

**North Dakota
Brain Injury Advisory Council
Membership Meeting
Video Conference**

**August 21, 2020
Meeting Minutes**

Call to Order and Welcome: Chairperson Nan Kennelly called the video conference meeting to order at 1:01 PM, CT, and welcomed ND Brain Injury Advisory Council (BIAC) members and the public. Greg Gallagher, Facilitator, recorded member attendance by voting and non-voting membership status.

NDBIAC Voting Members Present: Nan Kennelly, Open, Chair; Senator Howard Anderson, ND Senate Representative; David Biberdorf, General; Jean Herauf, Open; Austyn Kloehn, Service Provider; and Sarah Ring, Open.

NDBIAC Non-voting Members Present: Nicole Berman, DHS Behavioral Health; Dawn Pearson, DHS Medicaid; Denise Harvey, ND Protection and Advocacy Project; and Michelle Woodcock, NDDPI.

Presenters and Professional Support: Rebecca Quinn, ND Brain Injury Network; and Angie Parr, DHS Vocational Rehabilitation.

Facilitation: Greg Gallagher, Program and Research Director, The Consensus Council, Inc., served as facilitator.

Deferral of Action. Pursuant to BIAC Bylaws, Section IV, C, a quorum shall consist of the majority of the voting members of the Council, exempting any who has submitted their resignation to the Chair. Since a quorum had not yet been achieved, Chairperson Kennelly deferred any formal Council actions, including the approval of meeting agenda or minutes, and proceeded with the informal presentation of scheduled meeting activities.

Updates from Standing Committees

Continuum of Care Subcommittee. Chairperson Kennelly recognized Denise Harvey to report on the proceedings of the Continuum of Care Subcommittee (CC). Ms. Harvey referred BIAC members to the July 20, 2020, CC Subcommittee's minutes ([Appendix B](#)) and provided an overview of the principal issues managed by the CC, as specified in the CC Next Steps document. The CC addressed two issues that emerged during the May 15, 2020, BIAC full membership meeting, requiring immediate attention: (1) preparing a summary report for a future meeting with Chris Jones, DHS Executive Director, requesting greater service coordination and clarity of communications from the DHS regarding the management of brain injury services; and (2) developing a distinctive brain injury asset map, identifying the unique set of stakeholders and services that are available to support individuals with a brain injury and their families.

Preparations for Chris Jones Meeting. Chairperson Kennelly reported that she recently received communications from Rosalie Etherington, DHS, who will serve as Chris Jones' representative and who was inquiring into an acceptable meeting time. The meeting date and time has not been set at this time.

Ms. Harvey reported that the BIAC has previously identified the need for the DHS to develop and disseminate an operational flow chart that graphically illustrates and narratively describes how brain injuries are medically and administratively managed across the breadth of DHS services, spanning the various units within DHS. Such a flow chart and narrative would present a clear and unambiguous picture of how the DHS' various regulatory provisions directly impact, support, or impede the management of care for an individual with a brain injury. Such a flow chart would provide a common reference for future BIAC discussions and within the DHS, regarding the state's brain injury policies and provision-of-care practices and how these efforts meet or fall short of desired outcomes.

The BIAC submitted a [letter](#) requesting a meeting with Chris Jones to present this proposal. Chris Jones has not yet responded to this letter. In anticipation of an eventual meeting, CC members determined that the meeting with Chris Jones should seek to clarify the DHS's coordination of brain injury services, by addressing the following:

- The BIAC expresses its appreciation to the Executive Director for scheduling the meeting and to the DHS for its demonstrated efforts to meet the needs of individuals with a brain injury, their families, and the care professionals who serve them.
- The DHS's inclusion of brain-injury coverage within the Medicaid 1915(i) state plan marks a significant enhancement for brain injury services for the state's citizens.
- Since matters related to brain injuries are managed in different divisions within the DHS (e.g., Aging, Medical Services), the BIAC seeks a means for DHS to communicate with stakeholders how brain injury services are coordinated across division lines within the Department. Clear communications with graphic aids will assist stakeholders, especially individuals with brain injuries and their families, in better understanding how their needs and support services are being managed. The BIAC seeks to enhance the DHS's coordination and communication efforts, not to advocate for any departmental restructuring, per se.
- The BIAC encourages the DHS to develop and disseminate a guide, including narrative and graphic flow charts, explaining how brain injury services are managed. Such guides would assist individuals to better envision how their requests for support will be handled and where in the process their request for service might be placed. This guide should support the various levels of services anticipated for individuals with brain injuries.
- The BIAC is mindful that the DHS may require time to consider and develop a means of addressing this recommendation. The members of the BIAC, especially members representing providers and agencies, are willing to provide any level of assistance to the DHS to accomplish the aims of this request. The BIAC envisions this recommendation requiring a collaborative, inter-division effort, with communication strands that might carry over into other state agencies, who are similarly represented on the BIAC.
- The BIAC wishes to draw a distinction between this request for a brain injury guide and flow chart from the DHS's current efforts to develop a comprehensive [Asset Map](#), which the BIAC also endorses. This request for a brain injury guide is a separate, distinct initiative, leading to a more focused product: a guide and flow chart for individuals with brain injuries and their families.

- The BIAC potentially seeks to amend the DHS [Asset Map](#) (page 9), presenting the DHS administrative structure, to help visualize how services for individuals with brain injuries cuts across the DHS's various administrative divisions. Various DHS divisions appear to touch brain injuries, including Adults and Aging, Behavioral Health, Medical Services, Developmental Disabilities, among others.
- The BIAC is willing to facilitate conversations with individuals with brain injuries and their families, inviting them to share their experiences navigating through the current systems and offering their recommendations to improve service flow within those systems, specifically coordinating care across divisions.

Members recommended that when a final meeting date has been scheduled the three visitation committee members would convene to finalize member responsibilities for the meeting. When the meeting has been scheduled, Nan Kennelly would contact Mr. Gallagher, who in turn would reach out to the visitation committee members to finalize their preparations.

Brain Injury Asset Map. Rebecca Quinn provided an overview of the CC's discussions regarding the development of a brain injury asset map. The BIAC has previously identified a need to build on the format and content of the DHS [Asset Map](#) to develop a distinctive brain injury asset map, identifying the unique set of stakeholders and services that are available to support individuals with a brain injury and their families. CC members agreed that the CC should begin the process of aligning and restructuring the Asset Map to meet the BIAC's identified needs.

CC members have resolved to apply the insights of the current DHS Asset Map to develop an asset map uniquely aligned to the brain injury service delivery system. CC members identified the ND Brain Injury Network as uniquely qualified to scope out a conceptual framework or architecture for a brain injury asset map. Rebecca Quinn presented an [initial conceptual framework](#) that will guide the development of a final brain injury asset map.

Chairperson Kennelly thanked the CC Subcommittee for its report.

Declaration of Quorum. Greg Gallagher reported that a sufficient number of BIAC voting members had joined the meeting, constituting a quorum defined by BIAC bylaws. With a majority of qualified members recorded present, Chairperson Kennelly declared the presence of a quorum of voting members and total members, respectively.

Approval of Agenda. Chairperson Kennelly reviewed the August 21, 2020, draft meeting agenda and entertained a motion to approve the agenda.

DENISE HARVEY MADE AND SARAH RING SECONDED A MOTION TO ADOPT THE AUGUST 21, 2020, AGENDA AS PRESENTED. THE MOTION PASSED UNANIMOUSLY.

Chairperson Kennelly declared the adoption of the August 21, 2020, meeting agenda ([Appendix A](#)).

Approval of Minutes. Chairperson Kennelly placed before the members consideration of the [May 15, 2020, BIAC draft meeting minutes](#) for approval.

DENISE HARVEY MADE AND SARAH RING SECONDED A MOTION TO APPROVE THE MAY 15, 2020, MEETING MINUTES, AS PRESENTED. THE MOTION PASSED UNANIMOUSLY.

Chairperson Kennelly declared the adoption of the May 15, 2020, meeting minutes, as presented.

Education and Awareness Subcommittee. Chairperson Kennelly recognized Jean Herauf to report on the proceedings of the Education and Awareness Subcommittee (EA). Ms. Herauf referred BIAc members to the August 4, 2020, EA Subcommittee's meeting minutes ([Appendix D](#)) summarizing the principal issues managed by the EA, as specified in the EA Next Steps document: (1) assessing established insurance providers' plan coverage for brain injury treatments to determine consistency or gapping regarding cognitive therapy coverage; and (2) reviewing current ND Brain Injury Network professional training and technical assistance activities.

Survey of Insurance Providers' Coverage. At the May 15, 2020, BIAc quarterly business meeting, Chairperson Kennelly formed an ad hoc task force, consisting of Sarah Ring, Jean Herauf, Nan Kennelly, and David Biberdorf, to identify any coverage gaps among insurance providers which might lead to remedying identified deficiencies. This action step arose from discussions between the BIAc and the ND Insurance Department which produced the following options for action:

- The BIAc may ask its provider representatives to identify all differences in brain injury cognitive therapy protocols, including coding variances, among the various insurers within the state, including BCBS, Sanford, Medica, United Healthcare, Aetna, among others. The BIAc might then assess the degree to which any of these identified differences might impact the assessment, access, and course of treatment for brain injuries.
- The BIAc may ask its provider representatives to identify all differences in brain injury cognitive therapy protocols, including coding variances, between Medicare and Medicaid coverage plans. The BIAc might then assess how any of these identified differences might inform and advance policy recommendations. The BIAc might assess the impact of the state's recent Medicaid 1915(i) state plan regarding brain injuries to determine if there exists any procedural means of seeking a remedy in the treatment of and reimbursement for brain injury cognitive therapy with a wider pool of therapists.
- In the event that disparities in coverage between Medicare and Medicaid are identified, the BIAc might request the ND Department of Human Services to petition the Centers for Medicare and Medicaid Services seeking the reconciliation of program and reimbursement policies for brain injury cognitive therapy between Medicare and Medicaid services.
- The BIAc may provide any compiled evidence of coverage disparities or remedy solutions to interested parties to advance discussions with BCBS to resolve these disparities in favor of improved coverage and more transparent communications with providers and consumers.

EA members elected to conduct a focused discovery of key insurance provisions to build a working database upon which to conduct further analysis. Members identified a select group of insurance providers against which to conduct this study: BCBS (across several states), Sanford, Medica, United Healthcare, Aetna, Medicaid, and Medicare.

Members selected the following data elements for study, representing the key insurance provisions to reference for subsequent analysis:

- Diagnosis requirements for cognitive therapy;
- Eligibility requirements for cognitive therapy;
- Service disciplines covered (e.g., OT, speech);

- Whether a neuropsychological assessment is required for diagnosis and eligibility;
- Identified testing or prescreening requirements;
- Coding guidance; and
- Duration of services.

Rebecca Quinn has assigned Tara Stevenson, an intern at the ND Brain Injury Network, to research these provider plans and to prepare a summary report of findings. Ms. Quinn presented an initial spreadsheet comparison of select provider coverage, referencing the identified data elements. The initial spreadsheet will be expanded further as additional insurance providers are incorporated into the discovery activity, including Medicare and Medicaid.

Brain Injury Network Professional Training Opportunities. Rebecca Quinn reviewed the various professional development opportunities provided by the ND Brain Injury Network, outlined in the August 4, 2020, EA [minutes](#), pages iv-v and in a summary of [BIN training activities](#).

Chairperson Kennelly thanked the EA Subcommittee for its report.

BIAC Membership Status Report. Chairperson Kennelly recognized Nicole Berman, DHS, to provide a report on the current status of the BIAC membership slots. Nicole Berman reported that the Governor appoints general, non-departmental representatives, representing individuals of specified status and providers, as mandated in ND Century Code. There currently exists one open slot, specified by NDCC. There exist no other open slots for consideration. Ms. Berman has received no updates from the Governor’s Office regarding the status of filling the current opening or the routine completion of certain membership forms.

Review of BIAC Bylaws; Forthcoming Activities. Chairperson Kennelly recognized Greg Gallagher to provide a report on certain BIAC Bylaw provisions that require the attention of BIAC members to ensure compliance with BIAC organizational responsibilities. Mr. Gallagher presented a series of provisions within the [BIAC Bylaws](#) that govern membership, officers, elections, and committee structures, including:

- Section I. B: A voting advisory council member appointed by the governor may not serve more than two consecutive four-year terms on the council.
- Section III. A: The Council shall elect a Chairman and Vice Chairman from the voting membership of the Council and shall elect a Secretary from the voting or nonvoting membership of the Council.
- Section III. C: The Council shall elect a Chairman and Vice Chairman from the voting membership of the Council and shall elect a Secretary from the voting or nonvoting membership of the Council.
- Section III. D: In the event the Vice-Chair permanently assumes the Chair position, the Council shall elect a Vice-Chair at the following regular Council meeting.
- Section III. E: The Chair, Vice-Chair, and Secretary shall serve for two (2) years or until their successors are elected, and their term of office shall begin at the close of the meeting at which they are elected.
- Section III. F: No member shall concurrently hold more than one office or serve more than three consecutive terms in the same office.

