

**BRAIN INJURY SERVICES
TARGETED CASE MANAGEMENT
PROGRAM POLICY TRAINING**

**Division of High Needs Supports
Complex Care Services**

Virginia Department of Medical Assistance Services

Presentation for Providers of Brain Injury Services Targeted Case Management

Date: September 28, 2023

Agenda

- Housekeeping rules – slide 3
- Overview of the training – slide 4
- Acronyms Used – slide 5
- Training – slides 6 through 30
- Additional information – slide 31
- Question-answer session – slide 32

Housekeeping rules

- All lines will be muted until Q-A session. Please keep your respective line on mute if you're not speaking during the Q-A session.
- Please type all your questions in chat. Please enter your email address in the chat before typing your question. Only enter your email once/at the beginning, and not for follow-up questions.
- All questions in the chat will be addressed during the Q-A session.
- 'Raise Hand' feature may be used only during Q-A session.
- Those joining by phone will be given the opportunity to unmute themselves and ask questions if any. Please hold off on asking questions until prompted to.
- May need to take back questions to respond later, to be able to answer fully and accurately.

Overview of Today's Training

- Background and Introduction – Slide 6
 - Legislative mandate
- Details about the BIS TCM benefit – Slides 7 through 16
 - What is BIS TCM – Slides 7, 8
 - Billing codes and reimbursement rates for BIS TCM – Slide 9
 - Eligibility Criteria for BIS TCM – Slides 10, 11
 - Overview of the MPAI-4 assessment tool – Slides 12, 13
 - Scoring on the MPAI-4 – Slide 14
 - Additional MPAI-4 scoring criteria for identifying those with severe TBI – Slides 15, 16
- What does it mean for providers of BIS TCM – Slides 17 through 31
 - Qualification and certification requirements – Slide 17
 - Providers' roles and responsibilities – Slide 18
 - Referral, Intake and Assessment process – Slides 19 through 25
 - Implementation of ISP/POC – Slide 26
 - Reassessment and Continuation of services – Slide 27
 - Working with the MCOs: MCO CC role - Slide 28, 29, 30

Acronyms Used

- ABD = Adverse Benefit Determination
- BIS case manager = Case Manager from the BIS TCM provider entity
- BIS TCM = Brain Injury Services Targeted Case Management
- IRF, SNF, ALF = Inpatient rehabilitation facility, skilled nursing facility, assisted living facility
- ISP/POC = Individualized Service Plan/Plan of Care
- MCO CC = Care Coordinator from the Managed Care Organization
- MNC = Medical necessity criteria
- MPAI-4 = Mayo Portland Adaptability Inventory
- PCP = primary care physician
- PT, OT, SLP = Physical therapist, occupational therapist, speech-language pathologist
- SA = service authorization

Background and Introduction

Legislative mandate:

Targeted Case Management for Severe Traumatic Brain Injury

The Virginia Acts of the Assembly, 2022 Special Session I, HB680 directed the Department of Medical Assistance Services (DMAS) to implement a new case management service for individuals with severe traumatic brain injury in the Medicaid program.

Brain Injury Services Targeted Case Management

What is Brain Injury Services Targeted Case Management (BIS TCM)?

BIS TCM are state plan case management services for Medicaid eligible individuals living in the community, age 18 years or older, who have a physician-documented diagnosis of traumatic brain injury (TBI); and who have severe functional limitations due to their TBI as indicated by the Mayo Portland Adaptability Inventory (MPAI-4) assessment. Individuals residing in an inpatient facility may qualify for BIS TCM if being discharged to community within 180 days.

BIS TCM is state plan benefit (and is not a waiver benefit) designed to provide service coordination and person-centered planning with and for members who have sustained a traumatic brain injury.

