

Traumatic Brain Injury Services Coordinating Council
Meeting Minutes
September 23, 2020 10:00 am - 12:45 pm
Conducted via Video Conference

Topic	Discussion	Action/Next Steps
Attendance	<p>MEMBERS PRESENT: Michael Kaplen (Chair); Michael Davison (Vice Chair); Paul Novak; Earl Schmidt; Jeffrey Bazarian, MD, MPH; Edward Devitt II; Maxine Smalling (OMH); Crystal Collins (NYS Justice Center); Jennifer Semonite (NYS ED); Nina Baumbach (OPWDD); Megan Clothier; Brent Feuz; Cliff Hymowitz – arrived late due to emergency.</p> <p>DOH WAIVER UNIT PRESENT: Maribeth (Beth) Gnozzio; Teri Schmidt; Laurie Arcuri; Anna Ko; Tricia Curley; Fern Fletcher; Meghan Fadel; Host. DOH DLA: Stephen Casscles, Esq.</p>	
Welcome	The meeting was conducted via WebEx video conference and called to order at 10:10am by Michael Kaplen, Esq. , who presided over the meeting. Rollcall was conducted by Stephen Casscles, Esq. , where the Council members identified themselves by stating they were in attendance and raising their hands on video.	
Review & Approval of 12/12/2019 TBISCC Meeting Minutes	M. Kaplen presented the minutes from the December 12, 2019 TBISCC meeting. E. Schmidt motioned to accept the minutes as written; M. Davison second the motion. Minutes approved unanimously by members.	
Introduction of New Council Member: Ed Devitt	M. Kaplen introduced new council member, Ed Devitt II , who spoke of his affiliation to the TBI community. E. Devitt explained that he is a TBI survivor and currently works at the Bladesdale Addiction Treatment Center in Orangeburg, NY with TBI survivors who may be struggling with addiction. He also facilitates brain injury support groups and teaches brain injury prevention and helmet safety in schools. He mentioned that he has presented issues to the Council in the past and spoke of the need of transportation for TBI survivors who are dependent upon those services.	
Review of Updated Bylaws by Stephen Casscles Esq., Associate Counsel, DOH Division of Legal Affairs	Prior to the presentation by S. Casscles , M. Kaplen inquired why the Council was considering amendment to the bylaws and were members expected to act on the matter at this meeting. S. Casscles explained to the Council members that the bylaws are like a constitution for an organization which defines who makes up the members, chair, and quorums. This Council's bylaws were adopted in 2014 and the update is now needed to address changes in the JCOPE ethics law. The bylaws need to be amended to address new Conflict of Interest requirements and to expand the scope of the Concussion Management Sub-Committee. He stated that as he reviewed the bylaws, he identified language that could be combined to better clarify the structure of the committee. He further explained what edits were done and suggested the members review and compare the old bylaws with this newer version prior to the next Council Meeting. M. Kaplen inquired to why there is not a uniform set of by laws for all the councils since there are so many? S. Casscles explained that each council is organized	Members to review updated Bylaws for discussion at next meeting.

