

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

**May 15, 2020  
Meeting Minutes**

**Call to Order and Welcome:** Chairperson Nan Kennelly called the video conference meeting to order at 1:03 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; Representative Dick Anderson, ND House of Representatives Appointment; Senator Howard Anderson, ND Senate Representative; David Biberdorf, General; Jean Herauf, Open; Austyn Kloehn, Service Provider; Skipp Miller, Indian Affairs; Janna Pietrzak, Stroke Appointee; and Sarah Ring, Open.

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

**Public Attendance:** Senator JoNell Bakke; Rebecca Quinn, ND Brain Injury Network; Krista Fremming, DHS, Medicaid; Shirley Fender, DHS, Aging Services; Johanna Johnson, Protection and Advocacy; Nicki Livedalen; Cari Duncan; Jean Nagel; Toni McCarty; LeLee Williams; Carly Endres; Carol Cristilli; Sandi Croshack; Shirley Fender; Christine Pryor; Nickie Livedalen; Tami Ternes; Jean Ingalls.

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

**Declaration of Quorum.** 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 May 15, 2020, draft meeting agenda. Chairperson Kennelly recommended the inclusion of Residential Habilitation Services by Denise Harvey as a new agenda item, to be inserted at the end of the regular business items. Mr. Gallagher recommended that the agenda's order of business be amended to allow Nicole Berman to provide a membership update report immediately following the approval of the minutes.

SENATOR HOWARD ANDERSON MADE AND JEAN HERAUF SECONDED A MOTION TO ADOPT THE MAY 15, 2020, AGENDA AS PRESENTED AND AMENDED. THE MOTION PASSED UNANIMOUSLY.

Chairperson Kennelly declared the adoption of the May 15, 2020, meeting agenda ([Appendix A](#)).

**Approval of Minutes.** Chairperson Kennelly placed before the members consideration of the February 21, 2020, BIAC draft meeting minutes for approval.

Chairperson Kennelly reported that on Page 5 of the draft February 21, 2020, minutes, in two separate instances, the number of identified issues was incorrectly recorded as six; instead, there are five identified issues, requiring a correction in the minutes.

JANNA PIETRZAK MADE AND SARAH RING SECONDED A MOTION TO AMEND THE FEBRUARY 21, 2020, MEETING MINUTES, CORRECTING THE SPECIFIED NUMBER, AND TO APPROVE THE RESULTING MINUTES, AS AMENDED. THE MOTION PASSED UNANIMOUSLY.

Chairperson Kennelly declared the adoption of the February 21, 2020, meeting minutes, as amended.

**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. 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. Chairperson Kennelly deferred further consideration of membership slots to a future meeting.

Chairperson Kennelly recognized Rebecca Quinn, who reported that any available slot at this time is categorized as an Open designation.

Ms. Berman offered to provide a Department of Human Services report to expedite the meeting's proceedings. Chairperson Kennelly recognized Ms. Berman to provide this report. Ms. Berman reported that the DHS, Behavioral Health Division, applied for and received an emergency COVID-19 SAMHSA (Substance Abuse and Mental Health Services Administration within the U.S. Department of Health and Human Services) grant, targeted to SMI/SUD, healthcare and frontline workers, and individuals with less than SMI, including clinic services related to COVID-19 impacts. The grant is an 18-month, \$2 Million grant.

The DHS, Behavioral Health Division, has also submitted a separate grant for the CCP (Crisis Counseling Assistance and Training) Program, attached to the state's disaster declaration and considered a short-term, emergency services grant, including service counseling, and brief educational contacts. This grant will provide informational support, providing information to assist individuals, concerning housing, employment, and food security.

The DHS has been publishing a series of COVID-related resources on the DHS website.

The DHS has been supporting a multi-agency Temporary Shelter Program, directed to individuals who are homeless or victims of domestic violence and require housing, case management, and food assistance, resulting from the COVID-19 emergency. This program is supported by Federal Emergency Management Aid (FEMA) funding.

#### **Updates on Standing Subcommittees.**

**Continuum of Care Subcommittee.** Chairperson Kennelly recognized Austyn Kloehn to report on the proceedings of the Continuum of Care Subcommittee (CC). Mr. Kloehn referred BIAC members to the April 23, 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. Mr. Kloehn outlined two issues of heightened interest: the continuum of care definition and the development of a DHS flow chart for brain injury services. CC members discussed how these two issues might uniquely converge regarding (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 discussed whether combining both issues might generate a functional definition of continuum of care while moving the flow chart issue forward within DHS's asset map work. The CC concentrated efforts on integrating these issues through the DHS Asset Map Project. Mr. Kloehn introduced Rebecca Quinn to guide the BIAC through the DHS Asset Map.

*Asset Map Project.* Ms. Quinn observed that a core objective within the DHS is to develop a state-level asset map. The purpose of an asset map is to create an inventory of the various parties that become involved in the state's service delivery system. An asset map inventories systems change that makes person-centered principles not just an aspiration but a reality in the lives of people who require services and supports across the lifespan. An asset map assists with the identification of local and national resources, as well as initiating collaborative work relevant to enhancing person-centered approaches to providing supports. An asset map facilitates access to additional subject matter experts, including federal partners, based on a service team's expressed interest. Including service users is a critical component of person-centered thinking, planning, and practice. An asset map helps (1) connect and support allies that are conducting similar engagement activities; (2) build mutual respect and trust among groups; (3) improve decision-making processes; and, (4) enhance statewide strategies, program designs, and implementation techniques. An asset map provides a process in which you take a 'snapshot' of your system and its stakeholders at any point in time: documenting existing stakeholder engagement assets: target groups and initiatives; encouraging systematic and strategic thinking about next steps, saving time and resources; referencing when brainstorming potential target groups to engage; and expanding and improving on current systems and processes within the North Dakota.