- Section V. D: An executive committee consisting of the Chair, Vice-Chair, Secretary and the Past-Chair shall be empowered to act on Council emergency business.

Mr. Gallagher reported that with the resignation of Lisa Anderson, BIAC Vice Chairperson, and the vacant Secretary position, the BIAC currently has only one elected officer, Nan Kennelly, Chairperson, and no operational Executive Committee. There have been no officer elections conducted since the last officers' election in November 17, 2017; the currently vacant position for Secretary was filled on February 18, 2018, and subsequently vacated by a resignation. Given the Bylaw's directives and the three-year span since the last general election, there exists an evident need for the BIAC to conduct an election for the complete slate of officers to remain. The Bylaws appear to encourage regular two-year cycles of officer elections; however, the Bylaws are silent on when and how elections occur for any of the officers during a calendar year. It appears that all officer elections would be ideally conducted at the same time to allow members to run for whatever office they choose, as long as they do not exceed three consecutive terms in the same office. This is the simplest interpretation of the bylaws.

Mr. Gallagher proposed the BIAC consider selecting an interim Vice Chairperson at the August 21 BIAC meeting to provide executive stability, and then appoint a Nomination Committee to establish an election process and form a slate of candidates for consideration and election at the November 20, 2020, BIAC meeting. Chairperson Kennelly opened the floor for member comments and resolutions.

SENATOR HOWARD ANDERSON MADE AND DAVE BIBERDORF SECONDED A MOTION FOR THE BIAC CHAIRPERSON TO APPOINT A THREE-MEMBER NOMINATION COMMITTEE TO ESTABLISH AN ELECTION PROCESS AND TO PRESENT A SLATE OF CANDIDATES FOR ELECTION FOR THE POSITIONS OF CHAIRPERSON, VICE CHAIRPERSON, AND SECRETARY, AND TO CONDUCT AN ELECTION PRIOR TO THE NOVEMBER 20, 2020, MEETING. THE MOTION PASSED UNANIMOUSLY.

Chairperson Kennelly announced the passage of the motion and appointed the following members to serve on the Nomination Committee: Jean Herauf, Austyn Kloehn, and Sarah Ring. All Nomination Committee members agreed to the appointment. Mr. Gallagher will support and facilitate the Nomination Committee, including communications with the BIAC membership.

Members discussed the need to elect an interim Vice Chairperson to assume duties immediately and through to the November 20, 2020, BIAC meeting, when a formal election for a two-year term Vice Chairperson would have been conducted and where the newly elected Vice Chairperson would assume the position immediately following the November 20, 2020, BIAC meeting, as stipulated in the BIAC Bylaws.

SENATOR HOWARD ANDERSON MADE AND SARAH RING SECONDED A MOTION FOR THE BIAC CHAIRPERSON TO APPOINT AN INTERIM VICE CHAIRPERSON FROM AMONG PROSPECTIVE VOLUNTEERS WHO ARE NOT MEMBERS OF THE NOMINATION COMMITTEE, EFFECTIVE IMMEDIATELY AND HOLDING OFFICE UNTIL THE CLOSE OF THE NOVEMBER 20, 2020, BIAC MEETING, WHEN A NEWLY ELECTED VICE CHAIRPERSON WOULD ASSUME OFFICE. THE MOTION PASSED UNANIMOUSLY.

Chairperson Kennelly announced the passage of the motion and entertained volunteers to be considered for Interim Vice Chairperson.

In the absence of any volunteers, Chairperson Kennelly requested, and David Biberdorf accepted, an invitation to serve as Interim Vice Chairperson in keeping with the terms of the approved motion. Members of the BIAC expressed support for David Biberdorf's appointment and acceptance.

Securing Telehealth Services Following Public Health Emergency: BIAC Members. Chairperson Kennelly invited BIAC members to provide proposals regarding the role of telehealth during and following the current public health emergency. Members observed that both providers and service users support the benefits and management of telehealth to provide essential care, especially during the pandemic, evidencing encouraging results. Members expressed support in advancing broad permissive legislation that would incentivize telehealth services, including case management, across a broad range of disciplines, minimizing any payer restrictions compared to in-person provided services. Although interim legislative committees are currently wrapping up their study reports and bill proposals, there still exist opportunities to influence the inclusion of telehealth provisions in future program and funding bills, moving into the 2021 Legislative Assembly. Members identified a unique role for the BIAC to provide testimony during the legislative session to broadened approval for telehealth services and reimbursement, including compiling anecdotal testimony from brain injury survivors and service providers, cataloging current reimbursement disparities requiring remedy, conducting limited surveys of service users and providers, and collecting and analyzing service data from the DHS. The BIAC may want to assess if there is a desirable cost/price differential between in-person and telehealth services that would be acceptable to payers.

Chairperson Kennelly, reflecting member comments, encouraged each BIAC member, especially service providers, to conduct research, differentiating among the various disciplines, on overall efficacy studies comparing in-person to telehealth-based services. Rebecca Quinn identified the Learning Collaborative as a possible survey vehicle and repository for anecdotal testimony for telehealth benefits. Any collected information might be used for the pursuit of 2021 legislative initiatives or to petition insurance providers to maintain coverage for telehealth services following the public health emergency. Chairperson Kennelly encouraged all BIAC members to submit their findings or observations to Mr. Gallagher prior to the November 20, 2020, BIAC meeting, when a more formal discussion could occur.

Standing Report on Learning Collaborative: Skipp Miller and Shannon Cook. Chairperson Kennelly recognized Rebecca Quinn to provide a summary report on the Learning Collaborative. Ms. Quinn reported that the National Learning Collaborative has recently re-engaged following several months of inactivity resulting from the pandemic's impact across the nation. The first meeting of the state Learning Collaborative is scheduled for late August 2020, following a six-month hiatus.

Update on Brain Injury Legislation, Anticipating 2021 Legislative Session: BIAC Members. Chairperson Kennelly entertained comments and proposals from the members regarding preparations for the 2021 Legislative Assembly. Members observed a need for the BIAC to prepare a formal legislative agenda at the November 20, 2020, BIAC meeting, including establishing a process to track and influence identified brain injury service priorities. Members offered an initial list of potential legislative priorities:

- Request an amendment to the BIAC's authorizing legislation and membership, specifying an increased number of brain injury survivors, family members, or stakeholder organizations, meeting or exceeding 50% of the total BIAC membership, to ensure a richer inclusion of their voices and contributions;

- Increasing the use and reimbursement of telehealth services; and
- Enhancing incentives to expand residential habilitation services.

DENISE HARVEY MADE AND JEAN HERAUF SECONDED A MOTION AUTHORIZING THE BIAC CHAIRPERSON TO FORM A LEGISLATIVE INITIATIVE COMMITTEE CHARGED WITH DEVELOPING A LEGISLATIVE AGENDA TO BE REPORTED OUT AT THE NOVEMBER 20, 2020, BIAC MEETING, OUTLINING PROSPECTIVE INITIATIVES FOR THE 2021 LEGISLATIVE ASSEMBLY. THE MOTION PASSED UNANIMOUSLY.

Chairperson Kennelly announced the passage of the motion and appointed Denise Harvey, Nan Kennelly, and Rebecca Quinn to serve on the BIAC Legislative Initiative Committee. The Committee will report back with a list of prospective legislative initiatives for the 2021 Legislative Assembly at the November 20, 2020, meeting. Mr. Gallagher will facilitate the Committee's work.

Update from the Department of Health. No report was provided by the Department of Health.

Update from the Department of Human Services. Chairperson Kennelly recognized Dawn Pearson to provide an update from the Department of Human Services. Ms. Pearson reported that the DHS submitted its [Medicaid 1915\(i\) State Plan](#) in late July 2020 and anticipated a decision by the Centers for Medicare and Medicaid Services (CMS) in late October 2020, based on established practices. The CMS has begun the anticipated process of seeking clarifications on the state plan, which results in a series of conference call exchanges and written clarifications. The DHS has scheduled a series of service provider trainings to provide Medicaid 1915(i) program specifications, application requirements, and future billing procedures. Interest from prospective providers has been high, with approximately 180 participants signed up for future trainings. Various video training options will be available.

The DHS anticipates that the program will be operational by November 2020. The DHS anticipates providing routine program implementation reports, moving forward, and may be in a position to provide a more formal report at the November 20, 2020, BIAC meeting.

Chairperson Kennelly thanked Ms. Pearson for her report.

Member Updates. Chairperson Kennelly invited BIAC members to provide any member-specific reports. Denise Harvey reported that the Protection and Advocacy Project has been monitoring and providing educational advocacy for student support services, including services for brain injury students, throughout the current public health emergency, to ensure proper compliance with the law, in all the various means of providing educational services. The P&A has responded to various service protection inquiries.

Members expressed a need to find acceptable candidates to fill the family slot on the BIAC vacated by the resignation of Lisa Anderson. Senator Anderson encouraged [BIAC members](#) to look to the state's various advocacy networks to find a qualified candidate to fill this slot and then to encourage the individual(s) to complete the [application process](#) with the Governor's Office. Nicole Brunelle's Department of Health position on the BIAC is also open at this time, since Nicole has moved into another position.

Skipp Miller electronically submitted a [written report](#) on the Learning Collaborative and requested that this report be entered into the minutes. Mr. Gallagher acknowledged the receipt of this report.

Public Comments. Chairperson Kennelly invited any members of the public to offer comments to the BIAC. No members of the public stepped forward to provide testimony. Chairperson Kennelly closed the public comments session.

Next Steps. Greg Gallagher referred members to a reference tool for BIAC members outlining anticipated future BIAC activities. This [BIAC Next Steps](#) document allows members to readily monitor those issues that are pending or completed, offering a means to measure overall BIAC outcomes.

Mr. Gallagher stated that the Continuum of Care Subcommittees and Education and Awareness Subcommittees will set their respective meeting dates via a Doodle poll conducted at approximately mid-point between meetings. Members should be attentive for forthcoming announcements.

Mr. Gallagher recommended that the BIAC set its 2021 meeting schedule at the November 20, 2020, BIAC meeting. Mr. Gallagher anticipates that all meetings in 2021 will be managed through the current video conference format.

The next BIAC meeting is set for the following date, via video conference:

- Friday, November 20, 2020, from 1:00 PM – 4:00 PM, CT.

Adjournment. Having completed the meeting’s agenda and hearing no further comments from the BIAC members, Chairperson Kennelly entertained a motion to adjourn.

JEAN HERAUF MADE AND DENISE HARVEY SECONDED A MOTION TO ADJOURN THE MEETING. THE MOTION PASSED UNANIMOUSLY.

Chairperson Kennelly declared the meeting adjourned at 3:32 PM, CT.

Respectfully submitted,

Greg Gallagher
Program and Research Director
Consensus Council, Inc.