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	<p>differently. There are also different sets of ethical standards and designations and chairs. S. Casscles reiterated that the Council should review and compare the two versions so that a final version can be adopted within the next couple of meetings once they are familiar and comfortable with the changes.</p> <p>A copy of the current and revised draft was distributed to the TBISCC members for the meeting.</p>	
<p>Telehealth Presentation by Megan Prokorym, MPH, OPCHSM/DOH - Healthcare Transformation Group</p>	<p>M. Prokorym presented an overview of telehealth law and policy as it relates to NYS. She mentioned that the federal government has their own policies, but she focused on the State's requirement for Medicaid reimbursement for services. She reiterated the importance of telehealth during the COVID-19 pandemic for patients; discussed telehealth parity law passed in 2014 where payors cannot exclude from coverage a service delivered via telehealth if they cover that service in person. Payment parity dictates that the insurer must pay the same rate of coverage for the service provided by telehealth as they would provide as in person. Because of the pandemic, some providers were being paid a lesser rate, so amendments are currently in development. There is payment parity in place for Medicaid FFS as well as for Medicare. She stated that to receive Medicaid reimbursement for telehealth services, a provider must be licensed, enrolled in Medicaid and in good standing. Providers would normally be licensed with NY State Education Department; however, during the pandemic, the State allowed for providers licensed in a different state as long as it is in good standing to provide telehealth. The patient can be located in a hospital, nursing home, hospice program, mental health clinical program, OPWDD program, private physician or dentist office, Adult Day Care Facility, childcare program, school, home or temporary residence shelter to receive telehealth benefits. These laws are pre-COVID. Telehealth has become vital to provide care through a wide variety of programs and with different payment pathways. Some changes were made to the law of telehealth to allow audio services as part of the telehealth modality. These services can be reimbursed through Medicaid with prior approval through CMS.</p> <p>M. Kaplen asked what of this presentation is directly related to the TBI Waiver impacted program? B. Gnozzio thanked Megan for her presentation and explained that we will be discussing TBI and the COVID response later in the meeting. This was a beneficial program as TBI participants use services through clinics mentioned in the presentation and waiver participants have been able to continue to receive services during the pandemic.</p> <p>A copy of the PowerPoint presentation was distributed to the TBISCC members immediately after the meeting.</p>	
<p>Presentation on Relevant Past TBISCC Activities & Developing New</p>	<p>Dr. Bazarian reviewed Section 2744 of the Public Health Law that established the advisory council which is tasked with developing recommendations to NYSDOH for public awareness and outreach for mild TBI and concussions, and for developing a clearinghouse for academic and scientific findings. Dr. Bazarian and the subcommittee researched past Council meetings to get an idea of what has already been done.</p>	<p><i>Berlin Consensus Statement on Concussion in Sport:</i> https://scipol.duke.edu</p>

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**Recommendations
for Concussion
Management by
Dr. Jeffrey
Bazarian**

The following is a summary of that review: In April 2009, a presentation from Mark R. Lovell, founding director of the University of Pittsburg Medical Center (UPMC) Sports Medicine Concussion Program (*Deepak Program*); the CDC released the Coaches Concussion Toolkit; Brian Weger, NYS Public High School, spoke of the initiatives on concussion grants. Christine Dams O’Conner, Mt. Sinai, produced a video in 2011 entitled *Do I have a Brain Injury and What Can I do About It*; Brian Greenwald, CDC spoke of the Heads Up Toolkit; Mary Ann Anglin discussed the Concussion Awareness Act which became law in July 2011. Karen Hollowood, NYS Department of Education, spoke on Guidelines Management School Settings in September 2011; a presentation by Helen Hines, DOH/DLTC, regarding the HRSA Grants 5 year TBI Action Plan, Prevention and Treatment; in 2017 BIANYS announced a concussion initiative and released a pamphlet on the impact on student athletes which could potentially be used to reach the charge of public awareness. The *Berlin Consensus Statement on Concussion in Sport* is linked in the Action items column.

Dr. Bazarian discussed the subcommittee’s plan for developing new recommendations to and with the Council: Gather ideas from Council members, outside agencies, then the Council can convert into recommendations, have a Council vote, then submit to NYSDOH to move forward. **Dr. Bazarian** inquired from the group: 1) What are our practical options? What is on the table or off the table? 2) What was produced by the 2009 HRSA grant? Are the videos and pamphlet still relevant from NYU? What content is available on CDC, BIANYS and NYSDOH websites regarding public awareness? What universities, companies, agencies in NYS or elsewhere developed websites, videos or other tools for raising public awareness? Before moving forward, we should see if this is already been done. Ontario Neuro Trauma Foundation – Living Guidelines is updating info on TBI and concussion, which the subcommittee and Council could review and possibly create something similar. Are there any grants available to advance the charges of the committee? Raising public awareness of concussion management and recognition for parents of adolescents and young adults. How is outreach to these populations implemented? What is the best resource to use for that outreach? **C. Hymowitz** posed the idea of reaching out to Siena College to assist with implementing social media outreach. **Dr. Bazarian** invited the Council members to ask questions. **B. Feuz** mentioned the HRSA grant with Helen Hines and stated that they did trainings with nurses and doctors, webinars, etc. One of the objectives of the HRSA grant was to develop a protocol for first responders, but it never got developed. **Dr. Bazarian** asked if there is a mechanism available to collect all of the prior work of the Council. **M. Kaplen** asked if there is a file cabinet at DOH where this information is obtained from previous Council meetings? **B. Gnozzio** stated that the majority of TBISCC meeting materials are posted to the DOH website. The HRSA grant info was primarily the CDC Heads Up Kit that was distributed to the Council and stakeholders, and the remainder the kits went to Department of Education. The information related to the first responders’ protocol was circulated for comment within the Department; however, it was the opinion of medical professionals that the information was not sufficient to implement a training program. In terms of other materials, it should be noted that presenters invited to meetings did not always distribute the information or make it available for posting. **B. Gnozzio** also stated that recommendations generated by the Council must be formalized. Statements made at meetings do not move it forward to the appropriate staff in the Department. Council members must vote