Ms. Quinn presented a summary of the DHS' current draft Asset Map Manual, dated March 2020. The draft emerged from the work of multiple professionals, with technical assistance support from Human Services Research Institute and National Center on Advancing Person-Centered Practices and Systems (NCAPPS). The North Dakota asset map was based generally on an Ohio model for a person-centered asset map. The ultimate goal of the project is to operationalize the asset map in the actual management of human service programming, engaging clients and incorporating the insights and program recommendations of individuals with disabilities.

Ms. Quinn stated the CC was interested in building on the format and content of the Asset Map to seek the development of 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 identified a linkage between the asset map issue and the issues identified in the Chris Jones letter, which was approved by the BIAC during its February 2020 meeting. Ms. Quinn deferred further discussion on the Chris Jones to the BIAC agenda item later into the meeting.

Ms. Quinn stated, in response to member questions, that DHS has offered the Asset Map as a tool to be tailored to brain injury services. Ms. Quinn envisioned adding crucial brain injury information to the Asset Map and also editing the Asset Map as a separate, stand-alone version specifically for brain injury services. Greg Gallagher stated that a statewide alliance of autism spectrum disorder stakeholders foresees a similar need to develop a unique asset map for autism services.

The CC placed this proposal before the full BIAC membership for consideration and ultimate approval. Members discussed where brain injury associations, advocacy, providers, and supportive services might best be positioned in the wider Asset Map. Members observed that the CC might be best positioned to review the full Asset Map and to identify how the Asset Map might

be edited to make the Map fully applicable for brain injury interests. Ms. Quinn and Mr. Kloehn 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. Mr. Gallagher requested that BIAC members prepare and submit any recommendations regarding the Asset Map to him, for eventual distribution to the CC members.

Ms. Quinn stated, in response to a question, that any brain injury asset map development would partially but not completely address the issues associated with the Chris Jones letter.

Chairperson Kennelly thanked the CC Subcommittee for its report.

**Report on Letter to Chris Jones on DHS Brain Injury Service Protocols.** Chairperson Kennelly elected to take up the report on the letter to Chris Jones ([Appendix C](#)) on DHS brain injury service protocols, raised by the CC. At its February 21, 2020, meeting, the BIAC reviewed and approved a letter to Chris Jones, Executive Director of the Department of Human Services, to be signed and forwarded by the BIAC Chairperson on behalf of the BIAC. This proposed letter requested the DHS 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 DHS. Members identified the value and complexity of this effort, since it involves a variety of state programs that touch on elements of brain injuries managed within different DHS divisions. Chairperson Kennelly appointed Shannon Cook, Denise Harvey, and Rebecca Quinn to represent the BIAC meeting with DHS leadership regarding the contents of the letter and the prospects of achieving its goals. Ms. Cook would serve as committee chairperson.

Chairperson Kennelly reported that the approved letter had been signed and forwarded to Chris Jones, but a response had not yet been received and the requested meeting with the designated committee has not been scheduled, to date. The committee stands ready to meet with Chris Jones following any invitation from Mr. Jones. Senator Anderson identified a need to seek a meeting with Chris Jones soon to allow the DHS time to accommodate any departmental budget impacts. Senator Anderson also observed that the state's current budget restrictions, approaching a 15% reduction for the DHS, make it important for the BIAC designated committee to be prepared to propose creative alternatives for actions and funding.

Chairperson Kennelly observed that she may need to reach out again to Chris Jones directly by phone in the near future to arrange for a meeting time. 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.

**Education and Awareness Subcommittee.** Chairperson Kennelly recognized Sarah Ring to report on the proceedings of the Education and Awareness Subcommittee (EA). Ms. Ring referred BIAC members to the April 30, 2020, EA Subcommittee's meeting minutes ([Appendix D](#)) and the May 8, 2020, EA Subcommittee's meeting minutes ([Appendix E](#)), summarizing the subcommittee's activities. Ms. Ring provided an overview of the principal issues managed by the EA, as specified in the EA Next Steps document. Ms. Ring focused attention on two priorities: (1) preparations for a forthcoming meeting with Jon Godfread, State Insurance Commissioner, concerning a restrictive BCBS behavioral health service policy; and (2) the currency of the 2016 statewide assessment

report. Ms. Ring underscored the strong relationship that exists between the ND Brain Injury Network and the BIAC, including the work of the Learning Collaborative.

*BCBS Behavioral Health Service Policy Petition*

The EA April 30, 2020, minutes record that 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. Members referenced the February 21 meeting authorizing motion:

DAVID BIBERDORF MADE AND SARAH RING SECONDED A MOTION INSTRUCTING THE BIAC CHAIRPERSON, ON BEHALF OF THE BIAC, (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.

EA members recommended that the letter present (a) an introduction identifying the reason for seeking assistance from the Insurance Department and stating the unique statutory responsibility of the BIAC; (b) a paragraph identifying foundational duties of the BIAC; (c) a clear statement requesting a study and interpretation of insurance coverage among providers’ various policies, both in-state and out-of-state; and (d) a general expression of appreciation for considering the BIAC’s special request. Ms. Kennelly stated that she had sufficient validating guidance to proceed with drafting the letter. Mr. Gallagher would provide assistance to Ms. Kennelly, as requested.