Brain Injury Services Targeted Case Management

Targeted Case Management is a service that include the following activities

- Assessing and planning services
- Linking the individual to services and supports identified in the individual support plan;
- Assisting the individual directly for the purpose of locating, developing, or obtaining needed services and resources;
- Coordinating services and service planning with other agencies and providers involved with the individual;
- Enhancing community integration;
- Making collateral contacts to promote the implementation of the individual support plan and community integration;
- Monitoring the individual to assess ongoing progress and ensuring that authorized services are delivered; and
- Educating and counseling the individual, family member, or legal representative, to develop supportive relationships that promote the individual support plan for the direct benefit of the individual.

Brain Injury Services Targeted Case Management

BIS TCM Billing Codes and Reimbursement Rates

- Billing Codes: The following codes are billed as a monthly unit* as authorized by the MCO or FFS vendors
 - S0280 = Assessment for BIS TCM services
 - S0281 = BIS TCM services (Requires Prior Authorization)
- Reimbursement rate:
 - for one unit of each of S0280 and S0281 is \$380.56
(awaiting CMS approval)

*Please be on the lookout for additional training diving deeper into the service authorization, billing and claims processes.

Eligibility criteria

To be eligible to receive brain injury case management services, the individual must be Medicaid-eligible (enrolled), reside in the community or be planning for discharge to the community from any facility type within 180 days.

- Individuals shall have a physician-documented diagnosis of traumatic brain injury (TBI) with associated functional impairments resulting from the injury that meet the severity threshold.
- Members must meet the TBI diagnostic criterion:
 - A TBI is defined as brain damage due to a blunt blow to the head; a penetrating head injury; injury resulting in compression to the brain; severe whiplash causing internal damage to the brain; or head injury secondary to an explosion.
 - Exclusions: 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 TBI.

Eligibility criteria (continued..)

- The TBI is severe as indicated by a T-score of 50 or above on the Mayo-Portland Adaptability Inventory (MPAI-4), 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 an ongoing need for assistance with accessing needed medical, social, educational, behavioral health, and other services.
- If an individual has a MPAI-4 T-score of 50 through 59 the individual must meet **at least one** of additional item-specific scoring criteria on the assessment that would be indicative of severe functional deficits:
 - These include the areas of mobility and use of hands under Physical abilities; attention/concentration, memory, fund of information, and problem-solving abilities under Cognition; depression, irritability/anger or aggression, and impaired self-awareness under the subdomain of Adjustment; and presence of psychotic symptoms post-injury, or having severe difficulties in performing one's selfcare under the subdomain of Participation.

The Mayo-Portland Adaptability Inventory (MPAI-4)

Overview

- The Mayo-Portland Adaptability Inventory (MPAI-4) was designed to:
 - assist in the clinical evaluation of people during the post-acute (posthospital) period following brain injury,
 - assist in the evaluation of rehabilitation programs designed to serve these people, and
 - better understand the long-term outcomes of brain injury
 - Can be used by non-clinical staff with appropriate training
- 3 Indices/Sub-scales: Abilities, Adjustment, Participation
- Scoring: T-score: Indicative of extent of functional deficits
 - T-score 40 – 50: Mild to moderate functional deficits
 - T-score 50 – 60: Moderate to severe functional deficits

More about MPAI-4 assessment tool...

- **Who is responsible for the completion of the MPAI-4?** BIS case manager completes in consensus with the Individual/Member with the TBI, and their family member/caregiver/significant other (SO)
- **When should the MPAI-4 be administered?** At the time of the Assessment Process – Initial assessment, and during reassessment for determination of need for ongoing services. This may take several sessions to complete.
- **What purpose does it serve?**
 - Identifying if member meets functional eligibility criterion/severity criterion (both: initial assessment and reassessment)
 - Critical for effective care planning, and for revealing problem areas

The Mayo-Portland Adaptability Inventory (MPAI-4)

Review of the MPAI-4 assessment tool – purpose, components, scoring:

- The Mayo-Portland Adaptability Inventory (MPAI-4) was designed to:
 - assist in the clinical evaluation of people during the post-acute (posthospital) period following brain injury,
 - assist in the evaluation of rehabilitation programs designed to serve these people, and
 - better understand the long-term outcomes of brain injury
 - Can be used by non-clinical staff with appropriate training
- 3 Indices/Sub-scales: Abilities, Adjustment, Participation
- Scoring: T-score: Indicative of extent of functional deficits
 - T-score 39 and under: Mild functional deficits
 - T-score 40 – 49: Mild to moderate functional deficits
 - **T-score 50 – 59: Moderate to severe functional deficits – One additional criteria as listed on the next slide** (from one the 3 indices/sub-scales above or the 'Pre-existing conditions' section on the MPAI-4 scoring sheet) **needs to be met**
 - **T-score 60 and over: Severe functional deficits**

Additional MPAI-4 scoring criteria explained...

