March 8, 2023

Brain Injury Services: Current Provider Focus Group

Meeting Summary

Meeting: Brain Injury Services: Current Provider Focus Group

Date/Time: March 8, 2023, 2:00pm – 3:30pm

Location: Zoom

Attendees:

- Focus Group Members: Alex Shields, Carolyn Turner, Christine Baggini, Christy Evanko, Cindy Noftsinger, Daniela Pretzer, David DeBiasi, James Vann, Jamie Peed, Jason Young, Jen DuVon, Jodi Judge, Kyle Fulk, Kyle Sloan, Linsey M, Lisa McCarthy, Melinda Caldwell, Rachel Evans, Stephanie Arnold Peaco, Tim Williams, Victoria Kercado
- State Staff (facilitators): Chris Miller, Kay Karmarker
- Guidehouse Staff (facilitators): David Garbarino, Elizabeth Barabas, Linda Wegerson, Roya Lackey, Sharon Hicks

Key Discussion Points

I. Background and Purpose

a. The meeting began with a review of the key legislation that is guiding a new program. The main initiatives from the legislation include the implementation of targeted case management for the traumatic brain injury population in Virginia and the study and design of a waiver and neurobehavioral unit for Virginians with brain injury (BI).

b. The focus group was geared towards providers that are currently providing services to the BI population in Virginia. The purpose of the session was to collect feedback around waiver services. Based on the feedback gathered, the facilitators will document key themes and share the input back to the Department of Medical Assistance Services (DMAS). DMAS will incorporate the feedback into the proposed program and present the program to the General Assembly for approval.

c. To aid in the collection of feedback, facilitators presented a high-level list of services that are currently under consideration for inclusion in the program.

II. General Provider Questions and Suggestions

a. We received some questions about program operations.

i. Question: Would one provider would be expected to provide all of the proposed waiver services?

Answer: It would be difficult for one provider to be able to perform all services and DMAS is planning to have different providers perform different services where appropriate.

ii. Question: What do each of the services that are currently under consideration entail? And, if not finalized, would the focus group reconvene to review the service definitions?

Answer: The definitions of the services are currently being finalized and are not the focus of the focus group. The information collected during the focus group regarding service needs of individuals with brain injury will be incorporated into the services being developed. There will be future opportunities for reviewing and commenting on service array and service definitions, but there will not be an additional focus group for this purpose.

b. We also received some general feedback about the program and meetings:
    i. One provider suggested receiving materials farther in advance to allow them more time to think about the questions for future sessions.
    ii. Providers noted that there are currently significant regional differences across services and recommended that all services should be available in all regions in order to meet the participants' need.

III. Discussion Question 1: What do you feel is missing from the draft services to ensure optimal services for the BI population?

a. Providers recommended the following services be included in the proposed categories of service:
    i. Behavioral Supports: This could include components of Applied Behavior Analysis (ABA), such as consultations and other services. Providers generally agreed that mental health therapy/psychotherapy would be beneficial to this population.
    ii. Companion Services: There are individuals who can perform Activities of Daily Living (ADLs) but need other more general supports.
    iii. Crisis Support Services: Some providers expressed the need for a spectrum of crisis services including physical safety. DMAS staff noted that crisis services are covered by Medicaid under a different program.
    iv. Day Support Services: Providers recommended that Club House programs not be included in the waiver. There are concerns that Medicaid regulations do not support the work ordered day structure that makes the program successful. They also feel that the initial waiver should include services not currently provided through state. Providers do feel it is important for participants to have a place to go during the day. Later it was acknowledged that access to these services vary widely across the State and that these services should be provided more consistently on a State-wide basis. A few providers suggested that the option of Adult Day Health be considered for individuals with more intense needs. They support the inclusion of community engagement and community guides.
    v. Some providers recommended day support options outside of Clubhouse. They specifically recommended community engagement and community guide but noted that all community day services might be beneficial. Some providers noted that they do not want clubhouse services included due to the service regulations. In this case, they noted that they would prefer other day services over clubhouse services. Providers suggested that DMAS consider Adult Day Health for those unable to access clubhouse support.
    vi. Environmental Modifications: Providers suggested this in addition to the assistive technology component suggested.
    vii. Home Support Services: Providers felt this is extremely important as it is something significant missing for the BI population. Providers recommended that this should include

independent living assessment and intervention, also referred to as Life Skills Training or Community Support Services. Multiple providers suggested supportive living. Providers also suggested that Rep Payee services be included, as these services are a significant need for their case management participants.

viii. Residential Services: Providers also noted the importance of these types of services given that these types of services do not exist currently.

ix. Supplies: One provider noted that participants often require incontinence supplies and gloves but struggle to pay for these supplies.

x. Therapeutic Services: This would include physical therapy, occupational therapy, and speech therapy. Some providers noted that this is already paid for by Medicaid, but that extended therapy may be useful. Specifically, this service could be used if people reach the Medicaid limit but still need services.

IV. Discussion Question 2: What service limitations should be included here and why?

a. Providers broadly felt that there should be no service limitations or restrictions because recovery for this population is not linear. Suggesting limitations on services could limit long term usage and may prevent people from improving and not declining in their abilities or quality of life.

   i. Providers suggested an appeals process for situations where limits do exist.

b. Providers were particularly concerned around service limitations for nonmedical transportation as they suggested that limitations to nonmedical transport contribute to preventing participants from participating in their communities.

V. Discussion Question 3: What do you recommend would be licensing requirements for providing these services?

a. Providers broadly felt that specific training for the BI population should be required. They noted that BI competence is critical for all staff and organizations providing services under a BI waiver. They noted a lack of understanding of BI “basics” among some direct service providers which impacts ability to provide effective care; knowledge of effective BI-specific communication strategies are imperative when working with individuals with BI considering the cognitive and/or behavioral challenges that often present. Providers suggested that mental health professionals should also have specialized training in BI identification and treatment. They recommended that any entity or person that is providing or coordinating care for a person with BI have a specific certification in BI and that this should apply to all professionals working with the BI population to provide context and background.

b. Providers suggested licensure should not have the same requirements as those for the Virginia Department of Behavioral Health and Developmental Services, particularly those requirements related to facilities.

c. Some providers recommended the Commission on Accreditation of Rehabilitation Facilities (CARF) requirements for accreditation. They noted that CARF reflects best practices in its methodology.

VI. Discussion Question 4: What are your thoughts about the availability of providers to serve the BI population? What are barriers for providers to serve the BI population? What would incentivize providers to begin serving BI population?

a. One provider noted that the fee to become a Medicaid provider ($336) could be a barrier to entry for new providers.

i. Providers noted that higher rates, startup funding, or technical assistance may help incentivize newer providers.

ii. One provider also suggested that training to become brain injury services providers should be offered free of charge.

b. Providers felt that the lack of specialized training and education, as well as this being a difficult population to work with, is also a barrier to entry for new providers as well as something that makes finding appropriate care for participants more difficult.

For more information about the current provider focus group meeting please refer to the presentation slides which can be found at https://www.dmas.virginia.gov/for-providers/long-term-care/programs-and-initiatives/brain-injury-services/.