*Review of 2016 Statewide Assessment Report*

During both its April 30, 2020, and May 8, 2020, meetings, the EA Subcommittee discussed the 2016 statewide assessment report. During the May 8, 2020, committee meeting, Rebecca Quinn provided an overview of (1) the 2016 statewide assessment report and (2) the survey instrument, allowing members to review the 2016 assessment report’s findings, assess the design and content of the 2016 survey instrument, and consider any amendments to a future survey instrument’s design and content. Members reiterated their earlier assessment that the EA should focus its attention on advancing meaningful, actionable activities derived from the 2016 survey and focusing any updated activity on specific topics. Members discussed the 2016 survey’s design and scaling and whether any future survey might address additional issues, such as case management or the role of service navigators.

The EA members reviewed the history of the 2016 statewide brain injury survey and assessed if any updated survey might better focus on a provider or client perspective. Members favored adopting a model where the Learning Collaborative would focus on a lived-experience perspective and the BIAC would focus on a providers-perspective. This arrangement would better lead to a jointly compiled and balanced product.

Members 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. Members supported 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.

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. Members reviewed the EA meeting minutes from February 7, 2020, which listed the various professional groups that may require ongoing technical assistance outreach and training support. Members requested that the NDBIN provide updates on the progression of these trainings, moving forward.

Rebecca Quinn overviewed the structure and content of the 2016 assessment survey, which was conducted by the Minot State University, Center for Persons with Disabilities (<https://www.ndbin.org/pdf/2016-nd-brain-injury-needs-assessment.pdf>). The survey consisted of four components: (1) individuals with brain injuries and lived experiences; (2) family members; (3) direct service providers; and (4) agencies. After reviewing the survey's structure and content, the EA determined that the current state effort planning efforts are sufficient, relevant, and not requiring the investment of time and effort to conduct yet another assessment, at this time. Ms. Quinn stated that the Medicaid 1915(i) state plan, with its newly defined brain injury service component, will mark a notable improvement for state services. It would serve the state well to allow time for the Medicaid 1915(i) supports to make their impact known before venturing into further system's studies. EA members determined that it would be best to preserve programming and planning resources at this time.

BIAC members considered if the Mind Matters Planning Committee should be incorporated within the EA Subcommittee. It was the general observation of the BIAC that the two committees should be managed separately.

Chairperson Kennelly thanked the EA Subcommittee for its report.

**Report on BIAC Responses to BCBS Cognitive Therapy Policy; Letter to BCBS; Letter to ND Insurance Commissioner.** Chairperson Kennelly opened consideration of the BIAC's letter of query ([Appendix G](#)) to the ND Insurance Commissioner's Office on recent BCBS cognitive therapy coverage. Chairperson Kennelly reviewed the actions of the February 21, 2020, full-membership BIAC meeting and the April 30, 2020, EA Subcommittee meeting, both which were previously reported out within the EA Subcommittee report. In keeping with the February 21, 2020, resolution, Chairperson Kennelly arranged for a meeting with the ND Insurance Commissioner's Office to discuss the BIAC's concerns related to the BCBS cognitive therapy policy coverage. Mr. Gallagher represented the BIAC when Chairperson Kennelly was unable to attend. Chairperson Kennelly requested that Mr. Gallagher provide a summary report of that meeting.

Greg Gallagher reported that he met with the following representatives of the ND Insurance Department on May 12, 2020 via conference call: Crystal Bartuska, program administrator; Janelle Middlestead, Consumer Assistance; John Arnold, Deputy Director; Sara Gerving, Staff Attorney; and another Staff Attorney. Neither Jon Godfread, Insurance Commissioner, nor Nan Kennelly, BIAC Chairperson, were able to attend.

During the meeting, Mr. Gallagher provided background information regarding the ND Brain Injury Advisory Council's statutory responsibility and the events leading to the BIAC's May 1, 2020, letter to Jon Godfread and Mr. Godfread's subsequent invitation to conduct the phone call. Mr. Gallagher referenced the BIAC's February 21, 2020, formal meeting proceedings and final resolution to initiate discussions with the ND Insurance Department regarding the current BCBS service provision requirements for cognitive therapy for individuals with brain injuries.

During the meeting, Mr. Gallagher inquired into the prospects of the Insurance Department taking on a study of service coverage disparity reported by service providers statewide, comparing the BCBS cognitive therapy coverage with those of the various other insurance companies active in North Dakota. Mr. Gallagher also inquired if the Insurance Department might conduct a study of this issue across other states within the region.

During the meeting, Insurance Department staff stated that the Insurance Department was not in a position, in terms of its authority or its capacity, to study the medical service coverage decisions of individual companies based on an insurer's medical protocols. Medical protocol decisions are a matter for individual insurance companies and those decisions reside outside the Insurance Department's purview. Mr. Gallagher inquired how any consumer might discern or seek remedy regarding the extent of their coverage when such protocol-driven medical assessment determinations resided behind a non-transparent curtain. Insurance Department staff acknowledged that it is difficult to discern such matters prior to a need. Providers submit claims based on recognized codes within the scope of an insurer's medical protocols. By example: one insurer will assume the cost of a newly fashioned cast when another will only assume the cost for a traditional cast, all based on the insurer's internal medical protocols.

