

Brain Injury Services Focused Program Design Workgroup

March 1, 2023

Brain Injury Services

Focused Program Design Workgroup

Purpose, Goal, & Approach

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

Purpose - The purpose of today's meeting is to obtain targeted feedback on **waiver service definitions**

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

Approach – Share your input and address outstanding rate-setting questions.

- March 1 : Waiver Services definitions
- March 15: Neurobehavioral science unit definitions and waiver services provider qualifications

Today's Agenda

The purpose of today's meeting is to discuss questions DMAS has on input you gave on definitions for proposed waiver services and share DMAS decision-making progress.

At the conclusion of today's meeting, we will have addressed questions DMAS identified as needing more discussion.

Assistive Technology

Club House

Cognitive Rehabilitation

Consultation Services

Employment Specialist Services

Family Counseling and Training Services

Home Support Services

In-home Support Services

Personal Assistance Service

Respite Care

Supported Living

Transitional Living Program Services

Transportation – Non-medical

Members and Roles

Focused Program Design Workgroup Members

COLLABORATION TEAM		STATE AGENCY
Beatty, Kara	Resilience Health LLC	Benoit, Sara
DeBiasi, David	Brain Injury Assn of VA	Bevan, Ann
Hardesty, Kathleen	Sentara Healthcare	Campbell, Brian
Harding, Victoria	Neurorestorative VA	Karmarkar, Kshitija
Larson, Dana	Tree of Life Services /Collage Rehabilitation	Miller, Christiane
Mangilit, Linsey	Optima Health	Thissen, Rhonda
Marcopulos, Bernice	JMU/UVA	Whitlock, Tammy
McDonnell, Anne	Brain Injury Assn of VA	CONSULTANTS
McKay, Colleen	BCBA	Lackey , Roya
Meixner, Cara	JMU/BI Council	Garbarino, David
Swan, Jamie	Anthem	Lindman, Grant
Velickovic, Ivan	Neurorestorative VA	LeeAustin, Sonja A
Wilson, Monique	Neuropsychologist	McDowell, Lisa
Witt, Michelle	ABA Practitioners	McCaffrey, Marybeth
Young, Jason	Alliance of Brain Injury Service Providers	Grenier, Michael
		Hicks, Sharon