APPENDIX ATTACHMENTS

- [APPENDIX A:](#) Agenda, August 21, 2020
- [APPENDIX B:](#) BIAC Continuum of Care Subcommittee Minutes, July 20, 2020
- [APPENDIX C:](#) Letter to Chris Jones, Executive Director, Department of Human Services
- [APPENDIX D:](#) BIAC Education and Awareness Subcommittee Minutes, August 4, 2020
- [APPENDIX E:](#) Draft Brain Injury Asset Map Conceptual Framework
- [APPENDIX F:](#) Professional Development Trainings, ND Brain Injury Network
- [APPENDIX G:](#) Learning Collaborative Report
- [APPENDIX H:](#) Recorded Next Steps Activities

APPENDIX A

**Brain Injury Advisory Council Meeting
Friday, August 21, 2020
1:00 PM – 4:00 PM., CT**

Video Conference Forum

AGENDA

Brain Injury Advisory Council Meeting
Friday, August 21, 2020
1:00 PM – 4:00 PM., CT

Video Conference Forum

AGENDA

- 1:00 PM Call Meeting to Order
Welcome and Roll Call
- Approve Agenda, August 21, 2020
- Approve Minutes, May 15, 2020:
<https://www.nd.gov/dhs/services/mentalhealth/biac/docs/2020-5-15-meeting-minutes.pdf>.
- 1:15 PM Updates from Standing Subcommittees
- Continuum of Care Subcommittee
 - Education and Awareness Subcommittee
- Status Report on Letter to Chris Jones, Department of Human Services, on DHS Brain Injury Service Protocols: Nan Kennelly. Future Follow-up Meeting: Shannon Cook, Denise Harvey, and Rebecca Quinn
- BIAC Membership Status Report: Nicole Berman
- Review of BIAC Bylaws; Forthcoming Activities: Greg Gallagher
- BIAC Election of Officers (Chairperson, Vice Chairperson, Secretary); Selection of Nomination Committee; Balloting Procedure; Election Announcement, November 20, 2020: Nan Kennelly and Greg Gallagher
- Securing Tele-healthcare Services Following Public Health Emergency: BIAC Members
- Standing Report on Learning Collaborative: Skipp Miller and Shannon Cook
- Update on Brain Injury Legislation, Anticipating 2021 Legislative Session: BIAC Members
- Update from Department of Health
- Update from Department of Human Services

- Member Updates
- 3:30 PM Public Comments
- Next Steps
 - Setting 2021 Meeting Dates

4:00 PM Adjournment

Future 2020 BIAC Meeting Dates:

- Friday, November 20, 2020, from 1:00 PM – 4:00 PM, CT

Meeting Contact Information:

The Brain Injury Advisory Council follows established state guidance regarding the scheduling and management of state advisory councils. Pending any changes in the status of the current public health emergency, the Brain Injury Advisory Council will hold its August 21, 2020, scheduled meeting via video conference. Members of the public can access the meeting and participate in the public comment period by using the following contact information:

The Brain Injury Advisory Council is providing access to its scheduled August 21, 2020, meeting at the following Zoom address.

Topic: ND Brain Injury Advisory Council

Time: Aug 21, 2020 01:00 PM Central Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/88455216391>

Meeting ID: 884 5521 6391

One tap mobile

+16699006833,,88455216391# US (San Jose)

+12532158782,,88455216391# US (Tacoma)

Dial by your location

+1 669 900 6833 US (San Jose)

+1 253 215 8782 US (Tacoma)

+1 346 248 7799 US (Houston)

+1 929 436 2866 US (New York)

+1 301 715 8592 US (Germantown)

+1 312 626 6799 US (Chicago)

Meeting ID: 884 5521 6391

Find your local number: <https://us02web.zoom.us/j/88455216391>

APPENDIX B

**North Dakota
Brain Injury Advisory Council
Continuum of Care Subcommittee**

**Conference Call Meeting
July 20, 2020**

Meeting Minutes

**North Dakota
Brain Injury Advisory Council
Continuum of Care Subcommittee**

**Video Conference Meeting
July 20, 2020
Meeting Minutes**

Call to Order and Welcome: Greg Gallagher, BIAC Facilitator, called the meeting to order at 12:02 PM, CT, via video conference, and welcomed ND Brain Injury Advisory Council (BIAC), Continuum of Care Subcommittee (CC) members. Members introduced themselves.

NDBIAC CC Subcommittee Members Present: Barbara Burghart; Rebecca Quinn; Lisa Anderson; Denise Harvey, and Nan Kennelly.

Facilitation: Greg Gallagher, Program and Research Director, The Consensus Council, Inc., served as facilitator.

Approval of Agenda. Greg Gallagher reviewed a working agenda compiled from (1) the CC duties assigned at the May 15, 2020, BIAC full membership meeting, and (2) the *BIAC Next Steps* document, compiled from past BIAC minutes specifically referencing CC's pending work. Members agreed to adopt the proposed working agenda.

Reference to Past Minutes. The CC referenced the minutes from the April 23, 2020, BIAC CC meeting and the draft minutes from the May 15, 2020, BIAC full membership meeting (<https://www.nd.gov/dhs/services/mentalhealth/biac/docs/2020-5-15-meeting-minutes.pdf>) to confirm the scope of CC assigned duties, discussions, and operations.

Domain and Scope of the CC Subcommittee. Members reaffirmed the identified scope of work assigned to the CC, compiled from the May 15, 2020, BIAC meeting minutes, past CC meeting minutes, and the *BIAC Next Steps* document:

1. CC members identified the CC's scope as (1) defining and addressing the meaning and construct of continuum of care for individuals with brain injuries, and (2) assessing and proposing various measures that would produce a positive effect on the provision of services, spanning promotion, prevention, early identification, intervention, service delivery, and recovery. (May 15, 2020 BIAC Minutes; April 23, 2020 CC Minutes; February 4, 2020 CC Minutes; February 21, 2020 BIAC Minutes; November 15, 2020, BIAC Minutes)
2. The CC identified core CC issues, which are specified in the CC February 4, 2020, minutes: (1) expanded brain injury protocols, (2) Medicaid 1915(i) service options, (3) definition of *continuum of care*, (4) request the development of a DHS flow chart for brain injury services, and (5) service gap analysis. (May 15, 2020 BIAC Minutes; April 23, 2020 Minutes; February 4, 2020 CC Minutes; February 21, 2020 BIAC Minutes)
3. Members reviewed the formal resolution adopted at the February 21, 2020, BIAC meeting involving CC activity:

A SPECIAL COMMITTEE, CONSISTING OF SHANNON COOK, DENISE HARVEY, AND REBECCA QUINN, SHALL MEET WITH MR. JONES AND ANY OTHER DEPARTMENT REPRESENTATIVES TO CLARIFY THE LETTER'S CONTENT AND TO ADVANCE ITS POLICY AIMS. THE SPECIAL

COMMITTEE WILL REPORT BACK ITS FINDINGS TO THE BIAC AT ITS NEXT REGULARLY SCHEDULED MEETING ON MAY 15, 2020. (February 21, 2020, BIAC Minutes).

Based on scheduling extensions, the planned meeting was moved forward to a future date in the Summer 2020.

Priority CC Issues. Members reviewed and reaffirmed the previously identified CC list of priority issues: the continuum of care definition and the development of a DHS flow chart for brain injury services. Members have previously agreed to seek to unify these two priority items, including (1) the current efforts of the DHS to develop an asset map based on person-centered practices and (2) the processes used to determine service eligibility, including diagnostic screenings and evaluation. CC members perceive value in combining both issues to generate a partial yet functional definition of continuum of care while moving the flow chart issue forward within DHS's asset map work.

Noting these two identified priorities, the CC elected to focus attention on two matters that emerged during the May 15, 2020, BIAC full membership meeting, as CC assignments requiring immediate attention.

1. Chairperson Kennelly requested that the CC prepare a list of recommendations for the forthcoming meeting with Chris Jones, after which a meeting date between Chris Jones and the designated visitation committee might be set. Members affirmed that the flow chart referenced in the Chris Jones' letter is not identical to the asset map proposal, a distinct initiative being addressed by BIAC. The meeting with Chris Jones is directed to service coordination within the DHS and attempts to seek greater clarity from the DHS regarding its management of brain injury services.
2. The CC foresees a need to build on the format and content of the DHS Asset Map to develop a distinctive brain injury asset map, identifying the unique set of stakeholders and services that are available to support individuals with a brain injury and their families. BIAC members agreed that the CC is well-positioned to review the full Asset Map and identify how the Asset Map might be edited to make the Map fully applicable for brain injury interests. CC members agreed that the CC should begin the process of restructuring the Asset Map to meet the BIAC's identified needs. Chairperson Kennelly requested that the CC assume the work of aligning or restructuring the Asset Map to accomplish the BIAC's aims.

Preparations for Meeting with Chris Jones. Members elected to take up the matter of preparing talking points for the anticipated meeting with Chris Jones, Executive Director, Department of Human Services (DHS). Members recommended that the meeting attempt to accomplish the following broad goals: (1) clearly identify the BIAC as a statutorily defined advisory council to the state, missioned to improve the quality of life for all individuals with brain injury and their families through brain injury identification, awareness, prevention, research, education, collaboration, support services and advocacy; (2) establish and secure a positive working relationship with the Executive Director of DHS; and (3) provide a periodic report to the DHS on BIAC activities, with specific focus on seeking greater clarity from the DHS regarding its management of brain injury services.

Members briefly reviewed their past discussions regarding a need for a service flow chart. Previous CC and BIAC full-membership discussions have centered on understanding the breadth of any definition of *continuum of care*, spanning promotion, prevention, early identification,

program planning, service delivery, and recovery, with each phase involving its own unique level of concerns. Members have discussed how the BIAC might both learn from and influence current DHS efforts to develop either an asset map or a guidance flow chart, based on person-centered practices. Focusing on the DHS Asset Mapping Project would offer a practical means of addressing the continuum of care definition while moving discussions further along on the normative flow of service contacts for individuals with brain injuries and their families. Yet, the current DHS Asset Map may not best guide individuals with brain injuries through the course of their service needs. The CC favors a specially designed guidance document and service flow chart directed to brain injury stakeholders' needs.

During the February 4, 2020, and April 23, 2020, CC meetings, members identified the need for the DHS to develop and disseminate an operational flow chart that graphically illustrates and narratively describes how brain injuries are medically and administratively managed across the breadth of DHS services, spanning the various units within DHS. Such a flow chart and narrative would present a clear and unambiguous picture of how the DHS' various regulatory provisions directly impact, support, or impede the management of care for an individual with a brain injury. Such a flow chart would provide a common reference for future BIAC discussions and within the DHS, regarding the state's brain injury policies and provision-of-care practices and how these efforts meet or fall short of desired outcomes.

CC members stated that the meeting with Chris Jones should focus primarily seek to clarify the DHS's coordination of brain injury services, by addressing the following:

- The BIAC expresses its appreciation to the Executive Director for scheduling the meeting and to the DHS for its demonstrated efforts to meet the needs of individuals with a brain injury, their families, and the care professionals who serve them.
- The DHS's inclusion of brain-injury coverage within the Medicaid 1915(i) state plan marks a significant enhancement for brain injury services for the state's citizens.
- Since matters related to brain injuries are managed in different divisions within the DHS (e.g., Aging, Medical Services), the BIAC seeks a means for DHS to communicate with stakeholders how brain injury services are coordinated across division lines within the Department. Clear communications with graphic aids will assist stakeholders, especially individuals with brain injuries and their families, in better understanding how their needs and support services are being managed. The BIAC seeks to enhance the DHS's coordination and communication efforts, not to advocate for any departmental restructuring, per se.
- The BIAC encourages the DHS to develop and disseminate a guide, including narrative and graphic flow charts, explaining how brain injury services are managed. Such guides would assist individuals to better envision how their requests for support will be handled and where in the process their request for service might be placed. This guide should support the various levels of services anticipated for individuals with brain injuries.
- The BIAC is mindful that the DHS may require time to consider and develop a means of addressing this recommendation. The members of the BIAC, especially members representing providers and agencies, are willing to provide any level of assistance to the DHS to accomplish the aims of this request. The BIAC envisions this recommendation requiring a collaborative, inter-division effort, with communication strands that might carry over into other state agencies, who are similarly represented on the BIAC.

- The BIAC wishes to draw a distinction between this request for a brain injury guide and flow chart from the DHS's current efforts to develop a comprehensive Asset Map, which the BIAC also endorses. This request for a brain injury guide is a separate, distinct initiative, leading to a more focused product: a guide and flow chart for individuals with brain injuries and their families.
- The BIAC potentially seeks to amend the DHS Asset Map (page 9), presenting the DHS administrative structure, to help visualize how services for individuals with brain injuries cuts across the DHS's various administrative divisions. Various DHS divisions appear to touch brain injuries, including Adults and Aging, Behavioral Health, Medical Services, Developmental Disabilities, among others.
- The BIAC is willing to facilitate conversations with individuals with brain injuries and their families, inviting them to share their experiences navigating through the current systems and offering their recommendations to improve service flow within those systems, specifically coordinating care across divisions.

Members recommended that when a final meeting date has been scheduled the three visitation committee members would convene to finalize member responsibilities for the meeting. When the meeting has been scheduled, Nan Kennelly would contact Mr. Gallagher, who in turn would reach out to the visitation committee members to finalize their preparations.

CC to Develop a Conceptual Framework for a Brain Injury Asset Map. Following its discussions regarding the forthcoming Chris Jones meeting, CC members resolved to apply the insights of the current DHS Asset Map to develop an asset map uniquely aligned to the brain injury service delivery system. CC members identified the ND Brain Injury Network as uniquely qualified to scope out a conceptual framework or architecture for a brain injury asset map. Rebecca Quinn volunteered to develop an initial conceptual framework for the CC to consider. Ms. Quinn also expressed a willingness to share any conceptual framework with the BIAC, as early as the August 21, 2020, meeting, if the framework were to be prepared by then. CC members expressed their appreciation for Ms. Quinn's proposal.

