

Virginia Brain Injury Services Department of Medical Assistance Services (DMAS)

Brain Injury Services Steering Committee

May 2, 2023

Agenda

- Background 10 Minutes
- Stakeholder Outreach Conducted February – April 15 Minutes
- Summary of Feedback from Focus and Work Groups 30 minutes
- Next Steps 5 minutes
- Time for Group Input 30 minutes

BACKGROUND

Brain Injury Program Scope

Virginia Department of Medical Assistance Services (DMAS) Rate Study

State Plan Targeted Case Management (TCM)

- *For people with severe traumatic brain injury*

1915(c) Home and Community-Based Services

- *For people with brain injury or neurocognitive disorder*
- *Wide range of services including Residential, Behavioral Health, In-Home Services, Day and Employment, Nursing, and Equipment and Modification services*

Neurobehavioral Unit

- *For people who need a level of care as an institutional alternative beyond what is available through waiver*

Rate Methodology and Rate Development

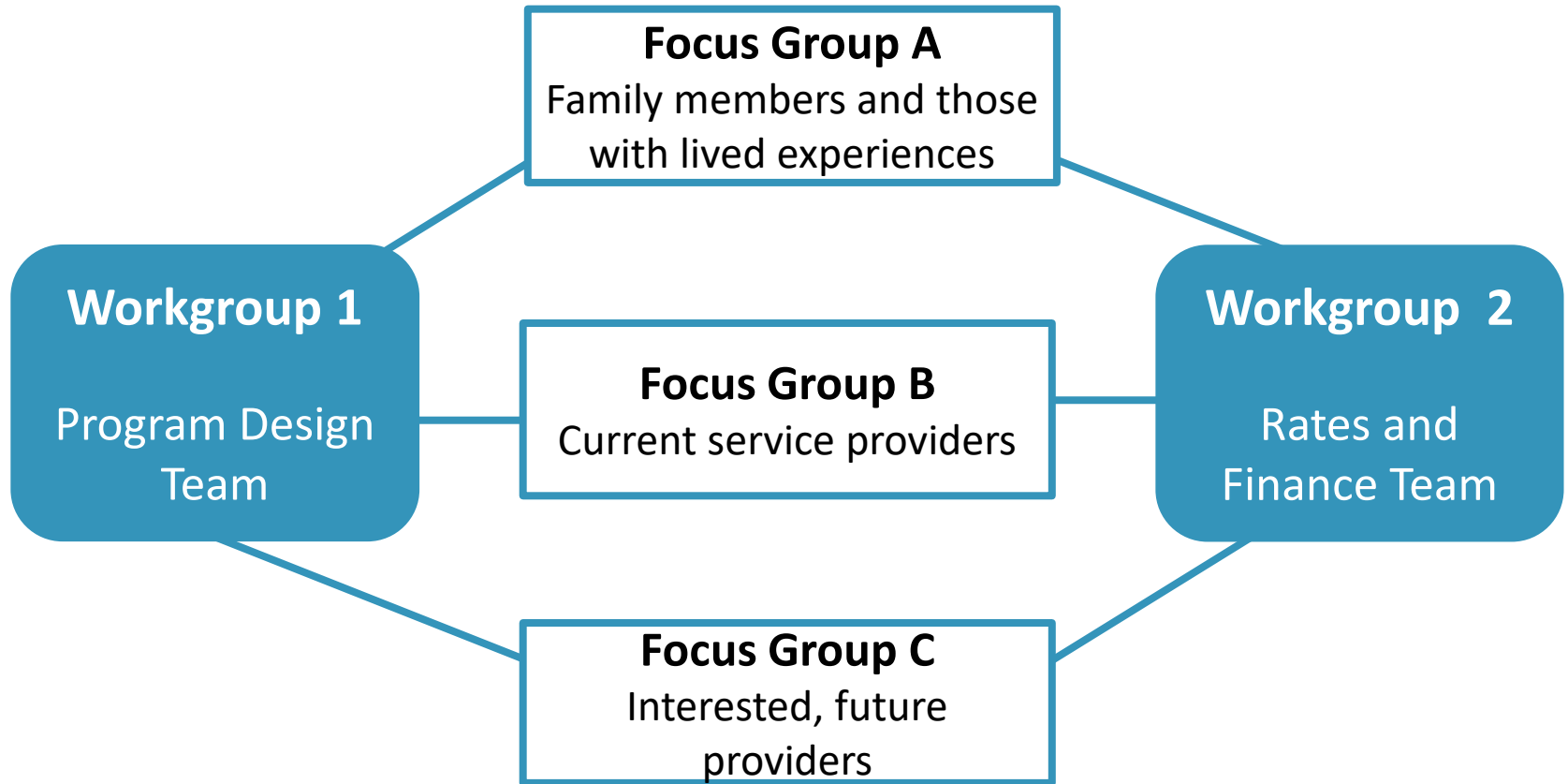
Service Identification, Eligibility Criteria, Definitions, and Specifications

