

**Traumatic Brain Injury Services Coordinating Council
Meeting Minutes
January 12, 2017; 10:40 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: Nina Baumbach (OPWDD); Megan Clothier; Crystal Collins (JC); Michael Davison (Vice Chair); Brent Feuz; Maxine Smalling (OMH); Dominick Raffio; Jennifer Semonite (NYSED); Joseph Vollaro; Ann Marie Calabrese (OVS); David Hoffman (DOH)</p> <p>Council Members Absent: Barry Dain (Chair); Kenneth Ingenito; Michael Kaplen; Meredith Klein; Timothy Pruce; Earl M. Schmidt; Chad Cook (DFS)</p> <p>DOH Staff: Maribeth Gnozzio; Teri Schmidt; Helen Hines; Deborah Beth Meadows, Kitty Gelberg</p>	
Welcome and Introductions	The meeting was called to order at 10:40 am; Michael Davison, Vice Chair, presided over the meeting.	
Review and Approval of 4/8/16 & 10/7/16 TBISCC Meeting Minutes	<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.” Year of “2106” should be 2016 and to add wording “there are 61 recommendations to assure people get appropriate supports in the community...” • J. Vollaro made a motion to approve the minutes with recommendations. B. Feuz seconded the motion. Motion passed. <p>Council members reviewed the minutes of the October 7, 2016 TBISCC meeting.</p> <ul style="list-style-type: none"> • N. Baumbach expressed concern with “TBISCC Member/Guest Updates.” N. Baumbach’s comment, “There have been changes to AT and e-mods and in residential rates as an incentive.” “The rates are based on the staffing needs.” should be removed from the meeting minutes. • B. Feuz made a motion to approve the minutes with recommendations. J. Vollaro seconded the motion. Motion passed. 	
TBISCC Concussion Management Sub-Committee Update	<p>Dr. Andrew Hess: Co-chair, Concussion Management Committee, Retired Pediatric Psychologist, Sunnyview Rehabilitation Hospital, presented.</p> <p>Dr. Hess presented on the Concussion Initiative (CI) announced by BIANYS at their Annual Conference in June 2016. Co-chairs are Andrew M. Hess, PhD, and Mark Herceg, PhD, Westchester County Commissioner of Mental Health, and Chair, County Concussion Task Force. The CI Advisory Committee consists of 27+ members and is currently waiting for recommendations for additional members. The CI will focus on prevention and management of mTBI/concussion. There are three groups of major concern and research of mTBI/concussion: long term impact on the student/athlete;</p>	DOH will redistribute the updated PowerPoint presentation

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	<p>long term impact on the professional athlete; and impact on military veterans. There are multiple consensus guidelines and two new guidelines not previously implemented being released in 2017 in relation to kids. The Lystedt Law, passed in 2009 in the state of Washington, has set protocols for child athletes. These protocols include coaches, physical education teachers, teachers, etc., being educated in concussion, parent/child sign-off to play the sport and if an injury occurs, the athlete cannot return to play without being medically cleared. New York State has also played a role in concussion research and change. In 1905, a Union College student died after suffering a TBI during a college football game. As a result, there were significant rule changes, and the creation of the NCAA and eventually a helmet requirement.</p> <p>Dr. Hess commented that they intend to be an informal advisory group with linkage to the TBISCC. Technical reports of field tests through roundtables with stakeholders of the Concussion Initiative Advisory Group can be shared with the TBISCC. Further information on this initiative can be found at www.bianys.org. "Concussion Across the Spectrum of Injury," NYU School of Medicine pamphlet, was handed out.</p> <p>B. Feuz commented on similar issues he has raised to the Department during a past presentation regarding the underuse and/or overuse of imaging for detecting a TBI. Protocols for these scans should be developed.</p>	
<p>Repatriation Committee Presentation and Discussion</p>	<p>Andrea Juris, Department of Health, presented on Medicaid recipients with TBI diagnoses in Out-of-State Nursing Facilities: A preliminary look.</p> <p>A. Juris presented on two methodologies: 1) Medicaid recipients in out-of-state nursing facilities that had at least one SNF claim (Category of Service 0381 or 0286) from an OOS billing provider during the quarter July to September 2016. This resulted in a current total of 1,123 Medicaid recipients in out-of-state nursing facilities. This number has decreased remarkably from 2,186 as of December 31, 2011; and 2) Medicaid recipients with TBI diagnosis in out-of-state nursing facilities that had at least one SNF claim (Category of Service 0381 or 0286) from an OOS billing provider during the quarter July to September 2016 and at least one claim with TBI being primary, secondary and/or tertiary diagnosis. This resulted in a total of 186 Medicaid recipients with an average length of stay of 1,511 days.</p> <p>A. Juris presented on the rate setting methodology for out-of-state nursing facilities. The rate for general care in an out-of-state facility is the Medicaid rate established for the facility under the Medicaid program in that state. In the case of specialized care, if the state does not have a Medicaid rate, NYS has negotiated rates with the facility.</p> <p>Bob Rothberg (member of the public, father of TBI survivor) asked about quality control for out-of-state placements. D. Hoffman responded that the Department's relationship with out-of-state nursing homes is limited because they are not licensed by New York State, but are licensed in the state they are</p>	<p>DOH will redistribute the updated PowerPoint presentation.</p>