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



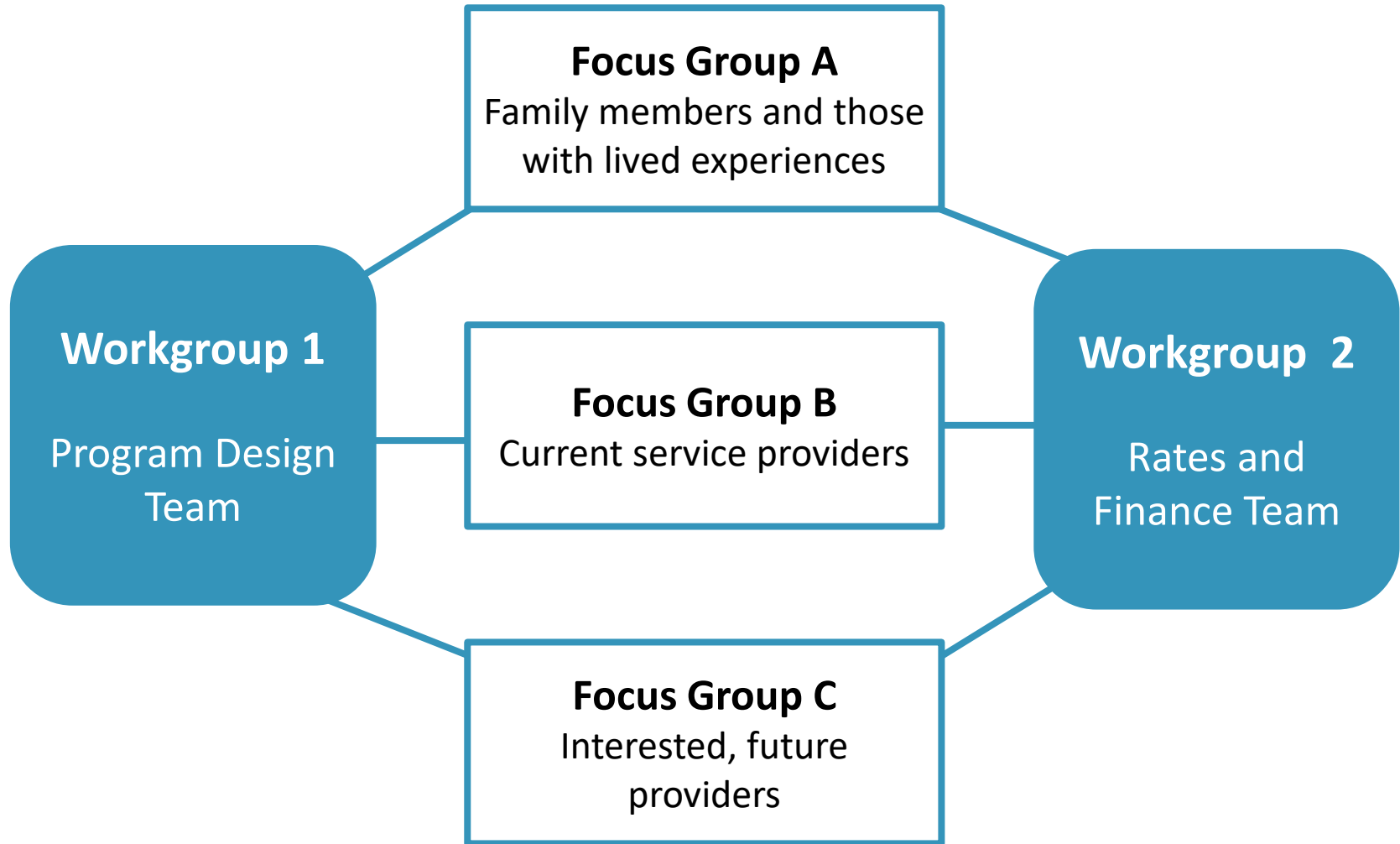
Use the mute feature to avoid echoes and background noise when you are not speaking

Chat Box



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

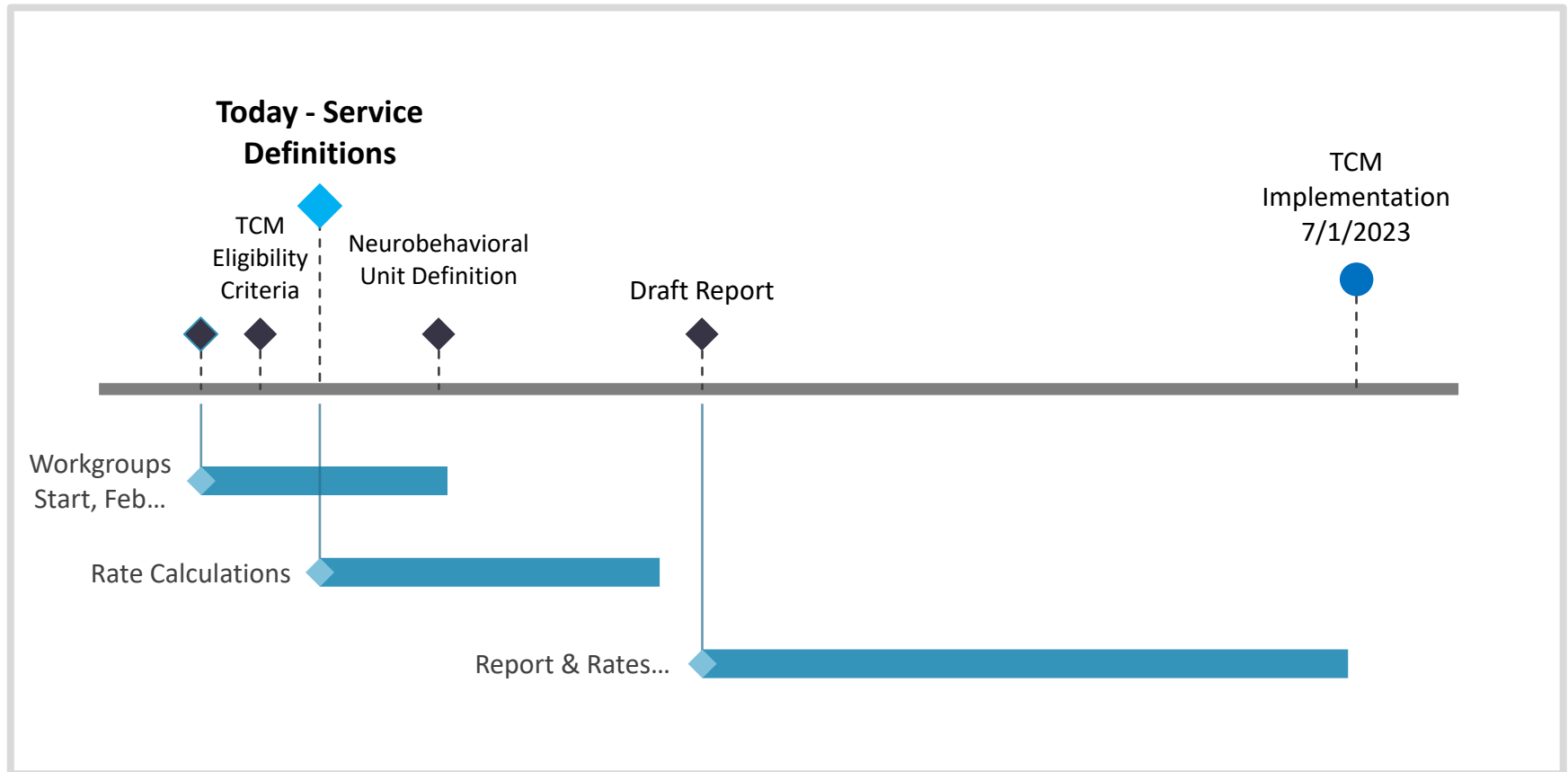
Allowing Designated Time for Distinct Inputs



