

Virginia Brain Injury Services Department of Medical Assistance Services (DMAS)

Rates and Finance Workgroup

Meeting #1: Kickoff

March 13, 2023

Agenda

- Welcome & Introductions (20 minutes)
- Project Overview & Objectives (10 minutes)
- Stakeholder Collaboration & Communication (10 minutes)
- Rate Setting Overview (10 minutes)
- Service Eligibility Criteria (10 minutes)
- Peer State Rate Analysis Discussion (10 minutes)
- Workplan & Timeline (5 minutes)
- Questions & Answers (15 minutes)

Welcome and Introductions

Rates and Finance Workgroup Composition

Rates and Finance Workgroup Members

28 volunteers from small, medium, and large provider organizations, hospitals, state associations, and managed care organizations.

DMAS and Other Department Representatives

- Brian Campbell (DMAS - BI Program Development Lead)
- Ann Bevan (DMAS - HNS)
- Cat Pelletier (DMAS - CFO Rep.)
- Kshitijia Karmarkar (DMAS - BIS Program Advisor)
- Sara Benoit (DMAS - PRD Rep.)
- Christiane Miller (Department of Aging and Rehabilitation Services)
- Heather Norton (Department of Behavioral Health & Developmental Services)

Rate Setting Contractors

- Tamyra Porter (Engagement Partner)
- David Garbarino (Engagement Manager)
- Lisa McDowell (Program Design Manager)
- Poorna Suresh (Rate Setting Co-Lead)
- Michael Grenier (Rate Setting Co-Lead)
- Sonja Lee-Austin (Analytics)
- Josh Mihm (Analytics)
- Elizabeth Barabas (Stakeholder Lead)
- Grant Lindman (Project Manager)

Rates and Finance Workgroup Composition (cont.)

