



**1. Agenda topic: Welcome, Review of Minutes & Introductions**

Rose Randell

<b>Discussion</b>	<ul style="list-style-type: none"> <li>• Rose Randell, Chair, welcomed everyone to meeting.</li> <li>• June and September’s meeting minutes were approved by the voting members present.</li> <li>• Rose advised the following individuals as new and re-appointees:               <ul style="list-style-type: none"> <li>➢ Dr. Glenn Johnson – Survival BI (East)</li> <li>➢ Dr. Kevin BI Service Provider, Private</li> <li>➢ Gloria Stallworth – Rep. Public Health</li> <li>➢ David Forsyth</li> <li>➢ Beth Overby</li> <li>➢ Geana Walter</li> <li>➢ Virginia Knowlton Marcus</li> <li>➢ Jordan Slade</li> </ul> </li> <li>• Rose requested volunteers for the NASHIA council membership:               <ul style="list-style-type: none"> <li>➢ Todd Bennett volunteered</li> <li>➢ Carol Ornitz volunteered</li> </ul> </li> <li>• There were 13 respondents to the survey with the following results:               <ul style="list-style-type: none"> <li>➢ 90% responded no to change council leadership</li> <li>➢ Service System Committee – new chair needed</li> <li>➢ C&amp;Y Committee – new chair needed</li> <li>➢ 80% responded no to in-person mtg</li> <li>➢ 60% responded yes for virtual meetings</li> <li>➢ 90% responded yes for hybrid meeting option</li> </ul> </li> <li>• The following discussed regarding meeting attendance:               <ul style="list-style-type: none"> <li>➢ Attendance is required</li> <li>➢ The chair or co-chair must be a council member</li> <li>➢ The ALOHA committee proposal will be revisited</li> <li>➢ More individuals are needed to work on the annual report</li> </ul> </li> </ul>		
<b>Conclusions</b>	<ul style="list-style-type: none"> <li>• The following feedback was provided:               <ul style="list-style-type: none"> <li>➢ Lisa Nesbitt - Will check availability for conference room</li> <li>➢ Todd Bennett - Volunteered to host in-person meetings next year in Charlotte with the option to continue to attend virtually.</li> </ul> </li> <li>• Recommendation provided to use short bullets of discussion in the conclusion section of the minutes.</li> <li>• Feedback provided that the tech platform may present a barrier to joining meetings</li> </ul>		
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>	

**2. Agenda topic: TBI Quarterly Update**

Michael Brown

<b>Discussion</b>	<p>The following updates were provided re: TBI Expenditure Update – 1<sup>st</sup> quarter</p> <ul style="list-style-type: none"> <li>➢ \$598,080.94 expenditures for LMEs</li> <li>➢ \$123, 353.14 expenditures for BIANC- State</li> <li>➢ \$46,381.24 expenditures for BIANC-ACL</li> <li>➢ All LME/MCOs screened for TBI</li> </ul>		
<b>Conclusions</b>	<ul style="list-style-type: none"> <li>• The following feedback was provided:               <ul style="list-style-type: none"> <li>➢ Concerns with Alliance screening numbers</li> <li>➢ Suggested the LMEs be required to spend all funds instead of unexpended funds go back to the State of NC</li> <li>➢ The annual report should start including barriers to services</li> <li>➢ Oversight on state funded services (Ex. # of individuals served in residential services and # of individuals denied residential services)</li> <li>➢ Create an Adhoc to discuss data collection</li> <li>➢ Plan of action to obtain increase funding</li> <li>➢ Services available under 1915i for individuals with BI; Link for more information: <a href="https://medicaid.ncdhhs.gov/media/11930/open">https://medicaid.ncdhhs.gov/media/11930/open</a> <ul style="list-style-type: none"> <li>➢ “Medicaid will be offering new services called 1915(i) services to people with intellectual and/or developmental disabilities (I/DD), including autism, as well as those with mental health issues and substance use disorders. 1915(i) services will eventually replace B3 services when Tailored Plans launch in April, 2023.Oct 5, 2022”</li> </ul> </li> </ul> </li> </ul>		

