Barbara Seymour/DMAS - presented material on four (4) state TCM models (IA, SC, VT, and WV) – see handout with breakdown per state. Criteria used to conduct research is as follows:

- Service Model
- Case Management definition
- Service requirements
- Caseloads
- License/accreditation requirements
- TCM staff educational requirements

DMAS staff gathered feedback from workgroup participations specific to each state. Details is listed below:

IOWA

➔ **Comments/remarks**

Jason Young/Community Brain Injury – CM provided in VA is State funded, however, individual needs goes beyond the scheduling of appointments, etc. This population may also need assistance with attending appointments, etc. Some individuals have no advocate or family members.

Brian Campbell/DMAS – Iowa is basic model.
Daniela Pretzer/The Bridge Line – legal appointments may also be important to attend.

Chris Miller/DARS – consider including the provision of support to appointments and linking To natural supports on a go-forward.

Monitoring and follow/up are important aspects of TCM however, adapting and revising of plans as needs change or goals are met is just as critical.

S. CAROLINA – based on individual's needs without regard to payment source. They have a transitional waiver when they are institutionalized (180 day limit)

➔ **Comments/remarks**

Brian – transitional model can be applied just to CM services **OR** 1115 waiver. This removes many of the limits experienced.

Alison Clarke/SAI Rehab - Transitioning a patient from inpatient rehab to a case manager is critical. They have seen success with patients that are quickly engaged with a CM at time of discharge.

Heather Norton/DBHDS – DD/ID and brain injury in S. Carolina are all under one umbrella.

Christine Miller/DARS - feels mental health case management includes 'this' [I believe she is referring to transition services through Mental Health Case Management???] and it can be very helpful/important based on what we've heard from people's experiences of not knowing where to go when they get home.

Jamie Peed/Eggleston BI Services (CM) - transition services also need to be considered for those requiring a different living plan due to events such as loss of a caregiver or those in unsafe conditions.

- They don't qualify for DD Waiver due to the age they were injured. They may not qualify through DD Waiver. Jamie has – at times been able to obtain an emergency slot. They also don't qualify for CCC+ based on their level of physical need and not NF LOC.
- They will leave with family but then need to reenter the facility-based system as the family unable to handle increased needs.
- Unsafe environments with no resources to change the situation.

Dr. Armarkar – We need to pay attention to CMS/Medicare's VBP, especially episode-based payment programs, ACOs, and ACHO. These program have improved TCM for those in these bundles and also for others (Medicaid enrollees via system-level improvement).

VERMONT

➔ **Comments/remarks**

Jodi / BIS facilitator – constant contact with their consumers. Formalized goals are done on a quarterly basis. ISP plans are fluid and change as needed. As they meet with the consumer, they are documenting as such.

Brian – includes the eval and monitoring with some detail. Are there any other outcomes?

Jodi/BIS Facilitator - Each agency does individual collection (for her they do post injury surveys, etc) when done upon entrance to service, exit, and during interim periods.

Jamie Swann - IN IA, they use the Mayo Portland Adaptability Inventory for the TBI individuals

Lisa McCarthy – CARF certified, they must set and measure their outcomes. Example – each program has their own (service access = wait times, how long clients remain employed, etc) – each will have varied approaches.

Rachel – No Limits Eastern Shore – begun the **Quality of Life after Brain Injury** – just beginning. As they enter and then intervals they measure using this tool. Brand new to them. Other providers are using this in their telehealth program.

Dr. Armarker – provided the link to various CMS approved functional assessment and standards: https://www.medicaid.gov/medicaid/long-term-services-supports/teft-program/functional-assessment-standardized-items/index.

- This tool has been demonstrated to adapt the functional assessment instrument. MN Medicaid has begun to implement this as well. It is especially helpful for home and community-based services.

