

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

**February 19, 2021
Meeting Minutes**

Call to Order and Welcome: Chairperson Nan Kennelly called the video conference meeting to order at 1:01 PM, CT, and welcomed ND Brain Injury Advisory Council (BIAC) members and the public. Members recorded their attendance via login registration according to voting and non-voting membership status.

NDBIAC Voting Members Present: Nan Kennelly, Open, Chair; Sarah Ring, Open, Vice Chairperson; David Biberdorf, General; Jean Herauf, Open; Austyn Kloehn, Service Provider; Skipp Miller, Indian Affairs; and Sarah Ring, Open.

NDBIAC Non-voting Members Present: Nicole Brunelle, Department of Health – Trauma and Emergency Medical Services; Dawn Pearson, Department of Human Services - Medicaid; Mandy Slag, Department of Health – Injury Prevention; and Karyn Chiapella, Department of Public Instruction.

Presenters and Professional Support: Rebecca Quinn, ND Brain Injury Network; and Tami Conrad, Department of Human Services.

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

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 February 19, 2021, 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 [November 20, 2020, meeting minutes](#). Hearing no recommendations for amendment, Chairperson Kennelly declared the adoption of the minutes.

Updates from Standing Subcommittees

Continuum of Care Subcommittee. Chairperson Kennelly recognized Greg Gallagher to provide a summary report on the activities of the BIAC Continuum of Care (CC) Subcommittee. Mr. Gallagher referred members to the February 2, 2021, [BIAC – CC Subcommittee minutes](#) regarding the CC's activities. Mr. Gallagher reported that the meeting centered on an extended conversation with Dr. Bevin Croft, Human Services Research Institute, concerning brain injury strategies contained in the state's [behavioral health strategic plan](#) and the future involvement of the BIAC – CC in providing technical assistance in the further development and implementation of the strategic plan.

Dr. Croft extended an invitation for the CC to serve as a contributing stakeholder group on brain injury. The CC would work closely with Sara Stolt (Lead Staff) and Emma Quinn (Liaison) to provide crucial insights into improving the content and balance of the implementation plan.

CC members expressed support and appreciation for the invitation extended to the CC to participate. Members identified two primary areas of interest to focus their efforts:

- (1) the collaborative development of best-practice protocols regarding the conduct and application of screenings and the clear articulation of service eligibility pathways, involving a wide array of agencies, including the human service zone, Vocational Rehabilitation, and other associated agencies; and
- (2) the vetting and adoption of high-quality screening and evaluation instruments that would be compatibly administered according to the adopted best-practice protocols.

CC members acknowledged that there exists no single screening or service model that might meet the needs of all individuals with a brain injury or their families. Members, nevertheless, stated that a collaborative effort to develop screening- and service-eligibility protocols and select high-quality screening tools would better assure all stakeholders that the state is moving toward a more uniform standard of care for all individuals.

CC members underscored the importance of referencing and further developing the detail within the DHS' [Asset Map](#). Members fully supported the prospects of enhancing sections within the Asset Map that might clarify the state's system of treating brain injuries. This initiative has been identified previously by the CC, endorsed by the BIAC, and facilitated by the Brain Injury Network in subsequent work to develop such a schema.

CC members cautioned that any efforts to address eligibility pathways must present a realistic assessment of the value and application of Medicaid 1915(i) as a support mechanism. Any gains in federally supported services should not constitute a predicate to reduce state funding to critical services that are important to all individuals, regardless of Medicaid 1915(i) eligibility status. Medicaid 1915(i)'s limited diagnostic eligibility of brain injury coverage will need to be clearly stated and accounted for, and other appropriate service safeguards will need to be provided to individuals with TBI alone as a primary diagnosis.

CC members expressed appreciation that the BIAC – CC's involvement in the strategic plan will allow for a closer collaborative relationship with the state's Behavioral Health Planning Council. The BIAC – CC will move forward to address the various strategies within the strategic plan, incorporating activities that will advance the prevention, identification, and care of brain injuries.

