

**Traumatic Brain Injury Services Coordinating Council
Meeting Minutes
April 8, 2016; 10:30 am – 2:45 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); Nina Baumbach (OPWDD); Crystal Collins (JC); Michael Davison (Vice Chair); Brent Feuz; Dorota Lajdecki (OMH); Dominick Raffio; David Hoffman (DOH)</p> <p>Council Members Absent: Megan Clothier; Kenneth Ingenito; Michael Kaplen; Meredith Klein; Cher Montanye (OASAS); Timothy Pruce; Lisa Robateau-Epps; Jennifer Semonite (NYSED); Joseph Vollaro</p> <p>Ad-hoc Members Present: Ann Marie Calabrese (OVS); Chad Cook (DFS)</p> <p>Ad-hoc Members Absent: Lois Tannenbaum (BIANYS)</p> <p>DOH Staff: Maribeth Gnozzio; Teri Schmidt; Kelly Scholl</p>	
Welcome and Introductions	<p>The meeting was called to order at 10:30 am; Barry Dain, Chair, presided over the meeting.</p> <p>Introduction of Council members was completed via a go-around. There were not enough Council members present at the meeting to constitute a quorum.</p>	
11/13/15 TBISCC Meeting Minutes	<p>The meeting minutes from the 11/13/15 TBISCC meeting were not reviewed at this time because there was not a quorum at this meeting.</p>	
Barry Dain elected as President of the Board of Directors at BIANYS	<p>B. Dain announced that he was elected as the President of the Board of Directors at the Brain Injury Association of New York State (BIANYS). He is confirming that there is not a conflict of interest to remain the Chair of the TBISCC while serving as Board President at BIANYS. If there is a conflict, he is willing to step down from the Council position. His election was shared with D. Hoffman at DOH and there does not appear to be a conflict at this time.</p>	
Review of Letter from M. Kissinger to B. Dain	<p>The Council read the letter from Mark Kissinger, Director of the Division of Long Term Care, to Barry Dain, dated February 10, 2016 in response to B. Dain’s letter to Howard A. Zucker, M.D., J.D., NYS Commissioner of Health, regarding concerns related to the transition of the TBI and NHTD Waivers into Managed Care.</p> <p>B. Dain noted that the transition of the NHTD and TBI Waivers to Managed Care has since been delayed until January 1, 2018.</p>	

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	<p>M. Davison asked for clarification on repatriation: How many people with any diagnosis of TBI, not just a primary diagnosis, are in out-of-state nursing homes? DOH previously reported that 150 Medicaid recipients with a primary diagnosis of TBI were residing in out-of-state nursing facilities. D. Hoffman responded that there are weaknesses in reporting this information because DOH can only report on Medicaid recipients and it is limited in its ability to look beyond the primary diagnosis in the data reporting system. DOH will present on what activities are being conducted regarding repatriation.</p> <p>N. Baumbach asked of the 150 individuals, how many want to come back to New York State? D. Hoffman responded that DOH does not have a definitive answer, but that there are many sources for outreach to work with this population, including the RRDCs, MFP Centers, and NYAIL. M. Gnozzio noted that there are 30 active monthly referrals who are seeking placement back in the New York community on the waivers.</p> <p>C. Collins asked if transition specialists are allowed to travel out of state. D. Hoffman responded yes.</p> <p>C. Waters expressed the need for the development of community resources targeted at the population that ends up out-of-state because of behavioral issues.</p>	<p>DOH will present on activities related to repatriation at the next meeting.</p>
<p>Review of NASHIA White Paper</p>	<p>Council discussion of <i>Medicaid Balancing Incentive Program: Recommendations for Core Assessment Tools for Individuals with Brain Injury</i>, NASHIA, June 2015.</p> <p>B. Dain introduced the paper noting that multiple assessment instruments were reviewed and that one state reviewed the UAS and found that it would not use it for this population. B. Dain proposed forming a committee to make a recommendation for another assessment tool rather than the UAS-NY. The following Council members and public offered to join: Dominick Raffio, Christine Waters, Cliff Hymowitz, Anne Marie Todd, Brian Stein, Bob Rothberg, Vicki Clingan, Joe Vollaro (potential to Chair the committee), Dianne Scharz, and Traci Allen.</p> <p>D. Hoffman stated that the Department has no plans to consider another tool. DOH bought the rights to the interRAI suite, including the cognitive domain. It intends to expand the use of this scientifically, validated tool for all.</p> <p>B. Dain stated that the tool has been revised by New York State. D. Hoffman responded that the Department has not changed the tool, but has created an algorithm to measure Nursing Facility Level of Care (NFLOC). This is necessary to meet federal program eligibility rules, i.e., CFCO. NFLOC is the standard and is the standard DOH is using now. The algorithm was piloted and because of the Waiver Transition group, the Department is now reviewing the algorithm. DOH is working with five other states and the University of Michigan. Because DOH purchased licenses for the tool, it gets updates as they are available. D. Hoffman noted that it is conceivable that other questions will be added and that this</p>	

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may alter the algorithm. This review of the UAS will be concluded prior to the transition to managed care in January 2018.