Closing Observations. CC members expressed their satisfaction in accomplishing the meeting's principal objectives: (1) a review of current CC activities and the selection of emergent issues requiring immediate attention; (2) the development of crucial talking points for the BIAC's forthcoming meeting with Chris Jones, on behalf of the BIAC visitation committee and pending the meeting's final scheduling; and (3) the development of a conceptual framework for a brain injury asset map.

Members did not designate a reporter to present the CC's report to the BIAC at its August 21, 2020, meeting.

Adjournment. Having completed the meeting's agenda and hearing no further comments from the CC Subcommittee members, Mr. Gallagher declared the meeting adjourned at 12:50 PM, CT.

Respectfully submitted,

Greg Gallagher,
CC Subcommittee Facilitator

Deputy Director
Consensus Council, Inc.

APPENDIX C

**Letter from Nan Kennelly, Chairperson,
ND Brain Injury Advisory Council
To
Chris Jones, Executive Director,
ND Department of Human Services**

May 1, 2020

May 1, 2020

Mr. Christopher Jones, Executive Director
North Dakota Department of Human Services
600 East Boulevard Avenue
Bismarck, ND 58505

Dear Mr. Jones:

On behalf of the full membership of the North Dakota Brain Injury Advisory Council (NDBIAC), acting in accordance with its established bylaws as an advisory body to the state of North Dakota and the North Dakota Department of Human Services, I respectfully write seeking your consideration and approval to proceed with the development of clear guidance regarding the provision of services and supports to individuals with documented brain injuries. This request comes following the unanimous consent of all NDBIAC members during its February 21, 2020, public meeting.

The expressed mission of the NDBIAC, consisting of members appointed by the Governor of the state of North Dakota, is to improve the quality of life for all individuals with brain injury and their families through brain injury identification, awareness, prevention, research, education, collaboration, support services and advocacy. It is to this aim that we make this request for the development of clear guidance.

In the informed opinion of the members of the NDBIAC, there exists a clear and compelling need for the Department of Human Services to develop and disseminate clear guidance, consisting of an operational flow chart and supportive narrative, that graphically illustrates and descriptively outlines how brain injuries are medically and administratively managed across the breadth of services managed by the Department of Human Services, spanning the various units within the Department. Such a guidance document, with its supporting flow chart and narrative, would present a clear and unambiguous picture of how the Department of Human Services' various regulatory provisions directly impact, support, or impede the management of care for an individual with a brain injury. Such a flow chart would provide a common reference for the public to better understand, in a straightforward, transparent presentation, how the state's brain injury policies and provision-of-care practices meet stated desired outcomes. The NDBIAC seeks such a guidance document to support its work in better charting and understanding the system of service provision for individuals with a brain injury.

The NDBIAC welcomes the opportunity to meet with you or your appointed representative to explain further the purpose, application, and possible design of this guidance document. We wish to express our gratitude to you for all the support the Department of Human Services has extended the NDBIAC in meeting its mandated obligations. We present this request to you seeking an extension of your previous support and encouraging your favorable consideration.

Thank you for your kind consideration of this request. On behalf of the NDBIAC, thank you for your many efforts to improve the lives of all North Dakota citizens, especially those citizens among us with a brain injury that affects their lives. I wish you well.

Sincerely,

A handwritten signature in cursive script that reads "Nan Kennelly".

Nan Kennelly
Chairperson,
North Dakota Brain Injury Advisory Council

APPENDIX D

**North Dakota
Brain Injury Advisory Council
Education and Awareness Subcommittee**

**Conference Call Meeting
August 4, 2020**

Meeting Minutes

**North Dakota
Brain Injury Advisory Council
Education and Awareness Subcommittee**

**Conference Call Meeting
August 4, 2020
Meeting Minutes**

Call to Order and Welcome: Greg Gallagher, BIAC Facilitator, called the meeting to order at 12:03 PM, CT, via video conference, and welcomed ND Brain Injury Advisory Council (BIAC), Education and Awareness Subcommittee (EA) members. Members introduced themselves.

NDBIAC CC Subcommittee Members Present: Jean Herauf; Sarah Ring; Mandy Slag; Nan Kennelly; and Rebecca Quinn.

Facilitation: Greg Gallagher, Deputy Director, The Consensus Council, Inc., served as facilitator.

Approval of Agenda. Greg Gallagher reviewed a working agenda compiled from (1) the EA duties assigned at the May 15, 2020, BIAC full membership meeting, and (2) the *BIAC Next Steps* document, compiled from past BIAC and EA minutes specifically referencing EA's pending work. Members agreed to adopt the proposed working agenda.

Reference to Past Minutes. The EA referenced the minutes from the May 15, 2020, BIAC full membership meeting (<https://www.nd.gov/dhs/services/mentalhealth/biac/docs/2020-5-15-meeting-minutes.pdf>), and the April 30, 2020, and May 8, 2020, EA meetings to confirm the parameters of EA assigned duties and subject content.

Domain and Scope of the EA Subcommittee. EA Members reaffirmed the identified scope of work assigned to the EA, compiled from the May 15, 2020, BIAC minutes, past EA meeting minutes, and the *BIAC Next Steps* document:

1. EA members identified the EA's scope as (1) coordinating the efforts between the BIAC full membership and the Brain Injury Network to advance best practice training opportunities for professionals across the wider service community and to improve outreach and awareness efforts to the public regarding brain injury issues, and (2) assessing and proposing specific training and awareness campaigns that will produce a positive effect on the provision of services, across the broad span of service sectors and the wider public. (May 15, 2020, BIAC Minutes; April 30, 2020, EA Minutes) February 7, 2020, EA Minutes; February 21, 2020, BIAC Minutes; November 15, 2020, BIAC Minutes)
2. The EA identified the following core EA issues, which are specified in the EA February 7, 2020, minutes: (1) expanded brain injury protocols, (2) teacher professional development on brain injuries, (3) law enforcement personnel professional development on brain injuries, (4) special education professional development for brain injury assessments, (5) coordinating activities between the ND Brain Injury Network and the BIAC EA. (May 15, 2020, BIAC Minutes; April 30, 2020, EA Minutes; February 7, 2020, EA Minutes; February 21, 2020, BIAC Minutes)
3. EA members will focus attention on the various professionals and organizations that may require professional development and technical assistance regarding brain injuries, as evidenced in the breadth of EA identified issues. The EA observed the need to carefully

coordinate and collaborate with the Brain Injury Network, providing direction, support, feedback, validation, and new ideas to the BIN's ongoing efforts. (February 7, 2020, EA Minutes; February 21, 2020, BIAC Minutes). Members requested that the NDBIN provide updates on the progression of these trainings, moving forward. (February 7, 2020, EA minutes; April 30, 2020, EA minutes; May 15, 2020, BIAC minutes). This is an ongoing monitoring issue.

4. BIAC members suggested that the BIAC Education and Awareness Subcommittee, in association with the BIN, revisit the 2016 survey, assess its relevance, and identify key issues, reporting back with proposals to the BIAC at a later meeting. The EA could identify and prioritize survey and assessment issues, producing a manageable set of topics for the BIAC to champion. Sarah Ring stated that the EA would be willing to take on this agenda item, reportable to the BIAC. (February 21, 2020, BIAC Minutes). At its April 30, 2020, EA meeting, members determined there exists no need at this point for the BIAC to recommend that the NDBIN design or conduct a follow-up survey to the 2016 state brain injury assessment report. The findings of the 2016 remain relevant, despite the significant advances the state has made in recent years. Members will continue to monitor whether and when to initiate an updated survey in the future, as events warrant. (April 30, 2020, EA minutes; May 15, 2020, BIAC minutes).
5. Denise Harvey provided an overview of the crucial need for residential habilitation services, a program initiated and funded during the 2019 Legislative Session. Currently, there are no recognized trained providers, at this time. Ms. Harvey invited the BIAC members to provide input how to foster increased interest among prospective providers to move the program forward. Members recommended that Jake Reuter and DHS Aging Services be approached to inquire into the best means of soliciting prospective providers. Members suggested that the BIAC Education and Awareness Subcommittee might consider delving deeper into this issue, including studying the possible inclusion of Residential Habilitation Services into an amended DHS Asset Map. (May 15, 2020, BIAC minutes)

Priority EA Issues. Members identified two emergent items to address from among its identified responsibilities:

1. Assessing established insurance providers' plan coverage for brain injury treatments to determine consistency or gapping regarding cognitive therapy coverage; and
2. General reporting of ND Brain Injury Network professional training and technical assistance activities.

Assessment of Insurance Coverage Gaps. At the May 15, 2020, BIAC full membership meeting, Chairperson Kennelly requested volunteers from among the BIAC provider members to serve on an ad hoc task force to research and compile uniform, statewide cognitive therapy coverage provisions from among the various insurance providers. The following BIAC provider members volunteered to participate on this ad hoc discovery task force: Sarah Ring, Jean Herauf, Nan Kennelly, and David Biberdorf, all whom serve on the EA Subcommittee. The purpose of the discovery activity is to identify any coverage gaps among insurance providers which might lead to remedying these deficiencies, through the efforts of the full BIAC membership's actions. This action step arose from discussions between the ND Insurance Department and Greg Gallagher, a representative for the BIAC, at the request of Chairperson Nan Kennelly.

A May 12, 2020, meeting between the Insurance Department and the BIAC produced several suggested options for the BIAC to explore, moving forward (May 15, 2020, BIAC minutes):

- The BIAC may ask its provider representatives to identify all differences in brain injury cognitive therapy protocols, including coding variances, among the various insurers within the state, including BCBS, Sanford, Medica, United Healthcare, Aetna, among others. The BIAC might then assess the degree to which any of these identified differences might impact the assessment, access, and course of treatment for brain injuries.
- The BIAC may ask its provider representatives to identify all differences in brain injury cognitive therapy protocols, including coding variances, between Medicare and Medicaid coverage plans. The BIAC might then assess how any of these identified differences might inform and advance policy recommendations. The BIAC might assess the impact of the state's recent Medicaid 1915(i) state plan regarding brain injuries to determine if there exists any procedural means of seeking a remedy in the treatment of and reimbursement for brain injury cognitive therapy with a wider pool of therapists.
- In the event that disparities in coverage between Medicare and Medicaid are identified, the BIAC might request the ND Department of Human Services to petition the Centers for Medicare and Medicaid Services seeking the reconciliation of program and reimbursement policies for brain injury cognitive therapy between Medicare and Medicaid services.
- The BIAC may provide any compiled evidence of coverage disparities or remedy solutions to interested parties to advance discussions with BCBS to resolve these disparities in favor of improved coverage and more transparent communications with providers and consumers.

EA members elected to conduct a focused discovery of key insurance provisions to build a working database upon which to conduct further analysis. Members identified a select group of insurance providers against which to conduct this study: BCBS (across several states), Sanford, Medica, United Healthcare, Aetna, Medicaid, and Medicare.

Members selected the following data elements for study, representing the key insurance provisions to reference for subsequent analysis:

- Diagnosis requirements for cognitive therapy;
- Eligibility requirements for cognitive therapy;
- Service disciplines covered (e.g., OT, speech);
- Whether a neuropsychological assessment is required for diagnosis and eligibility;
- Identified testing or prescreening requirements;
- Coding guidance; and
- Duration of services.

Rebecca Quinn recommended Tara Stevenson, an intern at the ND Brain Injury Network, as a project researcher assigned to research these provider plans and to prepare a summary report of findings, possibly available for the August 21, 2020, BIAC full membership meeting. The EA members endorsed this proposal, expressing gratitude for the offer.

General reporting of ND Brain Injury Network professional training and technical assistance activities. As determined at recent EA meetings and reported out at the May 15, 2020, BIAC full

meeting, EA members have determined that the state has progressed significantly on several fronts regarding brain injury support services since the 2016 state brain injury assessment report. In its role as a statewide technical assistance center, the ND Brain Injury Network (NDBIN) has assumed a lead role in moving proactively to meet many of the issues identified in the 2016 brain injury assessment report. EA members support NDBIN's current efforts to provide outreach support regarding a variety of initiatives, including (1) certification trainings, (2) brain injury screenings and assessments, (3) education supports on brain injuries for students, (4) professional association trainings, (5) participation in professional associations' conferences, (6) ECHO trainings on brain injury theory and case studies, (7) support work with the ND Heart Association on blood thinners, and (8) the various outreach events outlined on the NDBIN website's documents.

Rebecca Quinn provided a brief overview of several current NDBIN activities.

