Brain Injury Services
Focused Program Design Workgroup

May 3, 2023

Agenda

• **Welcome**	5 minutes
• **Neurobehavioral Unit** – rate development assumptions	40 minutes
• **Targeted Case Management** – rate development assumptions	10 minutes
• **Wrap up**	5 minutes

Meeting Purpose

(5 minutes)

Program Design Workgroup: *Purpose, Goal, and Approach*

Purpose - Obtain targeted feedback on service intensity for the neurobehavioral unit (assumptions about amount, frequency, and staffing by the interdisciplinary team) and targeted case management rate assumptions

Goal - Develop well-supported recommendations to share with other stakeholders and for DMAS to use in its decision-making

Approach – Share your input and address rate-setting questions related to the clinical service structure, which is a main driver of care quality and reimbursement rates

Neurobehavioral Unit

Service Intensity Recommendations

(40 minutes)

Neurobehavioral Unit (NBU)

Nursing facility or residential rehabilitation setting

Proposed Eligibility Criteria

1. Individuals 18 years of age or older, and eligible for VA Medicaid
2. Physician diagnosis of brain injury or neurocognitive disorder
3. Meets level of care and services consistent with CMS's requirements
4. Reasonable expectation for measurable improvement
5. Present with significant neurobehavioral sequalae that are clinically unmanageable in the community or standard institutional setting and require a level of care and behavioral support available in a neurobehavioral unit
6. Individuals are eligible after completing the MPAI-4 and the SRS with:

   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

Proposed Service Definition

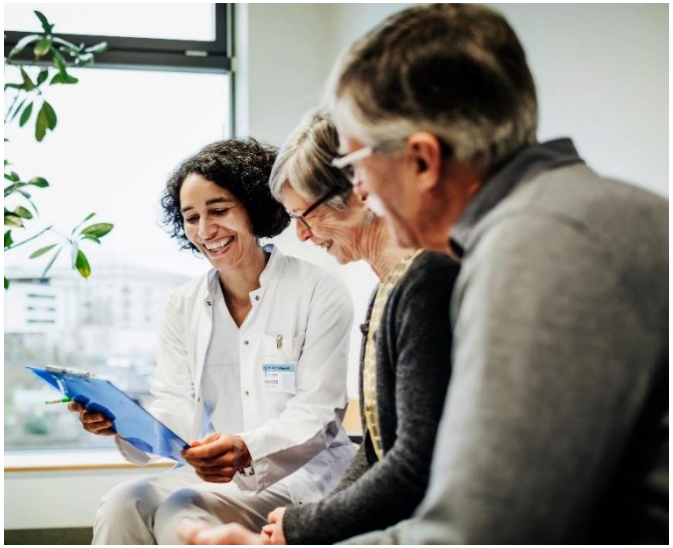
1. Neurological assessment and neurology consultation
2. Service plan is developed and monitored by a licensed therapist and inter-disciplinary team
3. Psychopharmacological assessment
4. Interdisciplinary intensive neurobehavioral/ neurocognitive treatment evenly distributed over six (6) days per week including services delivered by rehabilitation professionals, behavioral health professionals, cognitive therapists, and BCBA
5. Therapy services, delivered by rehabilitation professionals including OT, RPT, SLP, and under the direction of a licensed therapist, COTA or PTA meeting competencies for caring for patients with brain injury
6. Daily active or passive ROM activities, monitored by a licensed therapist, when indicated
7. Community-based OT at least once per week to support vocational skills and community re-integration or discharge

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

Neurobehavioral Unit (NBU) Rate Development

- 2 Rate Types Under Development
  - 1) **Nursing Facility (NF) Add-on Rate**
  - 2) **Freestanding Facility Rate**

- **Today's Discussion is Focused on the NF Add-on Rate Only**



NBU NF Add-on Rate
Covers the Additional NBU Services Required by the Program

Core NF Rate Components

- **Direct Operating Rate**
  - Nursing (RN, LPN, CNA)
  - Therapy Services
    - PT/OT/SLP
    - Restorative
    - Recreational
  - Social Services, Drugs, Etc.
- **Indirect Operating Rate**
  - Dietary
  - Housekeeping/Laundry
  - Admin, Ancillaries, Etc.
- **Capital/Plant Rate**
- **Add-on Rates**
  - Value Based Purchasing
  - Nurse Aide Training (NATCEP) Criminal Records Checks (CRC)

Additional NBU Services

- Neurological assessment upon admission
- Neurobehavioral/neurocognitive service plan
- Psychopharmacological assessment (admission and periodic)
- Multidisciplinary intensive neurobehavioral/neurocognitive treatment
- Community-based occupational service activities
- Therapy services, including daily active or passive range-of-motion (ROM) activities, monitored by a licensed therapist

NBU Services:
How Much (Amount) and How Often (Frequency)?

