Brain Injury Services
Focused Program Design Workgroup

March 15, 2023

Today's Agenda

1. Status Overview (10 minutes)
2. Waiver Provider Requirements (20 minutes)
3. Neurobehavioral Unit Services Definition (20 minutes)

The purpose of today's meeting is to share DMAS decision-making progress and discuss questions DMAS has on your input

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

Workgroup Status

Members, Purpose, Communication, Timeline

(10 minutes)

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
Benoit, Sara
Bevan, Ann
Campbell, Brian
Karmarkar, Kshitija
Miller, Christiane
Thissen, Rhonda
Whitlock, Tammy
CONSULTANTS
Lackey , Roya
Garbarino, David
Lindman, Grant
LeeAustin, Sonja A
McDowell, Lisa
McCaffrey, Marybeth
Grenier, Michael
Hicks, Sharon

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

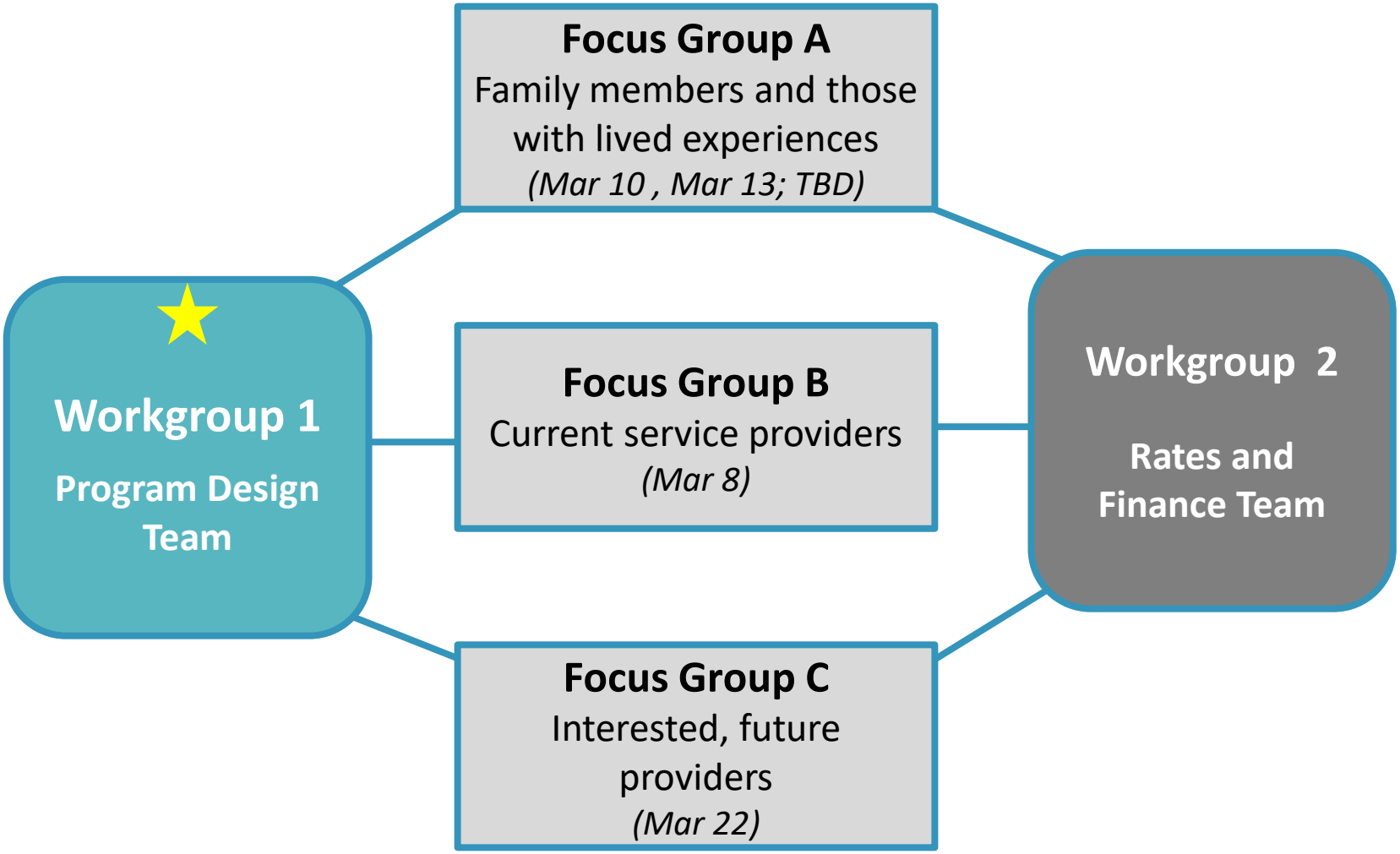
Purpose - The purpose of today's meeting is to obtain targeted feedback on **waiver service provider qualifications and neurobehavioral unit service definition**