During the meeting, Mr. Gallagher observed that comments from BIAC provider-members identified differing coverage requirements for Medicare and Medicaid, which reside within the scope of the Centers for Medicare and Medicaid Services. If the BIAC were to seek clarity on the differences in coverage between Medicare and Medicaid, it would potentially produce a strategy to seek clarity and uniformity of coverage between the two and among other private providers. Insurance Department staff did not disagree with this assessment.

Mr. Gallagher provided a brief summary of the meeting's findings and future consideration for action. It would appear that the BIAC has several options to explore, moving forward:

1. 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.
2. 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.

3. In the event that disparities in coverage between Medicare and Medicaid are identified, the BIAAC 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.
4. The BIAAC 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.

Mr. Gallagher summarized the meeting by observing the expressed interest of the Insurance Commissioner's Office to offer additional technical assistance to the BIAAC regarding any insurance procedural matters, going forward.

Mr. Gallagher stated, in response to members' questions, that the inclusion of Medicaid 1915(i) and Medicare, each a separate and distinct program, within the meeting was used to illustrate differences in coding and coverage across different coverage. If consistent or inconsistent coverage might be identified within or between Medicaid and Medicare, it may provide evidence suitable for use in pressing an equity case with BCBS. Medicare-Medicaid coverage terms were introduced to provide another means of making a case in support of better coverage, if it can be demonstrated. Members encouraged that the BIAAC clearly understand the differences between Medicaid proper (which covers cognitive rehabilitation) and 1915(i) provisions (which do not cover cognitive rehabilitation) to ensure clarity of communication. Medicare is federally managed. Medicaid is a joint federal and state managed system; as such, a state is not in a setting to dictate coverage to Medicare.

Krista Fremming reported that the state honors CPT cognitive rehabilitation coding. The state's Medicaid coverage would provide potential support for any claim directed to an independent insurance provider when a disparity in coverage might exist and could be petitioned and reviewed for remedy. Many referrals in question may be directed to speech therapists or occupational therapists. Telehealth consultations have opened up in response to the current public health emergency, but it is unclear if this opportunity will remain once the emergency is over. DHS will be updating telehealth guidance in the near future. North Dakota has a recognized need for telehealth services.

Ms. Fremming stated her willingness to forward to the BIAAC a summary of the CPT codes, limits, reimbursement levels, and related matters to inform the BIAAC. Members requested compiling a breakdown of the various insurance companies, their service coverage provisions, reimbursement levels, among other details. A cursory discovery to date has revealed that no insurance providers, except BCBS, require a neurological psychological evaluation prior to the delivery of cognitive rehabilitation services.

Chairperson Kennelly requested volunteers from among the BIAAC 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 BIAAC 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 BIAAC membership's actions.



**Report on Medicaid 1915(i) State Plan Comment Submissions.** Chairperson Kennelly recognized Rebecca Quinn and Krista Fremming to provide an update on the Medicaid 1915(i) state plan's development and implementation work, in anticipation of its forthcoming approval. Rebecca Quinn provided an overview of the Medicaid 1915(i) state plan's preparations and submission process, including the collection and submission of select brain injury comments, the use of DSM qualifying diagnosis criteria, and screening intake procedures. Krista Fremming provided an overview of the final brain injury definitions and qualifying criteria, which required the consultation of DHS legal staff. The final plan included family peer support but could not include housing or rental costs, which are not permissible. The plan, including approved public comment recommendations, was submitted on April 28, 2020. CMS has since communicated with the DHS on the state plan, addressing routine questions and requests for clarification. The CMS has approximately 90 days to provide a decision. The DHS is preparing to conduct a series of training sessions with providers or potential providers to inform parties of responsibilities and application procedures. The DHS does not anticipate any required changes in the definition of brain injury, favoring the current broader definition, allowing the state sufficient future latitude.

Chairperson Kennelly thanked Ms. Quinn and Ms. Fremming for their reports.

**Standing Report on Learning Collaborative.** Chairperson Kennelly recognized Skipp Miller to present an update on the Learning Collaborative. Skipp Miller stated that there was no current updated information to report, at this time. The national Learning Collaborative has placed a hold on activity because of the public health emergency across the states. Chairperson Kennelly moved the report forward to the next BIAC meeting.

**Update on Brain Injury Legislation.** Chairperson Kennelly opened the floor for any legislative reports or proposals from BIAC members. No comments were received from BIAC members. Chairperson Kennelly moved the report forward to the next BIAC meeting.

**Update from the Department of Health.** Chairperson Kennelly invited a report from the ND Health Department. The Department of Health did not provide a report. Chairperson Kennelly moved the report forward to the next BIAC meeting.

**Update from the Department of Human Services.** Chairperson Kennelly removed any further reports from the Department of Human Services, since DHS activities were covered in previous business agenda items.

**Residential Habilitation Services.** Chairperson Kennelly recognized Denise Harvey to provide an update on residential habilitation services. 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. Residential habilitation services assist individuals to transition out of an institutional care facility into the wider community. Krista Fremming recommended that Shirley Fender, DHS Aging Services, might provide on-point technical assistance with this request to find appropriate providers. Rebecca Quinn noted that the ND Brain Injury Network has posted a training video to offer background information on (1) residential habilitation services, aligned well with brain injury, and (2) community support services. Additionally, a new agency-level licensure for foster care is allowed. A residential habilitation service can provide for services in home for up to 24 hours. Qualified Service Providers and Developmental Disability Providers may be eligible to offer residential habilitation services. Some prospective providers have indicated that to provide the services as required would demand a

CQL (Council on Quality and Leadership) long-term care accreditation status, which is financially prohibitive. There are ongoing discussions with potential service providers; however, no providers have applied, to date. Members stated that the established reimbursement rate provides a sufficient incentive, once providers become aware of this opportunity. Current private adult brain injury foster care by family units or similar group homes are not as financially appealing. Members observed a need to raise an awareness statewide for the various means of receiving residential habilitation services. Members must meet Medicaid eligibility requirements.

