

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

**November 20, 2020
Meeting Minutes**

Call to Order and Welcome: Chairperson Nan Kennelly called the video conference meeting to order at 1:02 PM, CT, and welcomed ND Brain Injury Advisory Council (BIAC) members and the public. Members recorded their attendance via login registration according to voting and non-voting membership status.

NDBIAC Voting Members Present: Nan Kennelly, Open, Chair; David Biberdorf, Vice Chairperson, General; Senator Howard Anderson, ND Senate Representative; Shannon Cook, Survivor; Jean Herauf, Open; Austyn Kloehn, Service Provider; Skipp Miller, Indian Affairs; and Sarah Ring, Open.

NDBIAC Non-voting Members Present: Dawn Pearson, Department of Human Services - Medicaid; Denise Harvey, ND Protection and Advocacy Project; Barbara Burghart, Department of Human Services - Vocational Rehabilitation; Mandy Slag, Department of Health – Injury Prevention; and Michelle Woodcock, Department of Public Instruction.

Presenters and Professional Support: Rebecca Quinn, ND Brain Injury Network; and Dr. Bevin Croft, HSRI.

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

Declaration of Quorum. Greg Gallagher reported that a sufficient number of BIAC voting members had registered their attendance, 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 entertained consideration of the [November 20, 2020, meeting agenda](#). Mr. Gallagher provided a preview of the meeting’s content and presenters. Hearing no recommendations for amendment, Chairperson Kennelly declared the adoption of the agenda.

Approval of Minutes. Chairperson Kennelly entertained consideration of the [August 21, 2020 meeting minutes](#). Hearing no recommendations for amendment, Chairperson Kennelly declared the adoption of the minutes.

Announcement of Election of Incoming BIAC Executive Officers, Including Chairperson, Vice Chairperson, and Secretary: Nomination Committee Members - Jean Herauf, Austyn Kloehn, Sarah Ring. Chairperson Kennelly recognized Jean Herauf, BIAC Nomination Committee Representative and Greg Gallagher, Facilitator, to provide a summary report on the management and results of the election of BIAC officers. Ms. Herauf provided opening comments and deferred to Mr. Gallagher to provide a detailed report. Mr. Gallagher placed into the record and reviewed the final [Report on the Election of BIAC Officers](#) documenting the management of the election process and the announcement of results.

Pursuant to BIAAC Bylaws and the procedures established by the Election Nomination Committee, Mr. Gallagher reported that the final validated election results record the election of the following BIAAC Officers, whose terms commence at the close of the November 20, 2020, BIAAC business meeting, as required by the BIAAC Bylaws:

Chairman: Nan Kennelly
Vice Chairman: Sarah Ring
Secretary: Denise Harvey

Chairperson Kennelly, on behalf of the BIAAC membership, received the Election Nomination Committee's report and, hearing no objections from the membership, announced the final results. Chairperson Kennelly expressed congratulations and appreciation to all candidates for their willingness to serve and be considered as a candidate. Chairperson Kennelly recognized David Biberdorf for his willingness to serve as interim Vice Chairperson during the election period.

BIAAC Membership Status Report. With the absence of Nicole Berman, Greg Gallagher provided a brief update on the current status of the [BIAAC's membership](#). Previously, Nicole Berman had 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 had received no updates from the Governor's Office regarding the status of filling the current opening or the routine completion of certain membership forms. Ms. Berman will provide a report on the management of BIAAC vacancies and forthcoming changes in members' status at a later date.

ND Behavioral Health Strategic Plan, Section 3.3, Brain Injury Services: Bevin Croft, [Human Services Research Institute](#). Chairperson recognized Dr. Bevin Croft, HSRI and Project Consultant for the development of the ND Behavioral Health Strategic Plan, to provide an update on the strategic plan's implementation and a possible future role for the BIAAC, related to brain injury issues. Dr. Croft provided a [summary review](#) of the state behavioral health initiatives, which emerged from the [ND Behavioral Health System Study: Final Report](#), in 2018.

The [ND Behavioral Health Strategic Plan, Vision 20/20](#) represents the operational initiatives proposed in the 2018 state study. This implementation plan has been structured by guiding [protocols](#).

Dr. Croft identified one of the thirteen core Aims within the implementation plan that links directly to stated priorities of the BIAAC. Aim 3.3 within the [implementation plan](#) (p. 18) states:

3.3 Ensure people with brain injury and psychiatric disability are aware of eligibility services through all avenues, including Medicaid Services

3.3.1. Review and revise Level of Care determination required for Medicaid to reimburse for Nursing Home HCBS to include brain injury

3.3.2. Review eligibility determination processes across all DHS Divisions to identify barriers in access to treatment for people with brain injury

3.3.3. Based on the review, revise policy and procedure to reduce barriers in access to treatment for people with brain injury

3.3.4. Promote provider awareness of services and eligibility using accurate and up-to-date materials

Dr. Croft stated that she was soliciting the active engagement of the BIAC to integrate BIAC advice and recommendations within the scope of the state's implementation, ensuring a uniform systemic strategy. Dr. Croft and Rebecca Quinn, ND Brain Injury Network, have begun discussions how to possibly integrate brain injury initiatives within the implementation plan. The management of the implementation involves several entities working together:

- Central management rests with the Department of Human Services aided by the consultative services of HSRI providing technical assistance;
- Central advisory consultation for the entire implementation plan rests with the Behavioral Health Planning Council;
- Core administrative responsibilities for each Aim rest with DHS staff appointees;
- Supporting administrative responsibilities for each Aim rest with designated stakeholder liaisons.