- The NDBIN is sponsoring the Virtual Concussion Symposium on September 18, 2020. Approximately 130 participants have registered in advance. (<https://www.ndbin.org/assets/3635-15584/virtual-concussion-symposium-agenda-register.pdf>).
- Webinar Wednesdays continue to be well received, covering a variety of topics and extending across multiple opportunities for individuals to become engaged (<https://www.ndbin.org/events/webinars>).
- The NDBIN has developed a brain injury guide and resource directory of services for hospitals and clinics. These resource directory materials will be forwarded to the EA members for review, with a request that members provide comments for the overall improvement of the document. The review would be consistent with the EA's previously stated interest in providing input and validating forthcoming documents.
- The NDBIN is conducting quarterly sessions and expanding three additional offerings of the Brain Injury Basics and/or Certified Brain Injury Specialist Training (<https://www.biausa.org/professionals/acbis>). Approximately 65 professionals have participated in these trainings.
- The NDBIN offers a scheduled Criminal Justice Webinar Wednesday (<https://www.ndbin.org/events/webinars>), which has been well received and now reaches out to numerous out-of-state (Iowa and Colorado) professionals. Typically, 20-40 individuals attend the meetings live, which are recorded.
- The NDBIN will be actively engaged in distributing mental health provider screening materials when the state's Medicaid 1915(i) plan is approved and implementation begins.
- NDBIN facilitates online courses for approximately 860 participants. Medicaid eligible providers are required to attend the first two sessions for direct care staff, potentially impacting skilled nursing and regional care centers. Although directed to professionals, these trainings are appropriate for interested family members. These sessions are managed by UND, requiring course enrollment in advance of the sessions. The NDBIN may reach out to the Long-Term Care Association to further market this offering. Most modules take about 90 minutes to complete.
- School outreach efforts, particularly training for Title IV and individual education plans, have been significantly impacted by the current public health emergency. Previously established training opportunities, such as concussion symposia, have experienced some setbacks, as a result.

Ms. Quinn will provide a summary of NDBIN activities to the August 21, 2020, BIAC full membership meeting, as part of the EA report.

Adjournment. Having completed the meeting's agenda and hearing no further comments from the EA members, Mr. Gallagher declared the meeting adjourned at 12:47 PM, CT.

Respectfully submitted,

Greg Gallagher,
EA Subcommittee Facilitator
Deputy Director
Consensus Council, Inc.

APPENDIX E

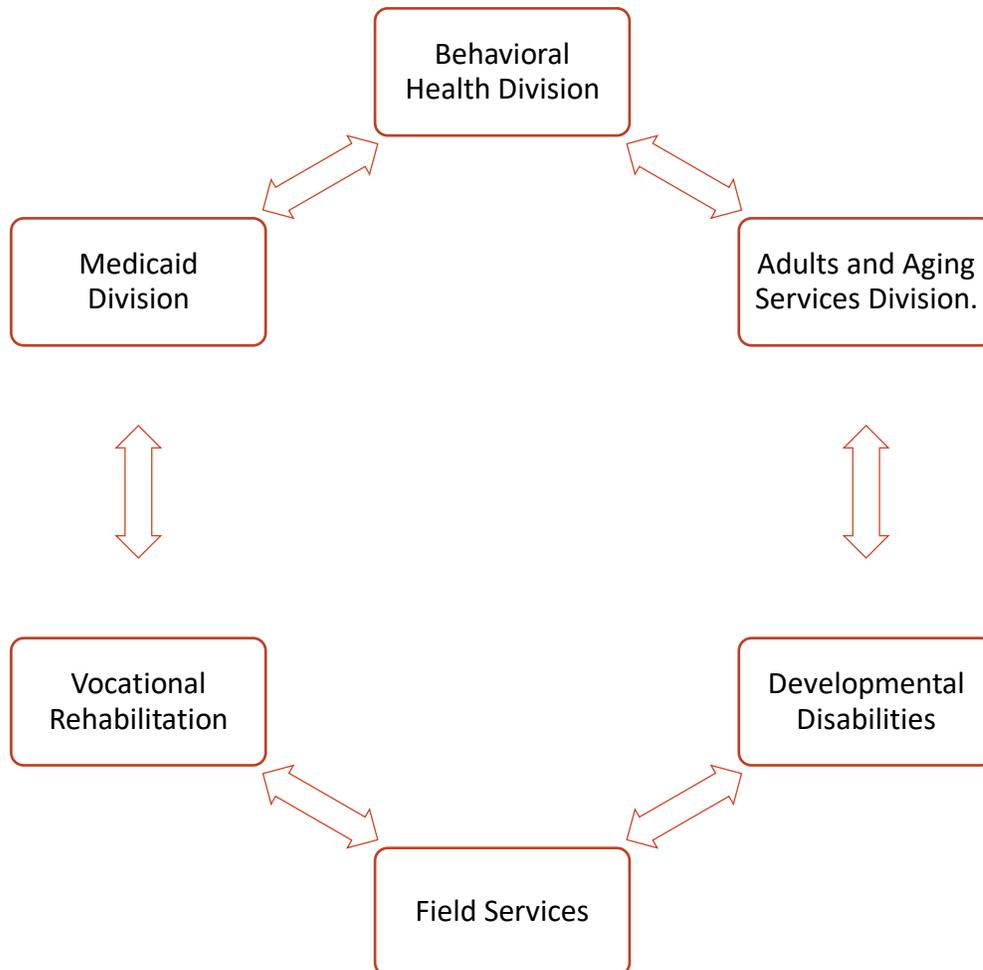
**North Dakota
Draft Brain Injury Asset Map Conceptual Framework
Continuum of Care Subcommittee**

**Rebecca Quinn Presentation
August 21, 2020**

North Dakota Brain Injury Continuum of Care

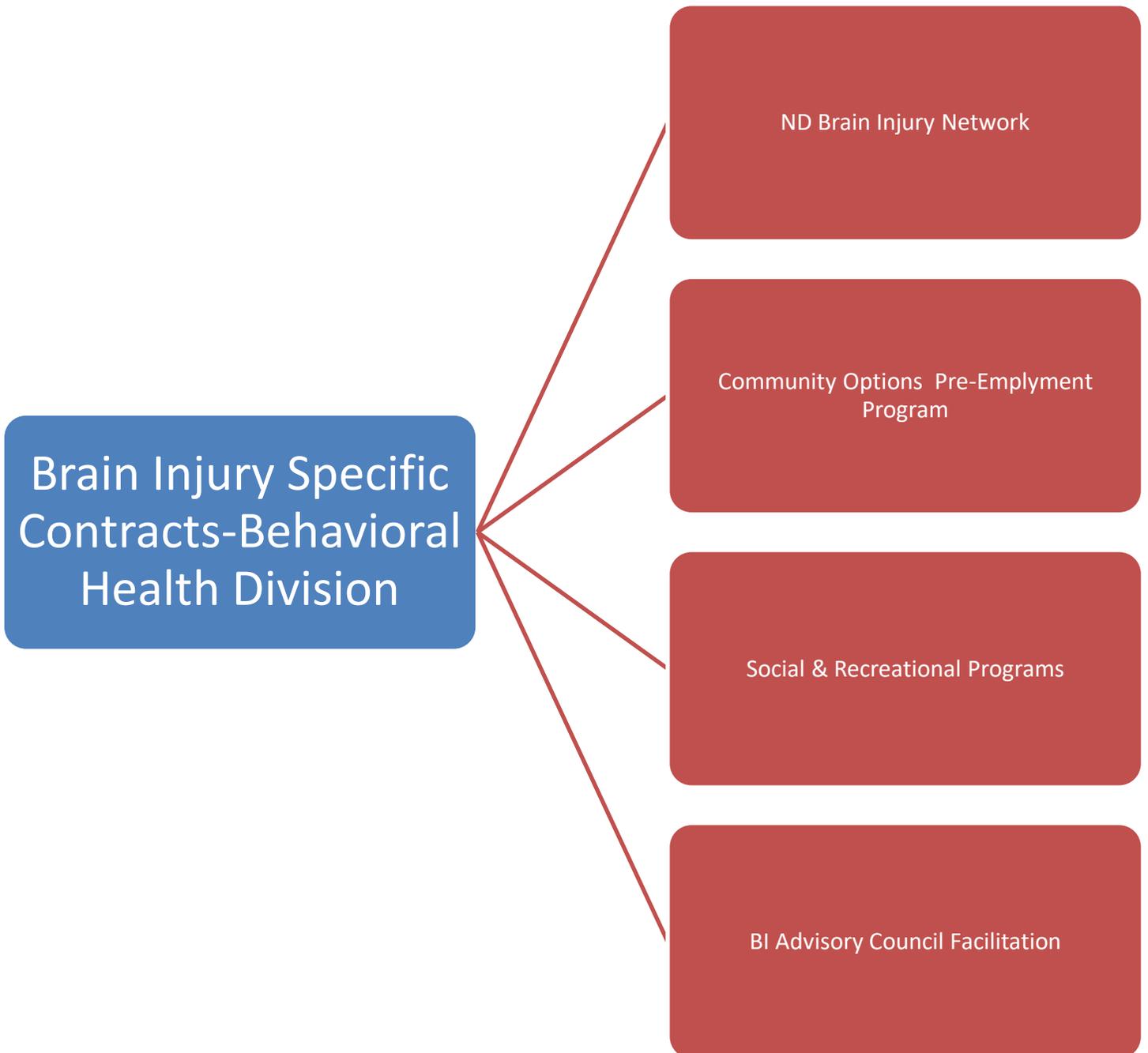
State Funded Programs/Services

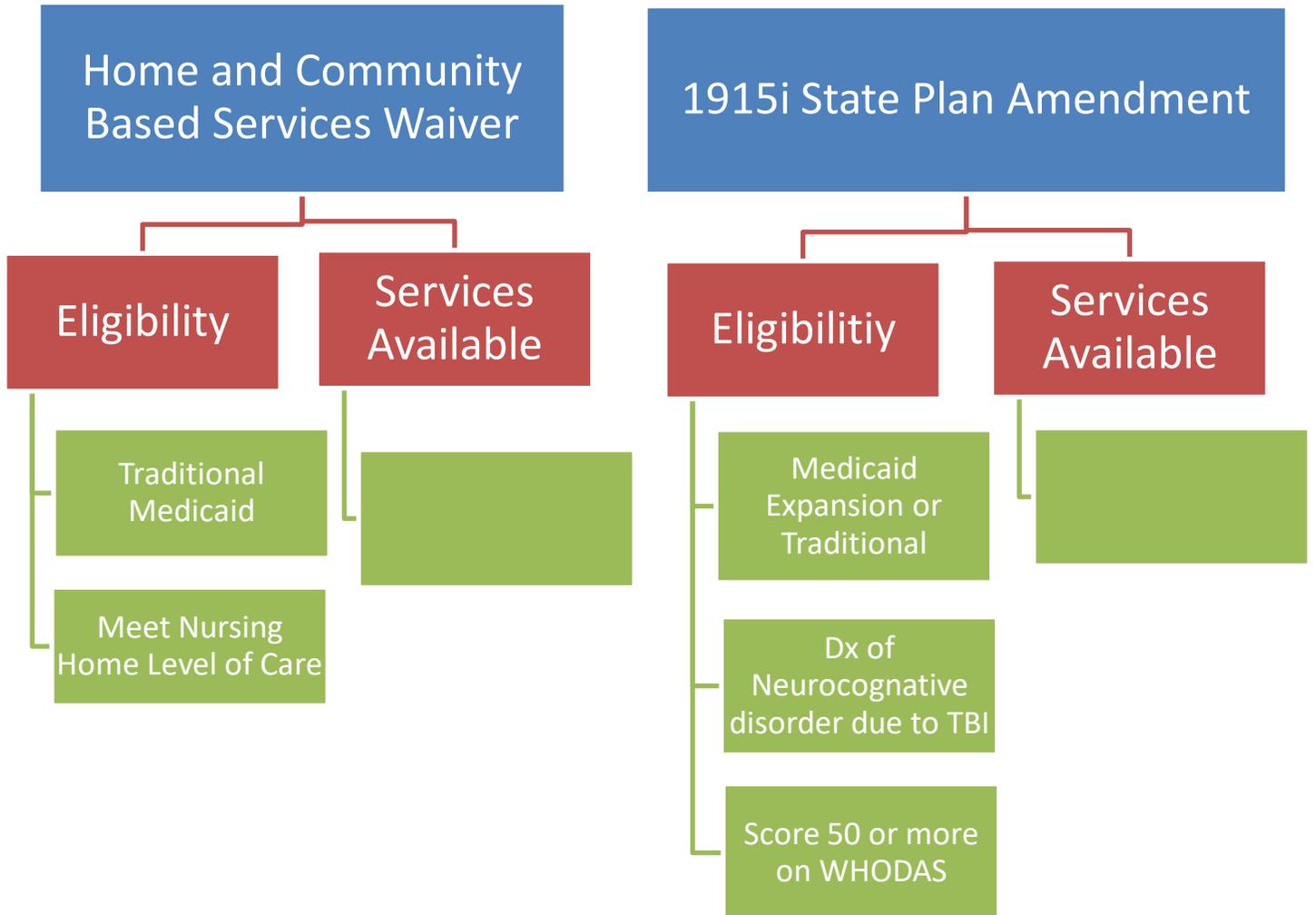
7 DHS Divisions Dealing with Brain Injury



DHS Division	Definition
Behavioral Health Division	Division of the ND Department of Human Services that provides leadership for the planning, development, and oversight of a system of care for children, adults, and families affected by severe emotional disorders, individuals with a brain injury , adults and children with mental illness, and/or substance abuse issues. The administrative home for all state funded brain injury contracts.
Adults and Aging Services Division	Division of the ND Department of Human Services that administers programs and services that help older adults and people with physical disabilities or a brain injury to live safely and productively in the least restrictive, appropriate setting.
Developmental Disabilities	Division of the ND Department of Human Services that provides support and training to individuals and families to maximize community and family inclusion, independence, and self-sufficiency; to prevent institutionalization; and to enable institutionalized individuals to return to the community. Individuals with a brain injury may access DD services if their injury occurred before the age of 22 and they meet qualifying functional criteria.

