Traumatic Brain Injury Services Coordinating Council
Meeting Minutes
April 24, 2018; 10:35 am – 1:55 pm
One Commerce Plaza, 99 Washington Avenue, Albany, NY
16th Floor, Conference Room 1613

Topic	Discussion	Action/Next Steps/Who/When
Attendance	**Council Members Present:** Dominick Raffio (Chair); Nina Baumbach (OPWDD); Brent Feuz; Michael Kaplen; Maxine Smalling (OMH); Dominick Raffio; Earl Schmidt (TPS); Ann Marie Calabrese (Victims Services); David Hoffman (NYSDOH) **Council Members Absent:** Crystal Collins (NYS Justice Center); Megan Clothier; Michael Davison (Vice Chair); Kenneth Ingenito; Timothy Pruce; Jennifer Semonite (NYSED); Joseph Vollaro; Kitty Gelberg (DOH) **DOH Staff:** Maribeth Gnozzio; Teri Schmidt	
Welcome and Introductions	The meeting was called to order at 10:35 am; **Dominick Raffio**, Chair, presided over the meeting. **Dominick Raffio:** Confirmed there was sufficient membership to meet the quorum (9 Council members present in the room). Draft meeting minutes for 6/27/17 were e-mailed to **M. Smalling** for voting purposes.	
Review and Approval of 10/3/17 TBISCC Meeting Minutes	Council members reviewed the minutes of the October 3, 2017 TBISCC meeting. **E. Schmidt** made a motion to approve the minutes. **B. Feuz** seconded the motion. Motion passed.	
Skilled Nursing Facility (SNF) Initiative and Project Echo	**Maxine Smalling,** Chief Executive Nursing Officer, Office of Mental Health. Materials: Project ECHO GEMH in Long-Term Care brochure. **M. Smalling** presented on updated data for Medicaid recipients with TBI diagnoses in out-of-state nursing facilities. The data looks at a comprehensive assessment of care and where there are gaps in care. SNF's need to ensure they have the capacity to meet the needs of people with mental illness that are being discharged from other facilities. OMH looked into Project ECHO GEMH that was developed by the University of New Mexico. ECHO GEMH provides long-term care clinicians with training and support related to any subject matter via an app on a computer, by phone or virtually dialing in. ECHO helps to bring expertise in specific areas for clinicians to meet the needs of their patients with mental illness and improve quality of care and cost effectiveness through bi-weekly clinics. Each clinic is held for a sixty (60) minute session. The first part of the clinic is for each Nursing Home to present a specific case; the second part of the clinic is a didactic presentation on the case-based discussions. OMH has set aside funding to sponsor clinics. Continuing Medical Education credits are available. There are	

	currently two ECHO clinics in New York State for clinicians serving the mentally ill. ECHO is a free program (currently funded by DSRIP) and is helpful in reaching clinicians in rural areas. **D. Raffio** asked if the program would be expanding? **M. Smalling** responded that a proposal to expand into all Nursing Homes has been brought to the DOH Commissioner; it is currently limited to about thirty (30) nursing homes. There have been preliminary discussions about layering telepsychiatry with ECHO due to many nursing homes not having psychiatric services available. **M. Gnozzio** asked if the efficacy or surveys of how individuals benefited from the program have been tracked? **M. Smalling** responded that DOH and the Academy of Medicine in NY have developed an evaluation tool, the University of Rochester is doing an evaluation of the ECHO and research scientists at OMH are also reviewing the effectiveness. The Legislature has also supported funding for a SNF Enhance Support Project where each facility is assigned a community mental health nurse (post two-years) to follow the patients and provide nursing home staff with enhanced supports and trainings.	
Repatriation Subcommittee Report with Question Period	**Peter Kahrmann,** Kahrmann Advocacy Coalition Materials: Repatriation Transition Proposal, April 23, 2018 DRAFT **P. Kahrmann** advised the Council of current Repatriation Subcommittee members: himself, Barry Dain, Brian Stein, Dominick Raffio, Lorraine McGrane and Kim Lawrence. Anyone else is welcome to be on the committee. Draft Repatriation Transition Proposal was given to Council members. **P. Kahrmann** discussed the need for repatriation. **D. Hoffman** reported that the funding for the Open Doors program is limited to those leaving a nursing home to live in the community. **M. Kaplen** suggests requesting the DOH to identify unmet needs in NYS of why residents are being sent to out of state facilities, then work with the DOH to address the needs. **P. Kahrmann** reported an issue with out of state facilities is that there are community resources that NYS patients cannot access because NYS Medicaid will not pay for them out of state, for example GED or trade programs. **N. Baumbach** asked if anyone knows how many people are placed out of state and want to come back? Some OPWDD patients do not want to come back to NY because their needs are being met out of state. **D. Raffio** advised if anyone would like to join the repatriation project they should contact him. **David Hoffman,** DPS.CCE, Director, NYSDOH, Bureau of Community Integration and Alzheimer's Disease. Materials: PowerPoint Presentation – Medicaid Recipients with TBI Diagnosis in Out-of-State Nursing Facilities: An Update **D. Hoffman** reported that most out-of-state placements are in Massachusetts and Connecticut. A significant portion are the geriatric population. Outside of the NYC region, the population is not specific to any one area, it is spread out across the state. The Department looked at data from anyone being discharged from a facility that also has a TBI. There is a higher rate for specialty population beds but it	