Dr. Croft is seeking the active participation of the BIAC, providing advice and recommendations to the efforts of Aim 3.3, related to brain injury services and, additionally, Aim 3.1, related to entry level screening and evaluation protocols. The BIAC's involvement in these Aims would complement the recent addition of Medicaid 1915(i) coverage, for those individuals eligible, supporting the expansion of brain injury services unique to the ND Medicaid 1915(i) state plan. Members identified an inherent tension between Aim 3.1, which focuses on improved screening, and Aim 3.3, which provides for limited forms of treatment: why improve screening across the board when only restricted categories of treatment will be offered. The phrasing of Aim 3.3 lags behind or deficiently addresses the efforts of Aim 3.1. Members observed that this inherent conflict may require the principal attention of the work.

BIAC members expressed strong support for this proposal and appreciation to Dr. Croft for moving this proposal forward and extending the invitation for the BIAC to actively engage in the work. Members discussed whether the BIAC's subcommittee structure might offer the best means of maintaining focused attention to advance progress in the two stated areas: Aim 3.3 and Aim 3.1.

Chairperson Kennelly raised the prospects of assigning the management of this work to the BIAC Continuum of Care Subcommittee. Subcommittee members agreed to assume this responsibility, if appointed.

SHANNON COOK MADE AND JEAN HEREAFTER SECONDED A MOTION THAT THE WORK OF MANAGING BIAC'S CONTRIBUTIONS TO THE BEHAVIORAL HEALTH STRATEGIC PLAN'S IMPLEMENTATION BE ASSIGNED TO THE BIAC – CONTINUUM OF CARE SUBCOMMITTEE. THE MOTION PASSED UNANIMOUSLY. CHAIRPERSON KENNELLY DECLARED THE MOTION APPROVED AND APPOINTED THE STATED DUTIES TO THE CONTINUUM OF CARE SUBCOMMITTEE.

Rebecca Quinn and Greg Gallagher will work with Dr. Croft to manage communications and optimize the BIAC – Continuum of Care Subcommittee's activities. Chairperson Kennelly thanked Dr. Croft for her presentation and proposal.

Updates from Standing Subcommittees

Continuum of Care Subcommittee. Chairperson Kennelly recognized Denise Harvey to provide a summary report on the activities of the BIAC Continuum of Care (CC) Subcommittee. Ms. Harvey

referred members to the [November 4, 2020, Continuum of Care Subcommittee](#) minutes regarding the CC's activities. Ms. Harvey requested that the BIAC consider, as part of the CC Report, the agenda item related to Dr. Etherington's meeting, since it naturally fits within the CC's domain. Chairperson Kennelly, hearing no objections, declared the inclusion of the Dr. Etherington agenda item within the CC Report.

Ms. Harvey reviewed the October 19, 2020, meeting between Dr. Etherington, representing Chris Jones, DHS Executive Director, and representatives of the BIAC CC. Ms. Harvey referred BIAC members to the CC minutes, under the section titled *Summary of Meeting with Rosalie Etherington, DHS, and Action Steps, Moving Forward*. CC members were generally encouraged by the meeting, and some of the CC recommendations to the DHS have since produced results, including the outreach effort of DHS to engage the BIAC in brain injury issues, evidenced earlier within Dr. Croft's proposal. Ms. Harvey referred members to a [follow-up letter](#) to Dr. Etherington summarizing key discussion issues. The CC members observed that there exists promise in the BIAC's work to develop a brain injury asset map that might integrate within the [Asset Map](#) being developed by the DHS. Rebecca Quinn requested that BIAC members provide her with additional suggestions how to improve the BIAC asset map in advance of anticipated future meetings with DHS.

SHANNON COOK MADE AND JEAN HERAUF SECONDED A MOTION FOR THE CONTINUUM OF CARE SUBCOMMITTEE TO ASSUME RESPONSIBILITY TO WORK WITH DR. BEVIN CROFT AND THE DEPARTMENT OF HUMAN SERVICES TO SEEK AN INTEGRATION OF BRAIN INJURY ISSUES WITHIN THE ND BEHAVIORAL HEALTH STRATEGIC PLAN. THE MOTION PASSED UNANIMOUSLY. CHAIRPERSON KENNELLY DECLARED THE PASSAGE OF THE MOTION.

CC members have raised concerns that the forthcoming Medicaid 1915(i) plan—although important and needed—is, nevertheless, directed specifically to certain eligible individuals, limited by its definition of brain injury, restricted by WHODAS screening metrics, and constrained in funding options, for certain individuals.

Chairperson Kennelly thanked the CC Subcommittee for its report.

Education and Awareness Subcommittee. Chairperson Kennelly recognized Rebecca Quinn to report on the proceedings of the Education and Awareness Subcommittee (EA). Ms. Quinn referred members to the [November 10, 2020, BIAC EA meeting minutes](#) regarding the CC's activities.

The BIAC has charged the EA with researching and compiling uniform, statewide cognitive therapy coverage provisions from among the various insurance providers. Sarah Ring, Jean Herauf, Nan Kennelly, and David Biberdorf have been tasked with leading the EA in this discovery activity. The purpose of the discovery activity is to identify any coverage gaps among insurance providers which might lead to remedying these deficiencies. EA members have 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.