- If the MPAI-4 T-score is 60 or greater, then the member meets the functional eligibility criterion of having severe functional deficits as a result of their TBI.
- If the MPAI-4 T-score is less than 60, but greater than or equal to 50 (MPAI-4 T-score in the range of 50 through 59), then complete the table below of additional item-specific scoring criteria to identify if the member meets the functional eligibility criterion of having severe functional deficits due to the TBI.
- The RESPONSE to AT LEAST ONE item-specific scoring criterion among all of the below item-specific scoring criteria under either one of the four parts: Part A: Ability Index, Part B: Adjustment Index, Part C: Participation Index, and Part D: Pre-existing and Associated Conditions; NEEDS to BE a “YES” to meet the eligibility criterion of having severe functional deficits as a result of the TBI.

Table for Additional MPAl-4 scoring criteria

If criterion met: Check the box in the "YES" column. If criterion not met: Check the box in the "NO" column		Item-Specific Scoring Criterion
		ABILITY INDEX
YES	NO	Physical Abilities
<input type="checkbox"/>	<input type="checkbox"/>	A score of 4 on Item 1: Mobility <i>and</i> A score of 4 on Item 2: Use of Hands
<input type="checkbox"/>	<input type="checkbox"/>	A score of 4 on Item 3: Vision <i>and</i> A score of 4 on Item 4: Audition
YES	NO	Cognition
<input type="checkbox"/>	<input type="checkbox"/>	A score of 4 on Item 8: Attention/Concentration
<input type="checkbox"/>	<input type="checkbox"/>	A score of 4 on Item 9: Memory <i>and</i> A score of 4 on Item 10: Fund of Information
<input type="checkbox"/>	<input type="checkbox"/>	A score of 4 on Item 9: Memory <i>and</i> A score of 4 on Item 11: Novel Problem-solving
YES	NO	ADJUSTMENT INDEX
<input type="checkbox"/>	<input type="checkbox"/>	A score of 4 on Item 14. Depression
<input type="checkbox"/>	<input type="checkbox"/>	A score of 4 on Item 15. Irritability, anger, aggression
<input type="checkbox"/>	<input type="checkbox"/>	A score of 4 on Item 20. Impaired self-awareness
YES	NO	PARTICIPATION INDEX
<input type="checkbox"/>	<input type="checkbox"/>	A score of 4 on Item 25: Self-care
YES	NO	PRE-EXISTING and ASSOCIATED CONDITIONS
<input type="checkbox"/>	<input type="checkbox"/>	POST-INJURY SCORE: A score of 4 on Item 32: Psychotic symptoms

What does it mean for providers of BIS TCM

Qualification and Certification requirements

- Minimal required educational qualification:
 - any Bachelor's degree, or..
 - an RN degree

AND

- Required certification:
 - Certified Brain Injury Specialist (CBIS) certification, or..
 - Qualified Brain Injury Support Professional (QBISP) certification

What does it mean for providers of BIS TCM

Providers' roles and responsibilities

Targeted Case Management is a service that include the following activities:

- Assessing and planning services;
- Linking the individual to services and supports identified in the individual support plan;
- Assisting the individual directly for the purpose of locating, developing, or obtaining needed services and resources;
- Coordinating services and service planning with other agencies and providers involved with the individual;
- Enhancing community integration;
- Making collateral contacts to promote the implementation of the individual support plan and community integration;
- Monitoring the individual to assess ongoing progress and ensuring that authorized services are delivered; and
- Educating and counseling the individual, family member, or legal representative, to develop supportive relationships that promote the individual support plan for the direct benefit of the individual.

