

**North Dakota
Brain Injury Advisory Council
Meeting
August 20, 2020**

Next Steps

The *Next Steps*, updated following each quarterly BIAC meeting, records a cumulative list of identified BIAC priorities, outstanding activities, and Council assignments. The *Next Steps* provides a basis for the development of all BIAC meeting agendas and informs BIAC members of issues that may require specific consideration.

General Activity Assignments:

- 1. Brain Injury Asset Map.** The BIAC – Continuum of Care Subcommittee and the Brain Injury Network will develop and disseminate clear guidance, consisting of an operational flow chart and supportive narrative, that graphically illustrates and descriptively outlines how brain injuries are medically and administratively managed across the breadth of the services managed by the Department of Human Services.
- 2. Learning Collaborative** will (1) develop multiple mechanisms for stakeholder input to inform and drive the ongoing development of the state’s brain injury service system in collaboration with the BIAC, BIN, and DHS, and (2) collaborate with the DHS’ NCCAPS Technical Assistance Team to ensure individuals with lived experiences in brain injury are represented across the person-centered planning process.
- 3. Study of Insurance Coverage Disparity.** The BIAC – Continuum of Care Subcommittee and the Brain Injury Network will collaborate to conduct a study regarding the evident service coverage disparity that exists in the state as expressed through the “mandatory neuropsychologist assessment for cognitive therapy prior to service and coverage” terms of Blue Cross/Blue Shield of ND compared to the coverage of other insurance companies in-state and across other states, including Medicaid coverage, and to seek the establishment of a parity of coverage consistent with that honored by other insurance companies, across other states.
 - 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 BIAAC might request the ND Department of Human Services to petition the Centers for Medicare and Medicaid Services seeking the reconciliation of program and reimbursement policies for brain injury cognitive therapy between Medicare and Medicaid services.
- The BIAAC may provide any compiled evidence of coverage disparities or remedy solutions to interested parties to advance discussions with BCBS to resolve these disparities in favor of improved coverage and more transparent communications with providers and consumers.

An ad hoc task force, facilitated by the Brain Injury Network, will research and compile uniform, statewide cognitive therapy coverage provisions from among the various insurance providers. The purpose of the discovery activity is to provide insight into any coverage gaps among insurance providers, which would lead to seeking the remediation of these deficiencies, through the efforts of the full BIAAC membership's actions.

- 4. Traumatic Brain Injury Partnership Grant.** Contingent on final approval, the BIAAC will support the Brain Injury Network in the implementation of the five-year TBI Partnership Grant, including conducting strategic planning to improve the structure and operations of the BIAAC.
- 5. Interim Legislative Committee Strategy.** BIAAC will monitor and provide testimony, when required, for the Interim Legislative Committees, 2021-2022, regarding brain injury initiatives.
 - [Legislative Management Rules of Operations](#)
 - [Acute Psychiatric Treatment Committee](#)
 - [Education Policy Committee](#)
 - [Human Services Committee](#)
 - [Judiciary Committee](#)
 - [Health Care Committee](#)
- 6. WHODAS Eligibility Cut Score.** BIAAC will monitor the process of applying the WHODAS and its state-adopted cut score to determine brain injury eligibility statewide.
- 7. Medicaid Rehabilitation Services Use and Communications.** BIAAC will study and monitor the application of Medicaid Rehabilitation Services codes to expand service eligibility statewide and to assess a proper manner to inform prospective service recipients and providers regarding the use of Rehabilitation Service codes.
- 8. Medicaid 1915(i) Implementation.** BIAAC will monitor the implementation of the state's newly adopted Medicaid 1915(i) program, assessing its impact on service recipients and service providers, including determining if sufficient navigation services are provided to support the success of the program.
- 9. Collaboration and Priority Initiatives Among State Advisory Councils, 2021-2023 Biennium.** BIAAC may consider appropriately structured collaborations with other state advisory councils, similar to the BIAAC relationship with the Behavioral Health Planning Council regarding the state's behavioral health strategic plan.

- [ND State Council on Developmental Disabilities.](#)
- [ND Behavioral Health Planning Council.](#)
- [ND Brain Injury Advisory Council.](#)
- [ND ASD Task Force.](#)
- [ND Medicaid Medical Advisory Council.](#)
- [ND Children's Cabinet.](#)

10. Collaboration with Implementation of the [State Behavioral Health Strategic Plan](#). BIAC will participate in select activities of the state's behavioral health strategic plan, specifically related to screening, eligibility determination, workforce development, diversified funding, and systemic reforms.

11. Telehealth. BIAC will assess research studies and anecdotal observations on the efficacy of telehealth vs. In-Person Services, especially considering service delivery options during the public health emergency.

12. BIAC Officer Elections and Bylaws Revisions. BIAC will conduct annual elections of designated officers, as defined by the BIAC bylaws. BIAC will review and amend its bylaws to include emergent operational provisions.

13. BIAC Subcommittee Structure. BIAC may consider a restructuring of its subcommittees and clarifying their respective duties.

14. BIAC Membership Realignment and Governance Updates. BIAC will collaborate with the Governor's Office to reconstitute the BIAC membership, compliant with NDCC 50-06.4-10. BIAC will consider petitioning the Governor's Office to amend the state's council and board nomination website to provide for more detailed information, allowing the BIAC to conduct its statutory responsibility to move forward with high-quality nominations for the Governor's consideration.

Prospective Agenda Items: Members proposed the following list of presentations or extended study issues to be included in the future BIAC agendas:

1. **Referral Protocols.** Members observed that there exists a demonstrated need for clear protocols to be provided to ER staff and primary care providers to effectively advance service referrals for individuals with brain injuries.
2. **Continuum of Care Definition.** Members identified a need to define *continuum of care* to better improve the quality of communications among providers and consumers, including family members.
3. **Family Members Subcommittee.** BIAC has deferred any action on establishing a Family Members Subcommittee within the BIAC structure, pending assessment of statewide surveys of stakeholders, including work of the Learning Collaborative.

4. **Person-Centered Practices.** Past BIAAC discussions noted that the NCCAPS is conducting a unique person-centered practices effort, dedicated to brain injuries, which North Dakota is a participant. North Dakota has formed two groups: (1) Lived Experience Group, to enhance family engagement, and (2) Service System Group, to focus attention on state agency PCP efforts.
5. **Hyperbaric Therapy.** BIAAC has discussed the increased interest across to provide hyperbaric therapy as a recognized standard of care, including concussion coverage, recognized for possible payment by insurance companies. A recognized authority might be invited to a future BIAAC meeting to report on progress regarding the establishment of a hyperbaric therapy center, its prospects for success, and current research on the therapy's efficacy.
6. **BIAAC Legislative Committee.** BIAAC has discussed the prospects of (1) establishing a third standing subcommittee to focus attention on legislative initiatives and (2) establishing a standing agenda item for all meetings concerning legislative action. Members agreed to establish a standing agenda item for all meetings; any resulting legislative proposals might then be referred to a BIAAC subcommittee, at the discretion of the Chairperson, for in-depth study and eventual referral to the ND Legislative Council, with the assistance of the BIAAC's legislative representatives.
7. **BIAAC Program Based on FTR.** BIAAC has observed there exists a need for individuals with brain injury within the legal and corrections system to access program support similar to the Free Through Recovery Program. BIAAC might adopt this issue for study and resolution for broader practice statewide. This issue represents a clear example of a peer support service opportunity.

BIAAC Subcommittee Mandates:

Continuum of Care Subcommittee

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 BIAAC meeting.

Education and Awareness Subcommittee

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 BIAAC 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 BIAE 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. BIAE 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 BIAE to consider.