Service Description	Staff Time Amount & Frequency	Recommendations
1. Neurological assessment & neurology consultation (admission & periodically)	Assumption: 4 hours for an admission assessment and 2 hours for a re-evaluation	
2. Neurobehavioral/neurocognitive service plan	Assumption: minimum of 1.75 per hour per individual per week	
3. Psychopharmacological assessment (admission and periodically)	Assumption: 1 hour at admission & 0.5 hours per quarter	
4. Interdisciplinary intensive neurobehavioral/neurocognitive treatment	How much time does this take: e.g., minimum of six 45-minute sessions of neurobehavioral/neurocognitive treatment per week?*	
5. Therapy services – Baseline (Usual NF level of service at max of 1.7 hours per day)	Do people in a NF/NBU with brain injury need more than 1.7 hours PT/OT/SLP therapy per day?	
5a. Clinical Director/Supervisor	Minimum 3 therapy hours 6 days per week?	
6. Therapy services - Daily active or passive range-of-motion (ROM) activities	What is the service mix by therapy type (PT/OT/SLP, Restorative, Recreational, etc.)?	
7. Community-based activities	How much time does this take?	

NBU Staffing Requirements

Service Description	Certifications/ Degree Level	Service Provider Questions	Recommendations
1. Neurological assessment & neurology consultation (admission & periodically)	Licensed Behavioral Psychologist, Licensed Neuropsychologist	Either one may do assessment?	
2. Neurobehavioral/neurocognitive service plan "Teaming"	Licensed Neuropsychologist, PT/OT/SLP, Cognitive Behavioral Specialist, Nursing, Dieticians, Licensed Behavior Analysts/BCBA	All of these on every team?	
3. Psychopharmacological assessment (admission and periodically)	Physicians, Physician Extenders	Does Physician do initial assessment and Physician Extender do follow up?	
4. Interdisciplinary intensive neurobehavioral/ neurocognitive treatment	Rehabilitation Professionals, BH professionals, Cognitive Therapists, Board-Certified Behavioral Health Analysts (BCBA)	All of these on every team? If so, how many hours for each team member?	
5. Therapy services – Baseline (Usual NF level of service at max of 1.7 hours per day)	PT/OT/SLP		
5a. Clinical Director/Supervisor	PT/OT/SLP, LPC, LCSW, Psychologist, BCBA	Are any one of these acceptable as the Clinical Director?	
6. Therapy services - Daily physical and cognitive rehab, additional psych services	Trained CNAs, LPC, LCSW, Psychologist, BCBA	All of these on every team? If so, how many hours for each professional?	
7. Community-based activities	Bachelors level staff		

NBU Care Model

Service Description	Caseload Model	Recommendations
4. Interdisciplinary intensive neurobehavioral/ neurocognitive treatment	How much of these services are: 1) group therapy type activity, 2) "team" treatment (multiple therapists treating one person simultaneously), or 3) a 1:1 traditional delivery style?	
5. Therapy services – Baseline (Usual NF level of service at max of 1.7 hours per day)		
6. Therapy services - Daily active or passive range-of-motion (ROM) activities		
7. Community-based activities		

Targeted Case Management

Service Intensity

(10 minutes)

DRAFT

Targeted Case Management Fiscal Impact

SFY2024 Targeted Case Management Annual Fiscal Impact Estimate

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1. TCM Brain Injury Population Size – Age 18+
(TBD – VA Claims Data)

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2. SFY2024 TCM Monthly Rate
(TBD – Per Member Per Month)

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3. TCM Annual Utilization Assumptions
(TBD with Clinical Experts)

TCM Service Delivery - Discussion Questions

1. What is the “minimum service intensity” as defined by:
   - Frequency of Client Encounters: Average number of client visits per month or per year. How often is the frequency reassessed?
   - Types of Visits: Proportion of face-to-face vs. virtual visits
   - Duration of Visits: Average number of hours per visit
2. What are potential standards to define usual level of daily/weekly/monthly contacts per member for active high-touch cases (e.g., new cases, periods of crisis, level of care, functional limitations)?

Wrap Up

Next Meeting: Tuesday, May 16 , 12:30-2:30

Next Steps/Timeline

Next Steps

Finalize **setting(s)** available for Medicaid-funded **neurobehavioral unit**

Develop **rates** with input from the rate study workgroup, on items such as:

- Benefits
- Billable time
- Program support
- Administration

Develop TCM **implementation plan**

Prepare **budget decision package** with funding proposal for based on available member and cost forecast data

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.