Education and Awareness Subcommittee. Chairperson Kennelly recognized Rebecca Quinn to provide a summary report on the activities of the BIAC Education and Awareness (EA) Subcommittee. Ms. Quinn referred members to the February 3, 2021, [BIAC EA Subcommittee minutes](#) regarding the EA's activities.

The BIAC has charged the EA with researching and compiling uniform, statewide cognitive therapy coverage provisions from among the various insurance providers. Previous EA action assigned Sarah Ring, Jean Herauf, Nan Kennelly, and David Biberdorf to lead 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. Ms. Quinn reported that research work recording key brain injury insurance provisions, begun in late-2020, had experienced a delay due to a shift in work assignments brought on by the emergent work of the 2021 legislative session

and the reassignment of project interns. A replacement intern has been assigned to the work, which will now move forward. David Biberdorf had provided additional information on insurance coverage regarding eye injuries for possible inclusion in the research design.

Previously, EA 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 reaffirmed the fundamental research design, including collecting data on core data elements 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.
- Duration of services.

EA members recommended that the research model incorporate three principal CPT codes:

- CPT code 97129 records the first 15 minutes of treatment and can only be billed once per day.
- CPT code 97130 records each additional 15 minutes of therapy.
- CPT code 96125 records standardized cognitive performance testing, per hour.

EA members observed that the study will gain significant insight by reviewing Medicare and Medicaid provisions, which will be conducted, in the near future. Members discussed the emergence of a second insurer requiring a neuro-clinical psychologist diagnosis, similar to the requirement set forth by BCBS, underscoring the importance of conducting this research, especially against Medicare and Medicaid provisions. Any such diagnostic requirement constitutes an impediment to many rural residents, especially in the western half of the state, in accessing the limited number of neuro-clinical psychologists to initiate any therapy options.

EA members agreed that the study should include telehealth as an important data element to collect and analyze. Members discussed the prospects of including transportation costs as another data element for study, although no final decision was reached.

Ms. Quinn stated that study activities will resume, in the near future.

Ms. Quinn reported that the ND Brain Injury Network's [Certified Brain Injury Specialist training sessions](#) have produced high rates of passing from participants. [Future training sessions](#) include April 22-23, 2021, and October 4-5, 2021.

The next [Brain Injury Basics training session](#) is scheduled for [February 19, 2021](#). The training provides direct care staff, peer support specialists and caregivers of individuals with brain injury a general knowledge of brain injury and what that means for the individuals they serve, practical techniques for handling difficult behaviors of individuals with a brain injury and building rapport for the individuals within their care.

The NDBIN is adapting brain injury tip cards, originally developed in Iowa, that provide one-page summaries of brain injury symptoms, accommodations, therapy models, and related matters, in a format accessible for professionals and individual advocates and family members.

Karyn Chiapella reported that recent professional development training sessions for educators, medical and service professionals, and parents have proven to be highly successful. These 30-60-minute training sessions, viewed by over 400 online participants, offer a format and the kind of information that addresses the needs of busy professionals.

The annual [Mind Matters Brain Injury Conference](#) is scheduled for March 25-26, 2021. The conference will be conducted online and feature nationally recognized speakers and highlights new research, trends, practice strategies, and collaborative models of care. Speakers will include Jena Gordon, Dr. Rod Swenson, and Sandi Gruhot. March 2021 is Brain Injury Awareness Month.

Ms. Quinn reviewed the recently released [Brain Injury Guide](#).

Update from the Department of Health. Mandy Slag reported on a potential grant opportunity concerning state injury programs: Centers for Disease Control and Prevention *NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL - Core State Injury Prevention Program (Core SIPP)* CDC-RFA-CE21-2101. The notice of funding award has been released and an internal review is assessing the state's prospects for applying. Traumatic brain injury is an element of the grant and the Department of Health intends to reach out to interested parties, such as the BIAC, to gather information, program needs, and possible statements of support to enhance the grant's design. As grant information becomes available, Ms. Slag will contact both Rebecca Quinn and Tami Conrad to relay application materials.

