

**Virginia Brain Injury Services (BIS)
Program Design Workgroup – Meeting #4**



Meeting Information

Meeting Name & Topic	Program Design Workgroup: Working Meeting with DMAS
Date & Time	March 29, 2023, 2:00 pm EST
Dial-In Information	Click here to join the meeting

Goals & Attachments	Meeting Participants <i>(attendees marked *)</i>		
<p>Meeting Purpose/Objective: Review input on neurobehavioral unit setting options</p> <p>Pre-meeting Preparation Required: Review questions in meeting slide deck</p> <p>Attachments/Handouts: March 29 meeting presentation</p> <p>Next Meeting: TBD</p>	<p>Collaboration Team</p> <ul style="list-style-type: none"> • * Anne McDonnell, OT • * Ben Pulfer, Neurorestorative • Bernice Marcopulos, JMU/UVA • Cara Meixner, JMU/BI Council • Christine Evanko • Colleen McKay, BCBA • Dana Larson, Tree of Life Services /Collage Rehabilitation • * David DeBiasi, Brain Injury Assn of VA • Demetrios Peratsakis, Western Tidewater CSB • * Ivan Velickovic, Neurorestorative VA • Jamie Swan, Anthem • * Jason Young, Resilience Health LLC • John Lindstrom, Richmond Behavioral Health • Kara Beatty, Resilience Health LLC • * Kathleen Hardesty, Sentara Healthcare • * Linsey Mangilit, Optima Health • * Michelle Witt, ABA Practitioners • Monique Wilson, Neuropsychologist • Tammy Whitlock, Alliance of Brain Injury Service Providers • Victoria (Tori) Harding, Neurorestorative VA 	<p>State Agency</p> <ul style="list-style-type: none"> • Angie Vardell • Ann Bevan (DMAS HNS) • * Brian Campbell (DMAS BI Program Dev Lead) • * Christiane (Chris) Miller (Department of Aging and Rehabilitation Services) • Courtney Richter • John Morgan • * Kshitijia (Kay) Karmarkar (DMAS Brain Injury Services Program Advisor) • Rhonda Thissen • Sara Benoit (DMAS PRD Rep) 	<p>Rate Setting Consultants</p> <ul style="list-style-type: none"> • David Garbarino (Engagement Manager) • * Elizabeth Barabas (Stakeholder Lead) • * Grant Lindman (Project Manager) • * Lisa McDowell (Program Design Co-Lead) • * Linda Wegerson (Stakeholder Support) • * Marybeth McCaffrey (Program Design Co-Lead) • * Poorna Suresh (Rate Setting Co-Lead) • Roya Lackey (Clinical SME) • Sharon Hicks (Stakeholder Manager) • * Sonja Lee-Austin (Analytics) • Tamyra Porter (Engagement Partner)

Slides	Topic	Recommendations
1-8	Status update	Information shared on the slides
9-10	Neurobehavioral Unit Settings feedback	<p><u>Facility Licensure Recommendations</u></p> <p><i>Levels of need</i> Two different groups may need this program: some with the ability to make reasonable improvement; others with longer-term needs that may not improve over time.</p> <p><i>Bed capacity requirements</i> How many beds are needed? DMAS: No population estimates currently. A certificate of public need would be required if expanding NF capacity or a newly licensed facility could acquire available beds from an existing facility.</p> <p><i>Other licenses</i> Could psychiatric hospital beds be used? DMAS: These are not an option with the 1915(c) waiver. Under the rehab section of the State Plan, Neurobehavioral treatment center could be included but that works only for short stays.</p>
11-14	Setting Options	<p><u>Freestanding Neurobehavioral/Neurorehabilitation Facility</u></p> <p><i>Limitations of facilities with neurobehavioral licenses in Virginia</i> DMAS: These do not fit the 1915(c) waiver criteria. The facility must be a nursing facility (NF) or hospital facility per CMS requirements. DMAS is choosing between a NF type and/or a hospital facility type that meets federal conditions of participation.</p> <hr/> <p><u>Nursing Facilities & Specialized Nursing Facilities</u></p> <p><i>Rates</i> Nursing facility rates will need to be high enough to cover the additional expenses to care for this population. DMAS: We are building new rate structure that will conform to level of reimbursement appropriate to the services delivered.</p> <p><i>Design Recommendations for this Setting</i></p> <ul style="list-style-type: none"> • A dedicated unit with a dedicated staff; staff should not be able to be pulled from the neurobehavioral unit to another unit • Discrete unit physically so that populations needing services (brain injury, elders) are not co-mingled • A dedicated brain injury only specialized care may be better

		<ul style="list-style-type: none"> • In places where this setting has been used and worked, there have been delineations of space, staff, and training • Multiple participants expressed concern around private equity ownership of facilities due to frequent change in ownership leading to consolidation/ closure of some facilities. Participant explained that a nursing facility can show no profit because their dietary, pharmacy, janitorial, etc., are all separately owned by related companies. The corporate law in Virginia hasn't caught up with what happens when private equity owns a nursing facility.
		<u>Rehabilitation Hospitals & Long-term Acute Care Hospitals (LTACH)</u> <ul style="list-style-type: none"> • Seems like the least viable option. • May be better than NF because may be easier to build in some of the needed services in the hospital setting (e.g. add in behavioral analyst, psychiatrist, cognitive therapist) • May impede transitions back to the community because there's such a high level of support
16-17	Workgroup process feedback	<ul style="list-style-type: none"> • Survey Monkey link will be sent
18-19	Next steps	<ul style="list-style-type: none"> • Next convening has not been set. DMAS will reach out to this group with new meeting invitation, as needed.

Action Items				
#	Action Item	Due Date	Status	Responsible
1	Send revised eligibility decisions to workgroup	Monday, March 6	Complete	Consultants
2	Send draft service definitions to workgroup	Thursday, Feb 16 5 pm	Complete	Consultants
3	Workgroup send responses to Grant Lindman	Wednesday, Feb 22 5pm	Complete	Workgroup
4	Share March 1 meeting prep materials	Tuesday, Feb 28, a.m.	Complete	DMAS
5	Send revised waiver service definitions to workgroup	TBD	In progress	Consultants
6	Send draft Neurobehavioral unit definition to workgroup	Monday, March 6 5 pm	Complete	Consultants
7	Workgroup send responses to Grant Lindman	Thursday, March 9 noon	Complete	Workgroup
8	Share March 15 meeting prep materials	Tuesday, March 14, a.m.	Complete	DMAS- Brian
9	Share March 29 meeting prep materials	Monday, March 27	Complete	DMAS - Brian & Consultants
10	Send revised neurobehavioral unit definition to workgroup	TBD	In progress	Consultants