

**Traumatic Brain Injury Services Coordinating Council (TBISCC)**  
**Meeting Minutes**  
**Thursday, June 6, 2024, 10:00 am – 2:00 pm**  
**One Commerce Plaza, 99 Washington Avenue, Albany, NY**  
**16<sup>th</sup> Floor, Conference Room 1613**

Topic	Discussion	Action/Next Steps/Who/When
<b>Attendance</b>	<p><b>Council Members Present (in-person):</b> Dr. Jeffrey J. Bazarian (Chair), Crystal Collins, Michael Davison, Brent Feuz, Maureen Hanse, Brigette Hartman-DeCenzo, Clifford Hymowitz, Michael Jabonaski, Paul Partridge, Maxine Smalling.</p> <p><b>Council Members Present (via WebEx):</b> Megan Clothier.</p> <p><b>Council Members Absent:</b> Stephen J. Boese, Edward Devitt, Paul Novak, Michael Kaplen.</p> <p>A quorum of members was present.</p> <p><b>DOH Staff (in-person):</b> Susan Lawless, Jessica Dell’Anno, Thomas Rees, Trang (Tiffany) Tran-Lee, Carla Nazaire, Patrick Javarone, Richard Lehnert.</p> <p>Note: The meeting was conducted in-person and via WebEx.</p>	
<b>Welcome / Announcement/ Review of Old Business</b>	<p>The meeting began at 10:05 am. <b>M. Jabonaski</b> provided detail on direction he was given to advise the Council to create a list of priorities and goals to present to Department of Health leadership. He explained that the initial preparation for the goals and priorities has been initiated internally. <b>C. Hymowitz</b> shared with the Council an excel spreadsheet that summarized/categorized the goals of the workplan. Once priorities and policy changes have been suggested by the Council, a matrix will be incorporated with the spreadsheet from <b>C. Hymowitz</b>. The matrix will include recommended timelines for completion, resources, and associated costs. These recommendations and the matrix will be moved forward for review for the next state fiscal year. The Council will have an opportunity to discuss and finalize recommendations at the September meeting. Providing goals and recommendations to leadership will be an annual expectation from the Council, with the help of the Department of Health team.</p> <p><b>M. Jabonaski</b> also explained that the Master Plan for Aging will be reviewed, while evaluating priorities and determining where the Council’s priorities and goals fit into the state plan. <b>M. Jabonaski</b> would like to integrate Traumatic Brain Injury Services Coordinating Council (TBISCC) goals with those of the Master Plan for Aging. He suggests a workgroup with <b>J. Bazarian</b> to sync up the TBISCC and Master Plan for Aging goals.</p>	<p><b>M. Jabonaski/ J. Bazarian</b> Set up a workgroup to synch up goals of the TBISCC and MPA.</p>

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	<p><b>Dr. Bazarian</b> stated that there was a quorum present to vote on the meeting minutes from March 2024. <b>M. Davison</b> moved to approve the meeting minutes and <b>C. Hymowitz</b> seconded the motion. All Council members approved the meeting minutes of March 2024.</p> <p><b>M. Jabonaski</b> suggested postponing the open meeting discussed in previous Council meetings until there are more substantive items to discuss. The Council members wish to discuss this further.</p>	
<p><b>Council Data and Reporting Requirements Update</b></p>	<p><b>M. Jabonaski</b> introduced <b>Jeff Wendth</b> who presented Data and Reporting information to the Council at the TBISCC March 2024 meeting. <b>J. Wendth</b> presented a PowerPoint that outlined results of data from coding and claims that were used to identify the Medicaid population at risk for Traumatic Brain Injuries in New York State. <b>J. Wendth</b> summarized what he believed to be the goals of using data and reporting for the Council:</p> <ul style="list-style-type: none"> <li>• The Council lacks the reporting and the analytic capacity required to inform its policy recommendations.</li> <li>• Consideration have been given to the development of a Traumatic Brain Injury (TBI) Database.</li> <li>• New York State’s Department of Health’s (NYSDOH)– Medicaid Data Warehouse (MDW) has been identified as a primary source of data related to TBI populations.</li> <li>• Complementary datasets derived from other source systems could be of value as well.</li> <li>• Mosaic Insights is a NYSDOH-approved data fabric platform that can facilitate: <ul style="list-style-type: none"> <li>• The unification, curation, and publication of data derived from distributed end points.</li> <li>• Essential Data, Analytic, and AI Governance functions.</li> <li>• Self-Service - Data Access, Provisioning, Analysis &amp; Reporting in a DOH-SSP Approved environment.</li> <li>• CMA is prepared to demonstrate the capabilities of Mosaic Insights via a Proof of Concept (POC)</li> </ul> </li> </ul> <p><b>J. Wendth</b> provided a summary of the activities since the March Council meeting showing how data was used to identify New York State Medicaid members who are at risk of a TBI. The data used claims codes and other data within the MDW to identify this risk. He stated there is an evaluated potential, Proof of Concept to use to demonstrate the advanced capabilities of Mosaic Insights. He stated that Mosaic Insights was deployed and going into production for the goals of the Council. <b>T. Gerber</b> presented more detail on the coding used and results of the data. He stated that incidents of TBI and incident rates could be identified with coding, as well, in the future. He stated that the codes used are diagnostic codes assigned on claims. <b>Dr. Bazarian</b> expressed concern that the results of the data may be underestimating the results. <b>T. Gerber</b> stated that Covid may have affected the results for certain years. <b>J. Wendth</b> stated that scalability is an issue but that the Mosaic Insights can help with this. A general discussion was had as</p>	<p><b>M. Jabonaski / J. Wendth</b></p> <p>Mosaic Insights demonstration for September Council Meeting.</p>

