

# Advisory Council on Brain Injuries October 15, 2010 - Meeting Minutes Iowa Lutheran Hospital – Conference Room 1

Chair Emily Emonin called the meeting to order at 10:03 a.m. Members introduced themselves.

**Appointed members present**: Emily Emonin, Jack Hackett, Don Heckert, Jill Crosser, Sue Lewis, Kathy Herring, Kellie Harmon, Connie Holmes, David Demarest, Pat Crawford, Michael Hall

**Ad hoc members present**: Kathy Winter (DVRS), LeAnn Moskowitz (DHS), Binnie LeHew (IDPH), Toni Reimers (Blind)

Service and Training Partners: Heidi Smith (BIA-Ia), Ben Woodworth (IACP)

### **Election of Officers**

Chair Emonin distributed the ballot prepared by the Nominations Task Force in July. She asked for additional nominations from the floor by position:

*Chair* – Jack Hackett. There were no additional nominations. Harmon moved; Johnson seconded that nominations cease. Motion carried.

*Vice Chair* – Kellie Harmon. There were no additional nominations. Crawford moved; Demarest seconded that nominations cease. Motion carried.

Secretary – Emily Emonin. There were no additional nominations. Heckert moved; Johnson seconded that nominations cease. Motion carried.

Prevention Task Force Chair - Pat Crawford. There were no additional nominations.

Johnson moved; Heckert seconded that they cease. Motion carried.

Prevention Task Force Vice Chair - Dave Johnson. There were no additional nominations.

Heckert moved; Crawford seconded that nominations cease. Motion carried.

Services Task Force Chair – Davis Demarest. Johnson moved; Crawford seconded that nominations cease. Motion carried.

Services Task Force Vice Chair – Demarest moved; Heckert seconded that Michael Hall be placed on the ballot. There were no more nominations. Motion carried.

The nominations committee retreated to count ballots. Upon returning, Emonin announced that the new officers are the ones that were up for nominations. She offered her congratulations and turned over the chair position to Jack Hackett to continue the meeting.

# Approval of agenda

Chair Hackett added an item related to veteran's issues. Emonin announced that Brown would be making the legislative report, Demarest would present a report from the Cognitive Rehabilitation Task Force and Emonin will give a report on the Olmstead Task Force. **Heckert moved; Harmon seconded to approve the amended agenda.** Motion carried unanimously.

### **Review of minutes**

Emonin moved; Hall seconded to approve the minutes as presented. Motion carried.

# **Executive Task Force** (Emonin)

**Bylaws/administrative rules committee.** Emonin announced several ideas being considered for changes in the ACBI bylaws. These include:

Three-year terms, which would allow a 5-member rotation every three years.

- Adding at least one additional meeting annually; allowing meetings to occur by telephone if desired and reviewing how the meetings are scheduled/rotated.
- Changing the date of the annual meeting so it can occur when the elections are.
- Amending the Executive Task Force to include the officers and chairs of the standing committees, excluding the vice chairs.
- Having the Nominations Task Force be chosen by the Executive Task Force and not the membership.

Emonin requested that all members review the bylaws and rules to think of other changes needed. Hackett asked that staff make copies of the rules and bylaws available to all council members; LeHew offered to send the handbook electronically to those who didn't have it.

Hackett distributed forms for council members to select preferences for assignment to Prevention or Services Task Forces. They will be distributed evenly. Those will be determined by the next meeting or members will be notified by email.

**Legislative Task Force** (Brown). Kay Graber, Tom Brown, & Geoff Lauer met in September to consider items left over from last year and contemplate the current political climate in developing the legislative agenda. Here are their recommendations:

- Update the numbers to reflect there are more than 70,000 lowans living with acquired brain injury (resulting from *both* traumatic and nontraumatic)
- Addressing concussion and the impact of the current war/returning veterans, since lowa has had the largest deployment of Iowans since WWII.
- The impact of brain injury on people's lives, including economic costs, needs for treatment, and the current length of the waiting list.

New recommendations for the agenda include support for a study for new sources of revenue to cover BIS and education in Iowa; and changes to regulations that export Iowans with brain injury for neurobehavioral care.

Emonin suggested waiting until members can see copies of the proposed agenda before a vote. Brown added that there is only one new item from last year; that IDHS amend the Elderly Waiver to cover services already allowed for the BI waiver for folks who would qualify. He acknowledged that he did not have the copy of the handout that Graber was to have provided; neither Emonin nor IDPH staff received it either. Copies of the legislative agenda will be emailed to Hackett, who will provide them to members after lunch for discussion and final vote.

