

**Traumatic Brain Injury Services Coordinating Council
Meeting Minutes
October 7, 2016; 10:30 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); Nina Baumbach (OPWDD); Megan Clothier; Crystal Collins (JC); Michael Davison (Vice Chair); Brent Feuz; Dorota Anna Kearney (OMH); Dominick Raffio; Earl Schmidt (Orleans Veterans Services); David Hoffman (DOH)</p> <p>Council Members Absent: Kenneth Ingenito; Michael Kaplen; Meredith Klein; Cher Montanye (OASAS); Timothy Pruce; Lisa Robateau-Epps; Jennifer Semonite (NYSED); Joseph Vollaro; Kitty Gelberg</p> <p>Ad-hoc Members Present: Ann Marie Calabrese (OVS); Chad Cook (DFS) Ad-hoc Members Absent: none DOH Staff: Andrew Segal; Maribeth Gnozzio; Teri Schmidt; Eboni Anderson; Helen Hines</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.</p> <p>Introduction of Andrew Segal, new Director of the Division of Long Term Care.</p>	
2014 Legislature Passed Sub-committee for TBI	<p>B. Dain announced three individuals will be taking on the role to head a TBI sub-committee (Dr. Mark Herzog, Dr. Andrew Hess and Dr. Brian Reagar). They will be reaching out to Council members to participate in a concussion management initiative.</p>	
Moment of Silence	<p>B. Dain announced that Nancy Gundersen passed this summer. She was one of the first RRDS' in the Hudson Valley. Nancy is survived by her son, Scott, and husband, Bob.</p>	
The Disability Integration Act of 2015, presented by Adam Prizio	<p>Adam Prizio, J.D. (Manager of Government Affairs, Center for Disability Rights, Inc.) presented on The Disability Integration Act of 2015.</p> <p>A. Prizio presented key points of The Disability Integration Act of 2015 and 2016. Working with Sen. Schumer and Rep. Gibson on the federal legislation (Senate Bill S.2427 and House Bill H.R.5689) to prohibit states and local governments and insurance providers from denying individuals with disabilities community-based services as an alternative to institutionalization. The 2013 U.S. Senate Committee on Health, Education, Labor & Pensions (HELP) report found that states failed to fulfill the Community Living Promise of the Americans with Disabilities Act (ADA) to transition individuals out of institutions. The Disability Integration Act did not amend the ADA; it created a separate law for people's right to live</p>	<p>DOH will attach The Disability Integration Act PowerPoint presentation to the Meeting Minutes and post on the website</p>

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	<p>in the community and choose where to receive their services. Community-based services must be offered to individuals with disabilities who are in need of long-term care assistance with ADLs, IADLs or other health-related tasks. If Medicaid or insurance providers would pay for a person to go to a nursing facility then they must pay for people to stay in the community. This Act does not change funding to Assisted Living Programs or institutions. Additionally, there are eleven (11) specific prohibitions of the Act. This law is not yet passed. They have eighteen (18) months to release regulations. More information can be found at: www.disabilityintegrationact.org.</p> <p>E. Schmidt asked who is going to provide services and who is going to regulate it? A. Prizio responded that the Centers for Medicare & Medicaid Services (CMS) and the Department of Justice (DOJ) will regulate, but it is up to each state to figure out what works best.</p> <p>B. Dain asked about a Prohibition regarding cost caps and controlling costs? A. Prizio responded that he does not believe anyone is too disabled to not have a right to live in the community.</p> <p>D. Raffio asked if the UAS plays into this? A. Prizio responded that the Act is more about establishing the right to receive services in the community no matter how a person gets assessed.</p> <p>B. Gnozzio asked if there is any intent on attaching this Act to CFCO? A. Prizio responded that CFCO is Medicaid funding.</p>	
<p>The need for a statewide/nation-wide TBI protocol presented by Brent Feuz</p>	<p>Brent Feuz (TBI survivor) presented on the need for a statewide/nationwide TBI protocol.</p> <p>B. Feuz presented on the need to develop TBI protocols as outlined in his rough draft booklet. Often times people with traumatic brain injuries lose everything. We need to protect the subset of the population that is not capable of taking care of themselves. A TBI diagnosis needs to be done quickly and thoroughly. Treatment also needs to be done quickly, so those affected are not victimized. Level I trauma centers should be involved for any evidence of a concussion and/or brain injury in order to get an early diagnosis, which is important to the kind of care someone will get. The Wallet Card project was supposed to have gone in every ambulance and emergency room. This was voluntary and should have been mandatory. B. Feuz recommended the Council consider contacting the National Institute of Health (NIH) and the Centers for Disease Control (CDC) to get involved.</p> <p>B. Gnozzio commended B. Feuz on his hard work and development of protocols.</p> <p>B. Dain commented that this is the third edition of B. Feuz's protocol booklet. Some further development to look at moving forward is how can we support these protocols with citation and follow it up with a formal protocol.</p>	

