General	Collaboration Group Input/Questions	Rationale/Recommendation	Notes from March 1 Workgroup meeting
Commenter			
Cara Meixner:	For readability, I suggest using parallel structure across all program elements and services. Here, you write in phrases. Above, you write in full sentences.		
	Another example: Consultation Services - ii. ..... Revise so that the phrase follows the stem (i.e., Behavior consultants provide….)		
Anne McDonnell	Noticed Day Support was not in here; only clubhouses. We need to have a conversation about including this and/or Adult Day Health Care	DMAS would like input on whether other community engagement is recommended (e.g., Adult Day). Consider overlap with independent living supports.	DMAS: for DD waiver we try to think about community engagement at all times of day (1:3 ratio) to go out into the community. Not confined to hours of 9-3 every day but include evenings and weekends too. PARTICIPANTS: • As people age, clubhouse and day programs are not meeting their needs; we're not really sure what's needed. • Both community engagement and day programs are needed. People need a safe place to build confidence and skills (day program) as well as community when they're ready. • The BI Provider Alliance has a lot of issues with clubhouse being in the waiver, as it's currently structured. I just wanted to affirm it's a conversation we've been having about broadening to other day options. DMAS: we started from the surveys; and we'll think of things more broadly; it can be tweaked to meet the needs of this population, doesn't have to match DD exactly. These are all things we can consider. PARTICIPANTS: • This may be an important area to query with the focus groups for family and lived experience. • We need clarity on what "day services" means, and how this is inclusive of cognitive rehabilitation; both day supports, and cognitive rehabilitation can be delivered in the community
	CBIS requirement: comes up several times through this document,. The certification exam had a massive content revision in 2017, and it is now much more difficult to pass. I have been a CBIS Trainer for 15 years, and I feel some of the content (and by extension the exam) are not appropriate for non-clinical and para-professional level staff. There are only 200 people in Virginia who are CBIS; my guess given who I've trained, is the vast majority of them work for one of the current state funded brain injury programs, one of the two brain injury residential programs, the VA or Sheltering Arms. The requirement for a brain injury certification will significantly limit the employee pool in an environment already stressed by workforce recruitment and retention issues.		
	Use person-first language (e.g. eliminate "Waiver individuals")		

	Why doesn't waiver include crisis or SUD services?	Crisis is a state plan service; SUD is covered as a separate waiver and person would have a choice.	PARTICIPANT: I'm still concerned about the overlap between SUD and BI and the stress that may be placed on the system. My worry is more about people with BI that have not been accessing but may start now and the system will get overwhelmed. DMAS: It will be a big part of the training to ensure continuity of care PARTICIPANTS: • The structure and whether the waiver services will be part of the "HMO/MCO" responsibility requires a great deal of conversation and education. Must ensure all understand the chronicity of disability. Carve outs create gaps and HMOs need to be educated that maintenance is a win. Do not want the same issues and gaps that exist for DD waivers • We have a lot of examples of other states where HMOS are implementing the services