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.

- Today: Waiver services provider qualifications
  Neurobehavioral unit definition
- March 29: Neurobehavioral unit setting options

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

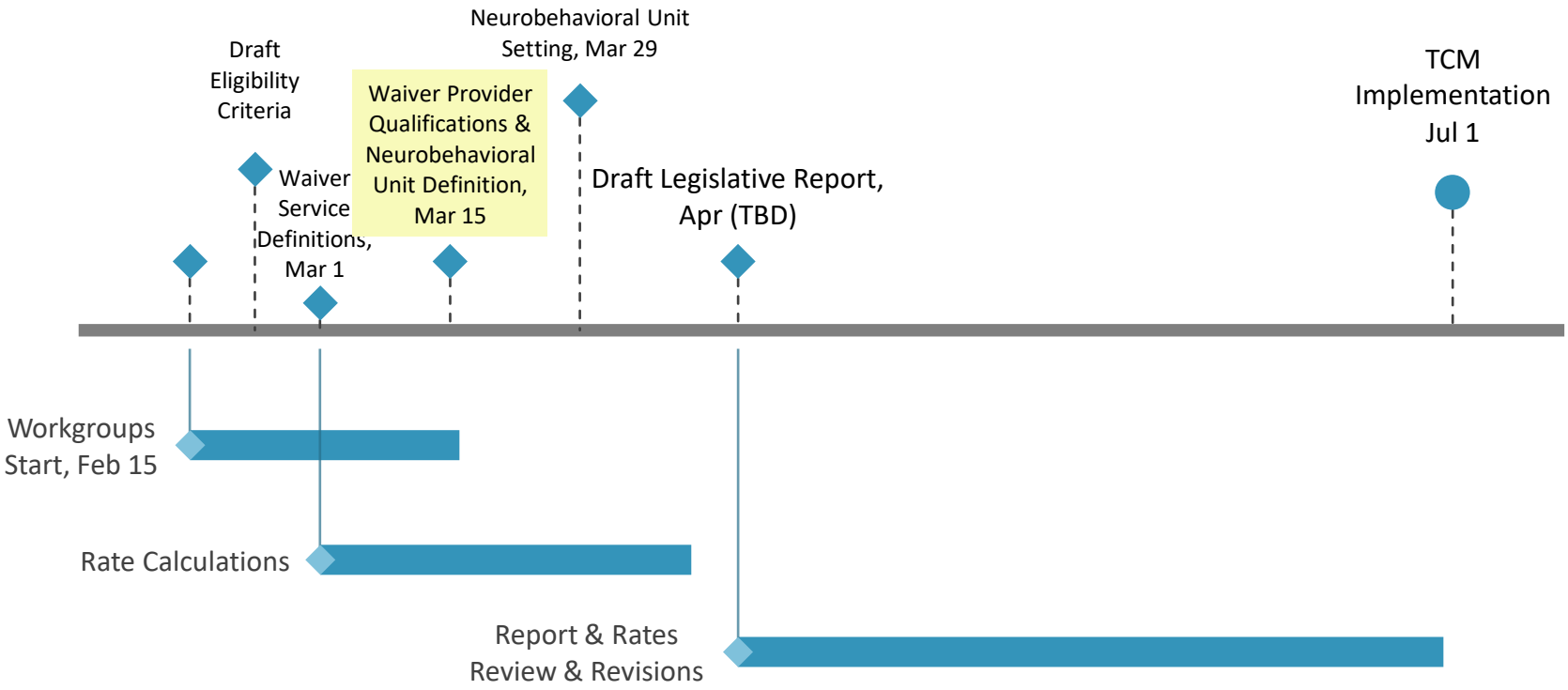
Mute

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

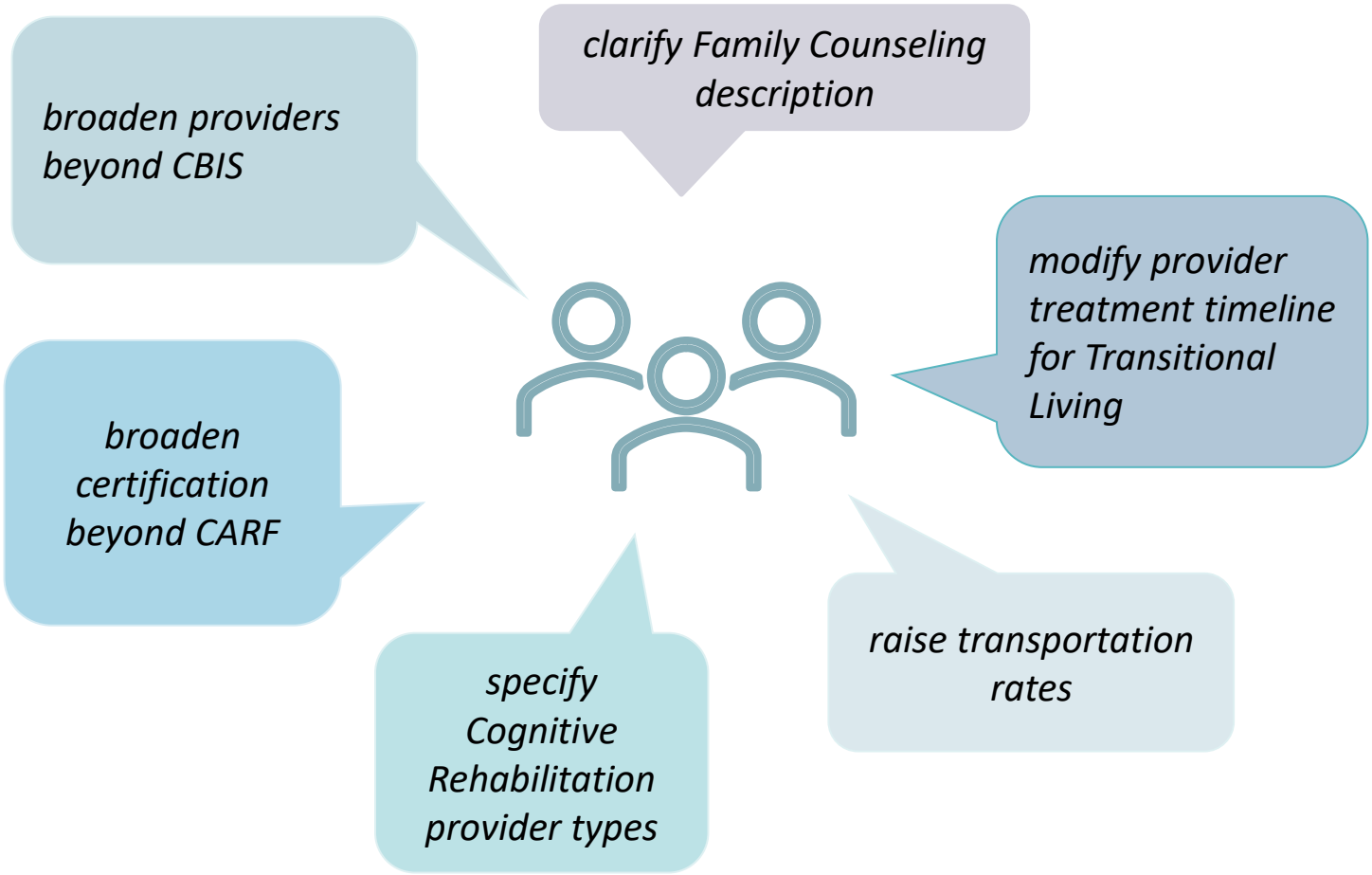
Rate Setting Milestones



Waiver Provider Requirements

(20 minutes)