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	<p>M. Davison suggested talking to EMS and emergency room providers regarding the protocols, not just the Health Department.</p> <p>B. Dain asked if there is an EMT Council? B. Feuz responded yes there is and they are regional.</p> <p>D. Hoffman suggested the Council make a recommendation to the Health Department to work with EMS, ERs, hospitals and primary care and urgent care facilities. B. Dain made a motion for a group vote. B. Dain made a motion to recommend to the Department of Health Commissioner that the following be considered in the protocols: Emergency medical service providers' protocols are lacking when compared to other services working with TBIs. No objections or extensions. The motion passed.</p>	
<p>Break for lunch 12:00 pm – 12:30 pm</p>		
<p>Review and Approval of 11/13/15 & 4/8/16 TBISCC Meeting Minutes</p>	<p>Council members reviewed the minutes of the November 13, 2015 TBISCC meeting.</p> <ul style="list-style-type: none"> • M. Davison made a motion to approve the minutes. B. Feuz seconded the motion. Motion to approve minutes passed. <p>Council members reviewed the minutes of the April 8, 2016 TBISCC meeting.</p> <ul style="list-style-type: none"> • N. Baumbach expressed concern with “TBISCC Member Updates”. The CAS tool is not determining eligibility at this time. The START program is not only to prevent people from entering institutions, but also to keep people from leaving their family settings and moving into more restrictive settings. • B. Dain made a motion to approve the minutes with recommendations. M. Davison seconded the motion. Motion passed. <p>Council members questioned the By-Laws previously approved. In October 2014, the Council took a vote. The document is actually the approved By-Laws.</p> <p>Council members questioned the ability for members to vote via teleconference. D. Hoffman responded that this Council does not take binding votes; recommendation votes only. Therefore, if members are participating in the meeting via teleconference, they can vote via the conference call.</p> <p>By-Law discussion was deferred for further discussion at the next TBISCC meeting.</p>	<p>Add By-Laws discussion to next meeting agenda</p>

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<p>TBI Education Grant Program presented by Helen Hines</p>	<p>Helen Hines, Department of Health, presented on the TBI Education Grant Program.</p> <p>H. Hines provided an update on BIANYS trainings across disciplines, regarding brain injury and accommodations. Over 2,500 professionals (including school personnel, domestic violence shelter staff and early childhood educators) have been trained on how injuries occur and what to do afterward. They have been working with the Bureau of Emergency and Trauma Systems and the School of Public Health. There will be a follow-up survey regarding the helpfulness of the online training. There are flyers available. They are currently collaborating with the Medical Society of New York to do training with physicians.</p> <p>N. Baumbach asked how the training for physicians would compare and/or differ? H. Hines responded that it is a hospital assessment.</p> <p>B. Feuz commented that Albany Medical Center says their rate of concussions has increased. B. Feuz is looking to meet with them in the near future.</p>	
<p>DOH Updates presented by David Hoffman</p>	<p>David Hoffman, DOH, Bureau Director, Community Integration and Alzheimer’s Disease, presented DOH updates.</p> <ul style="list-style-type: none"> • MFP – New population to be participating are the MLTC population. The State Division of Veterans Affairs has been accessing Medicaid services and are aware of what they are eligible for. MFP has presented at three (3) conferences with Veterans groups. • Transition Workgroup – The Council has gone on record in the past regarding various recommendations. The Department continues to work with interRAI and the cognitive impairment component of the UAS. We are waiting on recommendations on the UAS tool and any changes that should be made. An outside entity will audit UAS results and compare with other records (such as medical records) to validate. We hope to report results in early 2017. Ann Marie Todd (member of the public) spoke about enhancing the questions for cognitive impairment. She spoke about measuring a person’s status in the previous three (3) days and anything prior or after would not be acknowledged. She questioned why only a 3-day window and would like to contribute inside knowledge of the UAS. She also spoke about the time frame given to complete the UAS is not reasonable due to quotas. D. Hoffman acknowledged that these issues have been raised in past discussions. • M. Davison asked about out of state repatriation and efforts in identifying people that TBI is not their primary diagnosis. D. Hoffman responded that the issue is who is paying for the services? If private insurance or self-pay, we have no way of identifying them. We can only identify those who have Medicaid. There are approximately 150 people whose primary or secondary diagnosis is TBI and Medicaid is the payer. He also explained that the prior approval system lets us know how many Medicaid eligible people are being placed out of state. B. Dain asked if 	