The research work has recently transferred to a new intern within the ND Brain Injury Network, and it is proceeding at an adjusted pace. The initial spreadsheet will be expanded further as additional insurance providers are incorporated into the discovery activity, including Medicare and Medicaid.

Ms. Quinn stated that the ND Brain Injury Network is in the initial phase of distributing its newly developed [Brain Injury Guide](#). Initial copies are being shipped to hospitals and medical facilities statewide. This guide provides a principal reference for professionals and families addressing a wide array of issues associated with brain injury: identification, treatment, housing, education, assistive technology, and more. Members expressed appreciation for the work involved and identified this guide as an important tool for people statewide.

Ms. Quinn provided a summary of technical assistance and professional development offering offered by the ND Brain Injury Network. Refer to the [EA November 10, 2020, meeting minutes](#) for a summary of such activities.

Report on 2021 Legislative Assembly Procedures: Counsel, Legislative Council

Preparations for Brain Injury Legislation, Anticipating 2021 Legislative Session, BIAC Legislative Initiatives Committee: Nan Kennelly, Denise Harvey, and Rebecca Quinn. Chairperson Kennelly recommended, with no member objections, that two agenda items be joined for efficiency. Mr. Gallagher presented the [legislative calendar](#) released by the Legislative Council. Mr. Gallagher also provided a [summary report](#) of the BIAC Legislative Committee’s October 23, 2020, meeting which generated three proposed legislative initiatives for consideration by the BIAC:

1. Residential Habilitation Services.
2. Securing and Extending Telehealth Services.
3. Expanding Open/Family/Survivor Membership Slots on BIAC.

Residential Habilitation Services. Members determined that the residential habilitation services issue might best be handled within an administrative Money Follows the Person grant program rather than through any legislation. Finding a sufficient number of providers continues to be a pressing concern.

Securing and Extending Telehealth Services. Members determined that state statute appears to allow telehealth services currently, although certain providers may not allow for such a service option as a condition of their coverage plans. Insurers have responded more favorably to telehealth to accommodate the delivery of services within the public health emergency. Although there appears to be no legal impediment to telehealth, it may be desirable to open conversations with the Insurance Commissioner’s Office to inquire into the prevalence of the offering and where resistance is still evident.

Expanding Open/Family/Survivor Membership Slots on BIAC. Members considered the prospects of seeking legislation that might adjust the membership categories of BIAC appointments, shifting proportional representation of family or survivor appointments higher, perhaps achieving a 50% membership rate. Members considered the unexpected consequences of enacting any change in

membership categorical representation and elected to form a committee to draft a proposal that might then be redrafted into legislation.

Members considered a series of provisions for moving forward, including (1) requesting Senator Howard Anderson, on behalf of the BIAC, to approach the Legislative Council to prepare a bill draft to amend current law, [NDCC 50-06.4-10](#), that defines the membership of the BIAC; (2) outlining broad criteria for the bill draft; and (3) establishing and appointing members to a special BIAC Legislative Committee, charged with reviewing and drafting amendments for any resulting bill draft.

SENATOR HOWARD ANDERSON MADE AND DENISE HARVEY SECONDED A MOTION THAT THE BIAC CHAIRPERSON APPOINT A LEGISLATIVE COMMITTEE CHARGED WITH DRAFTING LEGISLATIVE AMENDMENTS TO THE CURRENT [NDCC 50-06.4-10](#) TO MAINTAIN THE CURRENT VOTING MEMBERSHIP SIZE OF THE BIAC, ACHIEVE A COST-NEUTRAL RESULT, AND PROVIDE FLEXIBLE LANGUAGE TO ENSURE AN INCREASE IN SURVIVOR AND FAMILY MEMBERSHIP OF AT LEAST A 50% LEVEL. THE MOTION PASSED UNANIMOUSLY. CHAIRPERSON KENNELLY DECLARED THE PASSAGE OF THE MOTION.

Chairperson Kennelly appointed the following members to form the newly established drafting committee: Sarah Ring, Mandy Slag, Nan Kennelly, and Rebecca Quinn. Mr. Gallagher will provide facilitation support. In the event that any amendments might require an increased appropriation, Mr. Gallagher will relay this need to Nicole Berman, DHS, to assess and prepare the fiscal note within DHS.

Senator Howard Anderson stated his willingness to serve as a liaison between the BIAC and the Legislative Council to expedite the drafting of any legislative amendment for subsequent BIAC Legislative Committee review and BIAC approval. Members expressed their appreciation to Senator Anderson for his assistance. Rebecca Quinn offered to conduct periodic legislative monitoring, based on research conducted by the ND Brain Injury Network and the ND Protection and Advocacy Project. Ms. Quinn would inform the BIAC Legislative Committee of any forthcoming initiatives of interest for possible BIAC involvement.

Standing Report on Learning Collaborative: Skipp Miller and Shannon Cook. No report was provided regarding Learning Collaborative Activities.

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. The DHS anticipates that the program will be approved and move toward operational status in the near future.

Members observed that the forthcoming executive budget may place state funding for brain injury services on uncertain footing requiring close attention by the BIAC. Members discussed if the BIAC, because of its involvement with the state's behavioral health strategic plan, has now effectively entered the funding coverage of the state Mental Health Block Grant, acquiring eligibility for BIAC operational funding, such as the Behavioral Health Planning Council. Members elected to consider this option at a future meeting.