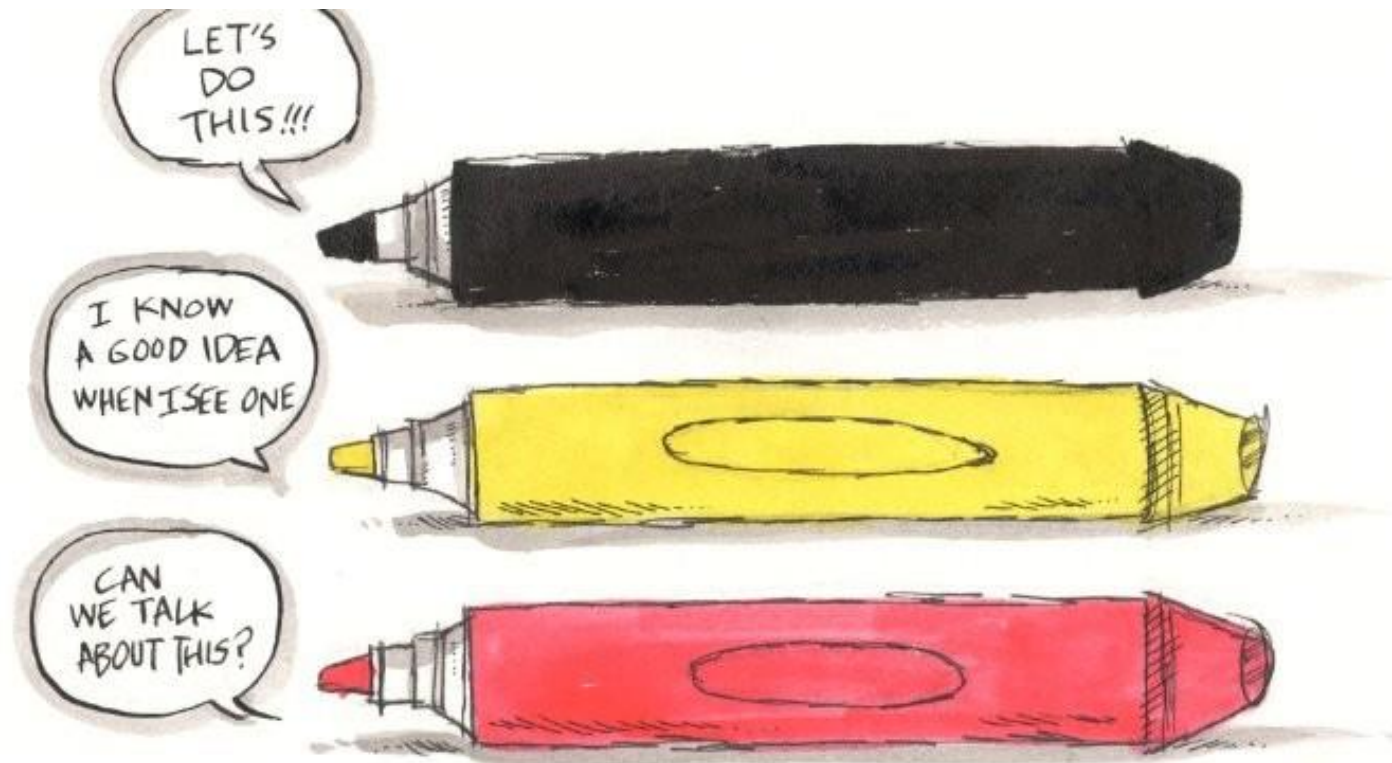
Rates and Finance Workgroup Members*

- Anne McDonnell (Occupational Therapist)
- David DeBiasi (Brain Injury Association of Virginia (BIAV))
- Jodi Judge (Brain Injury Services of Southwest Virginia)
- Stella Aizcorbe (Commonwealth Care of Roanoke)
- Stephanie Scott (Commonwealth Care of Roanoke)
- Garrett Hamilton (Cumberland Hospital/UHS)
- Hindy Spiegel (Innovative Healthcare Management)
- Tori Harding (Neurorestorative of Virginia)
- Matt Wilks (SAI)
- Melissa Banta (SAI)
- Kathleen Hardesty (Sentara Hospital, Norfolk)
- Ivan Velickovic (Sevita)
- Amol Karmarkar (Sheltering Arms/VCU-TBI Researcher)
- James Vann (The BridgeLine - BI Clubhouse Alliance)
- Heidi Dix (Virginia Association of Healthplans)
- Steve Ford (Virginia Health Care Association VHCA)
- Jody Young (Virginia Home)
- Joe Fisher (Virginia Home)
- Sam Phillips (Walker-Phillips Healthcare Consulting)
- Demetrios Peratsakis (Western Tidewater CSB)

*Note: DMAS is in the process of finalizing the Rates and Finance Workgroup composition. Additional members may be added to this Workgroup.

Black Pen, Yellow Pen, or Red Pen Person: Which one are you?

1. Name
2. Organization
3. Function or Role
4. Pick a 'Pen'



Source: <https://www.linkedin.com/pulse/black-pen-people-yellow-red-which-one-you-gary-kopervas/>

@KOPIOUS NOTES

Discussion Guidelines

We want to hear from everyone



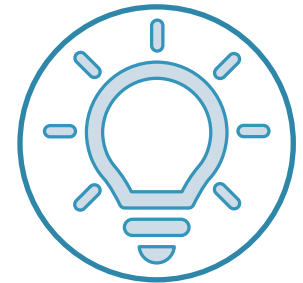
Actively
Participate



Respect
Others'
Opinions



Try Not to
Interrupt



All Ideas
are Good
Ideas

Success of this session relies on your participation

Project Overview and Objectives

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 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. The department shall include a **rate methodology** that supports institutional costs and waiver services.”

[Virginia 2022 Appropriation Act, Item 308 CC.1; 2023 Budget Amendment, Item 308 #1s \(proposed\)](#)

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

Brain Injury Program and Rate Development Scope

Virginia Department of Medical Assistance Services (DMAS) Rate Study

State Plan Targeted Case Management (TCM)

- *For people with severe traumatic brain injury*

1915(c) Home and Community-Based Services

- *For people with brain injury or neurocognitive disorder*
- *Wide range of services including Residential, Behavioral Health, In-Home Services, Day and Employment, Nursing, and Equipment and Modification services*

Neurobehavioral Unit

- *For people who need a level of care as an institutional alternative beyond what is available through waiver*