[du/track/berlin-consensus-statement-concussion-sport.](https://www.health.ny.gov/facilities/long_term_care/docs/2012_nys_tbi_5year_plan.pdf)


The subcommittee or Council to review the Ontario Neuro Trauma Foundation *Living Guidelines*.

TBI 5 Year Plan:
https://www.health.ny.gov/facilities/long_term_care/docs/2012_nys_tbi_5year_plan.pdf

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	<p>on a recommendation. If the action is affirmed, the Council Chair would then generate a letter to the Commissioner, advising of the Council's recommendation.</p> <p>M. Kaplen said he will go back to his file cabinet during his tenure as chair and see what materials he can locate to share with the Council. M. Kaplen also suggested to Dr. Bazarian to look at the American Academy of Pediatrics for information. B. Feuz asked if it is possible to get info regarding the HRSA grant from Helen Hines. B. Gnozzio indicated that this information was previously distributed to the Council. Dr. Bazarian indicated that he is unclear how to proceed. Does the Council seek to pursue concussion management activities? B. Gnozzio stated that the Department is fully supportive of their initiative; but, the effort must come from the Council membership as there are just not sufficient staff resources within the Waiver Program to undertake this work. B. Feuz said the trifold cards that are in the warehouse were originally supposed to go in the ERs of the hospitals and in ambulances to help guide patients, but it was voluntary not mandatory to distribute them. Things just never really got off the ground. Dr. Bazarian restated that going forward, should the Council seek to present recommendations to the Department it must vote to adopt the recommendation, and the Chair will the submit a letter to the Department presenting the recommendation. S. Casscles reiterated to the Council to refer back to the bylaws to identify the mission of the Council.</p>	
<p>Presentation on Concussion Management Awareness Improvement Act by Christina Bolton LeBeau, Director of Advocacy & Engagement Brain Injury Association of New York State</p>	<p>C. LeBeau provided an update on current legislation pending in the Senate and Assembly to amend the 2011 Concussion Management & Awareness Act which expands to make school sports safer. This amendment would require public schools to implement concussion intervention standards. Included in the protocols: standards for removing student athletes from play if concussion is suspected; bi-annual instruction on concussion management; include concussion information in permission slips and make concussion information available in school on their public website. Additionally, students with concussions must be removed from athletic activity and not allowed return to play until they are symptom free for over 24 hours. The Act provides schools the option to construct a concussion management team in their school to develop concussion management awareness; has schools develop a concussion management improvement plan to include travel sport teams and competitive youth sport leagues; mandates public and private schools to develop and implement a concussion management team; requires schools to offer concussion management training on a yearly basis; implements reporting requirements for concussion incidents; and requires schools to provide training for sports trainers.</p>	<p>Copies of the Senate and Assembly legislation emailed to the Council members after the meeting on 9/23/2020.</p>
<p>TBI Waiver and COVID Update presentation by Maribeth Gnozzio, Director, Bureau of Community Integration and Alzheimer's</p>	<p>B. Gnozzio provided an update on the TBI Waiver program as related to the COVID-19 pandemic. During the COVID Public Health Emergency (PHE), the Department sought approval from CMS to amend the terms and conditions of the 1915 (c) waiver programs. NYS was one of the earliest states to submit an amendment under Appendix K which was approved by CMS on 4/21/2020. This amendment was then updated and approved on 8/25/2020. Under Appendix K, NYS was allowed to defer or temporarily change some procedures and change service delivery using alternative means, such as telehealth. During the PHE, certain services may now be provided using such methods as telephone contact, WebEx, or other alternative means that meet the needs of the participant. Providers are required to submit a detailed plan defining the methods of service delivery while the participant is sequestered. Other</p>	