Providers' roles and responsibilities

Referral, Intake and Assessment Process

The BIS TCM provider entity's role is ...

- Identifying where the members with TBI reside
- Assisting in completing documentation
- Confirming diagnosis of TBI from member's MD
- Confirming functional eligibility for BIS TCM services using MPAI-4
- Developing ISP/POC that will meet member's needs, if member meets MNC
- Implementing ISP/POC upon receiving authorization from MCO for BIS TCM services
- Reassessing for continuation of services, or in the event of a new TBI (triggering event)

Referral process

Where are members with TBI and how do they find providers

Members with TBI:

- May be residing in community, or an inpatient facility (plan to discharge within 6 months)
- May be residing in an Inpatient facility: hospital, inpatient rehab hospital (IRF), skilled nursing facility (SNF), or an assisted living facility (ALF) – social worker at the facility can initiate the referral process

Referral:

- A referral may be made by the member's outpatient care provider: PCP or other care providers in different healthcare settings: PT, OT, SLP, social worker.
- Self referral: The member may contact their MCO or DMAS
- MCO referral: **The MCO CC can then assist by connecting the member with contracted BIS TCM providers**

Documentation:

- If member meets eligibility criteria, and wishes to receive BIS TCM services:
 - If receiving other case management services, MCO will provide an Adverse Benefit Determination (ABD), member choice form, and appeal rights
- BIS case manager will submit documentation for service authorization
 - Authorization form: primary diagnosis of TBI and ICD-10 code, documentation of initial assessment, request for authorization of case management (BIS TCM) services
 - Attachments: MD documentation confirming diagnosis and ICD-10 code (existing medical records with the member, or an MD letter of attestation), MPAI-4 scoring sheet
- If member does not meet eligibility criteria, and wishes to receive BIS TCM services, MCO will provide them with appeal rights. **The MCO CC will help to coordinate finding appropriate covered services for the member.**

Assessment process

- The BIS case manager will determine whether the member meets the diagnostic criterion of TBI (one of the ICD-10 codes).
- The member may have medical documentation available with them stating the diagnosis.
- The BIS case manager may reach out to the **member's MCO CC to obtain contact information of the MD who can confirm diagnosis of TBI**, based on the medical records with the MCO.
- If MD documentation stating the TBI diagnosis is not available, the BIS case manager will obtain an attestation from an MD (member's PCP) confirming the diagnosis of TBI.
- If a PCP is not established, the **MCO CC will assist the BIS case manager in identifying an MD provider to contact for this purpose.**

The BIS case manager will:

- If diagnostic criterion of TBI is met, the BIS case manager will determine the next medical necessity criterion - functional eligibility.
- For determining functional eligibility, the BIS case manager will:
 - Conduct a face-to-face evaluation where the member resides.
 - Administer the MPAI-4 assessment in consensus with the member and their significant other
 - Determine if member meets functional eligibility based on the MPAI-4:
 - T-score needs to be 50 or higher:
 - If T-score is 60 or higher, then the member meets the functional eligibility criterion
 - If T-score is in the range of 50-59, then meets one of the additional scoring criteria.
 - If T-score 49 or lower, member does not meet the functional eligibility criterion.

Assessment process continued..

The BIS case manager will:

- Interpret the MPAI-4 scoring results for comprehensive service planning purposes.
- Make a plan: individualized service plan or plan of care (ISP/POC) to provide person-centered services
- If member meets assessment criterion, submit SA form for case management.
- Submit the service authorization form with the MD-documented diagnosis of TBI (with ICD-10 code) (existing medical records with member or a new MD attestation) and the completed MPAI-4 scoring sheet.
- If member does not meet requirements, the provider may choose to bill for assessment and for requesting authorization for case management (BIS TCM) services.
- Upon receiving authorization for BIS TCM services, initiate implementation of the submitted ISP/POC

Developing the Individualized Service Plan as part of the Intake and Assessment process

The BIS case manager will use all the member-related information gathered to:

- Assess the member's immediate service, health, and safety needs to determine the appropriate services, and the level of urgency of the needed services.
- Determine services that not only meet the member's identified needs, but also as much as possible align with their care preferences.
- Explore the use of local community resources available to the public to potentially meet member needs.