Ms. Slag reported that certain legislative initiatives have arisen within the 2021 Legislative Assembly that relate to brain injury issues: (1) SB 2021 on seat belt use has passed the first chamber; (2) HB 1257 which sought to repeal the primary seat belt law failed in the first chamber; and (3) HB 1148 on the motorized classification of electric bicycles and helmet use passed in the first chamber.

Update from the Department of Human Services. Tami Conrad reported that she has assumed responsibility of the management of the BIAC and will help support the work of the Council, since Nicole Berman has recently left DHS.

Ms. Conrad reported that the *Return to Work* and *Pre-Voc* contracts through Community Options were restored in the DHS budget at the 75% funding level of the base request by the House Appropriations Committee. Additionally, the Appropriations Committee has set the BIN budget at 85% funding level from the base. The operating budget for the BIAC has been decreased by the House Appropriations Committee, approximating a decrease of \$3750. The DHS will work to reinstate as much funding as possible when HB 1012 crosses over to the Senate. SB 2039, related to the membership of the BIAC, has passed in the Senate.

Dawn Pearson reported that the Medicaid 1915(i) State Plan became operational this past week. The plan's [website](#) has expanded considerably with the inclusion of additional program guidance. The DHS conducts weekly technical assistance and training sessions on Wednesday at 1:00 – 2:00 PM, CT. There is an increased interest of service providers to receive background training on how to properly apply as a Medicaid service provider, specifically meeting the program requirements of the Medicaid 1915(i) program. Providers may include care coordination, employment support, peer support, transportation, among other service benefit areas.

Update from the Department of Public Instruction. The Department of Public Instruction did not provide an update report.

Standing Report on Learning Collaborative. Rebecca Quinn reported that the Learning Collaborative, although not highly organized, has attended to advancing its program needs assessment survey and person-centered care principles and practices. The UND Institutional Review Board has been reviewing the needs assessment survey for institutional approval, with an expected completion by the end of February 2021.

Report on 2021 Legislative Assembly Activities. Chairperson Kennelly opened discussions on the activities of the 2021 Legislative Assembly. Mr. Gallagher referred to the [legislative calendar](#) released by the Legislative Council to note the session's anticipated schedule, going forward.

Mr. Gallagher observed that the BIAC has previously addressed foundational work for the legislative session, regarding select legislation including HB 2039 on the BIAC's membership criteria, in three dedicated meetings:

- [BIAC Legislative Committee Meeting: December 3, 2020](#)
- [BIAC Legislative Committee Meeting: December 17, 2020](#)
- [BIAC Legislative Committee Meeting: December 30, 2020](#)

Members provided updates a select brain injury-related legislation:

SB 2039 – BIAC Membership Initiative. [SB 2039](#) is the bill prepared by the BIAC and co-sponsored by Senator Howard Anderson and Representative Dick Anderson, that restructures the membership of the BIAC, providing a greater representation role to individuals and families affected by brain injury. SB 2039 passed in the Senate and has crossed over for consideration within the House. The BIAC provided testimony in support of SB 2039. Members expressed appreciation for the bill's progress and prospects, to date. The BIAC will prepare and deliver testimony on the House side.

HB 1012 – DHS Executive Budget. [HB 1012](#) is the executive agency funding bill for the Department of Human Services. As one of the largest state agency budgets, HB 1012 will be one of last budget bills to be considered in the session, and it will be likely be debated extensively in conference committee. Every human service organization is carefully attending to the moves and priorities of the various appropriations committees. Members expressed their commitment to secure brain injury program funding, including maintaining the full operational funding for the BIAC.

HB 1057 – Traumatic Brain Injury Survivor. [HB 1057](#) is a bill that raises payment caps on political subdivisions for accidents incurred under their responsibility. The bill has passed the House and has been carried over to the Senate for consideration.

HB 1257 – Repeal of Seat Belt Law. [HB 1257](#) is a bill that would effectively repeal principal components of the state's current seat belt law. The bill was defeated in the House.

