



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

Rose Randall

<b>Discussion</b>	<ul style="list-style-type: none"> <li>Rose Randall, Chair, welcomed everyone to the hybrid meeting. Rose advised per the bylaws, individuals sitting in proxy can't provide votes and expressed the importance of meeting quorum to vote on outstanding matters. When a quorum isn't met, the matter may be voted within 10 days via email.</li> <li>Rose asked that all public comment be held to the end of the meeting during the public comment period. Rose welcomed new members and asked them to introduce themselves to the council.</li> </ul>		
<b>Conclusions</b>	<ul style="list-style-type: none"> <li></li> </ul>		
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>	

**2. Agenda topic: BIANC Update**

Daniel Pietrzak

<b>Discussion</b>	<p>The following updates were provided by Daniel re: BIANC Initiatives in 2023 and 2024</p> <ul style="list-style-type: none"> <li>Realigned staff to create uniformity statewide</li> <li>Awards Recognizing Contributors</li> <li>Celebrate 40 years event</li> <li>Statewide staff coverage and tracking remaining positions</li> <li>New Hire and Orientation Protocols</li> <li>Organization Wide Board Orientation</li> <li>Organization of Programming Deliverable</li> <li>Over 81,000 touches made annually</li> <li>Internal and external Trainings</li> <li>Changed Financial Institution</li> <li>Switched QuickBooks Online</li> <li>Redesign of Donor Database</li> <li>Launch of the Lilyquist Giving Society</li> <li>17 Grant Submissions</li> <li>Expanding Intimate Partner Domestic Violence Site – ABI screening</li> <li>Over 500 Complimentary Members</li> <li>Internal database of unmasking project and expansion of displays across NC</li> <li>Increased CIT training statewide</li> <li>Needs Gaps Survey – growth over 500%</li> <li>New partnership with ADANC for Justice Involved Individuals</li> <li>Creation training of Behavioral Health and TBI</li> <li>Reformatted CBIS Class Offerings</li> <li>Launched Brain Injury Fundamentals Class</li> <li>Launched of Digital Screening tool</li> <li>Training Course Catalog</li> <li>Neuro Resource Facilitation Guide 2.0</li> <li>Bi-lingual website</li> <li>Beta creation the NC Symptom Questionnaire</li> <li>Database of over 2500 and growing</li> <li>Thriving Survivor Day Programming</li> <li>Statewide Marketing campaign for BIANCTeach.net and general BIANC branding campaign</li> <li>Creation of Marketing Policies/Branding/Style Guide</li> </ul>		
<b>Conclusions</b>	<p>The following feedback was provided by the stakeholders:</p> <ul style="list-style-type: none"> <li>When will the GAPS Survey be available? <b>Early 2024</b></li> <li>Why isn't BIANC offering the yearly public meeting anymore? <b>BIANC is always available to answer any questions or address any concerns.</b></li> <li>Why doesn't the statistics include ABI?</li> <li>This is great work.</li> </ul>		
<b>Action Items</b>			

### 3. Agenda topic: Council Business

Rose Randall

#### Discussion

- The following individuals were nominated for the BIAC Vice-Chair. The vote will occur within the next 10 days via email.
  - Beth Overby
  - Dr. Glenn Johnson
- The following individuals volunteered to work on the BIAC Annual Report -
  - Pier Protz
  - Dr. Patricia Renya
  - Rose Randall
- The BIAC Council meeting can be changed to any Tuesday or Thursday or the 2nd Thursday Quarterly whenever there is a conflict with the SCFAC meeting.
- Meeting invitations will be disseminated for the month of March only until a vote is completed to confirm the cadence of future meetings.
- Members Attendance – According to bylaws if members don't attend three consecutive meetings without notification of exceptions, the council may recommend removal by voting of the member. Lack of attendance has an impact on the ability to vote of action items. It isn't addressed in bylaws how attendance is taken during hybrid and virtual meetings.
- The following individuals volunteered for the sub-committee responsible for updating the bylaws.
  - Joseph Propst
  - Dr. Glenn Johnson
- Sub-committee Participation – The four standing sub-committees' description was shared with the attendees. The following individuals volunteered for the various sub-committees.
  - Dr. Glenn Johnson - Children and Youth committee
  - Beth Overby - Public Policy committee
  - Dr Patricia Reyna - Public Policy committee
  - Crystal Foster - Service Delivery committee.
- The following Administrative Committees are open to council members with approval from the chair:
  - TBI State Action Plan Committee
  - TBI Grant Steering Committee
  - Orientation and Council Logistics Committee
- Ad Hoc Committees
  - BIAC Annual Report – Ad Hoc Committee
- A general overview was provided regarding the following committees:
  - Re-Formation of the Executive Committee – The executive committee shall be comprised of Chairs from all existing working committees and may carry out such responsibilities as requested from time to time by the general membership. Officers shall be elected by the Council by simple majority vote.
  - Recruitment for Justice Re-entry Program Advisory Committee – Seeking individuals with lived TBI or IDD experience to join the committee preferably with experience with the Criminal Justice. The committee meets monthly. Please submit recommendations to Scott Pokorny.
    - Dr. Glenn Johnson volunteered for the committee.
  - Recruitment for State Rehabilitative Council – Scott Pokorny will send out the point of contact information for this committee. The individual has to be a council member.
  - Recruitment for Alliance consumer and Family Advisory Council – Seeking individuals with BI or family members.
- LME Consolidation – The anticipated consolidation date is Feb. 1, 2024 or earlier. There are 3 counties disengaging from Sandhills with the remainder of Sandhills merging; As a result, the TBI state funds programs have requested the pertinent information from Sandhills to share the information with the receiving LME. The DMH/DD/SAS's budget office will disseminate allocation letters to the receiving LMEs to ensure no gaps in services for the individuals. DHHS is unable to advise the name of the new entity at this time.