Members considered CLS, Sanford Home Health, Griswold, TCRI, and Rem North Dakota as possible providers. 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.

**Member Updates.** Chairperson Kennelly invited BIAC members to provide member update reports.

Denise Harvey reported that Protection and Advocacy has encountered a number of client needs related to COVID-19 impacts, including facility restrictions, housing, integration issues, and residential care stability. People can contact the Protection and Advocacy with questions and requests for services.

Chairperson Kennelly reported that among the biggest impacts of the current public health emergency has been the emergence and reliance of tele-healthcare. Tele-healthcare is proving to be a viable, functional tool. The ready access of clients to services and an increasing efficiency in the scheduling and delivery of services points to a means of meeting client needs, especially among clients in rural and remote areas. When this current public health emergency subsides and eventually ends, every effort should be made to work to secure tele-healthcare as an optional means of addressing the ever-pressing needs of citizens statewide. There will need to be some meaningful conversations with insurance companies to make reimbursement for tele-healthcare a requirement for the future. Members expressed similar sentiments and support for securing tele-healthcare, moving forward.

Members recommended that the BIAC may wish to consider drafting a recommended supportive policy statement supportive of tele-healthcare, including petitioning insurance providers to incorporate tele-healthcare as a recognized, foundational vehicle for care. Tele-healthcare provides care in emergency settings, remediating long-distance service relationships and offering friendly, convenient support. Members suggested that BIAC may wish to consider conducting a survey of providers to learn more about the impacts of tele-healthcare, including demonstrable benefits or unintended difficulties. The provider task force may wish to include this topic within their agenda.

**Public Comments.** Chairperson Kennelly opened the floor for public comments. Rebecca Quinn reported that the ND Brain Injury Network has incorporated an enhanced search function within its website to find qualified individual providers for individuals with brain injuries and their families. Inquiries were distributed to providers statewide inviting them to update their service descriptors, allowing interested individuals to learn more about providers. NDBIN webinars have experienced increase statewide participation, perhaps as a result of the change in individuals video conferencing capabilities. NDBIN may soon offer another certified specialist training, via video conferencing, in the near future. NDBIN soon will offer another Zoom virtual support group

(<https://www.ndbin.org/assets/2014-14767/virtual-support-group-flyer.pdf>). Additionally, NDBIN will sponsor a virtual concussion symposium on September 18, 2020, where Karen McAvoy (<https://www.pinkconcussions.com/karen-mcavoy>) will present (<https://www.ndbin.org/events/upcoming>).

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

Greg 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.

The BIAC 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, it is anticipated that forthcoming meetings will be managed via video conferencing. The next scheduled 2020 meetings for the BIAC include:

- Friday, August 21, 2020, from 1:00 PM – 4:00 PM, CT;
- 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 SKIPP MILLER SECONDED A MOTION TO ADJOURN THE MEETING. THE MOTION PASSED UNANIMOUSLY.

Chairperson Kennelly declared the meeting adjourned at 3:53 PM, CT.

Respectfully submitted,

Greg Gallagher  
Program and Research Director  
Consensus Council, Inc.

**APPENDIX A**

**Brain Injury Advisory Council Meeting  
Friday, May 15, 2020  
1:00 PM – 4:00 PM., CT**

Teleconference Forum

**AGENDA**

**Brain Injury Advisory Council Meeting**  
**Friday, May 15, 2020**  
**1:00 PM – 4:00 PM., CT**

Teleconference Forum

**AGENDA**

- 1:00 PM Call Meeting to Order  
Welcome and Roll Call
- Approve Agenda, May 15, 2020
- Approve Minutes, February 21, 2020
- 1:45 PM BIAC Membership Status Report: Nicole Berman
- Updates from Standing Subcommittees
- Continuum of Care Subcommittee
  - Education and Awareness Subcommittee
- 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
- Report on BIAC Responses to BCBS Cognitive Therapy Policy; Letter to BCBS; Letter to ND Insurance Commissioner;
- Report on Medicaid 1915(i) State Plan Comment Submissions: Rebecca Quinn
- Standing Report on Learning Collaborative: Skipp Miller and Shannon Cook
- Update on Brain Injury Legislation
- Update from Department of Health
- Update from Department of Human Services
- Residential Habilitation Services: Denise Harvey
- Member Updates
- 3:30 PM Public Comments

## Next Steps

4:00 PM Adjournment

### Future 2020 BIAC Meeting Dates:

- Friday, August 21, 2020, from 1:00 PM – 4:00 PM, CT
- 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 May 15, 2020, scheduled meeting via teleconference. 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 May 15, 2020, meeting at the following Zoom address.