HB 1148 – Electric Bicycles Classification. [HB 1148](#) is a bill that would classify and regulate electric bicycles and define the use of helmets. The bill passed the House and has been carried over to the Senate for consideration.

SB 2128 – Hyperbaric Treatments. [SB 2128](#) is a bill that defines and regulates the management of hyperbaric oxygen treatment facilities. The bill passed the Senate and has been carried over to the House for consideration.

Member Updates. Chairperson Kennelly opened the floor for member updates. Rebecca Quinn noted that Governor Burgum has declared the month of March as Brain Injury Awareness Month across North Dakota. The selected motto for the Brain Injury Association of America is “*More than my brain injury,*” has been adopted for the Brain Injury Awareness Month activities.

BIN is anticipating a new national brain injury grant to be forthcoming soon from the Administration on Community Living. The BIAC should anticipate providing a resolution or letter of support for this grant, once it is available. It may be reasonable to expect annual awards up to \$250,000, annually, across four-to-five years.

Community Options is now providing target case management services, including services to individuals with dual diagnoses.

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.

Resolution of 2021 Meeting Dates. Mr. Gallagher informed BIAC members that the membership needed to approve the BIAC meeting dates for the remainder of 2021, a matter that has remained unresolved from the prior two meetings. There currently stand two optional sets of dates that will allow for evenly distributed meetings:

- Option 1: (1) May 21, 2021; (2) August 20, 2021; and (3) November 19, 2021.
- Option 2: (1) April 27, 2021; (2) July 16, 2021; and (3) October 15, 2021.

Members introduced and discussed a variety of alternate meeting dates that might be considered as substitute dates for select meetings, including April 30, July 16, October 15. Members discussed whether there might be a need to vary meeting dates during years marked by a legislative session.

SKIPP MILLER MADE AND KARYN CHIAPPELLA SECONDED A MOTION TO ADOPT OPTION #2 AMENDED TO INCLUDE APRIL 30, JULY 16, AND OCTOBER 15 AS THE SELECTED SET OF 2021 MEETING DATES. THE MOTION FAILED ON A 3-3 VOTE. CHAIRPERSON KENNELLY ANNOUNCED THAT THE MOTION DID NOT PASS.

Members continued discussions.

JEAN HERAUF MADE AND SARAH RING SECONDED A MOTION TO ADOPT OPTION #1, INCLUDING MAY 21, AUGUST 20, AND NOVEMBER 19 AS THE SELECTED SET OF 2021 MEETING DATES. THE MOTION PASSED UNANIMOUSLY. CHAIRPERSON KENNELLY ANNOUNCED THAT THE MOTION PASSED AND THE MEETING DATES HAVE BEEN APPROVED.

Meetings will continue to be conducted via videoconference until instructed otherwise.

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

AUSTYN KLOEHN MADE AND SKILL MILLER SECONDED A MOTION TO ADJOURN THE MEETING.
THE MOTION PASSED UNANIMOUSLY.

Chairperson Kennelly declared the meeting adjourned at 2:46 PM, CT.

Respectfully submitted,

Greg Gallagher
Deputy Director
Consensus Council, Inc.

APPENDIX ATTACHMENTS

- [APPENDIX A:](#) Agenda, August 21, 2020
- [APPENDIX B:](#) BIAC Continuum of Care Subcommittee Minutes, February 2, 2021
- [APPENDIX C:](#) BIAC Education and Awareness Subcommittee Minutes, November 10, 2020

APPENDIX A

**Brain Injury Advisory Council Meeting
Friday, February 19, 2021
1:00 PM – 2:30 PM., CT**

Video Conference Forum

AGENDA

Brain Injury Advisory Council Meeting
Friday, February 19, 2021
1:00 PM – 2:30 PM., CT