Stakeholder Engagement

Documentation and Reporting

Stakeholder Engagement

Steering Committee comprises some members of all workgroups and focus groups



Purpose: Mobilize specific experience and reach additional stakeholders by convening workgroups and focus groups.

- This is an iterative process
 - Current focus on rate methodology, rate setting and rate report development
 - Stakeholder engagement will continue throughout the entire process, including during program development and implementation planning
- Everything in this presentation is draft and subject to change. All decisions are subject to approval of DMAS, the VA General Assembly, and CMS.

STAKEHOLDER OUTREACH CONDUCTED FEBRUARY – APRIL

We held 7 focus groups!

- Current Providers
 - March 8 – Virtual
- Future Providers
 - March 22 – Virtual
- Families of those with Lived Experiences
 - March 10 – Virtual
 - March 13 – Virtual
- People with Lived Experiences
 - March 10 – Virtual
 - March 31 – In Person
 - April 6 – In Person
- Topics included:
 - Services needed to serve the Brain Injury (BI) population, including services that may help those with a BI:
 - Become more independent
 - Get and keep a job
 - Have a satisfying social life and participate in the community
 - Increase safety
 - Services to help address caretaker challenges
 - Licensing, enrollment, and training requirements for providers
 - Barriers and incentives for providers to participate in a brain injury program

All discussion items from meetings are in draft form and are subject to change per legislative and federal approval processes. Relevant meeting minutes and presentations can be found at:

<https://www.dmas.virginia.gov/for-providers/long-term-care/programs-and-initiatives/brain-injury-services/>

We held 4 working sessions!


- Meetings were held virtually on:
 - February 15
 - March 1
 - March 15
 - March 29
- Topics included:
 - Eligibility Criteria
 - Waiver Services
 - Waiver provider qualifications
 - Neurobehavioral unit service definition and setting options

All discussion items from meetings are in draft form and are subject to change per legislative and federal approval processes. Relevant meeting minutes and presentations can be found at:

<https://www.dmas.virginia.gov/for-providers/long-term-care/programs-and-initiatives/brain-injury-services/>

We held 3 working sessions!

- Meetings were held virtually on:
 - March 13
 - April 12
 - April 19
- Topics included:
 - Workgroup introductions
 - Rate setting overview and the independent rate build up approach
 - Proposed service package
 - Reimbursement units
 - Wage data sources
 - Cost trending
 - Geographic adjustments
 - Provider fringe benefits
 - Targeted case management rates



Additional rate
development workgroup
meetings will be held in
May

All discussion items from meetings are in draft form and are subject to change per legislative and federal approval processes. Relevant meeting minutes and presentations can be found at:

<https://www.dmas.virginia.gov/for-providers/long-term-care/programs-and-initiatives/brain-injury-services/>

SUMMARY OF FEEDBACK FROM FOCUS AND WORK GROUPS

Proposed Waiver Services Overview Based on Focus Group Feedback

- Consultation
- Mental health therapy/counseling

Behavioral Supports



- Accessing other services
- Navigating the system

Case Management



- Specifically trained for the brain injury population
- More widely accessible

Crisis Services



- An option for less than full day program participation

Day Support



- Assistive technology

Environmental Modifications



- Independent living assessment and intervention
- Life skills training
- Community support