Timelines

Timeline for Rate-setting Decisions

Your input is needed now so that we can meet these deliverable milestones by the timeline noted



Timeline for Program Design Workgroup

Feb 22

Complete draft
eligibility
criteria

Today

Complete draft
waiver services
definitions

March 15

Complete draft
neurobehavioral
unit definition and
waiver provider
qualifications

April (TBD)

Review draft
legislative
report

Waiver Services

Overview of feedback received

Overview

- 7 commenters
- 13 services
- Approximately 50 individual suggestions

Types of Input

- Many grammatical clarifications received, *much appreciated*, and will be incorporated
- Answered 18 questions and indicated which of those changes will be incorporated
- DMAS understood 5 other comments and is considering before final decision
- Based on your input, DMAS plans to ask for your consideration of provider requirements for some waiver services on March 15, along with the discussion of the neurobehavioral unit
- DMAS has a few questions for your consideration and group discussion today

Questions for Discussion

Recommendations: Cognitive Rehabilitation

Input Received	DMAS Response	Decision Type (e.g., include service, scope of service, provider quals)	Immediate vs downstream
Review NJ and PA standalone cog rehab training programs to be delivered as a waiver service	Please provide more details on these "standalone" program models and how they differ from the proposed service definition	Scope of service	Immediate
Consider an alternative way to define when someone is "at risk"?	For what reasons should someone be considered "at risk"? Cog Rehab is available for everyone with the potential to improve their cognitive functioning, not just those at risk. DMAS will review and determine whether revisions are needed for clarity.	Scope of service	Immediate
Eliminate the term "restore" in purpose statement	This may be considered before submission of the waiver. It's not necessary to address for rate setting.	Scope of service	Downstream
Clarify compensatory strategies	This may be considered before submission of the waiver. It's not necessary to address for rate setting.	Scope of service	Downstream

General Recommendations

Input Received	DMAS Response	Decision Type (e.g., include service, scope service, provider)	Immediate vs downstream
Noticed Day Support was not in here; only clubhouses. We need to have a conversation about including this and/or Adult Day Health Care	DMAS would like input on whether other community engagement is recommended (e.g., Adult Day). Consider overlap with independent living supports.	Scope of services	Immediate

Responses from DMAS to Input

Recommendations: Assistive Technology, Environmental Modifications/Electronic Home-based Supports