Member Updates. Members expressed a need to find acceptable candidates to fill the family slot on the BIAC, recently vacated by the resignation of Lisa Anderson. [BIAC members](#) might approach

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.

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.

Future Meeting Dates. 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.

BIAC members should be prepared to quickly respond to any announcements for interim meetings during December 2020, following the drafting activities of the BIAC Legislative Committee regarding any legislative proposal on BIAC membership.

Mr. Gallagher proposed four prospective dates for 2021 BIAC quarterly meetings, based on past practices: (1) February 19, 2021; (2) May 21, 2021; (3) August 20, 2021; and (4) November 19, 2021.

Members discussed altering the traditional meeting schedule, going forward, and assessed the following alternate dates: (1) January 29, 2021; (2) April 27, 2021; (3) July 16, 2021; and October 15, 2021.

Members agreed to anticipate meeting from one to three times in December 2020 to complete legislative pre-session planning, bill drafting, and the establishment of session communication practices. During these meetings, members can consider how to determine the eventual 2021 meeting schedule.

Members stated a preference to meet for the next BIAC quarterly business meeting on January 29, 2021, pending confirmation of arrangements by Mr. Gallagher. Dates may be altered based on unforeseen circumstances and members will be informed.

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

SKIPP MILLER MADE AND JEAN HERAUF SECONDED A MOTION TO ADJOURN THE MEETING. THE MOTION PASSED UNANIMOUSLY.

Chairperson Kennelly declared the meeting adjourned at 4:18 PM, CT.

Respectfully submitted,

Greg Gallagher
Program and Research Director
Consensus Council, Inc.

APPENDIX ATTACHMENTS

[APPENDIX A:](#) Agenda, August 21, 2020
[APPENDIX B:](#) Report on the Election of Officers

- [APPENDIX C:](#) BIAAC Continuum of Care Subcommittee Minutes, November 4, 2020
- [APPENDIX D:](#) Letter to Dr. Etherington, October 23, 2020
- [APPENDIX E:](#) BIAAC Education and Awareness Subcommittee Minutes, November 10, 2020
- [APPENDIX F:](#) BIAAC Legislative Committee Report, Legislative Initiatives

APPENDIX A

**Brain Injury Advisory Council Meeting
Friday, November 20, 2020
1:00 PM – 4:00 PM., CT**

Video Conference Forum

AGENDA

Brain Injury Advisory Council Meeting
Friday, November 20, 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, November 20, 2020

Approve [Minutes](#), August 21, 2020:

1:15 PM

Announcement of Election of Incoming BIAC Executive Officers, Nomination Committee Members: Jean Herauf, Austyn Kloehn, Sarah Ring

- Chairperson
- Vice Chairperson
- Secretary

BIAC Membership Status Report: Nicole Berman

ND Behavioral Health Strategic Plan, Section 3.3, Brain Injury Services: Bevin Croft, Human Services Research Institute

Updates from Standing Subcommittees

- Continuum of Care Subcommittee
- Education and Awareness Subcommittee

Status Report on Meeting with Rosalie Etherington, Department of Human Services, on DHS Brain Injury Service Protocols, Visitation Committee: Nan Kennelly, Shannon Cook, Denise Harvey, and Rebecca Quinn

Report on 2021 Legislative Assembly Procedures: Counsel, Legislative Council

Preparations for Brain Injury Legislation, Anticipating 2021 Legislative Session, BIAC Legislative Initiatives Committee: Nan Kennelly, Denise Harvey, and Rebecca Quinn

Assessment of Research Studies and Anecdotal Observations on Efficacy of Tele-health vs. In-Person Services: BIAC Members

Standing Report on Learning Collaborative: Skipp Miller and Shannon Cook

Update from Department of Health

Update from Department of Human Services

Member Updates

3:30 PM

Public Comments

Next Steps: Setting 2021 Meeting Dates

- Friday, February 19, 2021;
- Friday, May 21, 2021;
- Friday, August 20, 2021; and
- Friday, November 19, 2021

4:00 PM

Adjournment

Future 2021 BIAC Meeting Dates:

- Friday, February 19, 2021, from 1:00 PM – 4:00 PM, CT, (Pending Approval)

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 November 20, 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 November 20, 2020, meeting at the following Zoom address.

Topic: ND Brain Injury Advisory Council

Time: Nov 20, 2020 01:00 PM Central Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/82159433925>

Meeting ID: 821 5943 3925

One tap mobile

+13462487799,,82159433925# US (Houston)

Dial by your location

+1 312 626 6799 US (Chicago)

APPENDIX B

**Brain Injury Advisory Council,
Election Nomination Committee**

Report on the Election of Officers

Prepared by
Greg Gallagher, Consensus Council
BIAC Facilitator

November 20, 2020

**Brain Injury Advisory Council,
Election Nomination Committee**

Report on the Election of Officers

Prepared by
Greg Gallagher, Consensus Council
BIAC Facilitator

November 20, 2020

Pursuant to Section III(A) of the BIAC Bylaws, the North Dakota Brain Injury Advisory Council is required to conduct periodic elections of designated officers charged with the management of the BIAC's business. Section III(A) specifies:

III. Officers

- 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.*
- B. *The Chair shall be the principal executive officer of the Council. The Chair shall preside at all meetings. The Chair may sign all instruments as may be authorized by the Council. The Chair shall perform all other duties incident to the office of Chair as prescribed by the Council.*
- C. *In the absence of the Chair, or in the event of the Chair's inability to serve, the Vice-Chair shall be empowered to perform duties of the Chair. The Vice-Chair shall perform all other duties incident to the office of Vice-Chair as prescribed by the Council.*
- 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.*
- 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.*
- F. *No member shall concurrently hold more than one office or serve more than three consecutive terms in the same office.*
- G. *Administrative duties shall include maintenance of the minutes, record of attendance along with any additional communication directed by the council.*

BIAC Action to Conduct Election of Officers

At the August 21, 2020, [BIAC business meeting](#), Greg Gallagher, BIAC facilitator, provided a report on the BIAC's current standing of BIAC active officers and election scheduling. Mr. Gallagher reported that with the recent resignation of Lisa Anderson, BIAC Vice Chairperson, and the vacant BIAC Secretary position, the BIAC currently claimed only one elected officer, Nan Kennelly, Chairperson, and no operational Executive Committee.

Mr. Gallagher reported that there have been no officer elections conducted since the last officers' election in November 17, 2017; the currently vacant position for BIAC Secretary was last 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 existed an evident need for the BIAC to conduct an election for the complete slate of BIAC officers. Mr. Gallagher reported that 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. Mr. Gallagher stated that 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, 2020, 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 was designated to 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. With 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.

Activity of the Officer Election Nomination Committee

On October 12, 2020, Mr. Gallagher notified the BIAC membership that the three-member Election Nomination Committee was requesting all BIAC members to place into nomination the

name of any [BIAC members](#) or to nominate themselves to serve as any of the following open BIAC Officer positions: (1) Chairperson, (2) Vice Chairperson, and (3) Secretary. Nominations would be submitted directly to Mr. Gallagher prior to Wednesday, October 21, 2020, at 5:00 PM, CT. Nominees subsequently would be asked to consider the nomination and to prepare a bio-narrative providing background information and their vision for the BIAC.

On October 20, 2020, the BIAC Election Nomination Committee met to (1) review submitted nominations and to select a slate of candidates for the designated officer positions; (2) develop a ballot; (3) establish an election and communications process; and (3) consider other matters determined by the Committee. The Committee determined the tentative slate of candidates, approved the ballot format, and established the voting and communication process. The Committee would review any last-minute submissions received up to the October 21, 2020, deadline, via an agreed upon manner, whereupon a final slate would be set. Mr. Gallagher informed all nominees of the election process and requested the submission of their bio-narratives. All nominees complied with the stated requirements.

The final slate of candidates for each of the three Executive Officer positions included the following:

Chairman

- Nan Kennelly

Vice Chairman

- Shannon Cook
- Sarah Ring

Secretary

- Denise Harvey
- Mandy Slag

On November 1, 2020, as determined by the Election Nomination Committee, Mr. Gallagher notified all BIAC members that the voting window for the BIAC officers' election would run from November 4 – 11, 2020, using a standard SurveyMonkey balloting and validation process. Mr. Gallagher closed the voting window on November 11, 2020, at 11:59:59 PM, CT.

As established by the Election Nomination Committee, Mr. Gallagher validated and tabulated all votes for all three officer positions. The following BIAC members were elected to fill their designated Office:

Chairman

- Nan Kennelly

Vice Chairman

- Sarah Ring

Secretary

- Denise Harvey

On November 12, 2020, Mr. Gallagher informed the Election Nomination Committee of the election results and reported that the election process had been conducted according to rules established by the Election Nomination Committee. Mr. Gallagher also submitted a summary of

the election process for the approval of the Election Nomination Committee for presentation before the BIAC at its November 20, 2020, business meeting.

The Election Nomination Committee stipulates that it has completed its charge successfully, adhering to election best practices, producing a viable slate of BIAC Officers, who will assume their duties at the close of the November 20, 2020, BIAC business meeting, as required by the BIAC Bylaws.

The work of the Election Nomination Committee is complete and submits this report for the consideration of the BIAC membership.

APPENDIX C

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

**Conference Call Meeting
November 4, 2020**

Meeting Minutes

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

**Video Conference Meeting
November 4, 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 attendance was recorded by meeting registration.

NDBIAC CC Subcommittee Members Present: Barbara Burghart; Rebecca Quinn; and Denise Harvey.

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 August 21, 2020, BIAC full membership meeting, and (2) the July 20, 2020, CC meeting, referencing CC's pending work. Members agreed to adopt the proposed working agenda.

Reference to Past Minutes. The CC referenced the minutes from the July 20, 2020, BIAC CC meeting and the draft minutes from the August 21, 2020, BIAC full membership meeting (<https://www.nd.gov/dhs/services/mentalhealth/biac/docs/2020-8-21-meeting-minutes.pdf>) to confirm the scope of CC assigned duties, discussions, and operations.

Domain and Scope of the CC Subcommittee. Members reaffirmed the scope of work assigned to the CC, compiled from the past full-BIAC and CC meeting minutes:

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.
2. The CC identified six core CC issues: (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.

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.

The CC elected to focus attention on two matters that emerged during the August 21, 2020, BIAC full membership meeting.

1. *BIAC Meeting with Chris Jones (Rosalie Etherington).* Chairperson Kennelly previously appointed Shannon Cook, Denise Harvey, and Rebecca Quinn to represent the BIAC meeting with Department leadership regarding the contents of the May 1, 2020, letter to Chris Jones and the prospects of achieving its goals.