	<ul style="list-style-type: none"> <li>• TBI State Funded Expenditures for SFY23 statewide: <ul style="list-style-type: none"> <li>○ Residential Services - \$2,183,170.00</li> <li>○ Neuro-Behavioral Evaluation / Treatment – \$500.00</li> <li>○ Personal Care - \$93,692.25</li> <li>○ Personal Assistance - \$99,998.08</li> <li>○ Transportation - \$20,341.98</li> <li>○ Case Management - \$99,356.20</li> <li>○ Equipment - \$ 33,963.00</li> <li>○ Medication - \$ 94,528.00</li> <li>○ Day Treatment/ Services/ Supports - \$ 396,976.88</li> <li>○ Other (includes clothing and use at discretion) - \$327,088.01</li> </ul> </li> <li>• The TBI Waiver amendment update was provided: <ul style="list-style-type: none"> <li>○ The TBI Waiver amendment was approved effective March 1, 2023. The approval will allow: <ul style="list-style-type: none"> <li>○ Allow one Home Delivered Meals: (up to 1 meal per day).</li> <li>○ Waiver requirement for beneficiary to attend Day Supports providers once per week.</li> <li>○ Allow Direct Care Services to be provided in alternative locations (hotel, shelter, church, or alternatives facility-based setting, or home of a direct care worker).</li> <li>○ All real- time, two- way interactive audio and video telehealth for the following services: Life Skills Training, Cognitive Rehabilitation and Day Supports.</li> <li>○ Resource Facilitation will be removed from TBI Waiver.</li> <li>○ Allow Relatives of TBI Waiver members to provide up to 40 hours total of life skills Training and/or Personal Care.</li> </ul> </li> </ul> </li> <li>• The Appendix K flexibilities will sunset on February 29, 2024 for stakeholders.</li> <li>• If there are any questions or concerns, please provide the following: SVC_DHHS.IDDListeningSessions IDDListeningSessions@dhhs.nc.gov or Medicaid Ombudsman 877-201-3750.</li> <li>• Michelle Merritt is no longer in the same role at DHB.</li> <li>• Stephanie Jones has transitioned to supporting TBI initiatives and BIAC fulltime.</li> <li>• BIAC Composition Change Update <ul style="list-style-type: none"> <li>○ The following statement was shared with attendees regarding updating the Council’s mission. The goal is to vote by March 2024: <ul style="list-style-type: none"> <li>▪ In making appointments under these provisions, the Governor shall ensure that the Council mirrors the full diversity of the State's population. This includes various races, ethnicities, ages, and genders. It also encompasses individuals and family members with lived experience of brain injury. Additionally, consideration for different levels of injury severity and diversity of support needs should be given, ensuring representation for those with dual diagnoses from various support environments and <b>(Suggestion made to add:(continuum of care environment).</b></li> </ul> </li> <li>○ Geographic diversity among the Council members should also be ensured. <ul style="list-style-type: none"> <li>▪ Definition of TBI falling under ABI</li> <li>▪ Meet Greet Legislators – identifying a champion amongst legislators</li> <li>▪ Looking forward to policy overlap meetings</li> </ul> </li> </ul> </li> <li>• Standing Committee Updates <ul style="list-style-type: none"> <li>○ Prevention Committee - Working on topic of aftermath of BI – preventing mental illness after BI (depression and anxiety) due to TBI; suicide higher rate after BI; The plan is to meet after the New Year.</li> <li>○ Children and Youth – No updates</li> <li>○ Service Delivery – No updates</li> <li>○ Public Policy - shared proposed updated mission statement</li> </ul> </li> </ul>
<b>Conclusions</b>	<p>The following updates were provided re: Council Business Will the report be shared with the committee? <b>Yes. The report will be shared upon completion.</b></p> <ul style="list-style-type: none"> <li>• Maybe include Consumer engagement team with sharing future invitations to the BIAC</li> </ul>