Videoconference*

AGENDA

- 1:00 PM **Call Meeting to Order**
Welcome and Roll Call via Video Login
Quorum
- Approve Agenda:** February 19, 2021
- Approve Minutes:** November 20, 2020
- 1:10 PM **Updates from Standing Subcommittees**
- Continuum of Care Subcommittee: February 2, 2021
 - Education and Awareness Subcommittee: February 3, 2021
- Update from Department of Health**
Update from Department of Human Services
Update from Department of Public Instruction
Standing Report on Learning Collaborative
- 2021 Legislative Assembly Activities**
- BIAC Legislative Committee Meeting: December 3, 2020
 - BIAC Legislative Committee Meeting: December 17, 2020
 - BIAC Legislative Committee Meeting: December 30, 2020
- [SB 2039](#): BIAC Membership Bill**
- [HB 1012](#): Department of Human Services Executive Budget**
- 2:20 PM **Public Comments**
- Next Steps
- Resolution of 2021 Meeting Dates
- Option 1: (1) May 21, 2021; (2) August 20, 2021; and (3) November 19, 2021.
 - Option 2: (1) April 27, 2021; (2) July 16, 2021; and (3) October 15, 2021.

2:30 PM

Adjournment

Meeting Contact Information:

The Brain Injury Advisory Council follows established state guidance regarding the scheduling and management of state advisory councils. The Brain Injury Advisory Council currently holds scheduled meetings via videoconference. Members of the public can access the meeting and participate in the public comment period by using the following contact information:

Topic: BIAC Business Meeting

Time: Feb 19, 2021 01:00 PM Central Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/87967521752>

Meeting ID: 879 6752 1752

Phone Connection Option: 1-346-248-7799

Meeting ID: 879 6752 1752

APPENDIX B

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

**Conference Call Meeting
February 2, 2021**

Meeting Minutes

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

**Video Conference Meeting
February 2, 2021
Meeting Minutes**

Call to Order and Welcome: Greg Gallagher, BIAC Facilitator, called the meeting to order at 12:03 PM, CT, via video conference, and welcomed ND Brain Injury Advisory Council (BIAC), Continuum of Care Subcommittee (CC) members. Members attendance was recorded by meeting registration.

BIAC CC Subcommittee Members Present: Barbara Burghart; Rebecca Quinn; Austyn Kloehn, and Denise Harvey.

BIAC Invited Attendees: Bevin Croft, HSRI; Danielle Rayel, HSRI; and Tami Conrad.

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

Approval of Agenda. Greg Gallagher reviewed the [Agenda](#) and invited CC members to provide corrections or amendments. Members expressed satisfaction with the proposed working agenda. Mr. Gallagher announced the adoption of the agenda.

Reference to Past Minutes. Greg Gallagher referred members to the November 10, 2020, CC meeting minutes, previously approved at the November 20, 2020, full-BIAC membership meeting. During the November 10, 2020, meeting, the CC recorded three key recommendations regarding state brain injury program management made by the CC to the Department of Human Services during a conversation with Dr. Rosalie Etherington:

- 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 BIAC reach out to the Behavioral Health Planning Council and request that representatives from the BIAC, 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 BIAC should seek the inclusion of brain injury screening protocols within Section 3.3.
- CC members recommended that the BIAC 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.

Mr. Gallagher stated that the three recommendations became the basis for the CC to request a participating role in the implementation of the state's behavioral health strategic plan, specifically

Aim 3.0, inclusive. Dr. Bevin Croft and Danielle Rayel generously agreed to meet with the CC to begin the process of advancing the CC's engagement in the strategic plan.

Dr. Croft provided an overview of the history and structure of the state's [behavioral health strategic plan](#), presenting a draft work plan, currently under development. Of the 28 identified plan goals, Aim 3.0, with its focus on screening protocols and service eligibility pathways, provides crucial attention to the support for brain injury services across the state.

Dr. Croft described the roles of three principal players in the work of developing a state implementation plan:

- (1) HSRI, the chief technical assistance institution for the state plan;
- (2) Lead Staff, members of the DHS who provide a state agency link for program accountability; and
- (3) Liaisons, recognized statewide stakeholder leaders, often members of the Behavioral Health Planning Council, who ensure stakeholder engagement in the development of the implementation plan.