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	<p>in. The Department relies on that State to conduct surveillance of their facilities. If a New York State skilled nursing facility cannot be located within 50-75 miles of someone’s home, there is a prior approval process to seek out of state placement. M. Davison suggested a need for resource development. D. Hoffman spoke about the Certificate of Need Law in NYS. Nursing homes that want to add beds must apply to The Department Of Health and demonstrate a need. The goal is to only have enough beds to meet the needs. Geography is also a factor. Karen Thayer (member of the public) asked if age was a factor in choosing the data in the PowerPoint presentation. D. Hoffman responded that the data was for adults. Peter Kahrmann (member of the public) asked how many out-of-state placements answered yes to the Section Q question that they want to return to the community. D. Hoffman responded that the Department does not know how many people in other states respond “yes” to Section Q because it does not operate in other states. Open Doors referrals are received, however. A. Juris responded that the Open Doors program has visited between 35 – 60 referrals.</p>	
<p>Break for lunch 12:10 pm – 12:50 pm</p>		
<p>Committee discussion regarding TBISCC position of a “carve out” of the TBI/NHTD Waiver program from Managed Care</p>	<p>Note: B. Dain (Chair) was not present for this meeting. It was unknown what the intention of this agenda item was.</p> <p>Traci Allen (member of the public, Alliance of NHTD and TBI Providers) commented that the Alliance’s position is to work through outstanding transition issues and there needs to be a delay until those issues are resolved and a carve out may bring other issues. It is unknown what is going to happen with the Affordable Care Act and the new administration. It is irresponsible to push for a carve out without having answers and all the information. B. Gnozzio responded that the 1115(c) Waiver is contained within the Social Security Act is unlike the ACA and the NYS Section 1115(c) Demonstration waiver is approved thru 2021. The repeal of the ACA is unknown; therefore, the Department will continue the waiver transition discussions and plan for all possible scenarios.</p> <p>D. Hoffman commented there was a report from the Common Wealth Fund this morning regarding the appeal and delay or appeal and replace of the ACA. There is no agreement in Washington.</p>	
<p>Public Comment</p>	<p>Peter Kahrmann (member of the public) commented that all differences aside, we all want the same thing for TBI participants and do our best to not provide critics with information to shoot us down. In the past TBISCC meetings were cancelled and people were encouraged to attend BIANYS meetings instead. This appears to be a conflict of interest. D. Hoffman responded that when choosing dates for TBISCC meetings, the Office of Governmental & External Affairs within the Health Department needs to be notified. It is therefore difficult to change meetings that have been scheduled one year in advance. Potential 2017 TBISCC meeting dates: Friday, April 21; Tuesday, June 27; and Tuesday, October 3.</p>	