BIS Facilitator – mentioned there's nothing more validating than to see goal achievement with consumers. *Difficult to demonstrate ROI with CM services. However, if services are 'driven' in terms of consumer success, this then goes back to goal achievement. Currently, we offer services (state-funded) as open-ended, goal-driven and person-centered services. Using the scorecard, you can see the achievement. This results in reintegration and as independent as possible.

WEST VIRGINIA

➔ **Comments/remarks**

Jason Young to everyone - We also utilize our "satisfaction surveys" to ask questions on whether their mental health, access to community, access to services improved, independence in home and productivity improved. It is highly individualized with feedback provided directly by the clients/family members/caregivers on the individualized services provided. This is way more insightful than trying to use a standardized tool to try and measure progress.

Chris Miller to everyone - I think that Program Representative may be what Virginia calls an Authorized Rep. Not full on guardian. I'd love to see Supported Decision Making encouraged.

Jason Young – would like to hear from others what type of CM we are currently providing for BI specific to TCM. It would be helpful to share best-practices and robust dialogue around TCM.

Updates to date:

Data planning with VCU, DARS, to begin matching current data sources. Otherwise, will revise as needed to work with VISTR data.

Writing week for Brian – draft of report will ensue this week. Survey results will be incorporated into content of report.

RFP is now public to begin receiving submissions for rate vending.

TA assistance began with:

- CMS assistance re: waiver rules
- Program assistance with CMS vendor (New Additions)
  - Working on other models for CM examples

Other General Comments:

- Jason Young – Questioned whether TCM will be limited to age 18 and over OR will it be open to both pediatrics and adult populations?
- His group is using the Mayo Portland assessment tool at times in their PSR programs.

- **Allison Clarke** - Would be helpful to identify an outcome measure used at time of d/c from inpatient/outpatient therapy program with a measurement over time to those transitioning to community support;
    - Need to demonstrate outcomes upon D/C however, helpful to see this over time would be helpful too.
- **Jennifer Faison** - I agree with the comments regarding focusing on the individual's outcomes related to his/her goals. CSBs have a multitude of required "outcome measurement" tools, only a few of which actually speak to individual goal attainment. Most only assess whether the plans are updated, meetings are taking place, etc.
- **BIS/Facilitator** – some providers feeling anxious as the details of the project are critically important. Need to resolve some of the questions regarding logistics, timeframes, can current staff serve TCM under regular CM, etc. As this is supposed to go live on July 1, less than a year out, will require a good amount of change ahead of time. Example, become Medicaid providers, etc.
- **Barb Seymour** – A first step could be to define what TCM is and is there a distinct difference in what they are currently doing and what legislators may envision?
    - Define TCM and what it will be;
        - Use some of the state-funded programs as a start;
        - Jason Young – can help provide a few examples of providers and what is done here in VA currently. Could use part of Barb's developed spreadsheet;
            - Per Barbara - just add a Virginia row to the spreadsheet;
        - Timeline for Jason
            - **End of September** consider a presentation re: DARS services
            - WTWCSB – may be able to share their innovations around CM for BI
    - Rachel Evans/Eastern Shore? – Anxiety point also includes 'definition of severe TBI' – medical, fx, etc. She mentioned the standard her organization currently uses is how long the individual was unconscious. Severe TBI is not all they serve. They are under limited funding serving others too.

Brian's Wrap-up – DMAS has begun drafting the discussed survey and are hopeful to get this out by **Thursday with short turnaround of Monday**. They will be high-level questions within the continuum from inpatient to community supports and using the model demonstrated in the slide provided.

Brian conveyed DMAS's thanks everyone for the work completed today. Will address the questions noted. As a reminder, the report on TCM is the first step. Other options will be considered and the Technical team will be supporting this process. Definitions, required activities, provider requirements for enrollment, caseloads, standard definitions, and MCO business delivery impacts.

Question – would like to post some of the meeting materials on DMAS website. All agreed this is fine.

Next meeting – 9/13

- Report draft on Monday
- Survey on Thursday for Monday deadline