Chairperson Kennelly had requested that the CC prepare a list of recommendations to guide discussions during the DHS meeting. Members had affirmed that the flow chart referenced in the Chris Jones' letter is not identical to the asset map proposal. The meeting with DHS was directed to BIAC's interest to gain greater clarity from the DHS regarding its management of brain injury services.

Rosalie Etherington represented the DHS at the meeting, which occurred on October 19, 2020. The CC elected to review the meeting's proceedings and to chart a path for action, going forward.

2. *Brain Injury Asset Map.* Rebecca Quinn has 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 have 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 have 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 has developed and presented an [initial conceptual framework](#) that will guide the development of a final brain injury asset map. CC members elected to review current progress in developing the brain injury asset map and to determine next steps.

Summary of Meeting with Rosalie Etherington, DHS, and Action Steps, Moving Forward.

In previous full-BIAC and CC meetings beginning in February 2020, BIAC members have 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 forwarded a May 1, 2020, written request to Chris Jones, DHS Executive Director, to meet and discuss the prospects of the DHS taking on this work. Members of the CC prepared a series of talking points to clarify elements of the request. A meeting was eventually set for October 19, 2020, with Rosalie Etherington, DHS, who stood in for Mr. Jones.

Members present for the meeting characterized discussions as being helpful in better understanding how DHS views its current priorities in coordinating programmatic and administrative services across programs. Although DHS appears to emphasize integrating services and diminishing stove piping among programs as a principal objective, members present observed that what the DHS proposes does not align sufficiently with the experience of brain injury stakeholders, who often feel as though there is no designated lead voice within DHS regarding brain injury services. Members present also observed that DHS appears to be determining diagnostic screening protocols across programs with limited engagement of stakeholders with specialized training and interests, such as among brain injury providers or settings, including human service centers or Medicaid screenings, among others. Members present inferred that DHS may schedule a second meeting, following its opportunity to discuss internally the various elements of the BIAC request. BIAC members have not received any notification from DHS of a possible future meeting date.

Those present at the meeting offered several recommendations to place before the BIAC for further consideration and approval:

- CC members recommended that the BIAC request the DHS to conduct an internal review of brain injury screening tools and protocols to arrive at a new, transparent consensus on brain injury

screening procedures, which would be applicable to all human service centers, programs, and other appropriate settings. Any internal review should also reach out and include the participation of external brain injury experts to enhance the quality and validity of the review.

- CC members recommended that the BIAAC reach out to the Behavioral Health Planning Council and request that representatives from the BIAAC, perhaps the members of the CC, join in participating actively in the design and implementation of the ND Behavioral Health Strategic Plan, specifically Section 3.3, concerning brain injury services. The BIAAC should seek the inclusion of brain injury screening protocols within Section 3.3.
- CC members recommended that the BIAAC request DHS to appoint a designated champion for brain injury services from within DHS to speak on behalf of the proper placement and management of brain injury services and communication outreach.

CC members will report to the full BIAAC on the findings of the October 19, 2020, meeting with DHS and the three recommendations generated from the meeting. CC members will propose the approval of these three recommendations by the full BIAAC membership at the November 20, 2020, BIAAC meeting.

Development of Brain Injury Asset Map.

CC members have previously resolved to apply the insights of the current DHS Asset Map Project 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 previously volunteered to develop an initial conceptual framework for the CC to consider, which was presented at the August 21, 2020, BIAAC meeting. Ms. Quinn reported to the CC that the initial conceptual framework presented in August is currently being enhanced further. Ms. Quinn will report overall progress at the November 20, 2020, BIAAC meeting. CC members expressed appreciation for Ms. Quinn's effort and acknowledged that this effort may require additional time to complete.

Closing Observations. CC members expressed satisfaction in accomplishing the meeting's principal objectives. Denise Harvey agreed to provide the CC report at the November 20, 2020, BIAAC 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 12:58 PM, CT.

Respectfully submitted,

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

**North Dakota
Brain Injury Advisory Council
Continuum of Care Subcommittee (CC)**

**Video Conference Meeting
November 4, 2020
Meeting Agenda**

Established Domain and Scope of the CC Subcommittee. Members have agreed to the following scope of work assigned to the CC, evidenced in past BIAC meeting minutes:

3. 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.
4. The CC identified six core CC issues: (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.

Agenda Issues of Immediate Concern (Extracted from August 21, 2020, BIAC Minutes):

3. *BIAC Meeting with Chris Jones (Rosalie Etherington).* Chairperson Kennelly appointed Shannon Cook, Denise Harvey, and Rebecca Quinn to represent the BIAC meeting with Department leadership regarding the contents of the letter and the prospects of achieving its goals. Ms. Cook would serve as committee chairperson.

Chairperson Kennelly requested that the CC prepare a list of recommendations for the meeting, after which a meeting date between Chris Jones and the designated 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.

4. *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.

Established Priority CC Issues. Members have 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.

Excerpted CC Report from August 21, 2020, BIAC Minutes:

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.