Home Support Services



- Aides familiar with brain injury
- Assistance with ADLs and accompanying people to hospital when needed
- Companion services and peer support to help with socializing and safety

Personal Care



- Would like more flexibility around limits
- Concerns that MCOs do not understand the long-term issues of the population

PT/OT/ST



- Live-in options around the State with different levels of need
- Clarity on how assisted living impacts eligibility

Residential Services



- Outreach and promotion of available options

Respite



Services suggested by focus groups align with services proposed for the program

- A significant issue for many with BI

Substance Abuse Treatment



- Vocational evaluation
- General employment services, including in small groups
- Inclusion of a mentor or peer support
- Training for employers

Supported Employment



- Options other than “door to door” for non-medical reasons and at various times
- Timely and consistent transportation options

Transportation



Existing State Plan Service



Proposed Waiver Service

Proposed Eligibility Overview Based on Program Design Workgroup Feedback

The table below includes the updated service eligibility criteria based on feedback from the Program Design Workgroup.

SERVICE:	Targeted Case Management	Home and Community Based Services	Neurobehavioral Unit
LEGAL BASIS:	State Plan	1915(c) Waiver	State Plan
ELIGIBILITY:			
<i>Virginia Medicaid beneficiary</i>	Yes	Yes	Yes
Age	18 or older	18 or older	22 years of age or older
Diagnosis	Traumatic brain injury	Brain injury or neurocognitive disorder	Brain injury or neurocognitive disorder
Acuity	Severe	Level of care consistent with CMS's requirements	Level of care consistent with CMS's requirements
Functional need	Ongoing assistance to access necessary services	Moderate to severe functional deficits	Intensive program needed because clinically unmanageable in community due to neurological sequelae

Proposed Waiver Services Overview Based on Program Design Workgroup Feedback

- **Day and Employment Support Options**
 - Club House – Work Ordered Day Club House
 - Employment Specialist Services – Supported employment
- **Rehabilitation, Counseling, and Training Support Options**
 - Cognitive Rehabilitation
 - Consultation Services
 - Family Counseling And Training Services
- **Residential Support Options**
 - Transitional Living Services
 - Home Support Services
 - Supported Living
- **Community Support Options**
 - In-home Support Services
 - Respite Care
 - Non-Medical Transportation: Employment and Community Transportation
 - Personal Assistance Service
 - Assistive Technology/Environmental Modifications/Electronic Home-based Supports

Provider Enrollment Suggestions

- **Providers requested a straightforward enrollment process**
- **BI specific training of some kind is necessary for providers**
 - Many comments about how various providers do not understand brain injury and so misunderstand behavioral presentation
 - This training should be easily accessible and possibly free
 - Providers also noted need to balance recruitment/retention difficulties with training requirements
- **Potential sources for training might include:**
 - CARF
 - Veterans Affairs
 - Johns Hopkins
 - Sheltering Arms
 - CBIS curriculum
- **Additional BI trainings for case managers and MCOs to address needs**
 - For existing services in addition to new services