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	<p>to whether Statewide Planning and Research Cooperative System (SPARCS) or the Uniform Assessment System (UAS) data could be used to supplement the data. SPARCS was defined as hospital admission data that New York State requires hospitals to collect. <b>T. Rees</b> stated that UAS is specific to program use and is for community dwelling individuals so it would not capture the full population. <b>Dr. Bazarian</b> asked if there was double counting. <b>T. Gerber</b> confirmed based on the methodology used in the data, double counting is avoided. <b>M. Jabonaski</b> stated that payments are made through the claims data which makes the data more accurate. He also stated that this data would lend itself to a dashboard capability.</p>	
<p><b>TBI Service Goal Recommendations and Service Gaps (Workplan action items)</b></p>	<p>The discussion about the TBISCC Workplan began with <b>C. Hymowitz</b> sharing the State Plan Summary with the council members. The document showed a breakdown of what those with TBI prefer in reference to what the state can provide for assistance. The 5 categories include Services, Education and Awareness, Housing, Financial Support, and Data. The breakdown from <b>C. Hymowitz</b> showed that the top 3 categories include Services, Education and Awareness, and Housing respectively. Based on these priorities, the Council will go through and categorize each recommendation based on these top 3 categories so they can potentially be consolidated and given to <b>M. Jabonaski</b> for discussion at the next September meeting.</p> <p><b>C. Hymowitz</b> shared another document called the Nebraska Executive State Plan which serves as a model for the list of priorities that will be given to <b>M. Jabonaski</b>. <b>C. Nazaire</b> stated, using the top 3 categories (Services, Education and Awareness, and Data) she will consolidate the recommendations for the council and have a list of priorities for the next TBISCC meeting.</p> <p><b>C. Nazaire</b> read through the workplan recommendations and, and the council members categorized the recommendations for Data and Education and Awareness as follows:  Data: <b>Goal 1</b> – Recommendation 1, <b>Goal 5</b> – Recommendation 2, 3, and 4  Education and Awareness: <b>Goal 1</b> – Recommendation 2, 3, and 5 <b>Goal 3</b> – Recommendation 1 and 2  <b>Goal 6</b> – Recommendation 1, 2, and 3</p> <p><b>C. Hymowitz</b> requested the Workplan be reworked so <b>C. Nazaire</b> stated she will make edits to the format of the document for the next TBISCC meeting.</p>	<p><b>C. Nazaire</b> will consolidate the recommendations from the Council and provide a list of priorities to the Council for review to be discussed at the next TBISCC meeting in September. She will also consolidate a list of resources such as links and useful websites.</p> <p><b>Council members</b> requested that the New York State Department of Education come present at a future TBISCC meeting.</p>

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<b>Open discussion</b>	<b>T. Rees</b> shared that the New York State Budget passed and included no significant changes to funding for Traumatic Brain Injury Services. He also shared information about A07215/S01478 which is a bill directing the Commissioners of Health and OPWDD to conduct a study of TBI. This bill has passed both Houses but has not been signed by the governor. He also provided an update about A09102/S08486-C, which provides for Medicaid reimbursement for ambulance services when treatment in place is administered and/or when transportation is provided to alternative health care settings instead of a general hospital.	
<b>Public Comment</b>	There was no public comment.	
<b>Adjournment</b>	<b>C. Hymowitz</b> made a motion to adjourn, <b>Dr. Bazarian</b> seconded the motion. Meeting adjourned at 1:50 pm.	