Rate Methodology and Rate Development

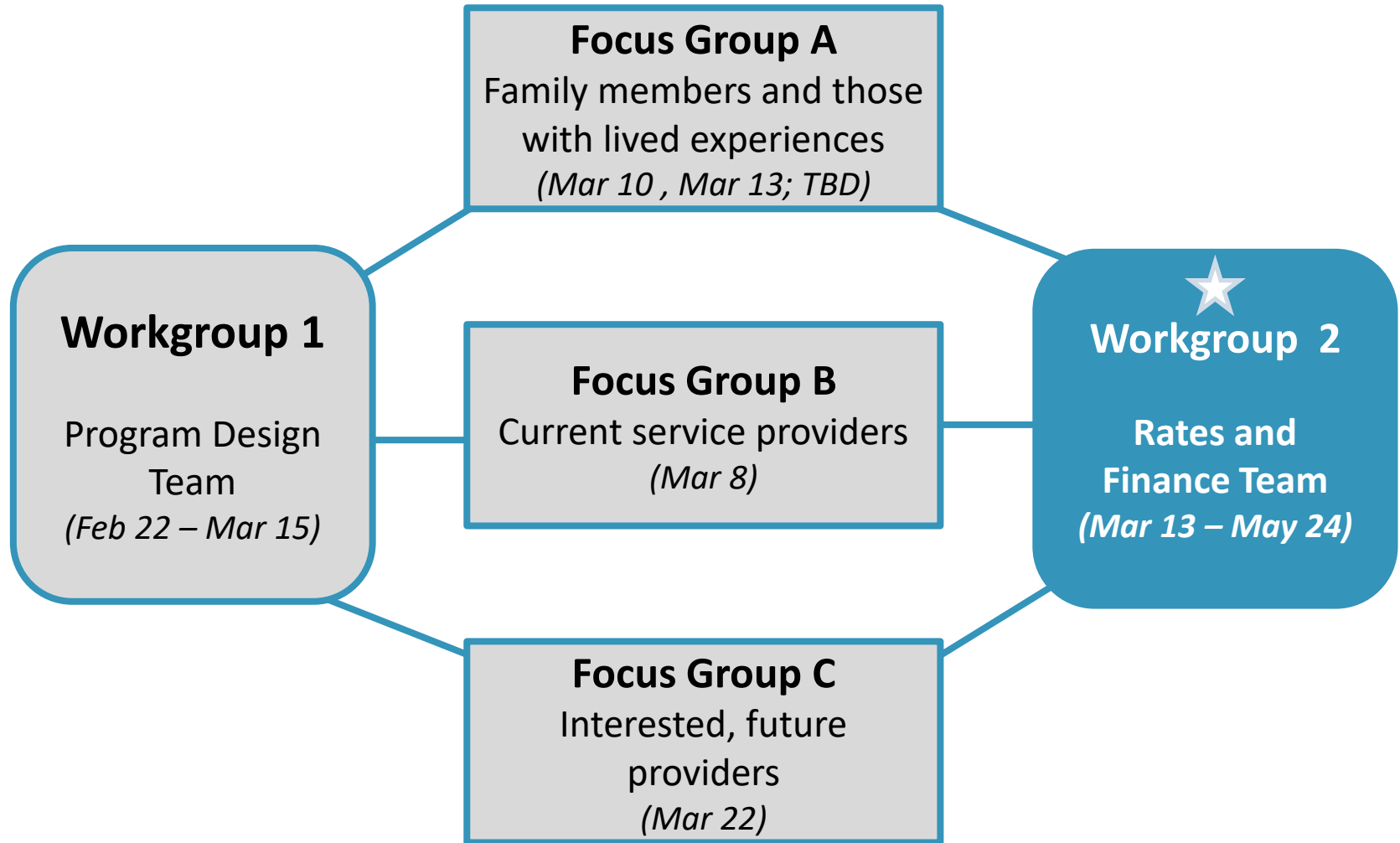
Service Identification, Eligibility Criteria, Definitions, and Specifications

Stakeholder Engagement

Documentation and Reporting

Stakeholder Collaboration and Communication

Allowing Designated Time for Distinct Inputs



Purpose and Role of Rates and Finance Workgroup

Purpose: Develop rate methodologies and make rate recommendations for DMAS responsive to reimbursement legislative requirements.