C. Hymowitz (member of the public) urged the TBISCC to continue to make recommendations to the Department regarding an appropriate assessment tool.

B. Dain noted that 28 percent of individuals assessed using the UAS on the TBI waiver did not meet NFLOC. **M. Gnozzio** cautioned that this information is now outdated and may not reflect an accurate picture.

M. Davison suggested that the Department work with the TBISCC for expert consultation and review of the tool. **D. Hoffman** noted that the Department is relying on the experts that have been hired for this purpose and if there is a need for a change in the tool, it will affect all states utilizing the UAS, not just New York.

B. Stein (member of the public) noted that the issue in question is the algorithm, which is not something that interRAI is involved with. **D. Hoffman** noted that the Department is engaged in an iterative process. DOH is first determining if the cognitive domain covers what is needed and then it can look at the algorithm.

M. Gnozzio noted that the issue is what can be done for the people who do not meet NFLOC and the protections that will be in place for them. **D. Hoffman** noted that the Department wants an accurate tool, not just a tool that covers the most people. We need to consider what to do for the individuals who are not NFLOC.

M. Davison asked the status of the review. **D. Hoffman** responded that the review will take months, then it may go to the NYSDOH's Office of Quality & Patient Safety to review the algorithm. If the algorithm is changed, there will need to be new trainings, etc. This could take several months to a year.

T. Allen (member of the public) asked what the Department was doing to ensure that the UAS will not be approved in the TBI Waiver renewal. **D. Hoffman** responded that DOH is working on this issue.

It was suggested to look at what is lacking from the UAS and not just look for another tool to replace it.

B. Dain asked who at the University of Michigan is reviewing the tool. **D. Hoffman** responded that they are academicians and experts involved in long term care for over 30 years. They work from literature reviews, focus groups, key informant interviews and convene groups of experts in TBI, dementia, etc.

N. Baumbach asked what services are available to people who do not meet NFLOC and if the group should focus on this population. **B. Dain** stated that TBISCC is working on forming a concussion subcommittee and finding someone to chair it. **N. Baumbach** noted that there are around 3,000 people

Announcement at the next TBISCC meeting regarding Concussion

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	<p>on the waiver and asked what services are people receiving who are not on the waiver. D. Raffio responded that they get piecemeal care and coverage.</p>	<p>Subcommittee and a speaker to address individuals who moved to managed care</p>
<p>Advocacy Issues presented by C. Waters and A. Prizio</p>	<p>Christine Waters (Disability Rights New York) and Adam Prizio (Center for Disability Rights New York) presented on brain Injury advocacy activities.</p> <p>C. Waters discussed the Assembly Health Committee hearing chaired by Assembly Member Richard Gottfried. The hearing included active dialogue with various stakeholders, family, and representatives across the state.</p> <p>A. Prizio noted that advocates worked closely with Assembly Member Gottfried's staff on the budget language. The result of this effort was the delay in the transition of the waivers into managed care, slowing of the "aggressive" timeline, and the requirement for "substantially comparable" services. One issue was the role of service coordinators. The budget language does not maintain the 17:1 ratio for Service Coordinators, but does say that comparable services must be in place. With the extra year before transition, outstanding issues can be addressed including serious incident reporting, assessments (UAS), incentives to institutionalize individuals created by capitation payments, and the effect of the transition process on providers. A clear plan can be created. A. Prizio encouraged DOH to make the transition plan public.</p> <p>A representative from BIANYS asked if the draft plan will be released as requested. D. Hoffman responded that the plan will be released for comment on the public register, the website (http://www.health.ny.gov/health_care/medicaid/redesign/mrt90/), and DOH will take email responses at waivertransition@health.ny.gov.</p> <p>E. Reardon (member of the public, BIANYS) asked if the Transition Workgroup will continue to meet. D. Hoffman responded that Phase 2 meetings will commence at the conclusion of the public comment period. Advocacy is an important part of this process and the Department appreciates the work being done by the different groups involved in the transition process.</p> <p>D. Lajdecki (OMH) expressed concern regarding the capitation rates across various agencies. A. Prizio noted the need for a community rate cell to override the incentive to place people in nursing homes. D. Hoffman noted the Department shares the concern of providers and reiterated that DOH intends to require a two-year contract between managed care plans and current waiver providers.</p> <p>C. Waters expressed concern about resource development.</p>	<p>A. Prizio will email B. Dain with recommendations.</p>