Field Services	Division of the ND Department of Human Services that is responsible for directly providing behavioral health services through the Life Skills and Transition Center, Regional Human Service Centers, the State Hospital, and Vocational Rehabilitation Offices. Individuals with a brain injury may access services through Field Services depending on the service and qualifying criteria.
Vocational Rehabilitation	Division of the ND Department of Human Services that assists individuals in accessing services and supports to promote quality of life, independence, and employment. Individuals with brain injury are eligible for VR services.
Medical Services (Medicaid Office)	Division of the ND Department of Human Services that is responsible for the Children’s Health Insurance Program (CHIP), Children’s Special Health Services (CSHS), Health Tracks, and Medicaid.





○ All Disability

● Multiple

● Brain Injury ● Behavioral

● Developmental

● Aging, Healthcare,

All Disability

- ALE Accounts-Bank of ND
- Community Action Partnership of ND
- Disability Support Services
- Housing Vouchers and Supported Housing
- Human Service Zones (formerly County Social Services)
- Job Service
- Lutheran Social Services
- Native American Tribal Services
- ND Assistive
- ND Colleges & Universities Disability Services Council
- ND Department of Corrections and Rehabilitation
- ND Insurance Commission
- Pathfinder Parent Training and Information Center
- Tribal Social Services

Multiple Disabilities

- Youth Correctional Center
- Veterans Administration
- State Jails and Prisons
- Hospital Rehab Facilities

Behavioral Health

- Youthworks
- PATH
- ND Post Adopt Network

Aging, Healthcare, Physical

- Senior Centers
- Long Term Care Providers

Developmental Disability

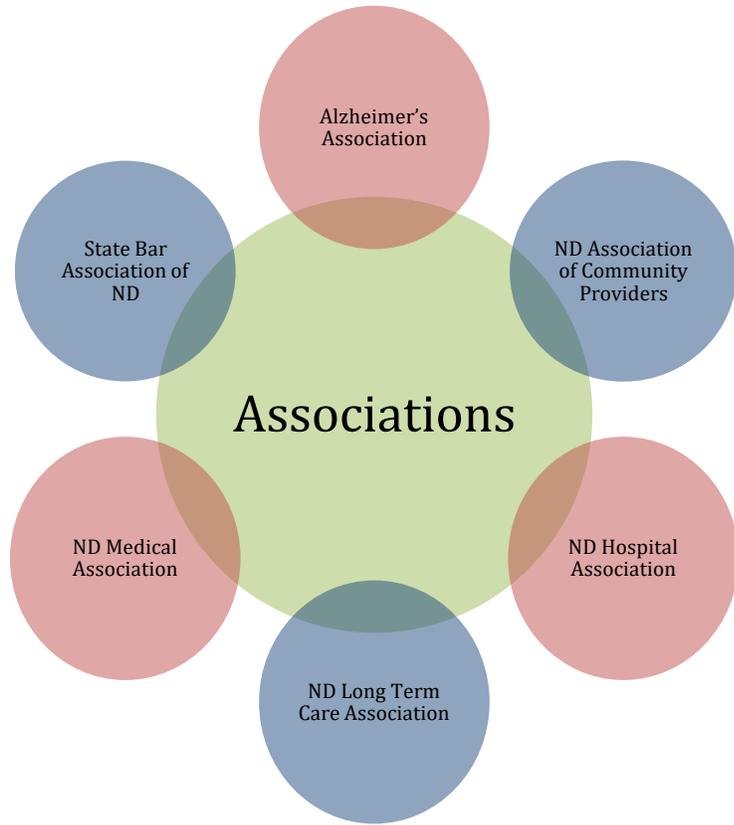
- Developmental Disability Licensed Providers

Populations the Multiple Disability Engagements Serve:
Hospital Rehab Facilities ●●

Lutheran Social Services ●●●
State Jails and Prisons ●●●●

Veterans Administration ●●●●
Youth Correctional Center ●●●●

- All Disability
- Multiple
- Brain Injury
- Behavioral
- Developmental
- Aging, Healthcare,



Populations the Multiple Disability Engagements

Serve:

- ND Association of Community Providers ● ● ●
- ND Long Term Care Association ● ●

State Bar Association ● ● ● ●

- All Disability
- Multiple
- Brain Injury
- Behavioral
- Developmental
- Aging, Healthcare,



Populations the Multiple Disability Engagements Serve:

- ND Autism Spectrum Disorder Task Force ●●
- The Arc of ND & Local Arc Chapters ●●

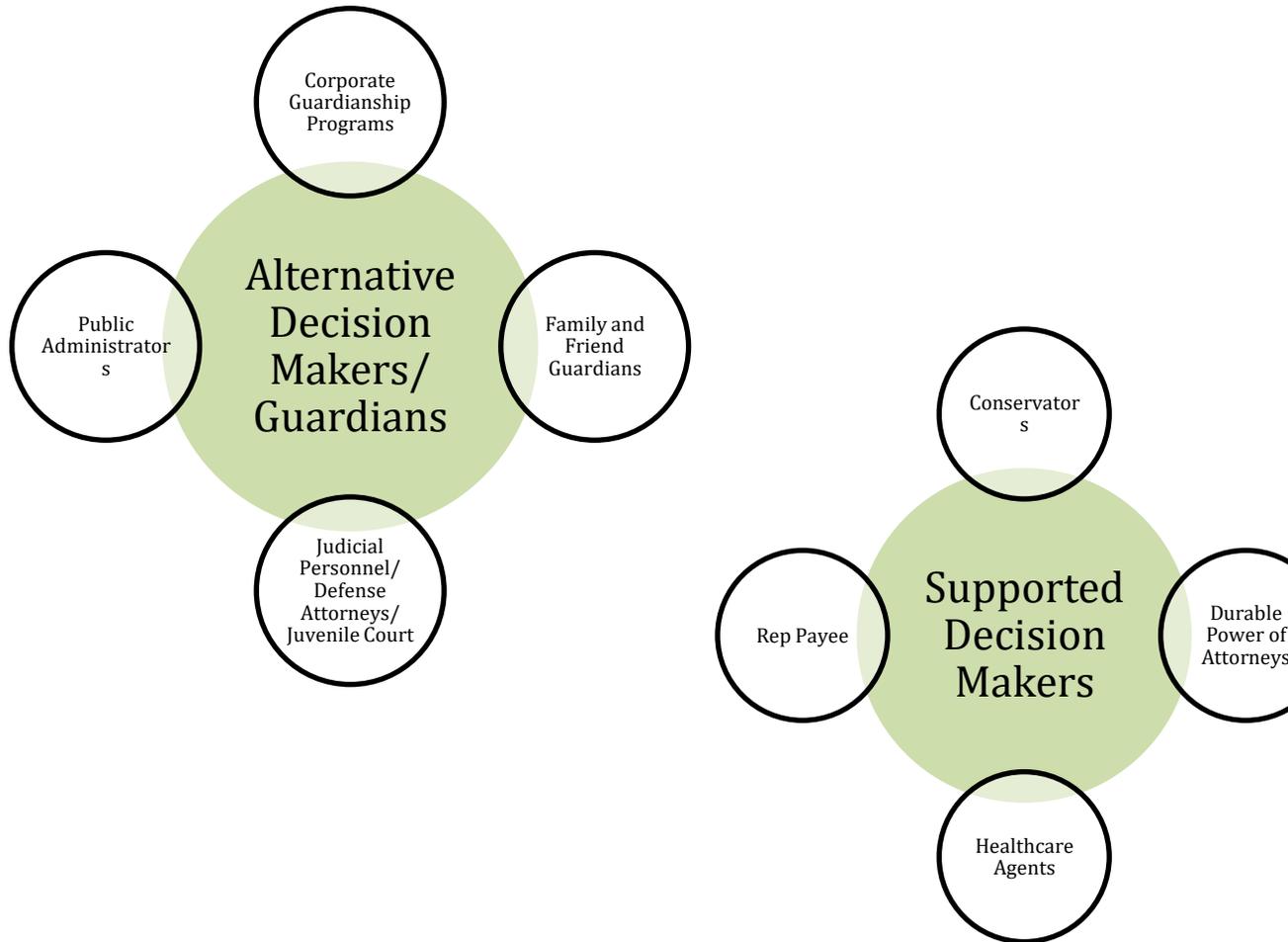
- All Disability
- Multiple
- Brain Injury
- Behavioral
- Developmental
- Aging, Healthcare,



Populations the Multiple Disability Engagements Serve:

- Local Self-Advocacy Groups
- Youth Empowering Social Status (YESS)

- All Disability
- Multiple
- Brain Injury
- Behavioral
- Developmental
- Aging, Healthcare,

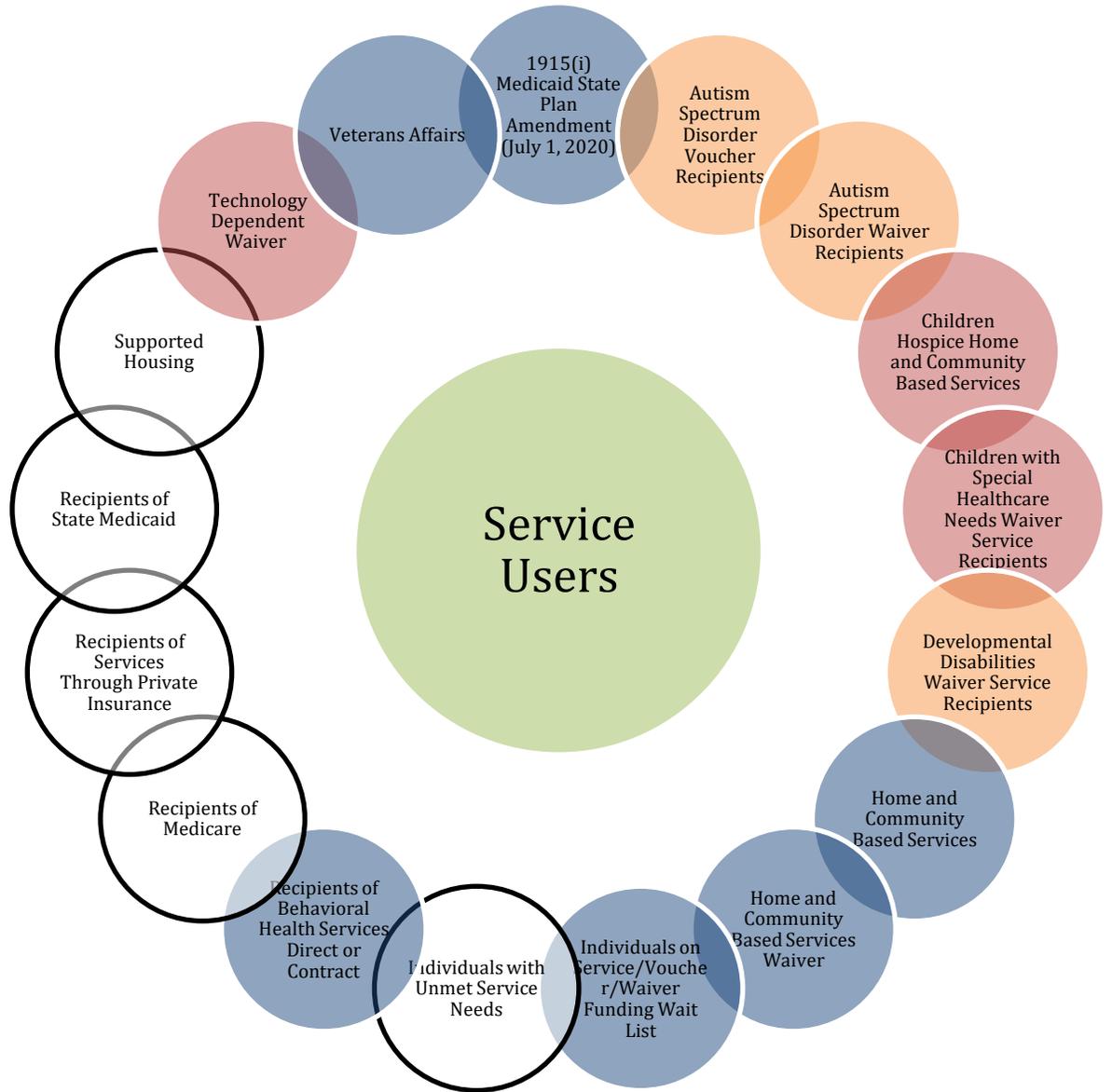


- All Disability
- Multiple
- Brain Injury
- Behavioral
- Developmental
- Aging, Healthcare,