Role

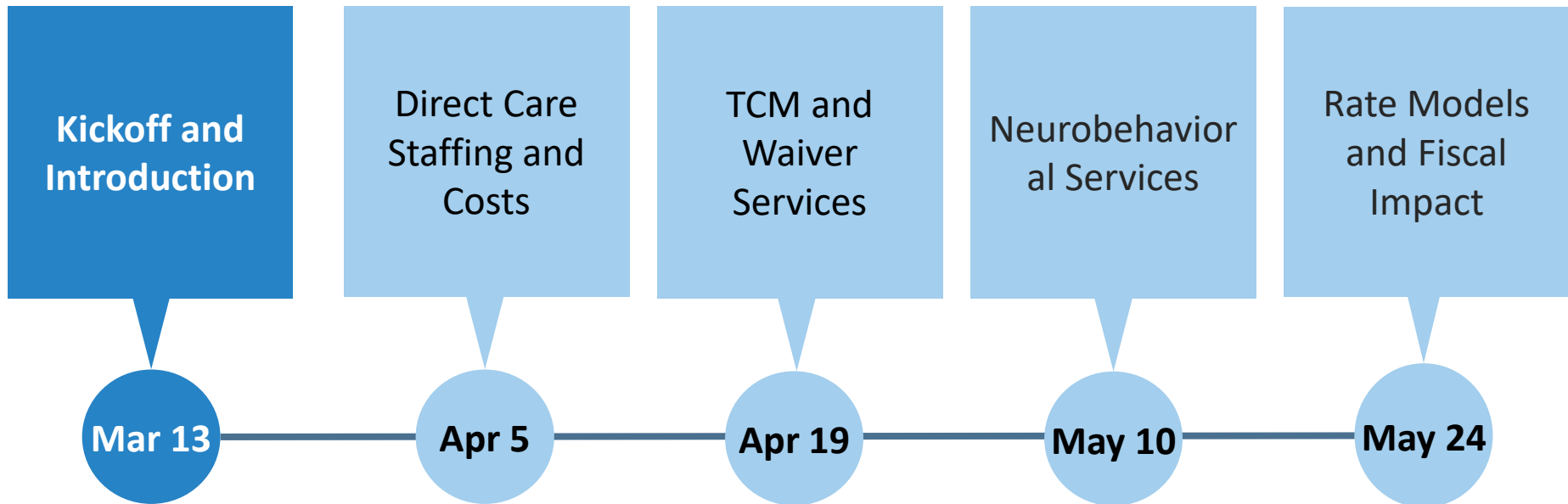
- Provide subject matter expertise on provider finances, service costs, and rate methodology development
- Review and validate rate model factors and assumptions
- Review rate model and methodology approach
- Provide rate recommendations for consideration in the final report

Collaboration Approach

- Involve diverse perspectives and meaningfully include stakeholders in the study process
- Advance project goals and objectives, removing communication barriers and bottlenecks, wherever possible
- Offer transparency on methodology and findings throughout the study
- Adhere to CMS requirements for rate development and stakeholder engagement pursuant to any future changes in Medicaid programs/policies

Rates and Finance Workgroup Meeting Plan

The Rates and Finance Workgroup will meet in March and April 2023 to discuss topics related to rate methodology and modeling requirements and results.



Participation in the Workgroup is an opportunity to provide critical feedback that will help inform the development of rate setting methodologies and service rates.

Rate Setting Overview

Rate Setting Goals

The rate setting process must be consistent with requirements under Virginia's 2022 Legislature Requirements, CMS guidelines, and stakeholder goals. Key goals include that the rates and rate methodologies:

- Respond to person's needs and types of employment
- Recognize potential provider costs and changes in those costs, including geographic cost variations
- Account for service delivery expectations and additional supports (e.g., recruiting, training, and retention of staff, transportation, administrative, supplies, maintenance)
- Comply with CMS requirements and rate models are based on best practices
- Incorporate feedback provided through collaboration with provider and state representatives
- Consider impacts of the COVID-19 PHE, as applicable

Rate Study Decision Making Process

Rates Setting Contractors and DMAS develop rate study material and present to Workgroup

Rates and Finance Workgroup provides feedback and subject matter expertise on the topics and issues related to the rate methodology