	is hard to tell how many people would need them. The determining factor for placement is usually what is available on the day of discharge. **D. Hoffman** reported that The Department has committed to provide a repatriation update at every TBISCC meeting.	
TBI Waiver Renewal Update and Announcements	**David Hoffman**, DPS.CCE, Director, NYSDOH, Bureau of Community Integration and Alzheimer's Disease **Maribeth Gnozzio,** Project Director, Home and Community-Based Waivers, Bureau of Community Integration and Alzheimer's Disease **D. Hoffman** reported a link to a survey was sent out this morning regarding a new Long-Term Care Planning Council to address barriers and gaps in the LTC system. **D. Hoffman** reported the State budget has extended the TBI and NHTD transition into Managed Care until 2022. With the TBI Waiver approval, implementation will include the HCBS Conflict of Interest regulation which was in effect in 2014 with full compliance by January 1, 2019. **M. Gnozzio** reported full compliance will include several components: Settings Compliance in which community based settings will be fully integrated in the community by March 2022. If not in full compliance, there is a Heightened Scrutiny process; Person Centered Service Plan and the entity that helps facilitate the plan should not be involved in implementing the plan. The Department is working on how to be in full compliance with CMS and also keep provider capacity; The Department has submitted a Corrective Action Plan (CAP) to CMS that includes temporary measures to be in compliance with Service Coordination agencies not providing any other waiver service. The Department is negotiating some services that due to being a one-time service are not subject to conflict of interest requirements (Community Transitional Services (CTS), Assistive Technology (AT), Environmental Modifications (eMods) and Moving Assistance). **M. Kaplen** asked how other states are dealing with Conflict of Interest? **M. Gnozzio** responded that for example New Jersey has Service Coordinators employed by the state. Other states have moved to Managed Care. The Regional Resource Development Center's (RRDC's) cannot take on the role of developing service plans, it is a funding and staffing issue. The Department is aware there will be provider capacity issues. The Waivers currently serve approximately 3,100 participants. Enrollment fluctuates based on participants going into Managed Care or a Health and Recovery Plan (HARP) and cross-over within TBI and NHTD. The Department is currently reviewing provider's Conflict of Interest Compliance Implementation Plans and looking at cultural and rural exemptions as an option.	
Break for lunch 12:20 pm – 12:48 pm		

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Care Coordination / Health Home Transition Update & Changes	**Kate Marlay,** Deputy Associate Director, OPWDD Waiver Unit Materials: PowerPoint Presentation – People First Care Coordination Transitioning to CCOs ***K. Marlay** presented on OPWDD's transformation of services for people with intellectual and/or development disabilities (I/DD) and the transition to Health Home services. The transition will allow for the implementation of Care Coordination Organizations (CCOs) to provide Health Home Care Management and person-centered planning. Currently there are seven (7) CCOs. Any participant that receives Service Coordination prior to July 1 will have the choice of a CCO. OPWDD and DOH collaborated on reviewing extensive applications and preliminary designations. Readiness reviews and site visits are scheduled to begin in April 2018. OPWDD is looking to develop an IT platform for participants (and other pertinent individuals working with the participant) to view the objectives and goals of the Life Plan that is overseen by a care manager. This implementation also helps eliminate conflict of interest. The move towards Value Based Payments makes it important to look at individuals needs and make sure goals are being met. OPWDD has held several forums and trainings to make sure current MSC's are aware of the new services and what this transformation means for individuals and families. **D. Raffio** asked what are the reactions from MSC's, participants and families? **K. Marlay** responded that OPWDD serves approximately 100,000 people and OPWDD staff have worked very closely with Service Coordinators to explain the transformation. There is no cost benefits or savings. Overall, OPWDD has received good feedback. **M. Gnozzio** asked if an individual will be auto-assigned if they do not choose a provider? **K. Marlay** responded no, however, OPWDD does have a process for making sure an enrollment decision can be made on behalf of the participant if the participant does not respond/make a decision. The CCO and Health Home are not authorizing services: they help connect an individual to services.	***As approved by K. Marlay/N. Baumbach 9/18/18**
Public Comment	**Connor L.** (member of the public/TBI survivor) comment on the new service limits, especially for Community Integration Counseling (CIC) which is now limited to two (2) years. **Connor** expressed that he has seen many positive outcomes and sometimes it takes more than two (2) years to work through each deficit. **M. Gnozzio** responded that CIC may be continued past the two (2) years if there is sufficient documentation of the justification. Negotiations with CMS during the application renewal process, the utilization history supported the limits. At this point no one has had a stop in services. Participants also have the right to Fair Hearing.	
TBISCC Member/Guest Updates	**David Hoffman,** NYS Department of Health: Provided updates as part of the TBI update earlier in the day. No further information. **Maxine Smalling**, NYS Office of Mental Health (OMH): An ongoing issue for OMH is people who come into their hospitals needing a high level of care. OMH is working with other centers and hospitals with the help from DOH and other TBI partners.	

	Anne Marie Calabrese, NYS Office of Victim Services (OVS): Agency continues to coordinate and access agencies throughout the state to organize TBI services. **Nina Baumbach**, NYS Office for People with Developmental Disabilities (OPWDD): Kate Marlay provided updates for OPWDD during her presentation earlier in the day. No further information.	
Adjournment	Next meeting is scheduled for August 28, 2018. **M. Kaplen** made a motioned to adjourn the meeting. **M. Smalling** seconded the motion. The April 24, 2018 TBISCC meeting adjourned at 1:55 pm.	