### Topic: Brain Injury Advisory Council Meeting

Time: May 15, 2020 01:00 PM Central Time (US and Canada)

### Join Zoom Meeting

<https://zoom.us/j/91817030812>

### Meeting ID: 918 1703 0812

One tap mobile

+13462487799,,91817030812# US (Houston)

+16699006833,,91817030812# US (San Jose)

Dial by your location

+1 346 248 7799 US (Houston)

+1 669 900 6833 US (San Jose)

+1 253 215 8782 US

+1 301 715 8592 US

+1 312 626 6799 US (Chicago)

+1 929 436 2866 US (New York)

Meeting ID: 918 1703 0812

Find your local number: <https://zoom.us/u/acDrDlzkGx>

**APPENDIX B**

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

**Conference Call Meeting  
April 23, 2020**

**Meeting Minutes**

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

**Conference Call Meeting  
April 23, 2020  
Meeting Minutes**

**Call to Order and Welcome:** Greg Gallagher, BIAC Facilitator, called the meeting to order at 12:05 PM, CT, via Zoom teleconference, and welcomed ND Brain Injury Advisory Council (BIAC), Continuum of Care Subcommittee (CC) members. Members introduced themselves.

**NDBIAC CC Subcommittee Members Present:** Austyn Kloehn; Rebecca Quinn.

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

**Approval of Agenda.** Greg Gallagher reviewed the *BIAC Next Steps* document, compiled from past BIAC minutes, and specifically referenced CC's pending work. Members agreed to adopt the *BIAC Next Steps'* presentation of CC's duties as the operational agenda for the April 23, 2020, CC meeting.

**Reference to Past Minutes.** The CC referenced the minutes from the February 4, 2020, BIAC CC meeting and the final approved minutes from the February 21, 2020, BIAC full membership meeting to confirm the parameters of CC assigned duties, discussions, and operations.

**Domain and Scope of the CC Subcommittee.** Members confirmed the identified scope of work assigned to the CC, evidenced in 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. (February 4, 2020 CC Minutes; February 21, 2020 BIAC Minutes; November 15, 2020, BIAC Minutes)
2. The CC identified six 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, (5) service gap analysis, and (6) establish standing subcommittee meeting times at every BIAC meeting. (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)



**Priority CC Issues.** Members reviewed the current CC inventory of issues and selected two on which to focus efforts: the continuum of care definition and the development of a DHS flow chart for brain injury services. Members discussed how these two issues might uniquely converge regarding (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 discussed whether combining both issues might generate a partial yet functional definition of continuum of care while moving the flow chart issue forward within DHS's asset map work.

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 discussed how the BIAC might both learn from and influence current DHS efforts to develop an asset map, 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 disabilities and their families.

During the February 4, 2020, CC meeting, 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 discussions internal to the BIAC and with the DHS regarding where the state's brain injury policies and provision-of-care practices meet or fall short of stated desired outcomes.

Rebecca Quinn, a contributing member of the DHS asset map project, presented a working draft of the DHS asset map, dated March 2020, illustrating how the map identifies linkages and service progression among a variety of programs administered by the DHS. Ms. Quinn observed that several larger DHS programs demonstrate significant content development in the asset map; however, brain injury service progressions are lesser developed and require more attention. When questioned by members, Ms. Quinn stated that she would approach either Jake Reuter or Bianca Bell, Person-Centered Practices and Asset Mapping Coordinators, to inquire if the March 2020 draft of the asset map might be shared with the BIAC members to advance the BIAC's independent interests in developing a brain injury flow chart. Members observed that the asset mapping project outlined in the March 2020 document related well with the intent of the February 21, 2020, BIAC resolution letter to Chris Jones, requesting such a guidance document. 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 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. If permission is received by May 15 from DHS to use the asset map, members expressed support in presenting the asset map to the BIAC, at least as a means of introducing the cumulative work to date.

Rebecca Quinn reported on the final comments compiled and submitted by certain BIAC members, following a March 2020 teleconference work session, concerning the state's 1915(i) Medicaid plan amendments. Members who participated in the work session indicated their

satisfaction with the scope and detail of the comments submitted to the Centers for Medicare and Medicaid Services. 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.

Members appointed Austyn Kloehn with the duty to present the CC's report to the BIAC at its May 15, 2020, meeting. Mr. Kloehn accepted this appointment.

**Adjournment.** Having completed the meeting's agenda and hearing no further comments from the CC Subcommittee members, Mr. Gallagher declared the meeting adjourned at 12:53 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  
April 30, 2020**

**Meeting Minutes**

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

**Conference Call Meeting  
April 30, 2020  
Meeting Minutes**

**Call to Order and Welcome:** Greg Gallagher, BIAC Facilitator, called the meeting to order at 12:02 PM, CT, via Zoom teleconference, and welcomed ND Brain Injury Advisory Council (BIAC), Education and Awareness Subcommittee (EA) members. Members introduced themselves.

**NDBIAC CC Subcommittee Members Present:** Sarah Ring; Mandy Slag; David Biberdorf; Nan Kennelly; and Rebecca Quinn.

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

**Approval of Agenda.** Greg Gallagher reviewed the *BIAC Next Steps* document, compiled from past BIAC minutes, and specifically referenced EA's pending work. Members agreed to adopt the *BIAC Next Steps'* presentation of EA's duties as the operational agenda for the April 30, 2020, EA meeting.

**Reference to Past Minutes.** The EA referenced the minutes from the February 7, 2020, BIAC EA meeting and the final approved minutes from the February 21, 2020, BIAC full membership meeting to confirm the parameters of EA assigned duties, discussions, and operations.

