

Traumatic Brain Injury Services Coordinating Council (TBISCC)
Meeting Minutes
Thursday, September 26, 2024, 10:00 am – 2:00 pm
One Commerce Plaza, 99 Washington Avenue, Albany, NY
16th Floor, Conference Room 1613

Topic	Discussion	Action/Next Steps/Who/When
Attendance	<p>Council Members Present (in-person): Dr. Jeffrey J. Bazarian (Chair), Michael Davison, Brent Feuz, Brigette Hartman-DeCenzo, Clifford Hymowitz, Michael Jabonaski, Paul Partridge, Maxine Smalling, and Christina LeBeau.</p> <p>Council Members Present (via Webex): Megan Clothier.</p> <p>Council Members Absent: Stephen J. Boese, Edward Devitt, Michael Kaplen, Crystal Collins, and Maureen Hanse.</p> <p>DOH Staff (in-person): Thomas Rees, Trang (Tiffany) Tran-Lee, Carla Nazaire, Patrick Javarone, Richard Lehnert, and Sarina Master.</p> <p>Note: The meeting was conducted in-person and via Webex.</p>	
Welcome / Announcement/ Review of Old Business	<p>M. Jabonaski called the meeting to order at 10:03 am and conducted the roll call. T. Tran-Lee informed the Council members that a quorum of members was present.</p> <p>M. Jabonaski reminded the Council about utilizing the Council’s recommendations to provide an overview for the state plan. He suggested that a survey tool (i.e. Survey Monkey) be sent out to Council members in which the results could be used as recommendations for Council priorities on budget and program for the following fiscal year.</p> <p>C. LeBeau was introduced as a new Council member. As the Director of Advocacy & Engagement at the Brain Injury Association of New York State, C. LeBeau is a highly effective and motivated professional with a lengthy background in grassroots advocacy, legislative advocacy, professional development, and media outreach. She is proficient in research and is empowered to enrich the voices of families, caregivers and any individuals that have been affected by brain injury. C. LeBeau provided background on her legislative experience and expressed that she is happy to help with budget issues and any expertise that she can provide to the Council.</p> <p>T. Tran-Lee also notified the Council that P. Novak has officially resigned from the Council effective September 2024 for personal reasons.</p>	<p>Survey Monkey to be sent to Council members.</p> <p>Council members to send agenda item(s) for the December 12,2024 workgroup Webex.</p>

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	<p>Dr. Bazarian stated that there was a quorum present to vote on the meeting minutes from June 2024. C. Hymowitz moved to approve the meeting minutes and M. Davison seconded the motion. All Council members approved the meeting minutes of the June 2024 meeting.</p> <p>Dr. Bazarian asked the Council to vote if the upcoming quarterly meeting in December should be cancelled as the Council has already met the annual meeting requirements as set in the By-Laws. Council members decided to turn the December in person meeting to a workgroup meeting via Webex. M. Jabonaski asked that the members send their agenda item(s) for the meeting to T. Tran-Lee.</p>	
<p>Council Data and Reporting Requirements Update</p>	<p>M. Jabonaski introduced Jeff Wendth who presented information on the Data and Reporting information that was presented in the June 2024 meeting. M. Jabonaski provided background for new attendees on the purpose and goals of using data from various sources and how the results can be used for a variety of purposes. J. Wendth handed over the presentation to T. Gerber who began the presentation with reports on Incidents and Prevalence of TBI among Medicaid recipients. Using Medicaid Data Warehouse (MDW) data to sort through claims and eligibility of Medicaid recipients T. Gerber provided an example of different Medicaid recipients based on their eligibility in “member months”. He then provided graphics that showed how the MDW data could identify Medicaid recipients with initially identified TBI claims (labeled as Incidents) and those Medicaid recipients with previously identified TBI claims (labeled as Prevalence). T. Gerber also presented more detail on the coding used. M. Jabonaski stated that the claims are received by the MDW and what happens with the data after those claims are received. T. Gerber repeated from the previous demonstration that claims are deduplicated to assure clean data. He also stated that a new coding system is showing more Prevalence claims. With the new coding system, the rates of Prevalence should even out over time and the rates of Incidents should be more accurate. To conclude his part of the presentation, T. Gerber presented data analysis for Incidence and for Prevalence based on Age, Sex, and Region.</p> <p>J. Wendth introduced D. Dybas who presented an overview of how CMA Mosaic Insights could be used with various kinds of data:</p> <p>CMA Mosaic Insights-Automated, Self-Service Platform</p> <ul style="list-style-type: none"> • Promote Awareness & Impact • Publication and Collaboration • Answer more Complex Questions • Drive Understanding • Enhance with other DOH, HHS, & External 3rd-Party Data Sets 	