Dr. Croft extended an invitation for the CC to serve as a contributing stakeholder group on brain injury. The CC would work closely with Sara Stolt (Lead Staff) and Emma Quinn (Liaison) to provide crucial insights into improving the content and balance of the implementation plan.

Members expressed support and appreciation for the invitation extended to the CC to participate. Members identified two primary areas of interest to focus their efforts:

- (3) the collaborative development of best-practice protocols regarding the conduct and application of screenings and the clear articulation of service eligibility pathways, involving a wide array of agencies, including the human service zone, Vocational Rehabilitation, and other associated agencies; and
- (4) the vetting and adoption of high-quality screening and evaluation instruments that would be compatibly administered according to the adopted best-practice protocols.

Members acknowledged that there exists no single screening or service model that might meet the needs of all individuals with a brain injury or their families. Members, nevertheless, stated that a collaborative effort to the development of screening- and service-eligibility protocols and the selection of high-quality screening tools would better assure all stakeholders that the state is moving toward a more uniform standard of care for all individuals.

Dr. Croft stated that state legislative session, which has required a heightened attention of many stakeholders, has slowed the implementation plan's progress. Once the legislative session is complete, it is expected that the rate of productivity will increase.

Members underscored the importance of referencing and further developing the detail within the DHS' [Asset Map](#). Members fully supported the prospects of enhancing sections within the Asset Map that might clarify the state's system of treating brain injuries. This initiative has been identified previously by the CC, endorsed by the BIAC, and facilitated by the Brain Injury Network in subsequent work to develop such a schema.

Members expressed a caution that any efforts to address eligibility pathways present a realistic assessment of the value and application of Medicaid 1915(i) as a support mechanism. Any gains in federally supported services should not constitute a predicate to reduce state funding to critical services that are important to all individuals, regardless of Medicaid 1915(i) eligibility status. Medicaid 1915(i)'s limited diagnostic eligibility of brain injury coverage will need to be clearly

stated and accounted for, and other appropriate service safeguards will need to be provided to individuals with TBI alone as a primary diagnosis.

Greg Gallagher informed CC members that the next meeting of the Behavioral Health Planning Council, scheduled for February 17, 2021, from 12:00 – 2:30 PM, CT, will include a more extensive presentation and discussion with Dr. Croft. All CC members are invited to attend the meeting as members of the public. The video connection to the meeting follows:

Topic: BHPC Quarterly Business Meeting
Time: Feb 17, 2021 12:00 PM Central Time (US and Canada)

Join Zoom Meeting
<https://us02web.zoom.us/j/82012797734>

Meeting ID: 820 1279 7734

Mr. Gallagher thanked Bevin Croft and Danielle Rayel for attending the meeting and providing the generous invitation to involve the CC in the ongoing work of developing the state’s implementation plan.

Legislative Activities. Mr. Gallagher invited members to offer observations regarding the activities of the 2021 Legislative Assembly, to date. Members provided comments largely regarding HB 1012, the DHS Executive Budget. Members noted the need to continue to impress upon legislators the need to fully support the state’s brain injury services, including the Brain Injury Network’s technical assistance, educational outreach, and direct support services. Members commented on the limited number of providers to support the state’s rehabilitation services, which is similarly impacted by the current funding levels.

Public Comment. Mr. Gallagher invited any members of the public to provide comments to the CC. No members of the public stepped forward to provide comment. Mr. Gallagher closed the public comment period.

Adjournment. Having completed the meeting’s agenda and hearing no further comments from the CC Subcommittee members, Mr. Gallagher declared the meeting adjourned at 1:02 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)**

**Videoconference Meeting
February 2, 2021**

Agenda

Domain and Scope of the CC Subcommittee. The Brain Injury Advisory Council has established the following scope of work assigned to the CC:

1. The CC will address the following domain of issues: (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 has 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.