### Prevention Task Force (Harmon)

Harmon distributed decks of card to council members who had not received them. We are waiting on the second batch of cards and then there will be a mass distribution to all 4<sup>th</sup> grade teachers to the 9 AEA's in the state – approximately 1,500-2,000. She suggested that the Prevention Task Force decide what to do with others. We are waiting on one more mailing list from AEA11 and one AEA has declined to participate (Grant Wood AEA).

She requested that Council members email her with ideas for other distribution. Previously, it was recommended they be distributed to IBIRN groups and added to pediatric tote bags. Emonin moved; Holmes seconded to allow the Prevention Task Force to make final decisions about further distribution and report back to the Council/Executive Task Force for final approval. Brown clarified that all task force meetings need to be posted with a two-week notice. The motion carried.

Harmon announced that she would like to nominate the card game for an award through the CDC/National Center for Injury Prevention & Control, the Health Impact Award. This will be presented next April, and the national meeting happens to be occurring in Iowa. Also, the manufacturer has submitted a request for this game to be recognized through another organization. Harmon moved; Emonin seconded that the Prevention Task Force submit a nomination for the Health Impact Award. Motion carried.

# **Services Task Force** (Demarest)

There were reports from two of the Service Task Force's two committees.

Cognitive Rehabilitation Task Force. Hackett, Emonin, Fidler-Dixon, and Geoff Lauer are members of the task force. Demarest provided a history and description of cognitive rehabilitation. In general, there are a number of services included in the definition that are all designed to help people with brain injury. These include working on memory, problem solving, and life skills activities to help people return to their best state of functioning. Several years ago, lowa hosted a summit that provided current research in the field. Since then, work has centered on ways to provide this service in lowa and how to get it funded – such as having the service added to the Medicaid BI waiver. There is also a need to assure it is adequately funded through insurance plans. Emonin noted that the Council chose the national definition to be our approved definition in lowa.

The task force wants to develop a plan that can be presented to the department of human services. Other states have tried this unsuccessfully. Johnson would like to see that survivors be included in a proposal to lowa Medicaid, so their stories could be told. Brown commented that the issue of life skills is critical. He sees that where the profession has gone off base is they don't view cognitive rehabilitation as an intervention. It takes place within service settings and is the way the provider intervenes with people who have BI. Hall mentioned that we should use the "evidence base" argument as one that helps promote the veracity of it as an intervention. There was continued discussion among members about the need for this and what potential strategies could be. Members were again reminded that they are welcome to offer input to the task force.

Olmstead Task Force (Emonin). This task force has not met since the last meeting. The Mental Health & Disabilities Commission meets this next week, so she expects that Fidler-Dixon will have an update on the development of the new Olmstead Plan. Brown announced that there are Olmstead public meetings taking place and that is another opportunity for public input.

### **Budget and State Plan Update** (LeHew)

LeHew announced that IDPH has hired a new TBI program manager. She is Megan Hartwig, who is the current Executive Director of New Horizons in Ankeny. She has eight years experience in the field of disability services, including services to people with BI. Her first day will be October 29.

LeHew distributed copies of her budget report (see attachments) and materials related to the IDPH state plan for Healthy Iowans. The budget report included data on final SFY10 expenditures, and current-to-date expenditures for the Council and the Brain Injury Services Program. IDPH was able to spend all of the SFY10 funds. The SFY11 budget is much less as it does not include any allowance for personnel. In addition, any FTE assigned to that budget unit has been taken away. There was a small increase in the BI Services money for SFY11. Brown noted that there appeared to be a shortage of funds allocated for travel, and

recommended we transfer some from the personnel line item. Heckert moved; Brown seconded that \$5,438 be transferred from personnel to these items: travel, food/rentals, office supplies. Motion carried. Brown asked about the HRSA grant and suggested we include that information in the next budget. LeHew agreed to do so.

LeHew gave an overview of the IDPH Healthy Iowans planning process. It will be much more streamlined than the former "Healthy Iowans 2010". Each advisory group will be asked to identify priority health issues for a larger steering committee. That committee will then consider all recommendations and select priorities for a final plan. ACBI will need to submit their priorities by January 1, 2011. Emonin moved; Johnson seconded that an ad hoc state plan committee be established to develop a list of priority recommendations for consideration in the Healthy Iowans plan. Motion carried. The group will consist of members from the Executive Task Force and other interested members. Brown, Lewis, Johnson, and Crosser also volunteered.

The Council adjourned for lunch at 12:15 p.m. and reconvened at 1:15 p.m.

After lunch, the committee reviewed the proposed legislative agenda that BIA is adopting. Emonin moved; Johnson seconded that we adopt the legislative proposal as submitted with a change in letterhead from BIA to ACBI and an introduction of what the council does. A spelling correction was noted. Motion carried.