Other Suggestions to Consider in Service Definition Development

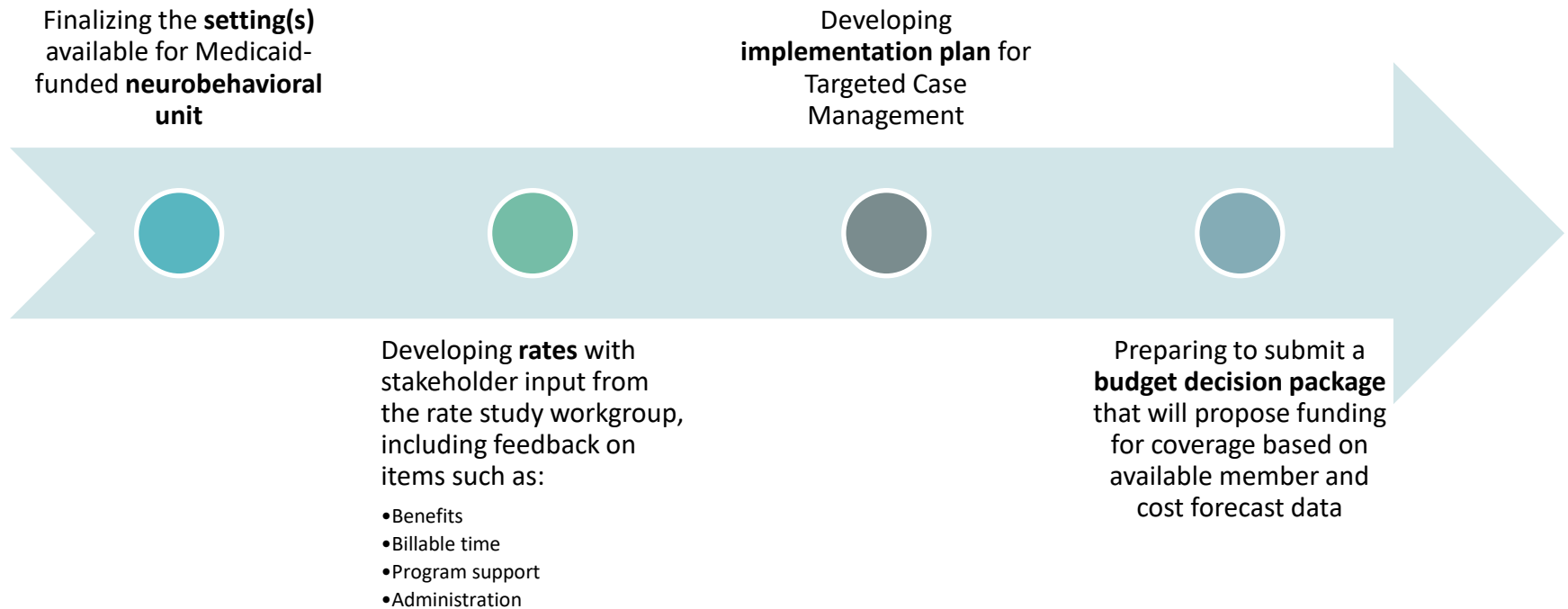
- **Recovery is not linear and each person with a BI has unique needs**
 - Request for some flexibility in eligibility and evaluation to allow individualization
 - There is general frustration with waiting lists, eligibility, and coverage related to existing waivers which further demonstrates the need for a new waiver
- **Training about BI is needed for all those involved**
 - For providers and the community, including employers and family members
 - Include de-escalation tactics, dealing with aggressive or verbally abusive behaviors
- **People with BI suggested that they need the following:**
 - More places to go where people understand them and their injury
 - Support with tasks of daily living in the community
 - Mentors or road maps to help navigate administrative questions
- **Providers suggested the following incentives for participation:**
 - DMAS could cover the costs of enrollment fees or training
 - DMAS could consider a “new team rate” to cover initial training costs for first few years

Resources Suggested for Brain Injury Community

- Assistive technology
- Employment
- Financial assistance (SSI, SSDI)
- Housing options
- Identification documents
- Legal assistance
- Peer support groups for families
- Public awareness
- Social networks

NEXT STEPS

Next Steps



GROUP INPUT



**THANK YOU FOR YOUR
PARTICIPATION!**

Questions or
comments?

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APPENDIX

2022 Legislative Requirements for DMAS

DMAS, “with relevant stakeholders, shall convene a workgroup to develop a plan for a neurobehavioral science unit and a waiver program for individuals with brain injury and neuro-cognitive disorders. ... The workgroup shall make recommendations in the plan related to relevant service definitions, administrative structure, eligibility criteria, reimbursement rates, evaluation, and estimated annual costs to reimburse for neurobehavioral institutional care and administration of the waiver program. The department shall include a rate methodology that supports institutional costs and waiver services.”