<b>Action Items</b>		

### 3. Agenda topic: State Action Plan

Rose Randell and Scott Pokorny

<b>Discussion</b>	<ul style="list-style-type: none"> <li>Rose and Scott provided a brief overview of the State Plan</li> <li>All sub-committees should use the plan as a guideline for initiatives</li> <li>Laurie Stickney motioned and David F. second to accept the plan <ul style="list-style-type: none"> <li>The voting council members approved the action plan</li> </ul> </li> </ul>	
<b>Conclusions</b>	<ul style="list-style-type: none"> <li>The following feedback was provided: <ul style="list-style-type: none"> <li>It will be crucial to have an annual report to have legislative impact by clear and concise summary information so as not to overwhelm</li> <li>we need it to be clear and concise in order advocate properly</li> <li>Add homeless to ABI screening milestone 5 in the criminal justice system</li> <li>ABI screening at the LME/MCO is needed</li> <li>Is there a report of what was accomplished within the current TBI State action Plan?</li> <li>what's the plan to reach homeless? That would mean advocate at the community facilities.</li> </ul> </li> </ul>	
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>

### 4. Agenda topic: BIAC Composition

Jan White

<b>Discussion</b>	<ul style="list-style-type: none"> <li>Jan provided a brief overview of the ACL council seats requirements.</li> <li>The voting council members more survivors than family members proposal – 5 votes <ul style="list-style-type: none"> <li>50/50 proposal – 8 votes</li> <li>1 abstaining vote</li> </ul> </li> </ul>	
<b>Conclusions</b>	<ul style="list-style-type: none"> <li>The following feedback was provided:</li> <li>Postpone this vote to next meeting</li> <li>Are the ACL requirements part of the documents the council have to review?</li> <li>Is the council based off grant funding requirements vs statute?</li> <li>States that are legislatively mandated like NC is in a different position. 50/50 Family member vs survivor council. You are making a statement who is most important if you lose family member voices.</li> <li>Equal representation opportunities between ALL brain injury survivors?</li> <li>So only “certain survivors” are welcome, not all. The voices of those with poor outcomes from severe injury, will be silenced.</li> <li>BIANC shared the initiatives that have resulted from the ACL funding.</li> <li>We can’t regulate severely injured representative family members to a subcommittee, just like we can’t relegate survivors to a separate committee rather than voting council seats.</li> </ul>	
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>

### 5. Agenda topic: Sub-Committee Updates

<b>Discussion</b>	<ul style="list-style-type: none"> <li>Sub Committee updates will be disseminated via email</li> </ul>
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### 6. Agenda topic: Medicaid Updates

Michelle Merritt

<b>Discussion</b>	<ul style="list-style-type: none"> <li>The following updates were provided re: Medicaid Updates</li> <li>TP services covered</li> <li>TP Eligibility <ul style="list-style-type: none"> <li>Individuals using TBI State funded services</li> <li>Individuals on the TBI Waiver</li> <li>Individuals who have an IDD diagnosis or receive IDD Services due to TBI prior to 21 <ul style="list-style-type: none"> <li>This includes those on the Innovations Waiver</li> </ul> </li> <li>Based on Mental Health or Substance Use Enhanced Service Need <ul style="list-style-type: none"> <li>Look back period was 18 months for enhanced MH or SUD services and if no enhanced MH or SUD services were used individuals were assigned to Standard Plans.</li> </ul> </li> </ul> </li> </ul>
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	<ul style="list-style-type: none"><li>• Tools to compare Plans</li><li>• Resources for beneficiaries</li></ul>
<b>Conclusions</b>	<ul style="list-style-type: none"><li>• The following feedback was provided:<ul style="list-style-type: none"><li>➤ Review ICD codes, extend the look back period, medication and changing providers</li><li>➤ No neurologists or neuropsychologists listed</li></ul></li></ul>

Respectfully submitted: Stephanie Jones, Michael Brown and Scott Pokorny