#### **EX OFFICIO REPORTS**

### **Department of Public Health** (LeHew)

The Office of Disability, Injury & Violence Prevention hosted a site visit from their CDC project officers on their disability grant. It went well and they were able to visit with state and local partners in Des Moines and Iowa City. They were particularly interested in the training being done at the University of Iowa with pre-service health professionals.

### **Department of Human Services** (Moskowitz)

She announced that LeAnn Howland will now be taking over work on the Elderly Waiver. The across-the-board cuts that occurred last year for the HCBS waiver will continue through SFY11. However, individual Consumer Directed Attendant Care (CDAC) providers are AFSCME members, and it was determined to be in violation with the bargaining contract, so the department had to restore the reductions to them. This has created a challenge for provider services within the Iowa Medicaid Enterprise since individual CDAC providers will be receiving a lump sum payment in November for services provided between July 1, 2010 and September 30, 2010, 2009. Some providers actually saw a rate increase (in error), so those people will be receiving reductions.

Prior authorization for certain waiver services started October 1. DHS has identified the most utilized services and will require them to receive prior authorization if they exceed the median cost for that service. They have started pre-vocational, home/environmental modifications, and consumer directed attendant care services through this process. On November 1, additional services will be added to prior authorizations, including respite, SCL for those under 18 and adults, and interim medical monitoring and treatment). All this is pursuant to HF 2426 that was passed last session requiring DHS to implement prior authorization for certain services.

DHS is also starting a transportation brokerage so people on Medicaid (waiver or not) who need transportation for medical purposes (such as to keep appointments, receive non-emergent

health care services, etc.) can access it. This may free up options for using transportation on the waiver or not, and will certainly bring more flexibility. Moskowitz clarified that this change doesn't replace the services that currently exist; it just enhances the services currently available. The waiver was not included because of the Consumer Choice option.

Update on the BI Waiver wait list: there are 1,064 people who are accessing it, and 586 are on the wait list. It is running at about 16 months time, due to the small increase in appropriation received this year. As a comparison, this is about 300 fewer people than were on it in July. Moskowitz clarified that there are 15 reserve capacity slots set aside each October. They are for people who have been in an RCF, SNF, or ICF for at least 6 months. There were 7 people who have requested one since July, which means 8 are unused at this point in time. After October 1, there will be 14 slots available, since only one has been requested.

Moskowitz also added that she is developing service definitions for the department's state plan amendments and rules. The work we want to do to include cognitive rehabilitation is important. She suggested that the Council should plan to schedule a meeting with Jennifer VerMeer at IME about our proposals, so we can illustrate how cognitive rehabilitation services would result in better outcomes to people with BI and how it would save the state money.

## **Department of Education**

There was no one present to provide a report.

### **Department of Vocational Rehabilitation Services** (Winter)

As of 9/20, there was a waitlist of 3,825 people. They recently removed 508 from the most significantly disabled category, leaving 3,000 on the list. They cannot take more people off the list until a service is ended or closed for those currently receiving services. Since DHS is now doing prior authorization for pre-vocational services, they require that DVRS do an assessment and sign a form stating that they are not competitively available for work. Steve Wooderson is moving to Washington DC to start a new job there in November. They will not be hiring for his position until the director of the department of education is selected. They expect this will not occur until after the fall election.

#### **Department of Blind (Reimers)**

Reimers reminded the council that their website is always being updated, so people should check it regularly. There are new publications in their library, including one on achieving vocational success after BI. She stated that they do not have a waiting list and they serve people who may have a secondary disability related to sight – please refer clients to them if we think we have someone who may fit this category.

## **Division of Insurance**

There was no one present to provide a report. LeHew received information from Burke-Boston on the new Health Insurance Pool for uninsured Iowans with pre-existing conditions. More information is available at <a href="https://www.hipiowa.com/Default.asp">www.hipiowa.com/Default.asp</a>.

### **SERVICE & TRAINING PARTNER REPORTS**

# **Brain Injury Association of Iowa** (Smith)

She provided a handout on a conference in the Quad Cities area on November 13. (If people want an electronic version let her know and she'll send it.) This is modeled after the E. Central one that was held in Cedar Rapids in the spring. They plan to do another family conference in spring 2011 with another support group.