Input Received	DMAS Response	Decision Type (e.g., include, scope of service, provider)	Immediate vs downstream
Consider impacts of reimbursement rates on access	There is a cap of \$5,000 for AT per calendar year, per person. The changes in reimbursement process would have to be made at DMAS executive leadership level because it impact multiple waivers.	Provider payment	Downstream
Revise “customary environment” for clarity	This phrase needs to be defined before submission of the waiver. It’s not necessary to address for rate setting.	Scope of service	Downstream

Recommendations: Club House

Input Received	DMAS Response	Decision Type (e.g., include service, scope of service, provider quals)	Immediate vs downstream
Do not include Clubhouse as a waiver service because it wasn't identified as a service priority in the survey and since there's another funding stream for it which permits more flexible service delivery	Decision made to include club house as one of an array of member services to provide additional member choice and options.	Include service	Immediate
If proposed as a waiver service, use IBICA clubhouse standards	This may be considered before submission of the waiver. It's not necessary to address for rate setting.	Applicable service standards	Downstream
Define "equivalent training"	This phrase needs to be defined before submission of the waiver. It's not necessary to address for rate setting.	Provider quals	Downstream
Require providers to be accredited as "CARF Employment and Community Services standards, Community Integration"	This may be considered before submission of the waiver. It's not necessary to address for rate setting.	Provider quals	Downstream

Recommendations: Consultation Services

Input Received	DMAS Response	Decision Type (e.g., include service, scope of service, provider)	Immediate vs downstream
Clarify who is providing direct service when BH Consultation II and III.	The intent is for the clinicians to provide the direct service. Clinicians may deliver care based on their scope of practice and limitations, some disciplines may delegate activities to non-clinicians.	Scope of service	Downstream
How will the waiver support people with serious dangerous behaviors?	Interventions for serious dangerous behaviors will be provided in Level III home support services, Individual support services, Level III Behavior Consultation, by licensed professionals such as cognitive behavior specialist, behavior analyst; additionally therapeutic interventions for problem behaviors are addressed by licensed clinicians in Therapeutic Consultation, Family Counseling and Training, as well as in Supported Living Services	Scope of service	Immediate
Add SUD and Crisis as waiver services	Crisis is a state plan service; SUD is covered as a separate comprehensive addictions benefit.	Scope of service	Downstream
Add "clinical mental health counseling" to TC purpose	This may be considered before submission of the waiver. It's not necessary to address for rate setting.	Scope of service	Downstream

Recommendations: Employment Specialist Services

Input Received	DMAS Response	Decision Type (e.g., include service, scope service, provider)	Immediate vs downstream
Consider eliminating this service for the waiver since it's covered through other means	The inclusion of this service offers additional community integration options and provides additional choice to individuals.	Include service	Immediate

Recommendations: Family Counseling and Training Services

Input Received	DMAS Response	Decision Type (e.g., include service, scope of service, provider)	Immediate vs downstream
Include a Telehealth option for Family Counseling and Training Services	Yes, telehealth can be an option if it is beneficial for individuals. The regulations will provide the contours for this more specifically.	Scope of Service	Immediate
Include domestic partners as a “spouse”	DMAS will align with other Medicaid services in allowability of parents stepparents of minor and adult children. Intent is to include those who live and routinely provide care for the individual.	Scope of Service	Downstream
Include parents/ stepparents of minor and adult children	DMAS will align with other Medicaid services in allowability of parents stepparents of minor and adult children. Intent is to include those who live and routinely provide care for the individual.	Scope of Service	Downstream
Clarify: service measurement for peer mentoring for caregivers? Meaning of "qualified"	Service increment is .25 hour. “Qualified” may be considered before submission of the waiver. It is not necessary for rate setting.	Scope of Service	Downstream

Recommendations: Home Support Services

Input Received	DMAS Response	Decision Type (e.g., include service, scope of service, provider quals)	Immediate vs downstream
Describe how (Remote Home Supports) monitoring is to be reimbursed, after equipment is purchased	Monitoring will be done pursuant to the scope and frequency of the ISP. Person and provider will request authorization hours; the provider delivering remote supports can be paid up to the authorization amount for times staff are delivering support. DMAS will provide examples that explain this further.	Scope of Service	Downstream
How is remote home supports of 8 hours determined? Isn't 24/7 monitoring needed?	This may be considered before submission of the waiver. It's not necessary to address for rate setting.	Provider Billing	Downstream
Review the Agitated Behavior Scale for levels of home supports	This may be considered before submission of the waiver. It's not necessary to address for rate setting.	Service standard	Downstream