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	<ul style="list-style-type: none"> • Compare / Correlate across differing Geographies, Demographics, SVI • Inform OALTC / BTI Mission • Consistent, Maintained, Sustained, & Enhanced Analytics • Hosted, Safe, and Secure Platform • DOH-Approved System Security Plan <p>D. Dybas stated that CMA Mosaic Insights could provide help with enriching data being used and could also help with interpreting the data. He also stated that this is a secure and safe environment to experiment and analyze with the data provided and that the data can be refreshed in a timely manner, so that the information is current.</p> <p>The Council suggested using data from the Offices of Health Equity and Human Rights and a variety of data sets to ensure that the information being analyzed provides the most accurate picture of TBI in New York State.</p>	
<p>TBI Service Goal Recommendations and Service Gaps (Workplan action items)</p>	<p>Dr. Bazarian opened the discussion by reminding the Council about the initial inspiration for the TBISCC Workplan being the 2022 National Recommendations focus on brain injury and TBI. M. Smalling concurred with Dr. Bazarian and stated, in addition, the Workplan be used as a foundation to narrow down priorities. Dr. Bazarian continued citing the Council’s evolution through the phases of the Workplan. C. Nazaire introduced the latest document, which is a snapshot of the previously discussed Workplan for M. Jabonaski to potentially introduce during the budget cycle.</p> <p>M. Jabonaski expressed he would like to generate an “elevator pitch” alongside of the recommendations to present when given the opportunity. He supported the idea of the Council narrowing down their top three priorities from the Workplan, so he can synthesize what the Council would like to achieve, a few items at a time.</p> <p>A few of the items stated by the Council included getting further information on why individuals are coming off the TBI waiver, a focus on accessible housing, and if the Department of Health can assist in campaigning for more homecare workers.</p> <p>C. Nazaire reminded the Council that the document presented at this meeting, is a brief concise version of the Workplan. It consists of a condensed version of the previously developed list of goals and recommendations. C. Nazaire reminded the Council about the discussions during the prior meeting, where the Council grouped the Workplan’s goals under certain classifications. She stated that this document is a</p>	<p>Update the Workplan document with suggestions from Council members.</p>

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	<p>brief rendition of the original TBISCC Workplan which includes those three main categories: Education and Awareness, Data and Screening, and Identification. The Council members proceeded on to propose their recommendations, in addition to what is listed on the Workplan, and express what they would like to be endorsed.</p> <p>B. Feuz proposed a trifold card, that was previously implemented, to be reinstated for patients with TBI, to be given during discharge. M. Davison recommended a follow-up call for those discharged with a TBI diagnosis. M. Smalling stated that a priority she believes should be noted is a focus on treatment, and the Council should discuss further what this would look like. She suggested looking into what services are lacking on the TBI Waiver or what should be enhanced. M. Jabonaski confirmed this one pager is the type of concise document he is looking for to present to the legislature but requests it is slightly more detailed. C. Nazaire confirmed this document will be updated with the Council and M. Jabonaski's suggestions for the next TBISCC meeting.</p>	
Open discussion	None.	
Public Comment	<p>Elena Rizzo introduced herself as a former Epidemiologist and the caregiver of a TBI Waiver participant. She expressed concern that the data demonstrated in the presentation may be missing current TBI Waiver participants who have non-traumatic brain injuries, including, for example, stroke and vector-borne disease causes of brain injury. She would like the Council to develop an inclusive definition, including non-traumatic brain injuries, to effectively establish service goals and plans and identify service gaps for this population. She also voiced concern regarding the New York State single Fiscal Intermediary for Consumer Directed Personal Assistance Program (CDPAP).</p>	
Adjournment	C. Hymowitz made a motion to adjourn, C. LeBeau seconded the motion. Meeting adjourned at 2:02 pm.	