Workgroup Themes: Waiver Provider Requirements



Provider Type: Certified Brain Injury Specialists (CBIS)

broaden providers beyond CBIS

Input Received	DMAS Decision 3/15 Meeting	Immediate vs downstream
Club house Include *alternatives to CBIS such as*: the BIA VA, ABI training module for professionals, and minimum of 10 continuing ed hours/year in BI	DMAS would like to broaden the criteria beyond CBIS. DMAS would like your input to determine standards. **DMAS questions for workgroup:** Do you have other suggestions to add to BIA VA certificate program and QBIS? Should CBIS be the sole requirement for Transitional living provider and not CARF?	Immediate
Cognitive Rehabilitation *Proposed alternative*: The Brain Injury Association of Virginia has developed a certificate program that could be used for non-clinical and para-professional staff.		Immediate
Home Supports CARF is not prescriptive. *Proposed alternative:* Brain Injury Fundamentals Certificate OR Qualified Brain Injury Support Provider (QBISP) for direct care providers		Immediate
Transitional living - Propose requiring CBIS as THE REQUIREMENT since this is a Brain Injury waiver		Immediate

Provider Standard: Commission on Accreditation of Rehabilitation Facilities (CARF)

broaden certification beyond CARF

Input Received from Workgroup	DMAS Decision 3/15 Meeting	Immediate vs downstream
Cognitive Rehabilitation - Modify provider requirements- very few can meet these requirements. CARF accreditation would mean the only hospital in Richmond that could provide this service is the Veteran's Administration. The only other CARF accredited in-pt rehab provider is Virginia Hospital Center. These providers are not CARF accredited: Sheltering Arms Institute, Sheltering Arms Rehabilitation Centers and Encompass, LTAC's or SNF's.	DMAS will remove CARF from Provider requirements for cognitive rehabilitation service; professional licensure will apply to Cognitive Rehabilitation.	Immediate
Home Supports - Broaden provider requirements (CARF too limited) Neurorestorative is the only CARF accredited provider of residential rehab services in Virginia.	DMAS will not require CARF BI specialty for home supports. DMAS is considering various types of CARF community service standards and will identify those before submitting the waiver application. For residential services licensure must also be achieved through DBHDS. **DMAS question for workgroup:** Are there other frameworks DMAS should consider as a benchmark? What other options suggestions to add to these? Do multiple options make sense?	Immediate

Other provider qualification issues

specify Cognitive Rehabilitation provider types

Input Received from Workgroup	DMAS Decision 3/15 Meeting	Immediate vs downstream
Cognitive Rehabilitation Recommend these types of professionals: SLP, OT, PT, neurofeedback, mental health counselors, psychiatry, psychology, neurologist, & maybe BCBA If reimbursement not available for traditional licensed clinicians (OT, PT, ST), consider licensed teachers, people with an undergrad in a related field (psych) plus CBIS cert & oversight from master's level in related field (psych) or by licensed clinician.	DMAS agrees and will incorporate: SLP, OT, mental health counselors (perhaps with a specialty), psychiatrist, psychologist, neurologist, BCBA. DMAS may follow the UHC/Blue Cross Coverage criteria to define the professionals who may deliver the service.	Immediate
Therapeutic Consultation – add to purpose statement "professional consultation provided by members of psychology, clinical mental health counseling, social work, ...	DMAS has added licensed mental health professionals and credentialed addiction treatment professionals to list of professionals in psychology who may provide Therapeutic Consultation.	Immediate
Employment - Consider other certifications besides ACRE for Employment Services	Employment will follow DARS requirements for CARF Community/Employment to ensure there is sufficient pool of providers.	Immediate