**Domain and Scope of the EA Subcommittee.** Members confirmed the identified scope of work assigned to the EA, evidenced in 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 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. (February 7, 2020, EA Minutes; February 21, 2020, BIAC Minutes; November 15, 2020, BIAC Minutes)
2. The EA identified six 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. (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 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)

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, 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)

**Priority EA Issues.** Members reviewed the current EA inventory of issues and selected two issues on which to focus efforts: (1) a review of the content of a letter to Jon Godfread, ND Insurance Commissioner, requesting a study of insurance coverage related to selective brain injuries, and (2) the review of the 2016 brain injury survey of statewide providers.

*(1) Letter to Jon Godfread, ND Insurance Commissioner*

Nan Kennelly requested input from the EA regarding the content and flow of a letter to Jon Godfread authorized at the February 21, 2020, BIAC meeting. Members referenced the February 21 meeting authorizing motion:

DAVID BIBERDORF MADE AND SARAH RING SECONDED A MOTION INSTRUCTING THE BIAC CHAIRPERSON, ON BEHALF OF THE BIAC, (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.

THE MOTION PASSED UNANIMOUSLY.

EA members recommended that the letter present a general flow reflecting (a) an introduction identifying the purpose of seeking assistance from the Insurance Department and declaring the unique statutory authority of the BIAC; (b) a paragraph identifying foundational responsibilities of the BIAC; (c) a clear statement requesting a study and interpretation of the insurance coverage issue in question regarding in-state coverage parity; (d) a clear statement requesting a study and interpretation of the insurance coverage issue in question regarding out-of-state coverage parity; and (e) a general expression of appreciation for considering the BIAC's uniquely authorized request. Ms. Kennelly stated that she had sufficient validating guidance to proceed with drafting the letter. Mr. Gallagher will provide assistance to Ms. Kennelly, as requested.

*(2) Review of the 2016 Brain Injury Assessment Survey of Statewide Providers*

During the BIAC February 21, 2020, meeting, BIAC members suggested that the BIAC Education and Awareness Subcommittee, in association with the BIN, revisit the 2016 statewide brain injury survey, assess its relevance, and identify key issues, coming back with proposals to the BIAC at a May 15, 2020, meeting. BIAC members observed that 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.

The EA members reviewed the history of the 2016 statewide brain injury survey and assessed if any updating of the survey might better focus on a provider-perspective or an individual-with-brain-injury-lived-experience perspective. Members favored adopting a model where the Learning Collaborative would focus on a lived-experience perspective and the BIAC would focus on a providers-perspective, allowing each party to focus on an area and ultimately leading to a joint compiling of the collective learnings of both.

Members requested that Rebecca Quinn forward to EA members copies of (1) the 2016 statewide survey report, (2) the survey instrument, and (3) any guidance documentation, allowing members to review the 2016 survey report's findings, assess the design and content of the 2016 survey instrument, and propose any amendments to the survey instrument's design and content. Members stressed that the EA should focus its attention on advancing meaningful, actionable activities, derived from the 2016 statewide survey and in anticipating any updated content for an updated survey. Members proposed that the EA meet again on Friday, May 8, 2020, at 12:00 PM, CT, to move forward with more specific survey development plans and to prepare an EA report to the BIAC May 15, 2020, meeting. Greg Gallagher will inform the EA membership of the meeting.

#### *General Reports*

Members provided brief activity summaries: (1) the World Concussion Day Forum is scheduled for September 18, 2020; (2) the ND Brain Injury Network has supervised the work of a graduate student intern to develop a series of one-page brain injury summaries intended for specific audiences that will be posted on the NDBIN website; (3) the ND Heart Association has donated \$10,000 to support the work of printing various brain injury training guides for professional providers; and (4) the NDBIN is preparing COVID-19 telehealth service options to support providers and individuals.

Members did not select an individual to carry to EA report to the full BIAC membership at the May 15, 2020, meeting.

**Adjournment.** Having completed the meeting's agenda and hearing no further comments from the EA members, Mr. Gallagher declared the meeting adjourned at 12:54 PM, CT.

Respectfully submitted,

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

**APPENDIX E**

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

**Conference Call Meeting  
May 8, 2020**

**Meeting Minutes**

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

**Conference Call Meeting  
May 8, 2020  
Meeting Minutes**

**Call to Order and Welcome:** Greg Gallagher, BIAC Facilitator, called the meeting to order at 12:02 PM, CT, via Zoom teleconference, and welcomed ND Brain Injury Advisory Council (BIAC), Education and Awareness Subcommittee (EA) members. Members introduced themselves.

**NDBIAC CC Subcommittee Members Present:** 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 the BIAC EA Meeting Minutes from April 30, 2020, summarizing the single carryover agenda item: the 2016 state brain injury assessment report and survey tool. Members agreed to restrict discussions to the resolution of the 2016 assessment study and survey tool, preparing recommendations to place before the BIAC at its May 15, 2020, meeting.

**Reference to Past Minutes.** The EA referenced the minutes from the February 21, 2020, BIAC full membership meeting and the April 30, 2020, EA meeting to confirm the parameters of EA assigned duties and subject content.

**Domain and Scope of the EA Activity.** During the April 30, 2020, EA meeting, the EA members reviewed the history of the 2016 statewide brain injury assessment report and discussed whether any future survey might better focus on a provider-perspective or an individual-with-lived-experience perspective. Members favored adopting a model where the Learning Collaborative would focus on a lived-experience perspective and the BIAC would focus on a providers-perspective, allowing each party to focus on an area and ultimately leading to a joint compiling of the collective learnings of both.