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	<p>There were no conflicting comments for these potential dates. B. Feuz commented that the TBISCC is supposed to meet three (3) times per year and last year the Council only met twice.</p> <p>D. Hoffman introduced a new Council member, Maxine Smalling, OMH. M. Smalling provided a brief description of her work experience and credentials.</p>	
<p>TBI Alliance Update</p>	<p>Traci Allen (Alliance) presented.</p> <ul style="list-style-type: none"> • The Alliance is working with the Department on issues related to the transition to managed care. • The Alliance is updating Senator Hannon and Assemblyman Gottfried on the Alliance’s work with the Department and have asked for another delay in the transition to managed care. • The Alliance was told by Andrew Segal, Director of the Division of Long Term Care that Jason Helgerson, NYS Medicaid Director will be attending a meeting to discuss the managed care carve-in. • The “HCBS Setting Rule” going to conflict-free service coordination impacts every person on the Waiver. • The Alliance is working with stakeholders on the implementation of CFCO for July 1, 2017, which will provide waiver-like services to replace the waiver. The waiver population will have a January 1, 2018 implementation. This implementation could put people out of business. <p>A member of the public asked if a delay is approved, when will they know. D. Hoffman responded that the NHTD temporary extension expires February 21, 2017, and the TBI temporary extension expires March 10, 2017. The waivers will begin transition on January 1, 2018, with a completion date of April 1, 2018. The Department will be hosting a Transition Workgroup on January 26, 2017, and intend to have Jason Helgerson, NYS Medicaid Director present.</p> <p>Ann Marie Todd (member of the public) asked if the Cognitive Impairment portion of the UAS is being reviewed. D. Hoffman responded that the University of Michigan has made it clear that the tool currently in use will be fully assessed and the Department has committed to following any recommendations.</p> <p>A member of the public via phone asked what will happen to the current service coordinators. D. Hoffman responded that it is the Department’s understanding that Service Coordination will continue to be a discreet service of Care Management.</p> <p>Bob Rothberg (member of the public, father of TBI survivor) asked what is the number of people that NYSDOH anticipates will not score a 5 (NFLOC) on the UAS. D. Hoffman responded that he could not give such a rough estimate. Bob Rothberg asked if it isn’t around 35%. D. Hoffman responded the Department is committed to follow the advice given by the University of Michigan and InterRAI studies.</p>	

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	<p>The UAS was purchased to measure long-term care and used by several other states, including Canada. Traci Allen responded that the Alliance has reached out to InterRAI and they are comfortable with the testing of the UAS going on right now. There may or may not be a cognitive add-on tool. The next step is to get the InterRAI and IPRO study results. If there are issues, the Alliance will advocate for changes. B. Gnozzio responded that not only does time need to be devoted to the tool itself, but also what to do after someone does not meet level of care. There needs to be discussions for a process to obtain other services.</p>	
<p>TBISCC Member/Guest Updates</p>	<p>J. Semonite (NYSED) – ACCESS VR has had some policy changes due to The Workforce Innovative Opportunity Act. They can no longer count employment of unpaid homemakers or aides. Also, for ACCESS-VR to count work as gainful employment, it must be in an “Integrated and Competitive Setting.” They are currently working on updating policies for youth/students with disabilities.</p> <p>C. Collins (JC) – Added a new Disability Resource Clearinghouse on their website.</p> <p>A. Calabrese (OVS) – No updates at this time. They are working with innocent victims of crime that have a TBI.</p> <p>M. Smalling (OMH) – As a service provider, OMH has been dealing with issues surrounding Health Homes and SC. She recently attended a PRI training. She encouraged collaboration and sharing of resources. OMH is already in managed care. There have been some challenges, but are working with it. Currently hiring 24 skilled nurses to assist with development of service plans. Following discharges for one (1) year to enhance people’s ability to live in the community and not return to institutions. There is a virtual clinic (Tele-Echo) for nursing homes downstate that accepts OMH’s patients for consultation and training.</p> <p>Deborah Beth Meadows, Esq. (NYSDOH, Division of Legal Affairs) - No updates at this time.</p> <p>N. Baumbach (OPWDD) – OPWDD will be releasing a 507 Plan for supports and services.</p> <p>Christine Waters (DRNY) – Continuing to work with other states on repatriation. Adult Homes observation that they are populated with people with stroke or TBI and Open Doors does not serve them.</p> <p>Kitty Gelberg (NYSDOH, Bureau of Occupational Health and Injury Prevention) – Five (5) year grant from Centers for Disease Control focusing on motor vehicle/traffic related crashes and sexual violence prevention. Effective January 1, 2017, new law for inspection of vehicles only allowing for a minimum amount of tint on the windows. Adding TBI and Post-Concussion to the list of health conditions allowing tinted windows.</p>	

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	<p>Eileen Reardon (BIANYS) – Advocacy Day is March 6, 2017. BIANYS has hired a new communications director and has moved to 4 Pine West Plaza. Continued involvement in the Transition workgroups.</p> <p>Helen Hines (NYSDOH) – Outreach for professionals and working with the Medical Society of New York to focus on pediatricians and adult medicine to identify concussions and mild TBIs.</p> <p>Anne Marie Todd (member of the public) – “The Challenge” publication features a picture taken by Anne Marie.</p>	
Wrap-up and Scheduling	<p>M. Davison motioned to adjourn the meeting. J. Vollaro seconded the motion. The January 12, 2017 TBISCC meeting adjourned at 2:45 pm.</p>	