These are activities they are doing:

- They will be doing lunch and learns in the DSM area starting in February 2011 out of their office. Target audience is professionals in the community. They may take it around the state if it is successful.
- They are planning an ACBIS training (Academy of Certification for Brain Injury Specialists) in March. This will be a pre-conference to their March conference (the day before the conference March 8). Cost is \$75 for the training plus the cost of the book. They are thinking of promoting it to master's level folks as a marketing strategy, offering a provisional one.
- They are working with IDPH for the TBI outcome evaluation by using NBIIC database for gathering names to be contacted for the evaluation. They are using the SOS scale (a COMBI measuring tool).
- Smith gave a presentation on behalf of BIA/IA at the NASHIA/NABIS conference.
- Quarterly report shows they are serving over 1500 clients; each staff served 394. They
  distributed 409 totes during this quarter. They are meeting or exceeding contract
  deliverables. They have 248 fans on their Facebook page. You can find them by
  searching "brain injury association of iowa".

Emonin commented that she likes the two different tote bags BIA-IA has developed, but wishes we could go back to using cloth bags instead of the plastic ones. She would like to know how the new ones are being received. Herring observes that people use the cloth ones to carry all their items in. Hall offered that he and Geoff and Heidi have been meeting to get a veteran specific tote bag developed; it is difficult to get a bag approved through the VA but they are working on it. Cost is an issue with the bags and why they went to plastic. They also recognized that content is a priority so they want to make sure they can provide/purchase the materials in it. Brown commented in addition that the history of the program in developing the tote bag and its contents were done by families for families and IDPH worked hard to maintain the BIRN with that input from people in meeting their needs. It is actually an evidence-based tool in making a difference in people's lives. The ACBI is the advisory group for the network/services and he wants the Council to be an active partner in changes. For example, if cost is an issue that should be discussed by the council to determine where/how the funds comes from.

Brown reminded IDPH that there is a form that the Council would like to use for reporting of services by contractors; Council members would also like to see the quarterly reports. (LeHew will pass this information along to the new program manager.)

#### IACP (Woodworth)

Woodworth distributed his report to the Council. It is the same information included in the report. He has listed the benchmarks of access, effectiveness and efficiency to present their report. The environment for providers in the state of Iowa is at a critical mass. The 2.5% margin that agencies could keep when they settled their rates at the end of the year is scheduled for sunset after 2011. Agencies don't have the flexibility to use that for needs that arise. Concern is strong for how they will stay afloat. The IACP will be establishing a contract for \$300,000 to provide TA to service providers on improving quality of services (for HCBS waiver). They see it as a way to improve their sustainability.

- They have a Brain injury advisory committee that meets monthly with the IACP advisory group this used to be a standalone meeting so this allows them to get more people to come to the BI group and increase the diversity of providers.
- DOC staff Carter-Larson was able to attend the NABIS conference and has increased their interested in serving offenders on brain injury. She has been working with the TBI implementation grant and has really been a rock star. They have screened 4,075 offenders. Out of the 1600 identified with substance use problems, 1,100 were identified as needing BI resources (they are using the tool identified by the Council). Hackett suggested that we invite her to the Council meeting; we may want to add them as an ad hoc member in the future.
- IACP has worked with 12 agencies for training and has offered TA to five. 9 staff received scholarships for NABIS. 27 substance abuse and MH providers received education on BI screening tools and implication on their clinical practice.
- 8 scholarships for providers to attend the On with Life conference in September were supported.
- They are working with IDPH to develop an externship program, regional trainings and scholarships to local conferences.

Update on the BI waiver training contract: They are revising the materials on the Michigan Institute of Public Health website. They are working with IME to develop this curriculum for all folks who serve BI waiver pts. It will be online. There are four modules; one is about the service delivery system in Iowa. Once the test site is up, they will use the IACP BI advisory group to test it. He would like to get a group of BI survivors and family members who could test it to see if it is useful for them. Brown reiterated it would be good to also ensure that family members/BI survivors review it to be sure that it is saying to providers what they want them to hear.

# Members' questions:

Harmon asked if we can offer scholarships for high school students in regard to BI, such as helping them be able to learn more easily. Emonin responded that the TIPS program used to be a way to do that, but it depended on assemblies being offered in the schools. Smith offered that BIA is doing some work in schools – next week they will be in Chariton to do a presentation.

#### **Public Comment:**

There were no comments from the public.

## Final announcements:

- The next Olmstead Task Force public hearing will be November 4 in Ames at 6:00 p.m.
- The Bylaws Committee will meet Nov 23 in Iowa City. The Healthy Iowans focus meeting will be set after the meeting.
- Jack mentioned that a meeting occurred with folks who work with the Iowa Guard. They
  would like to get a study done in regard to what is happening with returning vets. He
  went to a conference this summer and they looked at such factors as suicide, marital
  status; employment and the numbers are really high regarding the impact of deployment.
- Brown requests that whenever any task force meeting occurs, all members be notified so they have an opportunity to participate.

**Brown seconded; Emonin moved to adjourn the meeting**. Meeting adjourned at 3:00 p.m.