Populations the Multiple Disability Engagements Serve:
 Children's Cabinet ● ●

- All Disability
- Multiple
- Brain Injury
- Behavioral
- Developmental
- Aging, Healthcare,



Populations the Multiple Disability Engagements Serve:
 1915(i) Medicaid State Plan Amendment ● ● ● ●
 Home and Community Based Services ● ● ● ●

Home and Community Based Services Waiver ● ● ● ●
 Individuals on Service/Voucher/Waiting/Funding Wait List ● ● ● ●

Recipients of Behavioral Health Services Direct or Contract ● ● ● ●
 Veterans Affairs ● ● ● ●

APPENDIX F

**Professional Development Trainings
ND Brain Injury Network**

**Rebecca Quinn Presentation
August 21, 2020**

NDBIN Education and Awareness Efforts

Awareness Products

- Playing Cards w/ flyer
- Unmasking masks, events, and flyer-over 100 masks and more that 25 unmasking events
- ABI vs TBI Infographic
- Brain Injury Education Support
- Common Academic Accommodations
- REAP-Remove/Reduce, Educate, Adjust/Accommodate, Pace concussion guide
- TBI & Mental Health
- TBI & Substance Abuse
- TBI & Criminal Justice
- Brain Injury Awareness month online tool kit
- Screening flyer and tools
- ABCs of Brain Injury
- Speech and Language Pathology and Brain Injury

In development

- Brain Injury Guide
- Resource Directory
- Cognitive Strategies Guide for Professionals and Cognitive Strategies Guide for Individuals
- Occupational Therapy and Brain Injury
- Physical Therapy and Brain Injury
- Survivor to Survivor Program Documents

Available Brain Injury Trainings

- Online Courses through NDBIN launched April 2019-564 total enrolled
 - Intro
 - Cognitive & behavioral Consequences
 - Pediatric TBI
 - Primary Care & TBI
 - Substance Use and TBI
- Certified Brain Injury Specialist-
 - 1st July 24 & 25, 2nd Dec 17 & 18; 3rd virtual training June 11 & 12 2020;
 - 63 certified total in ND
 - Virtual Concussion Symposium-September 18, 2020
- Mind Matters Annual Conference- March 25 and 26, 2021-Bismarck, ND; BI Awareness day at the Capitol, March 24, 2021
- Webinar Wednesdays-have hosted 18 and there are 4 upcoming that are scheduled
- Powerful Tools for Caregivers-have hosted 3 classes with 30 participants in GF and virtually. Have hosted twice the Powerful Tools for Caregivers of Adults with Chronic Health Conditions and twice for Caregivers of Children with Special Health and Behavioral Needs
- Specialized Trainings upon request ie nursing home, schools

NDBIN Education/Awareness Events January 2020-Present

January 2020

Webinar Wednesday, The Role of a Stroke Coordinator, January 15, 2020
Presented at Fargo Senior Coalition
Webinar Wednesday, Music Therapy, January 29, 2020

February 2020

Presentation for James River Correctional Center; February 3, 2020
Webinar Wednesday, Stroke Survivors Story, February 12, 2020
Presented at SafeKids Meeting in GF regarding REAP manual; February 13, 2020
Webinar Wednesday, My Sister's Journey, February 26, 2020
ND counseling conference-exhibited and attended preconference

March 2020

Unmasking Event, Minot-March 3, 2020
Movie showing, Crash Reel, Community Options, Fargo-March 5, 2020
BI Awareness Event, Dickinson, March 10, 2020
Unmasking Event, Dickinson-March 10, 2020
Presentation for Dickinson VR (Client Specific); March 11, 2020
Webinar Wednesday, Brain Injury and Physical Therapy, March 11, 2020
Unmasking Event, Grand Forks; March 11, 2020
Unmasking Event, Devils Lake-March 12, 2020
Bowling for Brains, Carrington-March 15, 2020
Unmasking Event, Bismarck-March 17, 2020
Virtual Support Group, March 30, 2020

April 2020

Webinar Wednesday, Exploring ND's New options for Community Based Services, April 8, 2020
Webinar Wednesday, Concussion Tools, April 22, 2020
Virtual Support Group, April 27, 2020

May 2020

Webinar Wednesday, Brain Injury Screening Protocols, May 6, 2020
Virtual Support Group, May 18, 2020

June 2020

Webinar Wednesday, Cognitive Skills and How They Are Impacted, June 3, 2020
Virtual CBIS Training, June 11-12, 2020
Webinar Wednesday, Meta-Cognition and Awareness, June 17, 2020
Virtual Support Group, June 29, 2020

July 2020

Webinar Wednesday, The Autonomic Nervous System, July 1, 2020
Webinar Wednesday, Brain Injuries and the Criminal Justice System, July 15, 2020
Webinar Wednesday, Why do I have so much Brain Fog and Fatigue?, July 29, 2020
Virtual Support Group, July 27, 2020

August 2020

Webinar Wednesday, Brain for Life, August 12, 2020
Webinar Wednesday, I'm Home, Now What?, August 26, 2020
Virtual Support Group, August 31, 2020

Ongoing:

- Provider Perspective Videos-4 on various topics; Speech, Music Therapy, Vision and NDAssistive.

- Survivor Perspective Video-In progress (Stroke Survivor)
- Virtual Support Group-1x a month for 1-2 hours
- Website updates-recently added a Related Services page and a Caregiver Corner

Upcoming:

- See our website for Upcoming Events!
Unmaskings, Mind Matter's Conference, Unmasking, etc.
<https://www.ndbin.org/events/upcoming>

APPENDIX G

Learning Collaborative Report

Skipp Miller Testimony

August 21, 2020

Learning Collaboratives Report

NCAPPS Learning Collaboratives bring together “teams” from States, Territories, and Tribal human services agencies to engage in peer-to-peer learning. They provide a framework for teams to learn about, test, and implement specific systems change efforts focused on a global aim. They are guided by best practices and structured to promote and accelerate local efforts.

Tribal Considerations for Person-Centered Thinking, Planning, and Practice

Person-centered thinking, planning, and practice are concepts that were developed in U.S. human service systems in recent decades and are primarily derived from white, Western concepts of an individual in society. While they may have broad applicability to other cultures and communities, this applicability has not yet been systematically explored, questioned, or discussed. This learning collaborative will bring together representatives from tribal nations and experts in cultural and linguistic competence and health equity to explore concepts of person-centered thinking, planning, and practice in the context of the diverse tribal communities throughout the United States.

Members of this learning collaborative will engage in dialogue with one another about points of divergence and convergence with tribal communities’ cultural practices and norms. The group will work to arrive at a shared understanding of commonalities and differences in person-centered thinking, planning, and practice between and among tribal communities. The group will also discuss whether and how person-centered practice can be adapted to better-fit tribal community contexts. Participants will be invited to share their experiences and to bring specific examples and case studies to the group for facilitated discussion and reflection.

APPENDIX H

**North Dakota
Brain Injury Advisory Council
Meeting**

**Recorded Next Steps Activities
May 15, 2020**

**North Dakota
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Recorded Next Steps

General Activity Assignments:

1. **Edit and Post BIAAC Minutes and Council Documents.** Greg Gallagher will edit and post all amended minutes and referenced documents on the BIAAC website, housed within the Department of Human Services' website domain:
<https://www.nd.gov/dhs/services/mentalhealth/biac/index.html>).
2. SHANNON COOK MADE AND SKIPP MILLER SECONDED A MOTION FOR THE **BIAAC CHAIRPERSON** TO SIGN AND SEND TO CHRIS JONES, EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HUMAN SERVICES, THE LETTER PREPARED BY THE BIAAC CONTINUUM OF CARE SUBCOMMITTEE. FURTHERMORE, **A SPECIAL COMMITTEE, CONSISTING OF SHANNON COOK, DENISE HARVEY, AND REBECCA QUINN**, SHALL MEET WITH MR. JONES AND ANY OTHER DEPARTMENT REPRESENTATIVES TO CLARIFY THE LETTER'S CONTENT AND TO ADVANCE ITS POLICY AIMS. THE **SPECIAL COMMITTEE WILL REPORT BACK ITS FINDINGS TO THE BIAAC AT ITS NEXT REGULARLY SCHEDULED MEETING ON MAY 15, 2020.** (February 21, 2020, BIAAC Minutes). Meeting to develop and disseminate clear guidance, consisting of an operational flow chart and supportive narrative, that graphically illustrates and descriptively outlines how brain injuries are medically and administratively managed across the breadth of the services managed by the Department. Meeting arrangements were delayed by the onset of the state's public health emergency. Chairperson Nan Kennelly has reached out to Mr. Jones to reset a meeting opportunity. (May 15, 2020, BIAAC Minutes).
3. By May 2021, the **Learning Collaborative** will (1) develop multiple mechanisms for stakeholder input to inform and drive the ongoing development of the state's brain injury service system in collaboration with the BIAAC, BIN, and DHS, and (2) collaborate with the DHS' NCCAPS Technical Assistance Team to ensure individuals with lived experiences in brain injury are represented across the person-centered planning process.
4. DAVID BIBERDORF MADE AND SARAH RING SECONDED A MOTION INSTRUCTING THE **BIAAC CHAIRPERSON, ON BEHALF OF THE BIAAC, (1) TO DRAFT A LETTER TO THE NORTH DAKOTA INSURANCE COMMISSIONER** SEEKING A STUDY REGARDING THE EVIDENT SERVICE COVERAGE DISPARITY THAT EXISTS IN THE STATE AS EXPRESSED THROUGH THE "MANDATORY NEUROPSYCHOLOGIST ASSESSMENT FOR COGNITIVE THERAPY PRIOR TO SERVICE AND COVERAGE" TERMS OF BLUE CROSS/BLUE SHIELD OF ND COMPARED TO THE COVERAGE OF OTHER INSURANCE COMPANIES IN-STATE AND ACROSS OTHER STATES, INCLUDING MEDICAID COVERAGE, AND (2) FOLLOWING THE RECEIPT OF THE INSURANCE COMMISSIONER'S RESPONSE, TO **DRAFT A LETTER TO BLUE CROSS/BLUE SHIELD OF ND** SEEKING THE ESTABLISHMENT OF A PARITY OF COVERAGE CONSISTENT WITH THAT HONORED BY OTHER INSURANCE COMPANIES, ACROSS OTHER STATES. (February 21, 2020, BIAAC minutes)

A subsequent May 1, 2020, meeting between the Insurance Department and the BIAC produced suggested options for the BIAC to explore, moving forward (May 15, 2020, BIAC minutes):

- The BIAC may ask its provider representatives to identify all differences in brain injury cognitive therapy protocols, including coding variances, among the various insurers within the state, including BCBS, Sanford, Medica, United Healthcare, Aetna, among others. The BIAC might then assess the degree to which any of these identified differences might impact the assessment, access, and course of treatment for brain injuries.
- The BIAC may ask its provider representatives to identify all differences in brain injury cognitive therapy protocols, including coding variances, between Medicare and Medicaid coverage plans. The BIAC might then assess how any of these identified differences might inform and advance policy recommendations. The BIAC might assess the impact of the state's recent Medicaid 1915(i) state plan regarding brain injuries to determine if there exists any procedural means of seeking a remedy in the treatment of and reimbursement for brain injury cognitive therapy with a wider pool of therapists.
- In the event that disparities in coverage between Medicare and Medicaid are identified, the BIAC might request the ND Department of Human Services to petition the Centers for Medicare and Medicaid Services seeking the reconciliation of program and reimbursement policies for brain injury cognitive therapy between Medicare and Medicaid services.
- The BIAC may provide any compiled evidence of coverage disparities or remedy solutions to interested parties to advance discussions with BCBS to resolve these disparities in favor of improved coverage and more transparent communications with providers and consumers.