[Virginia 2022 Appropriation Act, Item 308 CC.1; 2023 Budget Amendment, Item 308 #1s \(proposed\)](#)

DMAS shall establish and implement effective July 2, 2023, a new State Medicaid Plan service, targeted case management (TCM) for “individuals with severe Traumatic Brain Injury”

[Va. Code § 32.1-325\(A\)\(31\)\(2022\)](#)

Targeted Case Management

Proposed Eligibility Criteria Description of severe TBI for TCM State Plan Amendment

Virginia Medicaid beneficiaries 18 years of age or older who reside in the community and meet all the following requirements.

- 1.) The eligible beneficiary has physician documented diagnosis of traumatic brain injury defined as brain damage due to a blunt blow to the head; a penetrating head injury; crush injury resulting in compression to the brain; severe whiplash causing internal damage to the brain; or head injury secondary to an explosion. Brain damage secondary to other neurological insults (e.g., infection of the brain, stroke, anoxia, brain tumor, Alzheimer's disease and other conditions causing dementia, and other neurodegenerative diseases) is not considered to be a traumatic brain injury.
- 2.) The TBI is severe and has caused chronic, residual deficits and disability, including significant impairment of behavioral, cognitive, and/or physical functioning resulting in difficulty managing everyday life activities, and has an ongoing need for assistance with accessing needed medical, rehabilitative, behavioral health, educational, vocational, and/or other services.
- 3.) The level of severity and the need for types of assistance will be measured using the Mayo Portland Adaptability Index (MPAI-4). Members are eligible for the program after completing the MPAI-4, when they score a T-score of 50 or higher on the MPAI-4.
- 4.) The MPAI-4 will be used, as stated above, during annual re-evaluation for the purpose of determining the need for continued level of care.

Note: This slide includes draft service and eligibility criteria that are subject to change.

1915(c) Waiver Services

Proposed Eligibility Criteria

Individuals 18 years of age or older that reside in the community or a level of care consistent with CMS requirements are eligible for VA Medicaid, and meet all the following requirements:

- 1.) The eligible beneficiary has physician documented diagnosis of brain injury causing physical, cognitive, socio-emotional, and/or neuro-behavioral impairments, resulting in moderate to severe functional deficits.
- 2.) The eligible beneficiary has any form of brain injury including strokes, infection of the brain or the meninges, anoxia, brain tumor, or brain injury caused by external force, referred to as traumatic brain injury. Beneficiaries with congenital brain injury, or those with Alzheimer's Disease and other conditions causing dementia, and other neuro-degenerative diseases, will not be eligible.
- 3.) The eligible beneficiary meets the CMS level of care required for a 1915(c) waiver.
- 4.) The eligible beneficiary, to function at their optimal level, requires the provision of at least one waiver service, at least monthly, as documented in the individualized assessment and service plan.
- 5.) In addition to using the MPAI-4, the level of severity and the need for types of assistance will also be measured using the Supervision Rating Scale (SRS). Members are eligible for the program after completing the MPAI-4 and the SRS, when they score: a. a T-score of 40 or higher on the MPAI-4, and b. a rating of 4 or higher corresponding to 'Level 3: Part-time Supervision' or higher level of supervision on the SRS.
- 6.) The MPAI-4 and the SRS will also be used, as stated above, during annual re-evaluation for the purpose of determining need for continued level of care.

Note: This slide includes draft services and service eligibility criteria that are subject to change; Service definition discussions are in progress

Neurobehavioral Unit

Proposed Eligibility Criteria

Individuals 18 years of age or older, that reside in the community or a nursing facility, are eligible for VA Medicaid, and meet all the following requirements:

- 1.) The eligible beneficiary has physician documented diagnosis of brain injury causing physical, cognitive, socio-emotional, and/or neurobehavioral impairments, resulting in moderate to severe functional deficits.
- 2.) The eligible beneficiary has any form of brain injury including stroke, infection of the brain or the meninges, anoxia, brain tumor, or brain injury caused by external force, referred to as traumatic brain injury. Beneficiaries with congenital brain injury, or those with Alzheimer's Disease and other conditions causing dementia, and other neuro-degenerative diseases, will not be eligible.
- 3.) The eligible beneficiary requires intensive program of supportive and interventional services for their neurocognitive and neurobehavioral sequelae caused by their brain injury, at an inpatient Neuro-behavioral unit (NBU) which is in compliance with CMS rules. The neurocognitive and neurobehavioral sequelae, although clinically unmanageable in the community, are expected to exhibit measurable improvement through the services offered at the NBU.
- 4.) The level of severity and the need for types of assistance will be measured using the Mayo Portland Adaptability Index (MPAI-4) and the Supervision Rating Scale (SRS). Individuals are eligible for admission into the NBU after completing the MPAI-4 and the SRS when the member scores: a.) a T-score of 40 or higher on the MPAI-4, and b.) a rating of 4 or higher corresponding to 'Level 3: Part-time Supervision' or higher level of supervision on the SRS.
- 5.) The MPAI-4 and the SRS will also be used, as stated above, during annual re-evaluation for the purpose of determining the need for continued level of care.

Note: This slide includes draft service eligibility criteria that are subject to change; Service definition discussions are in progress

Day and Employment Support Options

Club House

- Evidence-based practices focusing on individual needs to help them develop adaptive skills specific to work and social environments
 - Engages individuals and staff to run the Clubhouse in order to build work and interpersonal skills
 - Individuals are not paid or artificially rewarded for their work
 - Allows individuals to gain experience in administration, research, training, and other work areas
 - Goal is to assist and support individuals in securing and sustaining future paid employment

Employment Specialist Services – Supported employment

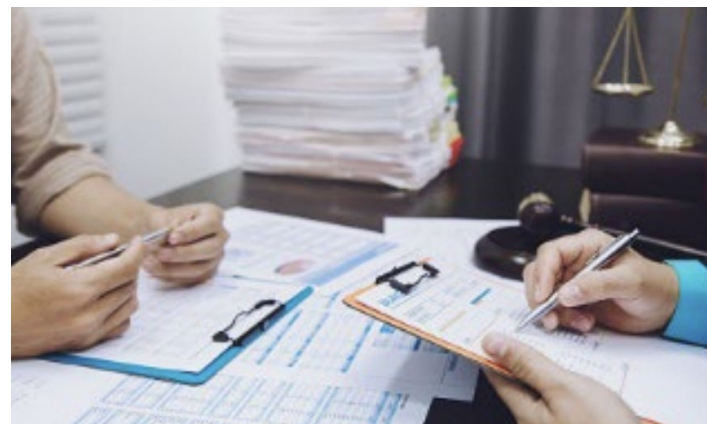
- Assist individuals in obtaining and maintaining employment
 - Includes career-planning services to identify appropriate employment opportunities
 - Provides necessary interventions at the workplace and workplace transitioning
 - Services provided by accredited individuals and agencies



Rehabilitation, Counseling, and Training Support Options

Cognitive Rehabilitation

- One-on-one therapy to improve cognitive skills to improve functional abilities
 - Assists in the restoration of cognitive function to remediate maladaptive behaviors for individuals whose work and life arrangements are at-risk
 - Includes cognitive evaluation, testing, assessment, counseling, and interventions
 - Teaches compensatory strategies to individuals



Consultation Services

- Provide habilitative and educational techniques to individuals and families, designed to decrease problem behaviors to assist individuals in acquiring skills to live independently in communities
 - **Behavioral consultation:** includes three levels of behavioral services depending on the severity, impact, and cause of problematic behaviors.
 - Behavioral services include using accepted practices and interventions
 - **Therapeutic Consultation:** provides assessment and intervention of needed services in a variety of areas (psychology, behavior, speech-language, occupational, physical, and others)