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	<p>the Council had a recommendation regarding repatriation or identifying those out of state. D. Hoffman spoke about considering the development of a sub-committee because of the multitude of this issue. Karen Thayer (member of the public) recommended a mini-assessment to tease out individuals that have a TBI that was not recognized. D. Hoffman spoke about not having the authority to ask out of state facilities to do screenings because we do not regulate them.</p> <ul style="list-style-type: none"> • B. Dain made a recommendation to develop a sub-committee to address issues surrounding repatriation. D. Raffio seconded the motion. List of volunteers to form the sub-committee: Dominick Raffio, Public Representative; Michael Davison, TBI Survivor; Christine Waters, DRNY; Victoria Clingan, BIANYS; Brian Stein, All Metro; Diane Schwarz, Richmond Care Center; and Barry Dain, Chair. They will coordinate with the Department on an initial meeting. • B. Dain made a recommendation to the Department to find feasibility to report the number of individuals with brain injury who are discharged to out of state facilities and those returning from out of state. E. Schmidt seconded the motion. 	<p>Schedule 1st Repatriation sub-committee meeting</p>
<p>TBI Alliance Update</p>	<p>B. Dain – Member guest update - the TBI Alliance and BIANYS will be members of formal report of these meetings.</p> <p>Brian Stein (member of public, All Metro, Alliance) asked whether CFCO services could be provided at the same time as HCSS services? D. Hoffman responded yes, the Department sent a letter verifying this and HCSS will not be rolled into CFCO until final transition. B. Stein spoke about several concerns with the UAS, specifically 900 individuals that would not be eligible based on UAS scores. He spoke about a concern that the TBI Waiver renewal needs to be approved by CMS prior to transition. He also spoke about a stipulation in the public comment draft Transition Plan in regards to service coordination providers cannot have business relationships with the participant if they are providing service coordination. He reported they are working with CMS to see if there is a problem/conflict of interest. B. Dain spoke about the last Transition meeting leaving a number of issues unaddressed. D. Hoffman reported requesting guidance from CMS on all issues B. Stein has raised and as soon as clarification is received, it will be presented to the stakeholder group. B. Dain asked if there were going to be any further delays? D. Hoffman responded that the Department does not foresee any and are still planning for 1/1/2018.</p> <p>Victoria Clingan, BIANYS provided an update on recent initiatives, including a proposal for an outreach and awareness program; a concussion initiative chaired by Dr. Mark Herzog and Dr. Andrew Hess and quarterly webinars in 2017 regarding all those who interact with people with TBIs.</p>	
<p>Public Comment</p>	<p>Bob Rothberg (member of the public, father of TBI survivor) spoke of a New York Times article from July 2016 regarding a Managed Care (MC) agency limiting the number of hours for a consumer. He spoke of concerns that there is a two (2) year guarantee for rates, but nothing noted about guaranteeing</p>	

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	<p>the number of hours for services. He spoke about the cost of a person with a TBI going into Managed Care is \$9,737.46 and DOH is going to give Managed Care companies \$4,500 per month. He spoke about concerns regarding the validity of the University of Michigan study and statistical samples being used. He spoke about concerns that people with TBI's cannot handle change and having to find a way around conflict-free service coordination.</p>	
<p>TBISCC Member/Guest Updates</p>	<p>D. Kearney (OMH) – OMH is preparing for Managed Care by increasing community services while decreasing institutionalizations and working on care management and health home enrollment. They are looking at enhanced nursing home services to avoid readmission, expanding housing, increasing treatment and recognizing barriers to discharge such as TBI.</p> <p>C. Collins (JC) – Assistive Technology loans have helped 1,800 people return home from institutions or prevented them from being institutionalized.</p> <p>N. Baumbach (OPWDD) – A draft 1115 Transition has been posted for public comment. There have been changes to Assistive Technology and e-mods and in residential rates as an incentive. The rates are based on the staffing needs.</p> <p>A. Calabrese (OVS) – No update at this time. They are working with the special need of claimants.</p> <p>Chad Cook (DFS) – No update at this time, but welcomes any questions from the group. Reminded the group that they are able to assist with health insurance-related questions as well.</p>	
<p>Wrap-up and Scheduling</p>	<p>B. Dain elected for the next meeting date in December? D. Hoffman proposed having the concussion and/or repatriation group meeting in December instead.</p> <p>B. Dain motioned to adjourn the meeting. D. Raffio seconded the motion. The November 7, 2016 TBISCC meeting adjourned at 2:25 pm.</p>	