Other provider qualification issues (cont'd)

clarify Family Counseling description

modify provider treatment timeline for Transitional Living

raise transportation rates

Input Received from Workgroup	DMAS Decision 3/15 Meeting	Immediate vs downstream
Family Counseling - Counseling can only be provided by licensed professionals. Training services may be provided by a broader group of providers. *Suggestion:* c. Replace term "accredited" with "licensed"	Agree. DMAS will make this change.	Immediate
Transitional living - 6 months is unreasonable expectation and recommend treatment timeline for care focus on outcomes and possibly an MPAI score	Agree. DMAS will allow services to continue for as long as the member meets the medical necessity criteria.	Immediate
Transportation - reimbursement rates mean very few providers. This is a highly desired service Recommend: review the current reimbursement rate for the service available in the DD waiver system to make this service more inviting to providers	DMAS will base it on current DD waiver, with some adjustments.	Immediate

Neurobehavioral Unit Service

(20 minutes)

Overview of Neurobehavioral Unit feedback

Response Overview

- 6 commenters

DMAS Response to Input

- DMAS responded to 7 questions and indicated which of those changes will be incorporated
- Deferring 4 comments for neurobehavioral unit settings discussion on March 29
- Asks your consideration and group discussion on 3 neurobehavioral unit services items today

Recommendations: Neurobehavioral Unit Service

Services Input	DMAS Response 3/15 Meeting	Immediate vs downstream
Goal: community re-entry may not be feasible for all	DMAS will be looking at a model with multiple levels of service, including a long-term level of care option	Immediate
Goal: use of term self-regulate	This term needs to be defined before submission of the waiver. It's not necessary to address for rate setting.	Downstream
Element 1: neurological assessment vs. psychiatry, physical medicine/rehab	**DMAS question for workgroup:** How would you craft the description to account for both specialties and yield a comprehensive assessment?	Immediate
Element 2: meaning of multi-disciplinary and licensed therapist	Multidisciplinary is flexible depending on the individual's needs. **DMAS question for the workgroup:** What core team would you recommend apply to all, supplemented by other specialties?	Immediate

Recommendations: Neurobehavioral Unit Service (continued)

Services Input	DMAS Response 3/15 Meeting	Immediate vs downstream
Element 4: meaning of multi-disciplinary; distinction from element 2	This will be clarified defined before submission of the waiver.	Immediate
Element 6: appropriateness of daily passive ROM	This will be clarified defined before submission of the waiver.	Downstream
Element 7: meaning of community integration	This will be clarified defined before submission of the waiver.	Downstream

Recommendations: Neurobehavioral Unit Provider

Provider Requirements Input	DMAS Response 3/15 Meeting	Immediate vs downstream
Element 1. Licensure – new license type?	For discussion with this group 3/29	Immediate
Element 1. Regulating authority	For discussion with this group 3/29.	Immediate
Element 2. Qualifications – need for performance indicators; more detail	This will be clarified defined before submission of the waiver. It's not needed for rate-setting.	Downstream
Element 4. CARF – use CARF program type, how does CARF benefit the unit?	CARF or other entity? Would another entity benefit the unit more?	Immediate
Element 5. Medicare certification – provide rationale for this need	All facilities must be Medicare certified in order to be eligible for FFP.	Immediate

Recommendations: Neurobehavioral Unit Setting

Settings Input	DMAS Response 3/15 Meeting	Immediate vs downstream
Freestanding neuro facility: what license type and accreditation will be required?	For discussion with this group 3/29.	Immediate
Nursing facility: unit would need to be a distinct and separate area	For discussion with this group 3/29.	Immediate

Next Steps

Next Steps

- DMAS will make decisions about revisions based on your input
- DMAS will share revised waiver service definitions with you and other stakeholders
- We plan to reconvene March 29 to discuss neurobehavioral unit setting considerations

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 neurobehavioral science unit shall be considered as one of the alternative institutional placements for individuals needing these waiver services
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)