Implementation of ISP/POC by the BIS case manager

Following the completion of the BIS assessment and approval for BIS TCM services by the MCO, BIS TCM services will include but will not be limited to the following activities:

- Assessing and planning services – This step will have been accomplished by this phase
- Linking the member to services and supports identified in the member support plan, assisting the member directly for the purpose of locating, developing, or obtaining needed services and resources.
- Coordinating services and service planning with other agencies and providers involved with the member, enhancing community and service integration.
- Making collateral contacts to promote the implementation of the member service plan and integrated care.*
- Monitoring the member to assess ongoing progress and ensuring that authorized services are delivered and to prevent any disruptions in services;* and
- Educating and counseling the member, family, or legal representative to guide them to develop supportive relationships that promote the member service plan for the direct benefit of the member.

*These include being in communication with the treating providers and attending the ICT meetings organized by the member's MCO.

BIS TCM Reassessment and Continuation of Services

Reassessment would be needed in following scenarios:

- Completion of initial 6 months of BIS TCM services authorized
- Reassessment every 6 months thereafter
- Reassessment can be done any time if there is a triggering event of a new TBI

Continuation of Services would be justified if:

- Member continues to meet the functional eligibility criterion (meets one of the MPAL-4 scoring criteria for eligibility of BIS TCM services) upon re-administration of the MPAL-4 as part of the 6 months' reassessment.
- When requesting for authorization of continuation of services, the member's MCO will require the BIS TCM provider submit an updated POC which meets the MCO's case management standards.

Working with the MCOs: MCO CC role during Referral, Intake and Assessment process

The MCO CC will assist the member and the BIS case manager by

- The MCO CC will support new cases by assisting the BIS case managers with locating active service providers from the MCO's networks.
- Service providers who might be needed to assist the BIS case manager by informing the BIS TCM Assessment (consensus scoring on the MPAI-4) may include but are not limited to:
 - Any rehabilitative or treatment providers
 - Recent facilities and/or hospitals
 - CCC Plus and DD Waiver service providers
 - Physicians and any PCP assignments
 - Specialists
- Informing the BIS case manager about the contact information of the MD who can provide the ICD-10 diagnosis of TBI (if not available with the member).

MCO CC role during Referral, Intake and Assessment process continued..

- ❑ If medical records available with the member do not state the diagnosis of TBI, then recommending MD providers in the MCO network for the BIS case manager to obtain MD attestation confirming the member's ICD-10 diagnosis of TBI.
- ❑ If member does not meet MNC for BIS TCM, coordinating to find the appropriate and needed care for the member.
- ❑ Reviewing the ISP/POC developed and submitted by the BIS case manager for members who meet MNC for BIS TCM.
- ❑ Ensure member's access to BIS TCM services by determining whether the BIS TCM provider entity has the capability and staffing to provide ongoing support coordination if the member meets BIS TCM MNC.

MCO CC - Coordination of Care Opportunities

- A coordinated communication process is needed between the MCO CC and the BIS case managers for members being assessed for and/or receiving the BIS TCM services.
- For members that do not qualify for BIS TCM, the MCO CC needs to be made aware of member status by the BIS case manager, for ongoing coordination of care purposes.

Additional Information

- Contact us with any questions/concerns at:
braininjuryservices@dmas.virginia.gov
- Find additional information about the benefit and the DMAS BIS project at: <https://www.dmas.virginia.gov/for-providers/long-term-care/programs-and-initiatives/brain-injury-services/>
- The BIS TCM Provider Manual can be found at:
<https://vamedicaid.dmas.virginia.gov/sites/default/files/2023-08/BIS%20Case%20Management%20Supplement%20%28updated%208.28.23%29%20Final.pdf>

Question-Answer Session