Chairperson Kennelly requested volunteers from among the BIAC provider members to serve on an ad hoc task force to research and compile uniform, statewide cognitive therapy coverage provisions from among the various insurance providers. **The following BIAC provider members volunteered to participate on this ad hoc discovery task force: Sarah Ring, Jean Herauf, Nan Kennelly, and David Biberdorf.** The purpose of the discovery activity is to provide insight into any coverage gaps among insurance providers, which would lead to seeking the remediation of these deficiencies, through the efforts of the full BIAC membership's actions. (May 15, 2020, BIAC minutes)

Future Agenda Items: Members proposed the following list of presentations or extended study issues to be included in the agendas for the 2020 scheduled quarterly meetings:

1. Members observed that there exists a demonstrated need for clear protocols to be provided to ER staff and primary care providers to effectively advance service referrals for individuals with brain injuries. (February 21, 2020, Minutes)
2. Members identified a need to define *continuum of care* to better improve the quality of communications among providers and consumers, including family members. **Assigned**

- to Continuum of Care Subcommittee.** (February 21, 2020, Minutes; refer to CC Subcommittee agenda)
3. Members further identified the need to pursue the development of a flow chart of care across the continuum of care, especially regarding the involvement of the Department of Human Services and the bureaucratic pathway services are managed within the Department. **Assigned to Continuum of Care Subcommittee.** (February 21, 2020, Minutes; refer to CC Subcommittee agenda)
 4. BIAC has deferred any action on establishing a Family Members Subcommittee within the BIAC structure, pending assessment of statewide surveys of stakeholders, including work of the Learning Collaborative. (February 21, 2020, Minutes)
 5. Ms. Quinn commented that the NCCAPS is conducting a unique person-centered practices effort, dedicated to brain injuries, which North Dakota is a participant. North Dakota has formed two groups: (1) Lived Experience Group, to enhance family engagement, and (2) Service System Group, to focus attention on state agency PCP efforts. Members observed that the BIAC may benefit from receiving **a standing report from the Learning Collaborative** at all scheduled BIAC meetings, provided by a designated BIAC member, perhaps **Skipp Miller or Shannon Cook.**
 6. Members requested that the BIAC explore seeking the inclusion of Rebecca Quinn as an appointed BIAC member, a move that would require the engagement of the Department of Human Services, specifically Nicole Berman, and the Governor's Office. Ms. Kennelly deferred this matter to a future meeting, following consultation with Nicole Berman. Ms. Kennelly requested that Ms. Quinn's inclusion on the BIAC be included at the next BIAC meeting, scheduled for May 15, 2020. (February 21, 2020, Minutes). During the May 15, 2020, BIAC meeting, Nicole Berman reported that the Governor appoints general, non-departmental representatives, representing individuals of specified status and providers, as specified in ND Century Code. There currently exists one open defined slot, specified by NDCC. There exist no other open general slots for consideration. Any consideration of additional slots would likely require the action of the Legislative Assembly. Ms. Berman offered to conduct additional research on amending the BIAC membership slots, defined by prescribed categories, if the BIAC members were to request such a study. All members must complete an application process with the Governor's Office, as openings requiring filling. Any further consideration on this matter was deferred to a future meeting. (May 15, 2020, BIAC minutes)
 7. Representative Dick Anderson reported that two additional clinics may be entering the market for hyperbaric therapy, within the near future. There exists building interest across several states for this therapy to become recognized as standard care, including concussion coverage, recognized for possible payment by insurance companies. (February 21, 2020, BIAC Minutes)
 8. Request Pat Traynor, Dakota Medical Foundation, be invited to a future BIAC meeting to report on progress regarding the establishment of a hyperbaric therapy center, its prospects for success, and current research on the therapy's efficacy. The Dakota Medical Foundation is seeking the assistance of an independent research organization to supervise the research and secure program's fidelity of implementation. (November 15, 2020, BIAC Minutes; February 21, 2020, BIAC Minutes)

9. **Rebecca Quinn** will report back on the March 13, 2020, Medicaid 1915(i) technical assistance call and the drafting of state plan comments for submission. **This task is completed, awaiting archive.**
10. Members discussed the prospects of (1) establishing a third standing subcommittee to focus attention on legislative initiatives and (2) **establishing a standing agenda item for all meetings concerning legislative action.** Members agreed to establish a standing agenda item for all meetings; any resulting legislative proposals might then be referred to a BIAC subcommittee, at the discretion of the Chairperson, for in-depth study and eventual referral to the ND Legislative Council, with the assistance of the BIAC's legislative representatives. (November 15, 2020, BIAC Minutes). **This is completed, awaiting archive.**
11. Members approved a motion to adopt, as a standing agenda item at future BIAC meetings, the development of a platform statement opposing the Blue Cross/Blue Shield policy on the requisite use of neuropsychologist assessments for the receipt of covered cognitive therapy. (November 15, 2020, BIAC Minutes)
12. Members observed there exists a need for individuals with brain injury within the legal system to access program support similar to the Free Through Recovery Program. Ms. Cook inquired if the BIAC might adopt this issue for study and resolution for broader practice statewide. This issue represents a clear example of a peer support service opportunity. Members expressed an interest to continue discussions on this issue. (November 15, 2020, BIAC Minutes)

Future Continuum of Care Subcommittee (CC) Agenda Items:

4. CC members identified the CC's scope as (1) defining and addressing the meaning and construct of continuum of care for individuals with brain injuries, and (2) assessing and proposing various measures that would produce a positive effect on the provision of services, spanning promotion, prevention, early identification, intervention, service delivery, and recovery. (May 15, 2020 BIAC Minutes; April 23, 2020, CC Minutes; February 4, 2020 CC Minutes; February 21, 2020 BIAC Minutes; November 15, 2020, BIAC Minutes)
5. The CC identified the following core CC issues, which are specified in the CC February 4, 2020, minutes: (1) expanded brain injury protocols, (2) Medicaid 1915(i) service options, (3) definition of *continuum of care*, (4) request the development of a DHS flow chart for brain injury services, and (5) service gap analysis. (May 15, 2020, BIAC Minutes; April 23, 2020, CC Minutes; February 4, 2020 CC Minutes; February 21, 2020 BIAC Minutes)
6. **A SPECIAL COMMITTEE, CONSISTING OF SHANNON COOK, DENISE HARVEY, AND REBECCA QUINN, SHALL MEET WITH MR. JONES AND ANY OTHER DEPARTMENT REPRESENTATIVES TO CLARIFY THE LETTER'S CONTENT AND TO ADVANCE ITS POLICY AIMS. THE SPECIAL COMMITTEE WILL REPORT BACK ITS FINDINGS TO THE BIAC AT ITS NEXT REGULARLY SCHEDULED MEETING ON MAY 15, 2020.** Matter deferred to later in the summer 2020. (May 15, 2020, BIAC Meeting; February 21, 2020, BIAC Minutes) Chairperson Kennelly requested that the CC prepare a list of talking points for the meeting, after which a meeting date between Chris Jones and the visitation committee might be set. Members affirmed that the flow chart referenced in the Chris Jones' letter is not identical to the asset map proposal. The meeting with Chris Jones is directed to

the services of the DHS and attempts to seek greater clarity from the DHS regarding its management of brain injury services.

7. CC members agreed that it would be desirable for the BIAC to pursue with the DHS a focused **study of brain injury service mapping**. Members observed that the **CC should (1) seek permission to access and use the DHS' asset map's current working draft** to study its design and scope and to propose specific brain injury additions to its content, and **(2) report to the BIAC, at its May 15, 2020, meeting**, this study approach. (April 23, 2020, CC Minutes) At the May 15, 2020, BIAC Meeting, the CC agreed to begin the process of restructuring the Asset Map to meet the BIAC's identified needs. Chairperson Kennelly requested that the CC assume the work of aligning or restructuring the Asset Map to accomplish the BIAC's aims. Mr. Gallagher requested that BIAC members prepare and submit any recommendations regarding the Asset Map to him, for eventual distribution to the CC members. (May 15, 2020, BIAC Meeting)
8. CC members observed that **the eligibility determination process will require further study to better identify and remedy service determinations based on the selective diagnostic codes used in the process**. Members elected to move this discussion forward to a future meeting. (April 23, 2020, CC Minutes; May 15, 2020 BIAC Minutes)

Future Education and Awareness Subcommittee (EA) Agenda Items:

6. EA members identified the EA's scope as (1) coordinating the efforts between the BIAC full membership and the Brain Injury Network to advance best practice training opportunities for professionals across the wider service community and to improve outreach and awareness efforts to the wider public regarding brain injury issues, and (2) assessing and proposing specific training and awareness campaigns that will produce a positive effect on the provision of services, across the broad span of service sectors and the wider public. (May 15, 2020, BIAC Minutes; April 30, 2020, EA Minutes) February 7, 2020, EA Minutes; February 21, 2020, BIAC Minutes; November 15, 2020, BIAC Minutes)
7. The EA identified the following core EA issues, which are specified in the EA February 7, 2020, minutes: (1) expanded brain injury protocols, (2) teacher professional development on brain injuries, (3) law enforcement personnel professional development on brain injuries, (4) special education professional development for brain injury assessments, (5) coordinating activities between the ND Brain Injury Network and the BIAC EA. (May 15, 2020, BIAC Minutes; April 30, 2020, EA Minutes; February 7, 2020, EA Minutes; February 21, 2020, BIAC Minutes)
8. Nan Kennelly had requested input from the EA regarding the content of a letter to Jon Godfread, authorized at the February 21, 2020, BIAC meeting. On April 30, 2020, the BIAC prepared the talking points for the letter and a forthcoming meeting with Jon Godfread. (April 30, 2020, EA Minutes) Nan Kennelly will represent the BIAC at the Godfread meeting. **This item is complete, awaiting archive.**
9. EA members will focus attention on the various professionals and organizations that may require professional development and technical assistance regarding brain injuries, as evidenced in the spread of the six identified issues. The EA observed the need to carefully coordinate and collaborate with the Brain Injury Network, providing direction, support, feedback, validation, and new ideas to the BIN's ongoing efforts. (February 7, 2020, EA Minutes; February 21, 2020, BIAC Minutes). Members requested that the NDBIN provide

updates on the progression of these trainings, moving forward. (February 7, 2020, EA minutes; April 30, 2020, EA minutes; May 15, 2020, BIAC minutes). This is a monitoring issue.

- 10.** BIAC members suggested that the **BIAC Education and Awareness Subcommittee**, in association with the BIN, revisit the 2016 survey, assess its relevance, and identify key issues, coming back with proposals to the BIAC at a later meeting. The EA could identify and prioritize survey and assessment issues, producing a manageable set of topics for the BIAC to champion. Sarah Ring stated that the **EA would be willing to take on this agenda item**, reportable to the BIAC. (February 21, 2020, BIAC Minutes). At its April 30, 2020, EA meeting, members determined there exists no need at this point for the BIAC to recommend that the NDBIN design or conduct a follow-up survey to the 2016 state brain injury assessment report. The findings of the 2016 remain relevant, despite the significant advances the state has made in recent years. Members will continue to monitor whether and when to initiate an updated survey in the future, as events warrant. (April 30, 2020, EA minutes; May 15, 2020, BIAC minutes. **This is a monitoring issue.**
- 11.** Denise Harvey provided an overview of the crucial need for residential habilitation services, which is a program initiated and funded during the 2019 Legislative Session. Currently, there are no recognized trained providers at this time. Ms. Harvey invited the BIAC members to provide input how to foster increased interest among prospective providers to move the program forward. Members recommended that Jake Reuter and DHS Aging Services be approached to inquire into the best means of soliciting prospective providers. Members suggested that the **BIAC Education and Awareness Subcommittee** might consider delving deeper into this issue, including studying the possible inclusion of Residential Habilitation Services into an amended DHS Asset Map. (May 15, 2020, BIAC minutes)