to learn protocols, updating the Concussion Management Act at the State Education Department and educating teachers, guidance counselors and parents. **B. Feuz** suggested reviewing the CDC’s Heads Up program. **D. Raffio** commented that people do not know where to get information. **M. Kaplen** commented that baseline testing should be incorporated into the TBI diagnosis and considered preventative pediatric care, therefore insurance companies would cover it. Also, the State’s Concussion Management Act should look expand not only to address student athletes but little league, pop warner, etc. **D. Hoffman** commented that since the Affordable Care Act (ACA), all preventative care must be presented to a national group that determines whether it is rated high enough to be required and covered by a plan as preventative care. **Dr. Hess** responded that neither the Berlin consensus nor the CDC supports baseline testing.

B. Dain commented that the committee may be interested in being involved with developing stronger protocols and requirements for youth sports outside of school (public facilities). Motion regarding the expansion of current legislation, return to learn protocols, surveillance models, increased education for coaches, field managers and teachers and universal testing? **Dr. Hess** responded that a motion is not warranted. If there is a motion it should be to have a representative from the State Education Department attend a TBISCC meeting to share what their anticipating to change/update. **B. Dain**

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	<p>agreed there is no need for a motion. B. Dain and D. Hoffman will contact SED to request a representative attend a TBISCC meeting.</p>	
<p>Public Comment</p>	<p>Bob Rothberg (member of the public, father of TBI survivor) commented on UAS concerns and the IPRO presentation at an earlier TBISCC meeting. There needs to be an addendum for cognitive abilities. IPRO said that 9-10% of the time the assessor should have been assessing the person at a higher level. IPRO looked at records only, they did not interview people. They also looked at the 3-day window period and Inter-RAI can only validate within the 3-day window. There are discrepancies between the UAS, IPRO and Inter-RAI in regard to the statistics. The IPRO study is not a validation of the UAS tool, but a validation of the assessor performing the tool. UAS does not evaluate everyday living such as opening mail. If a person fails the UAS, the State is allowing a clinical specialist to interview the person. Will there be a specialist available because they will only get paid Medicaid rates? Bob Rothberg asked if it is true that the Department has submitted for CMS approval without any addendums? D. Hoffman responded that the Department asked for the UAS to be approved in 2014. It is different tool than it is today. The Department is waiting for approval from CMS of all changes made to the TBI application and if Inter-RAI suggests a cognitive assessment the Department will follow their suggestion.</p> <p>Peter Kahrmann (member of the public, advocate) asked why the UAS is used for TBI when it does not measure cognitive abilities? Peter Kahrmann reported that Kahrmann Advocacy Coalition is drafting a plan for repatriation and anyone is welcome to participate.</p> <p>Traci Allen (member of the public, Alliance of NHTD and TBI Providers) commented that the IPRO study suggested a cognitive add-on and the Department said it is committed to make changes, but it is yet to be seen. The TBI Waiver has been on extension since 2013 and was submitted prior to the public comment rules. Cost Reporting, UAS and Conflict of Interest (COI) are the biggest changes/issues. The Alliance has reached out to CMS and the Department regarding COI and Service Coordination (The Alliance letter to CMS dated 6/9/17). Traci Allen requested that the Council formally request from the Department input into what is included in the COI transition plan. D. Hoffman responded that COI is not a New York State rule but a federal rule. The Department is working with CMS on a Corrective Action Plan to be in compliance with the federal rule that was put forth in 2014. The TBI Waiver has been in temporary extension since before the rule. The Department is anticipating the 5-year TBI Waiver approval within the next week. Traci Allen provided the Department with a copy of The Alliance letter dated 6/9/17. B. Dain responded that the information will be reviewed.</p>	
<p>TBISCC Member/Agency Updates</p>	<p>B. Dain announced that he will not be seeking reelection for Council Chair. The Council will put out a request to any interested person that would like to serve as chair person. The Council has received an interest from Dominick Raffio with a bio to review. The next TBISCC meeting is 10/3/17, at which time the Council will vote.</p>	

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	<p>B. Dain asked if the Council wanted to do updates due to the meeting running over the scheduled time? D. Hoffman suggested that due to time constraints, agencies should submit an update via e-mail and the Department will include them in the meeting minutes instead of going around the room today.</p>	
<p>Adjournment</p>	<p>B. Feuz made a motion to adjourn the meeting. D. Raffio seconded the motion. The June 27, 2017 TBISCC meeting adjourned at 2:25 pm.</p>	

Note: Per discussion, the “Consensus statement on concussion in sport—the 5th international conference on concussion in sport held in Berlin, October 2016” can be found here: <http://bjism.bmj.com/content/early/2017/04/26/bjsports-2017-097699>.