	<p>meetings.</p> <ul style="list-style-type: none"> <li>• Communication will be needed to distribute the LMEs consolidation information to providers. BIAC offered to collaborate to assist with the communication. <b>DHHS office of Communication will be handling communication regarding the LME consolidation and merger.</b></li> <li>• Are stipends available for the State Rehabilitative Council? <b>Please reach out the specific council to confirm stipend availability.</b></li> <li>• But there is come confusion about the State Funds and who can receive them. We have already discovered that with Partners. – <b>Unable to advise further at this time</b></li> <li>• How will the state funds be allocated after the consolidation? The funding will follow the individual for the services already approved.</li> <li>• Are the numbers of individuals served included in data? <b>There is an annual report that will provide this information.</b></li> <li>• What does case management entail? <b>The state funded is separate from DHB. The services that offered is what the individual can receive exclusively.</b></li> <li>• Based upon the data, how many individuals could possibly go on the TBI waiver? <b>Alliance is currently the only catchment area; Alliance has been looking at those individuals on state funds and identified who can transition to the waiver. Finances sometimes disqualify individuals from the waiver or some individuals don't want to spend down the money to qualify.</b></li> <li>• State funds and TBI claims data will be a tool for future LMEs to determine who can be on the waiver.</li> <li>• Some may not have Medicaid. State Funds do serve some who do not qualify for Medicaid; Fund of last resort; It would be wonderful to increase State Funds again.</li> <li>• Can someone on Innovation waiver use TBI state funds? <b>There is no rule against individuals on the Innovations waiver utilizing TBI state funds if there is no duplication in services.</b></li> <li>• Someone on Innovations Waiver would normally be well supported.</li> </ul>				
<b>Action Items</b>	<table border="1"> <thead> <tr> <th data-bbox="1047 993 1383 1056">Person(s) Responsible</th> <th data-bbox="1383 993 1534 1056">Deadline</th> </tr> </thead> <tbody> <tr> <td data-bbox="1047 1056 1383 1056"></td> <td data-bbox="1383 1056 1534 1056"></td> </tr> </tbody> </table>	Person(s) Responsible	Deadline		
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**4. Agenda topic: Public Comment Period**

**Attendees**

<b>Discussion</b>	<ul style="list-style-type: none"> <li>• When will the statewide TBI Waiver expansion start? <b>The information is forthcoming; Over the next year DMH and DHB will collaborate to provide technical assistance to the LMEs.</b></li> <li>• How can I find out more information about Medicaid expansion? <a href="https://medicaid.ncdhhs.gov/north-carolina-expands-medicaid">https://medicaid.ncdhhs.gov/north-carolina-expands-medicaid</a></li> <li>• Crystal - Issues faced over the years, severe TBI being staff with nurses is a challenging amongst HCBS services. The different waivers and funding do not provide therapy and this is a huge service gap. Innovations Waivers doesn't include therapies except for speech. How will I teach him to walk; Once over 21 years old therapies end. <b>With the language change recommendations to the definition that include the difference with severities may include the additional services needed. The TBI Waiver does allow Allied Health and some advocates has wanted to include this in the Innovations Waiver.</b></li> <li>• During the public comment period of the next waiver renewals, information regarding additional therapies must be shared with DHB.</li> <li>• There is a 10 year wait for Innovations waiver. Is there any way to pull the individuals on the Innovations waiver waiting list to put them on the TBI Waiver?</li> <li>• Everything is patchwork in this system. For example, the fundamental course now available will educate caregivers.</li> </ul> <p>Other states have issues with the caregiver; Some are providing education and increasing the caregivers pay. It is a lifelong issue that must be addressed; Need consistency amongst caregivers because it hard for individuals with BI to keep switching caregivers. <b>There is Direct support training with incentive staff initiatives funded by the General Assembly.</b></p>
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	<ul style="list-style-type: none"><li>• You can't update one job's pay and not the other.</li></ul>
<b>Conclusions</b>	<ul style="list-style-type: none"><li>•</li></ul>
<b>Action Items:</b>	<ul style="list-style-type: none"><li>•</li></ul>

Respectfully submitted: Stephanie Jones, Michael Brown and Scott Pokorny