Recommendations: In-home Support Services

Input Received	DMAS Response	Decision Type (e.g., include service, scope service, provider)	Immediate vs downstream
Add specific BI training for the supervisor and direct service providers	Yes, DMAS will make this change.	Provider quals	Downstream

Recommendations: Personal Assistance Services

Input Received	DMAS Response	Decision Type (e.g., include service, scope service, provider)	Immediate vs downstream
Add PAS assistance with their IADLs	PAS will support IADLs as part of allowable activities when a person has ADL needs. However, if the person is independent with ADLs, and needs training on IADLs, DMAS will provide assistance under Transitional services, Cognitive Rehabilitation, Individual Support Services, and Home Support services.	Scope of service	Immediate
Eliminate mandatory requirement for all PAS providers to be CBIS	Yes, DMAS will make this change.	Provider quals	Immediate
Add requirement that PAS supervisors need specific BI training to supervise PAS effectively	Yes, DMAS will make this change.	Provider quals	Downstream

Recommendations: Respite Care

Input Received	DMAS Response	Decision Type (e.g., include service, scope service, provider)	Immediate vs downstream
Permit respite for those who need IADLs support, not just ADL	Yes, DMAS will make this change.	Scope of service	Immediate
Remove requirement for respite providers to be CBIS	Yes, DMAS will make this change.	Provider qual	Immediate
Require respite supervisors to have BI training to effectively evaluate and supervise respite staff	Yes, DMAS will make this change.	Provider requirement	Downstream

Recommendations: Supported Living

Input Received	DMAS Response	Decision Type (e.g., include service, scope service, provider)	Immediate vs downstream
Clarify social amenities (politeness)	This term sometimes refers to social politeness. DMAS will consider clarifying this before submission of the waiver. It is not necessary for rate setting	Scope of service	Downstream

Recommendations: Transitional Living

Input Received	DMAS Response	Decision Type (e.g., include service, scope service, provider)	Immediate vs downstream
<p>Require a specialized physician's order instead of post-injury timeframe and hospitalization requirement transitional living</p>	<p>DMAS will take the need for this flexibility into consideration. DMAS understands that the concern is to avoid rehospitalization where possible.</p>	<p>Scope of service</p>	<p>Immediate</p>
<p>Why is this language here, (i.e. "After receiving services in the Transitional Living Program, the individual can access other benefits of the HCBS-BI Waiver to remain in the community.") but not in the earlier residential section?</p>	<p>This may be considered before submission of the waiver. It's not necessary to address for rate setting.</p>	<p>Scope of service</p>	<p>Downstream</p>

Recommendations: Transportation (non-medical)

Input Received	DMAS Response	Decision Type (e.g., include service, scope service, provider)	Immediate vs downstream
Raise the provider age to 21	DMAS intends to retain age 18 for consistency with the DD provider requirements.	Provider quals	Downstream
Eliminate or clarify how people will demonstrate "when no other means of access is available"	Prior authorization requirements will include criteria to make this determination.	Scope of service	Downstream

Next Steps

Next Steps

- DMAS will make decisions about revisions based on your input
- DMAS will share revised waiver services definitions with you and other stakeholders
- Later this week, you will receive draft neurobehavioral unit definition for review and comment by middle of next week.
- We plan to use the same approach as today at the March 15 meeting:
 - Share comments synthesis and slides in advance (neuro unit and waiver services provider qualifications)
 - Discuss remaining issues at the meeting

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 neurocognitive 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.”

Virginia Budget 308 CC.1; proposed amendment

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\(A\)\(31\)\(2022\)](#)

Timelines and Sequence of Workgroups and Focus Groups

September 2022- Feb 2023

Full Stakeholder Meetings

February 15th – March 15th

Workgroups and Focus Groups

**At Conclusion of Workgroup and
Focus Group Meetings**

Full Stakeholder Meeting
Presentations