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Break for lunch until 12:40 pm		
BIANYS Presentation	<p>Lois Tannenbaum, President of BIANYS, spoke via phone regarding activities of the organization including the successful efforts to delay the transition of the waivers into managed care, prompt review of the assessment tool, and the opening of a brain injury center six months ago. L. Tannenbaum noted that she is not be seeking re-election as the President of the BIANYS Board of Directors, although she will continue to serve in another capacity. B. Dain will be the new president.</p> <p>Eileen Reardon (BIANYS) presented a powerpoint of BIANYS organizational activities and updates including advocacy events in Washington, D.C., Brain Injury Awareness Month, Blue Jeans for Brain Injury, and upcoming trainings for certification as a Brain Injury Specialist.</p>	
DOH Update – HRSA Grant	D. Hoffman – In the last year, there have been two episodes of the Public Health Live related to Traumatic Brain Injury. Both episodes can count towards continuing education credits for doctors, nurses, social workers, etc., and were viewed and very well received throughout the country.	DOH will send the website link of two Public Health Live episodes related to Traumatic Brain Injury.
Public Comment	<p>Bob Rothberg (member of the public, father of TBI survivor) spoke of concerns with the transition of the waivers into managed care, including the lack of notification to participants and the potential for individuals to lose services after the transition. He spoke of issues with the UAS, including the amount of time and money it takes to administer the assessment and the concern that assessors cannot enter comments into the assessment. He urged DOH to come and meet with individuals with brain injuries to understand what they deal with.</p> <p>Cliff Hymowitz (member of the public) shared his experiences on the waiver, including difficulty in accessing waiver services he is eligible for, issues with an environmental modification that was done incorrectly two times, and problems he has with operation of the waiver and interacting with the RRDC.</p> <p>Ann Marie Todd (member of the public) spoke about issues she experienced as a result of multiple assessments using the UAS. She spoke about the need for nurses to be comprehensively trained in cognitive issues prior to administering the UAS and that there is no space for comments to be entered on the UAS tool. She raised concern that the UAS asks about behaviors that occurred within the past three days which is not sufficient for individuals with brain injuries. The Department should find another tool and provide comprehensive education to assessors.</p>	

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<p>TBISCC Member Updates</p>	<p>D. Lajdecki (OMH) – OMH is working on minimizing waitlists for services, decreasing length of stays, and increasing community services. Mobile integration teams continue to move further downstate, using reinvestment funds and offering HCBS and peer support to help individuals move into the community. In addition, telepsychiatry is being utilized to reach individuals in more rural areas. OMH is focused on preparing for the transition to managed care. B. Dain asked how information and policies about traumatic brain injury and mental health trickles down to local offices and asked that OMH come back to the group with the plan for how this happens.</p> <p>C. Waters noted that mental health services are approved by county and this creates barriers for the individual. D. Lajdecki responded that an inter-county service exchange could work to combat this issue. C. Hymowitz noted that mental health services transitioning to managed care is positive because eligibility will be based on Medicaid eligibility. C. Collins (Justice Center) stated that the Justice Center provides advocacy and technical assistance, information and referral services, and training in code enforcement.</p> <p>N. Baumbach (OPWDD) – The OPWDD waiver was approved retroactive to October 2014. There will be an amendment in 2016 based on the transformation panel – there are 61 recommendations to move people into the community who have an institutional level of care. The NYS budget added \$120 million for new services in OPWDD - \$10 million will be used for services for individuals living at home and \$15 million will be used to grow the START program and move it into New York City and Long Island in an effort to prevent people from entering institutions or moving into more restrictive settings. FIDA-IDD is still voluntary.</p> <p>A. Calabrese (OVS) – No updates at this time, but inquired about the ability to have a neuropsychologist travel out of the country to complete an assessment.</p> <p>Chad Cook (DFS) – No update at this time, but welcomes any questions from the group.</p>	<p>Send website link for telepsychiatry program to the TBISCC.</p> <p>Send the telephone number (1-800-624-4143) to contact the Justice Center with questions.</p>
<p>Wrap-up and Scheduling</p>	<p>B. Dain – The proposed dates for the next two meetings are June 10 and September 9. The June meeting will need to be rescheduled.</p> <p>The April 8, 2016 TBISCC meeting adjourned at 2:10 pm.</p>	<p>Reschedule the June 10 TBISCC meeting.</p>