Rehabilitation, Counseling, and Training Support Options

Family Counseling and Training Services

- Services provided to the individual and family to increase capabilities in caring for the individual
 - Family members are the spouse, children, or other members not employed to care for the individual
 - Counseling is to help the individual or family members gain strategies to cope with stress, crises, depression, and psychosocial isolation



Residential Support Options

Home Support Services

- Individually-tailored support services that assist with the acquisition, retention, and improvement of life skills in order to live in the community
 - Provides three levels of support services of varying intensity to provide skills associated with activities of daily living, community inclusion, transportation, social development, and integration
 - Support levels include remote support (Level 0) and in-home (Level 1) for those that do not need 24/7 care; Level 2 and Level 3 support is for individuals in residential or provider-owned facilities that need more intense support services to maximize independence and skill development

In-Home Support Services

- Supplements individual and caregiver care associated with adaptive skills necessary to live at-home and in the community
 - Provides skill-building for those living at-home to improve self-help, socialization, and skills associated with activities of daily living
 - Supports individuals to replace challenging behaviors with acceptable behaviors
 - Provides support with transportation to and from community resources

Residential Support Options

Supported Living

- Assist and provide skills for individuals to acquire and maintain skills for self-care, self-directedness, and participating in the community
 - Provide skills to individuals to sustain oneself in the physical environment: self-advocacy, manage budgets, plan and make meals, use community resources
 - Increase socialization, communication, and interpersonal skills
 - Provide non-medical transportation to community services



Community Support Options

Personal Assistance Care Services

- Provide direct support and supervision with activities of daily living, administration of medication, monitoring health, and work/school assistance
 - Assistance can be provided either through agency- or consumer-directed models
 - Individuals should have a demonstrable need for the services and can receive both agency- and consumer-directed care, if needed
 - All support providers must be registered with DMAS or employed by a VDH-licensed facility with appropriate training and certification



Community Support Options

Assistive Technology/Environmental Modifications/ Electronic Home-based Supports

- Improve an individual's functional status through use of assistive technology (AT)
 - Assistive technology is any item, equipment, or system that improves an individual's functional status
 - Services include impact evaluation, acquisition, customization, and maintenance of AT
 - Provides training and technical assistance to individuals
- Environmental modifications
 - Provides physical adaptations to an individual's home or vehicle
 - Ensures individual's welfare and independence
- Electronic Home-based Support
 - Goods and services that allow individuals to use technology for independence and self-determination



Community Support Options

Respite Care

- Provide temporary substitute care on a short-term basis due to the absence or need for routine primary care
 - Care can be provided either in-home, in the community, or center-based (if agency-directed)
 - Individuals qualify with a demonstrable need for assistance with activities of daily living, community access, self-administration of medicines, or monitoring health status
 - Respite care can be due to an unpaid caregiver expressing a need for relief
 - Respite care providers and agencies shall meet administrative requirements

Transitional Living Services

- Intensive 24-hour services provided in an assisted living setting, designed to facilitate comprehensive services to help individuals transition to home/community
 - Only provided within 18 months of a first brain injury or 3 months for a second injury; the duration of the services continue as long as medically needed
 - Services are comprehensive, including assessment, training, and skill (sensory, motor, communication, interpersonal, socialization, behavioral, occupational) development
 - Providers must be CARF-Accredited as Residential Rehabilitation or Brain Injury Programs

Community Support Options

Non-Medical Transportation: Employment and Community Transportation

- Promote independence by providing non-medical transportation to work, community events, social activities and events, places of worship, and others
 - Service may be provided by family or community members
 - Transportation includes to and from other waiver services
 - Includes the purchase of public transit passes



Neurobehavioral Science Unit Overview

- Provides neurological/neurobehavioral assessment and service plan to progress individuals for community re-entry
 - Provides a multidisciplinary intensive treatment plan for individuals, including behavioral health, cognitive, and rehabilitation professionals
 - Supports community integration through therapy and other services that help improve communication abilities, psychosocial functioning, and ability to self-regulate mental and emotional states
 - Services are facility-based in nursing facilities, specialized nursing facilities, or dedicated neurorehabilitation/neurobehavioral facilities