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<p>Disease, OHIP/DOH</p>	<p>changes included in the Appendix are: suspension of level of care reassessments, implementing electronic signature mechanisms, changing initial assessment protocols. Retainer payments (Slide 4) allows providers to claim for service provision when participants are sequestered and not available for services. This helped to reduce financial hardships for providers during the pandemic. The Appendix allows the RRDC to complete intakes via phone.</p> <p>General feedback from providers indicated some things telephonically are very beneficial. The Waiver Unit will review lessons learned during COVID, and consider future changes as the waiver moves into application renewal. All guidance documents created during the pandemic can be found on the DOH website.</p>	<p>Waiver-related guidance documents: https://health.ny.gov/health_care/medicaid/redesign/mrt90/faqs_presentations_rpts.htm</p>
<p>Member Updates</p>	<p>Maxine Smalling (OMH) stated that over the years there have been several challenging cases which involved individuals in need of TBI services. These were very involved cases and providers were not able to meet their needs in the community. One of the individuals needs extensive surgeries and they were not able to find those services for a long time. Finally, with the help of different agencies and DOH, they were able to find a group of surgeons and hospitals to put a plan in place. It is an elaborate plan that will run over a course of two years involving multiple surgeries and hospitals. This collaborative effort will be life changing for this person.</p> <p>Paul Novak – Question: What is the impact of the COVID pandemic handled with out-of-state nursing home placements? B. Gnozzio responded that the number of referrals has slowed but there is currently no data to identify those individuals. Overall, there has been a decrease in out-of-state referrals to the TBI waiver program. The RRDCs have successfully transitioned several applicants back to NYS during the pandemic. Waiver providers, particularly LHCSAs and HCSS, have done a very good job providing services/coverage during the pandemic, along with the support of participants' families.</p> <p>B. Gnozzio stated that the next TBISCC meeting is scheduled for December 9, 2020 and Council members should anticipate it will be another virtual meeting. Council members were requested to generate agenda items and presenters and submit the information to DOH staff.</p> <p>M. Kaplen requests that an updated list of all council members e-mail addresses be sent. The information will be included with the meeting minutes.</p>	
<p>Public Comment</p>	<p>Joanne Scandale, Rehabilitation Counselor, Department of Physical Medicine & Rehabilitation Upstate University Hospital: She has a copy of the REAP (Remove/Reduce; Educate; Adjust/Accommodate; Pace) community-based model for Concussion Management. It was developed by Dr. Karen McAvoy who was a psychologist at a high school where a student football player unfortunately died of "Second Impact Syndrome." It posits a multi-disciplinary team approach is the foundation of the treatment and management of concussion. It is in a manual format which outlines the specific roles for each team - Family Team (student, parents, grandparents, etc.), School Physical Team (coaches, athletic</p>	<p>REAP manual:  REAP Manual - BIANYS.pdf</p>

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	<p>trainers, PE teachers, school nurses, etc.), School Academic Team (teachers, counselors, psychologists, etc.), and the Medical Team (emergency department, primary care providers, neurologists, etc.). BIANYS chose to utilize REAP as a training resource during 2013-2014. At one point it was available for digital download from BIANYS.org. The manual contains resources, a symptom checklist, and a teacher feedback form in addition to the outlines of the multidisciplinary teams' roles and functions. Ms. Scandale was not aware if Dr. Bazarian was familiar with the manual and wanted to present it as a potential resource which possibly may be updated and built upon.</p>	
<p>Adjournment</p>	<p>M. Kaplan made a motion to adjourn – Motion to adjourn by M. Davidson; C. Hymowitz second the motion. Meeting adjourned at 12:55pm.</p>	