APPENDIX D

**Summary Letter Regarding
Meeting with Dr. Rosalie Etherington**

By Denise Harvey

October 23, 2020

From: Harvey, Denise R.
Sent: Friday, October 23, 2020 5:27 PM
To: Etherington, Rosalie R. <retherington@nd.gov>
Cc: Nan Kennelly <nan@onwordtherapy.com>; Shannon Binstock <shannonbinstock@ndsupernet.com>; Quinn, Rebecca <rebecca.quinn@und.edu>
Subject: Brain Injury Advisory Council

Dr. Etherington:

In behalf of the Brain Injury Advisory Council (BIAC) we wanted to thank you for your time in meeting with our sub-committee this week. The information you provided was very helpful to us in understanding the Department's plans for services based on the functioning level and needs of individuals. We appreciated the opportunity to obtain your input and bring up requests of the BIAC.

As a review, the Brain Injury Advisory Council (BIAC) is 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. We would like to establish and secure a positive working relationship with DHS. The BIAC would like to provide periodic reports to DHS on BIAC activities.

Requests of the BIAC at this time are listed below:

1. The BIAC would like to have input on the current asset map regarding brain injury services.
2. 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.
3. While understanding that the department is looking at global functioning for individuals and avoiding silos, at this time there are new programs evolving and questions yet from brain injury stakeholders about where to start when services are needed.

A request is made for a brain injury guide with a 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.

4. We also talked about the Department having a "Champion" regarding brain injury services. This person would have knowledge about the latest developments in the field of brain injury, to share with others in and outside of the Department and be an advocate in this field.

We look forward to meeting with you again after you have a chance to discuss these areas with additional Department staff. Please let us know if you have any questions.

Thank you,
Denise Harvey, Director of Program Services
Protection & Advocacy
328-2950

APPENDIX E

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

**Video Conference Meeting
November 10, 2020**

Minutes

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

**Conference Call Meeting
November 10, 2020
Meeting Minutes**

Call to Order and Welcome: Greg Gallagher, BIAC Facilitator, called the meeting to order at 12:06 PM, CT, via video conference, and welcomed ND Brain Injury Advisory Council (BIAC), Education and Awareness Subcommittee (EA) members. Members attendance was recorded by meeting registration.

NDBIAC EA Subcommittee Members Present: Sarah Ring; David Biberdorf; and Karyn Chiapella.

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 August 21, 2020, BIAC full membership meeting, and (2) the August 4, 2020, EA meeting, referencing EA's pending work. Members agreed to adopt the proposed working agenda.

Reference to Past Minutes. The EA referenced the minutes from the August 21, 2020, BIAC full membership meeting (<https://www.nd.gov/dhs/services/mentalhealth/biac/docs/2020-8-21-meeting-minutes.pdf>), and the August 21, 2020, EA meetings to confirm the scope of CC assigned duties, discussions, and operations.

Domain and Scope of the EA Subcommittee. EA Members reaffirmed the scope of work assigned to the EA, compiled from the past full-BIAC and EA meeting minutes:

1. EA members have 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.
2. The EA has identified five core EA issues: (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.
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 five identified issues. The EA has 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.
4. BIAC members have resolved that the EA, in association with the BIN, periodically revisit the 2016 statewide brain injury survey to assess its relevance and identify emergent key issues for the full BIAC to consider.

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. The BIAC has charged the EA with researching and compiling uniform, statewide cognitive therapy coverage provisions from among the various insurance providers. Sarah Ring, Jean Herauf, Nan Kennelly, and David Biberdorf have been tasked with leading the EA in this discovery activity. 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.

EA members have 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. On August 21, 2020, Ms. Quinn presented an initial spreadsheet comparison of select provider coverage, referencing the identified data elements, to the full BIAC. The initial spreadsheet will be expanded further as additional insurance providers are incorporated into the discovery activity, including Medicare and Medicaid.

With the absence of Rebecca Quinn, the EA members elected to defer any additional discussions regarding this initiative. Members expressed an interest in Ms. Quinn providing an update report on the research project at the November 21, 2020, BIAC quarterly business meeting, contingent on Ms. Quinn's ability to conduct additional research. Mr. Gallagher will reach out to Ms. Quinn to ascertain the prospects of receiving a report on November 20.

General reporting of ND Brain Injury Network professional training and technical assistance activities. EA members have expressed support for 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 was unable to attend the EA meeting; however, Ms. Quinn did submit an email report summarizing key program highlights, including:

- The NDBIN is launching a program called Survivor Connections and is beginning to recruit volunteers. The NDBIN has produced and published a flyer announcing the program's startup.
- The NDBIN has finalized the *Brain Injury Guide*. It is being printed for distribution.
- Mind Matters is scheduled for March 25-26, 2021, to be conducted online. The Legislative Management Committee has determined that public events will not be allowed during the 2021 Legislative Session, eliminating the prospects of any onsite events, resulting in the cancellation of the Brain Injury Awareness Day, originally scheduled for March 24, 2021. The NDBIN welcomes any ideas for virtual awareness events.
- The NDBIN has set December 14-15, 2020, for the next virtual Certified Brain Injury Specialist training.
- The NDBIN reports that Online Courses have registered 1,114 individuals for online courses this quarter.
- The NDBIN reports that Webinar Wednesday continues to record great attendance for topical Webinars. People appreciate accessing these recorded sessions afterwards.
- The NDBIN has been partnering with the University of Mary to offer a weekly virtual support group at 2:00 PM, CT, on Mondays.