Following the April 30, 2020, EA meeting, Rebecca Quinn forwarded to EA members copies of (1) the 2016 statewide assessment report and (2) the survey instrument, allowing members to review the 2016 assessment report's findings, assess the design and content of the 2016 survey instrument, and consider any amendments to the survey instrument's design and content. Members reiterated their earlier assessment that the EA should focus its attention on advancing meaningful, actionable activities derived from the 2016 survey and focusing any updated activity on specific topics. Members discussed the 2016 survey's design and scaling and whether any future survey might address additional issues, such as case management or the role of service navigators.

Members 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. Members supported 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.

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 advances that 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. Members reviewed the EA meeting minutes from February 7, 2020, which listed the various professional groups that may require ongoing technical assistance outreach and training support. Members requested that the NDBIN provide updates on the progression of these trainings, moving forward.

Sarah Ring volunteered to carry the EA report from both the April 30 and May 8 meetings to the full BIAC membership at the May 15, 2020, meeting. Rebecca Quinn will support Ms. Ring by providing a summary of the 2016 state brain injury assessment report's findings and recommendations, referring BIAC members to the actual report's summary graphics and tables.

**Adjournment.** Having completed the meeting's agenda and hearing no further comments from the EA members, Mr. Gallagher declared the meeting adjourned at 12:45 PM, CT.

Respectfully submitted,

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

**APPENDIX F**

**North Dakota  
Brain Injury Advisory Council  
Meeting**

**Recorded Next Steps Activities  
April 30, 2020**

**North Dakota  
Brain Injury Advisory Council  
Meeting  
April 30, 2020**

**Recorded Next Steps**

**General Activity Assignments:**

1. **Edit and Post November 15, 2020, Minutes.** Chairperson Kennelly declared the adoption of the November 15, 2019, meeting minutes, as amended. The final minutes will be posted online as approved (PLACE LINK HERE). **Greg Gallagher** will edit and post the amended minutes.
2. SHANNON COOK MADE AND SKIPP MILLER SECONDED A MOTION FOR THE **BIAC CHAIRPERSON** TO SIGN AND SEND TO CHRIS JONES, EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HUMAN SERVICES, THE LETTER PREPARED BY THE BIAC 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 BIAC AT ITS NEXT REGULARLY SCHEDULED MEETING ON MAY 15, 2020.** (February 21, 2020, BIAC 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 BIAC, 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 **BIAC CHAIRPERSON, ON BEHALF OF THE BIAC, (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.

**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. (February 21, 2020, Minutes)
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. (February 21, 2020, Minutes)
4. Members considered a CC proposal to draft a letter to Chris Jones, Executive Director of the Department of Human Services, to be signed by the BIAC Chairperson on behalf of the BIAC, for the consideration and approval of the BIAC membership, requesting 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 the services managed by the Department. Proposal letter reviewed during February 21, 2020, BIAC Meeting. (February 4, 2020, CC Minutes; February 21, 2020, BIAC Minutes).
5. 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)
6. 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**.
7. Members requested that the BIAC should 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)
8. 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)
9. 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)

10. **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.
11. 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)
12. 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)
13. 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 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. (February 4, 2020 CC Minutes; February 21, 2020 BIAC Minutes; November 15, 2020, BIAC Minutes)
5. The CC identified six 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, (5) service gap analysis, and (6) establish standing subcommittee meeting times at every BIAC meeting. (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.** (February 21, 2020, BIAC Minutes)
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. If



permission is received by May 15 from DHS to use the asset map, members expressed support in presenting the asset map to the BIAC, at least as a means of introducing the cumulative work to date. (April 23, 2020, CC Minutes)

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)

#### **Future Education and Awareness Subcommittee Agenda Items:**

5. 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. (February 7, 2020, EA Minutes; February 21, 2020, BIAC Minutes; November 15, 2020, BIAC Minutes)
6. The EA identified six 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. (February 7, 2020, EA Minutes; February 21, 2020, BIAC Minutes)
7. 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)
8. 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)

**APPENDIX G**

**Letter from Nan Kennelly, Chairperson,  
ND Brain Injury Advisory Council  
To  
Jon Godfread, State Insurance Commission  
ND Insurance Department**

**May 8, 2020**

Mr. Jon Godfread  
Insurance Commissioner  
North Dakota Insurance Department  
600 East Boulevard Avenue  
Bismarck, ND 58505

Dear Mr. Godfread:

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 assistance and guidance regarding insurance coverage for selective 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.

Recently, a newly revised policy from ND Blue Cross/Blue Shield for Cognitive Treatment was introduced to the council for review with several concerns, including the “mandatory neuropsychological testing with results to be used in treatment-planning and redirecting rehabilitation strategies”. I have attached a copy of the policy with this letter. Other concerns include a lack of accessibility and coverage for individuals across the state, the limited number of Neuropsychologists in the state to manage this requirement, travel that would be required of the patient to comply if they do not live near a Neuropsychologist, and the interruption in recovery and treatment that this requirement would cause.

We are seeking information from your office. Our request is two-fold. First, we are seeking a study by your office comparing the policy in question with other insurance companies in the state, including Medicaid, to assess a perceived disparity when compared to other policies. Second, we are seeking a study by your office to compare the policy in question across other states, including Medicaid, to assess the presence of service coverage disparity when compared to other states. This information will be helpful to the NDBIAC going forward and may affect future policy recommendations by the NDBIAC to the ND Department of Human Services.

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