12:00 PM **Call to Order:** Greg Gallagher, BIAC Facilitator

Welcome and Introduction

Review CC Meeting Minutes, November 4, 2020

Approve CC Meeting Agenda, February 2, 2021

Review ND Behavioral Health Behavioral Health Strategic Plan: Bevin Croft and
Melissa Hillmyer, HSRI

- State Strategic Plan Development Summary
- CC Involvement in Implementation of Aim 3.0
- CC Assignments

Review of 2021 Legislative Assembly Developments: CC Members

Next Steps

12:45 PM **Public Comments**

1:00 PM **Adjournment**

Videoconference Link*

Consensus Council is inviting you to a scheduled Zoom meeting.

Topic: BIAC CC Subcommittee Meeting

Time: Feb 2, 2021 12:00 PM Central Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/85981017897>

Meeting ID: 859 8101 7897

One tap mobile

+12532158782,,85981017897# US (Tacoma)

+13462487799,,85981017897# US (Houston)

Dial by your location

+1 253 215 8782 US (Tacoma)

+1 346 248 7799 US (Houston)

+1 669 900 6833 US (San Jose)

+1 301 715 8592 US (Washington D.C)

+1 312 626 6799 US (Chicago)

+1 929 436 2866 US (New York)

Meeting ID: 859 8101 7897

APPENDIX C

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

**Conference Call Meeting
February 3, 2021**

Meeting Minutes

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

**Conference Call Meeting
February 3, 2021
Meeting Minutes**

Call to Order and Welcome: Greg Gallagher, BIAC Facilitator, called the meeting to order at 12:01 PM, CT, via video conference, and welcomed ND Brain Injury Advisory Council (BIAC), Education and Awareness Subcommittee (EA) members. Member attendance was recorded by meeting registration.

NDBIAC EA Subcommittee Members Present: Jean Herauf; Nan Kennelly; Karyn Chiapella, and Rebecca Quinn.

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

Domain and Scope of the EA Subcommittee. Greg Gallagher reviewed and EA members reaffirmed their commitment to the mission and scope of duties assigned to the EA by the BIAC.

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 reaffirmed the two principal issues 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.

Approval of Agenda. Greg Gallagher reviewed the February 3, 2021, meeting [agenda](#). Members expressed satisfaction with the agenda. Mr. Gallagher announced the approval of the meeting agenda.

Review of Minutes. The EA reviewed the November 10, 2021, EA meeting minutes, approved at the November 20, 2020, BIAC full-membership meeting, to confirm the scope of CC assigned duties, discussions, and pending activities. Members expressed satisfaction with the presentation of the EA's ongoing activities and priorities for action.

EA Assessment of Key Insurance Provisions. The BIAC has charged the EA with researching and compiling uniform, statewide cognitive therapy coverage provisions from among the various insurance providers. Previous EA action assigned Sarah Ring, Jean Herauf, Nan Kennelly, and David Biberdorf to lead 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. Rebecca Quinn reported that research work recording key brain injury insurance provisions, begun in late-2020, had experienced a delay due to a shift in work assignments brought on by the emergent work of the 2021 legislative session and the reassignment of project interns. A replacement intern has been assigned to the work, which will now move forward. David Biberdorf had provided additional information on insurance coverage regarding eye injuries for possible inclusion in the research design.

Previously, EA 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 reaffirmed the fundamental research design, including collecting data on core data elements 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.

Members recommended that the research model incorporate three principal CPT codes:

- CPT code 97129 records the first 15 minutes of treatment and can only be billed once per day;
- CPT code 97130 records each additional 15 minutes of therapy; and
- CPT code 96125 records standardized cognitive performance testing, per hour.

Members observed that the study will gain significant insight by conducting its review of Medicare and Medicaid provisions, which will be conducted in the near future. Members discussed the emergence of a second insurer requiring a neuro-clinical psychologist diagnosis, similar to the requirement set forth by BCBS, underscoring the importance of conducting this research, especially against Medicare and Medicaid provisions. Any such requirement constitutes an impediment to many rural residents, especially in the

western half of the state, in accessing the limited number of neuro-clinical psychologists to initiate any therapy options.

Members agreed that the study should include telehealth as an important data element to collect and analyze. Members discussed the prospects of including transportation costs as another data element for study, although no final decision was reached.