- The NDBIN is working with the Learning Collaborative on two issues:
 1. *Money Follows the Person* focus groups are scheduled for November 23-24, 2020, to gather input for MFP funding requests, and
 2. Individuals with TBI Needs assessment survey.
- The NDBIN is developing a screening program that will assist community providers to administer a basic BI screen and a simple self-administered cognitive screen, uploadable to a website. The NDBIN will follow up with custom tailored tip cards and offering support. The NDBIN has adapted this model from Colorado. The NDBIN also is partnering with Iowa to develop the tip sheets geared toward providers and survivors.

EA members expressed an interest in revisiting the EA's mission with the full BIAC and seeking feedback if the EA is sufficiently serving the needs of the full BIAC membership.

EA members elected David Biberdorf to provide the EA summary report to the full BIAC on November 20, 2020.

Adjournment. Having completed the meeting's agenda and hearing no further comments from the EA members, Mr. Gallagher declared the meeting adjourned at 12:31 PM, CT.

Respectfully submitted,

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

**North Dakota
Brain Injury Advisory Council
Education and Awareness Subcommittee (EA)**

**Video Conference Meeting
November 10, 2020
Meeting Agenda**

Domain and Scope of the EA Subcommittee. EA members have agreed to the following scope of work assigned to the EA, evidenced in past BIAC meeting minutes:

1. EA members have 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.
2. The EA has identified five core EA issues: (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.
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 five identified issues. The EA has 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.
4. BIAC members have resolved that the EA, in association with the BIN, periodically revisit the 2016 statewide brain injury survey to assess its relevance and identify emergent key issues for the full BIAC to consider.

Agenda Issues of Immediate Concern (Extracted from August 21, 2020, BIAC Minutes, available at this link: <https://www.nd.gov/dhs/services/mentalhealth/biac/docs/2020-8-21-meeting-minutes.pdf>):

1. *EA Assessment of Key Insurance Provisions.* EA members have 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.

2. *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.

Approval of EA Priority Agenda. The EA needs to confirm its interest in pursuing the two current priority issues: (1) the EA assessment of key insurance provisions and (2) monitoring BIN professional training opportunities. Does the EA wish to consider other emergent issues?

Excerpted EA Report from August 21, 2020, BIAC Minutes:

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.

APPENDIX F

**Brain Injury Advisory Council
Legislative Initiative Committee**

Report on Committee Activities

**Prepared by
Greg Gallagher, BIAC Facilitator**

November 20, 2020

**Brain Injury Advisory Council
Legislative Initiative Committee**

Report on Committee Activities

Prepared by
Greg Gallagher, BIAC Facilitator

November 20, 2020

At the August 21, 2020, Brain Injury Advisory Council's quarterly business [meeting](#), BIAC members observed a need for the BIAC to prepare a formal legislative agenda to be considered 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, including expanding the membership of the BIAC, increasing the use and reimbursement of telehealth services, and enhancing incentives to expand residential habilitation services.

BIAC members approved the formation of a Legislative Initiative Committee to develop an agenda of legislative initiatives to be considered for adoption at the November 20, 2020, BIAC business meeting. Chairperson Nan Kennelly appointed Denise Harvey, Nan Kennelly, and Rebecca Quinn to serve as members of the Legislative Initiative Committee. Greg Gallagher, BIAC Facilitator, would provide facilitation services to the Committee.

On October 26, 2020, the BIAC Legislative Initiative Committee convened at 12:05 PM, CT, attended by Denise Harvey and Greg Gallagher. Reflecting recommendations put forward at the August 21, 2020, BIAC meeting, three items were identified for further discussion and action by the BIAC:

- 1. Residential Habilitation Services.** Denise Harvey will meet with Protection and Advocacy staff to consider developing a proposal to secure residential habilitation services to bring forward to the BIAC at its November 20, 2020, meeting.
- 2. Securing and Extending Telehealth Services.** Denise Harvey will meet with Teresa Larsen, representing the Behavioral Health Planning Council, to inquire into a possible partnership between the BHPC and BIAC to (1) secure the provision of telehealth services, which originated in response to the pandemic, and (2) possibly extend these telehealth options following the eventual end of the public health emergency. The BHPC has expressed a similar interest in securing and expanding telehealth services. This discussion, leading to a possible proposal, would occur prior to the November 20, 2020, BIAC meeting. Any proposal could then be placed before the BIAC and BHPC for independent consideration, or joint agreement. The BHPC meets on December 9, 2020. Any possible joint collaboration would entail, following a resolution of support, communications between the leadership of the BIAC and the BHPC.
- 3. Expanding Open/Family/Survivor Membership Slots on BIAC.** The BIAC might consider expanding the number of slots on the BIAC set aside for Open/Family/Survivor designations, such that the designated slots for Open/Family/Survivor would constitute greater than 50% of the total BIAC membership. Any Executive Committee membership would include a designated percentage of Open/Family/Survivor members. Additionally, the BIAC may wish to revisit its bylaws to establish a means of reaching out to Family- and Survivor-status individuals to become more directly involved in the work of the BIAC, providing a feeder system for future BIAC members. BIAC meetings might be permanently offered via video conferencing, with possible annual in-person meetings, considering public safety concerns.

The meeting adjourned at 12:35 PM, CT.

Mr. Gallagher prepared and forwarded a summary of the meeting's proceedings to all Committee members on October 26, 2020. No additional meetings were scheduled by the Committee.

Respectfully submitted,

Greg Gallagher
BIAC Facilitator

November 20, 2020