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

Focused Program Design Workgroup Members

COLLABORATION TEAM	
Beatty, Kara	Resilience Health LLC
DeBiasi, David	Brain Injury Assn of VA
Hardesty, Kathleen	Sentara Healthcare
Harding, Victoria	Neurorestorative VA
Larson, Dana	Tree of Life Services /Collage Rehabilitation
Lindstrom, John	Richmond Behavioral Health
Mangilit, Linsey	Optima Health
Marcopulos, Bernice	JMU/UVA
McDonnell, Anne	Brain Injury Assn of VA
McKay, Colleen	BCBA
Meixner, Cara	JMU/BI Council
Peratsakis, Demetrios	Western Tidewater CSB
Swan, Jamie	Anthem
Velickovic, Ivan	Neurorestorative VA
Wilson, Monique	Neuropsychologist
Witt, Michelle	ABA Practitioners
Young, Jason	Alliance of Brain Injury Service Providers

STATE AGENCY
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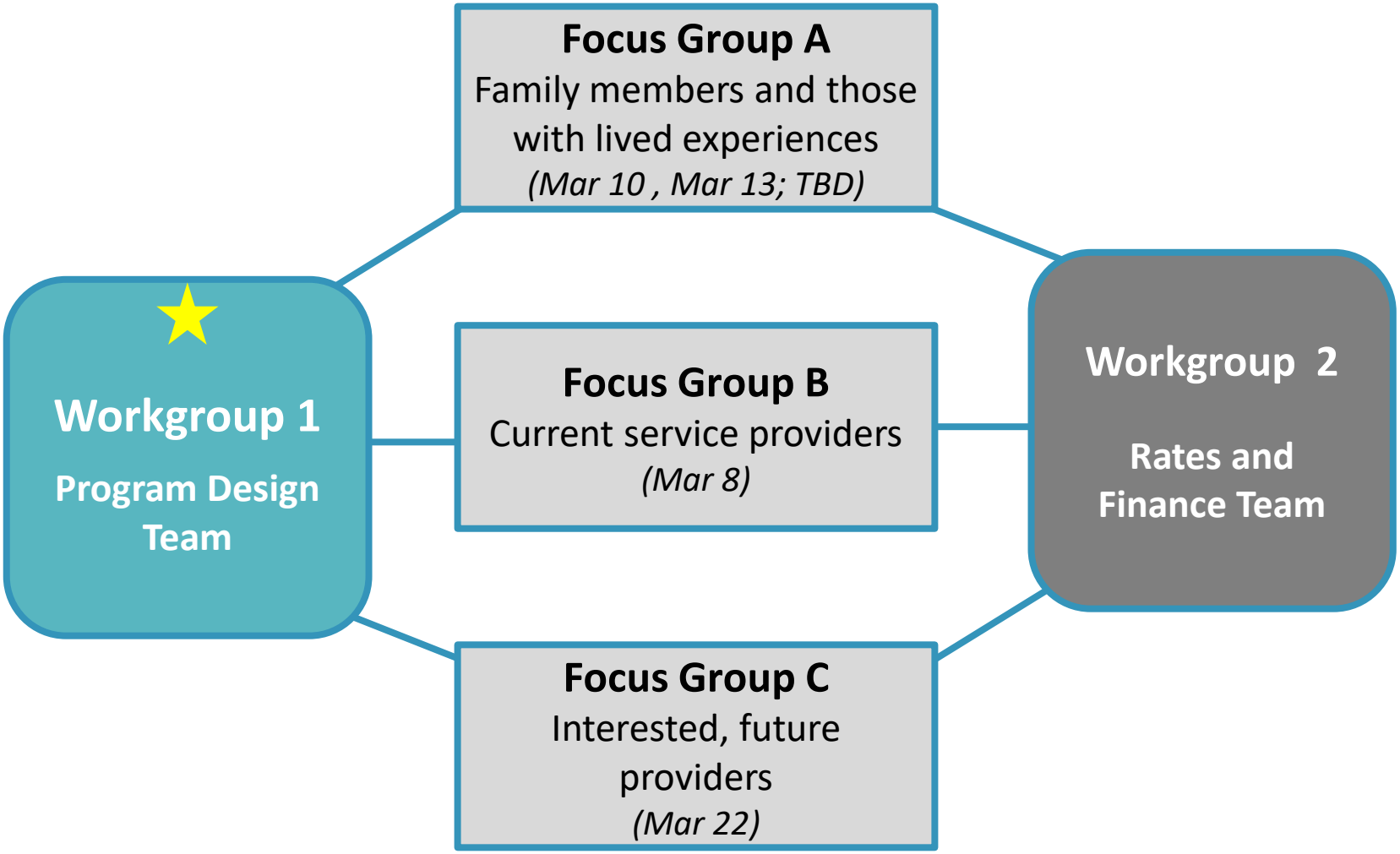
Miller, Christiane
Thissen, Rhonda
Whitlock, Tammy
CONSULTANTS
Lackey , Roya
Garbarino, David
Lindman, Grant
LeeAustin, Sonja A
McDowell, Lisa
McCaffrey, Marybeth
Grenier, Michael
Hicks, Sharon

Allowing Designated Time for Distinct Inputs



Our Role as Facilitators

1. Obtain comprehensive inputs for Virginia Department of Medical Assistance Services (DMAS), consistent with the legislative intent and within the time limits we have

2. Record and synthesize input from the workgroups and focus groups

3. Elevate concerns and need for key decisions to DMAS

Your Role as Participants

Raise Hand

Use the raise hand feature to hold your place in “line” to speak in activities where there is a lot of discussion

Mute

Use the mute feature to avoid echoes and background noise when you are not speaking

Chat Box

Use the chat box feature to send messages to the group for all to see