Ms. Quinn stated that study activities will resume in the near future.

General reporting of ND Brain Injury Network professional training and technical assistance activities.

Rebecca Quinn reported that the ND Brain Injury Network's [Certified Brain Injury Specialist training sessions](#) have produced high rates of passing from participants. [Future training sessions](#) include April 22-23, 2021, and October 4-5, 2021.

The next [Brain Injury Basics training session](#) is scheduled for [February 19, 2021](#). The training provides direct care staff, peer support specialists and caregivers of individuals with brain injury a general knowledge of brain injury and what that means for the individuals they serve, practical techniques for handling difficult behaviors of individuals with a brain injury, and building rapport for the individuals within their care.

The NDBIN is adapting brain injury tip cards, originally developed in Iowa, that provide one-page summaries of brain injury symptoms, accommodations, therapy models, and related matters, in a format accessible for professionals and individual advocates and family members.

Karyn Chiapella reported that recent professional development training sessions for educators, medical and service professionals, and parents have proven to be highly successful. These 30-60-minute training sessions, viewed by over 400 online participants, offer a format and the kind of information that addresses the needs of busy professionals.

The annual [Mind Matters Brain Injury Conference](#) is scheduled for March 25-26, 2021. The conference will be conducted online and feature nationally recognized speakers and highlights new research, trends, practice strategies, and collaborative models of care. Speakers will include Jena Gordon, Dr. Rod Swenson, and Sandi Gruhot. March 2021 is Brain Injury Awareness Month.

Review of 2021 Legislative Assembly Activities. Members provided their observations concerning several legislative initiatives, including the passage of the Brain Injury Advisory Council's membership bill through the Senate and HB 1012, the Department of Human Services' Executive Budget.

Nan Kennelly provided testimony on HB 1012, representing the Brain Injury Advisory Council. The House Appropriations Committee – Human Resources Division received the testimony without questions.

Members expressed concern regarding the loss of state funding within HB 1012 for brain injury services, such as the technical assistance and training services provided by NDBIN. Members commented that there appears to be an exaggerated sense that Medicaid 1915(i) will provide sufficient coverage for many eligible individuals, when, as members observed, its eligibility standards are more restricted and its brain injury coverage is less inclusive for most people. Members commented that the shift from state to federal funds may represent an example of supplanting rather than supplementing funding.

There exists continued support for hyperbaric treatment among legislators. A new, reputable researcher has been acquired to conduct ongoing research regarding hyperbaric treatment, leading to the development of therapy protocols.

Mr. Gallagher reminded EA members that the committee is required to provide a report of its discussion at the next meeting of the BIAC full-membership, on Friday, February 19, 2021, from 1:00 PM – 2:30 PM, CT. Members discussed the possible structure of the agenda, which will be completed by Mr. Gallagher.

Public Comment. Greg Gallagher welcomed any members of the public to provide comment to the EA. No members of the public came forward to provide comment. Mr. Gallagher announced the close of the public comment period.

Adjournment. Having completed the meeting's agenda and hearing no further comments from the EA members, Mr. Gallagher declared the meeting adjourned at 1:02 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)**

**Videoconference Meeting*
February 3, 2021**

Meeting Agenda

Domain and Scope of the EA Subcommittee. EA members have agreed to the following scope of work assigned to the EA.

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.

12:00 PM **Call to Order:** Greg Gallagher, BIAC Facilitator
Welcome and Introduction

Review EA Meeting Minutes, November 10, 2020
Approve EA Meeting Agenda, February 3, 2021

EA Assessment of Key Insurance Provisions: Rebecca Quinn

Brain Injury Network Professional Training Activities: Rebecca Quinn

Review of 2021 Legislative Assembly Activities: EA Members

Next Steps

12:45 PM Public Comments

1:00 PM Adjournment

Videoconference Link*

Consensus Council is inviting you to a scheduled Zoom meeting.

Topic: BIAC EA Committee Meeting

Time: Feb 3, 2021 12:00 PM Central Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/86958024126>

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