DMAS makes final decisions regarding rate methodology

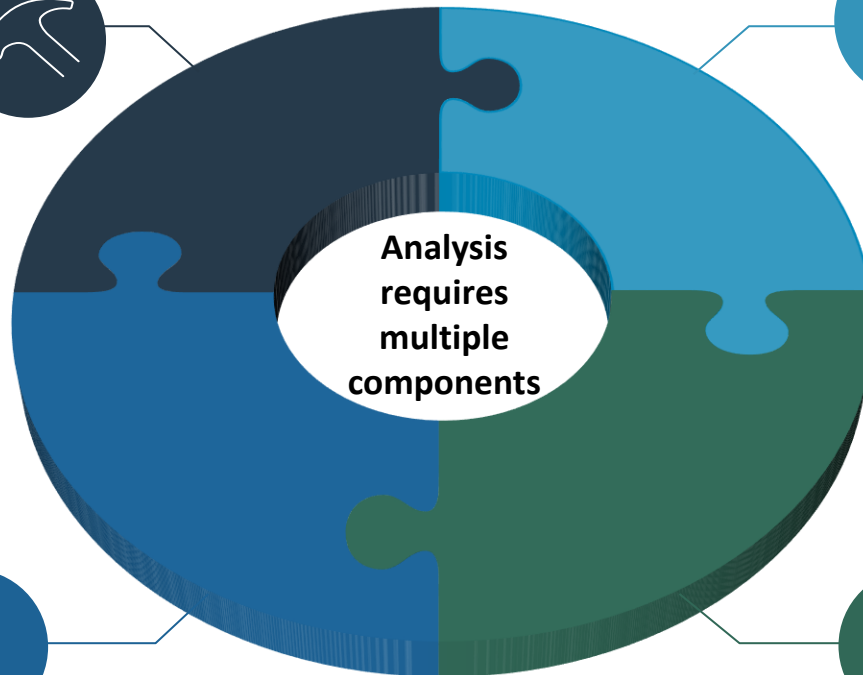
CMS and Legislative Approval on Proposed Rates

Rate Setting Contractor Guidance & Technical Expertise

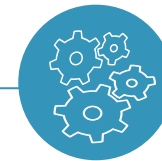
Approach to Rate Development

Employs assumptions of:

- Wages
- Types of employees
- Staffing ratios
- Employee benefits
- Other provider costs



Recognizes the costs of services with service-specific variations



Independent Model Approach – An approach using state-specific data sources to develop the estimates for each cost component for each service.

Consideration of participant's specific needs (acuity level, dependent on available assessment data)



Assumptions can be derived from state, national or industry standard data

Service Eligibility Criteria

Targeted Case Management

Proposed Eligibility Criteria:

1. Age 18 or older, and eligible for Virginia Medicaid
2. Physician diagnosis of Traumatic Brain Injury (TBI)
3. Severe TBI which results in chronic, residual deficits resulting in difficulty managing daily activities
4. Requires ongoing assistance to access needed services due to the TBI

Note: This slide includes draft service and eligibility criteria that are subject to change.

1915(c) Waiver Services

Proposed Eligibility Criteria

1. Age limit TBD and eligible for VA Medicaid
2. Physician diagnosis of brain injury or neurocognitive disorder
3. Any form of brain injury
4. Meets institutional level of care consistent with CMS's requirements
5. Has moderate to severe functional deficits due to the BI

Proposed Covered Services *(near final recommendations)*

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

Note: This slide includes draft services and service eligibility criteria that are subject to change; Service definition discussions are in progress

Neurobehavioral Unit

Proposed Eligibility Criteria

1. Age limit TBD and eligible for VA Medicaid
2. Physician diagnosis of brain injury or neurocognitive disorder
3. Sustained after identified age limit
4. Meets level of care and services consistent with CMS's requirements
5. Reasonable expectation for measurable improvement

Proposed Service Definition

- *TBD – discussion in progress*

Note: This slide includes draft service eligibility criteria that are subject to change; Service definition discussions are in progress

Summary of Program Design Workgroup Feedback

Service	Targeted Case Management	Home and Community Based Services	Neurobehavioral Unit
Legal authority	State Plan	1915(c) Waiver	State Plan
Eligibility Criteria			
VA Medicaid beneficiary	Yes	Yes	Yes
Age	18 or older	TBD	TBD
Diagnosis	Traumatic brain injury	Brain injury or neurocognitive disorder	Brain injury or neurocognitive disorder
Acuity	Severe	Level of care consistent with CMS's requirements	Level of care consistent with CMS's requirements
Functional need	Ongoing assistance to access necessary services	Moderate to severe functional deficits	Intensive program needed because clinically unmanageable in community due to neurological sequelae
Other	Receiving no other state-funded case management	Any form of brain injury	Reasonable expectation of measurable improvement

Note: This slide includes draft service eligibility criteria that are subject to change; Service definition discussions are in progress

Peer State Rate Analysis Discussion

Peer State Rate Reference

Proposed Peer States

- ✓ Colorado
- ✓ Connecticut
- ✓ Kansas
- ✓ Maine
- ✓ Massachusetts
- ✓ Minnesota
- ✓ New York
- ✓ North Carolina

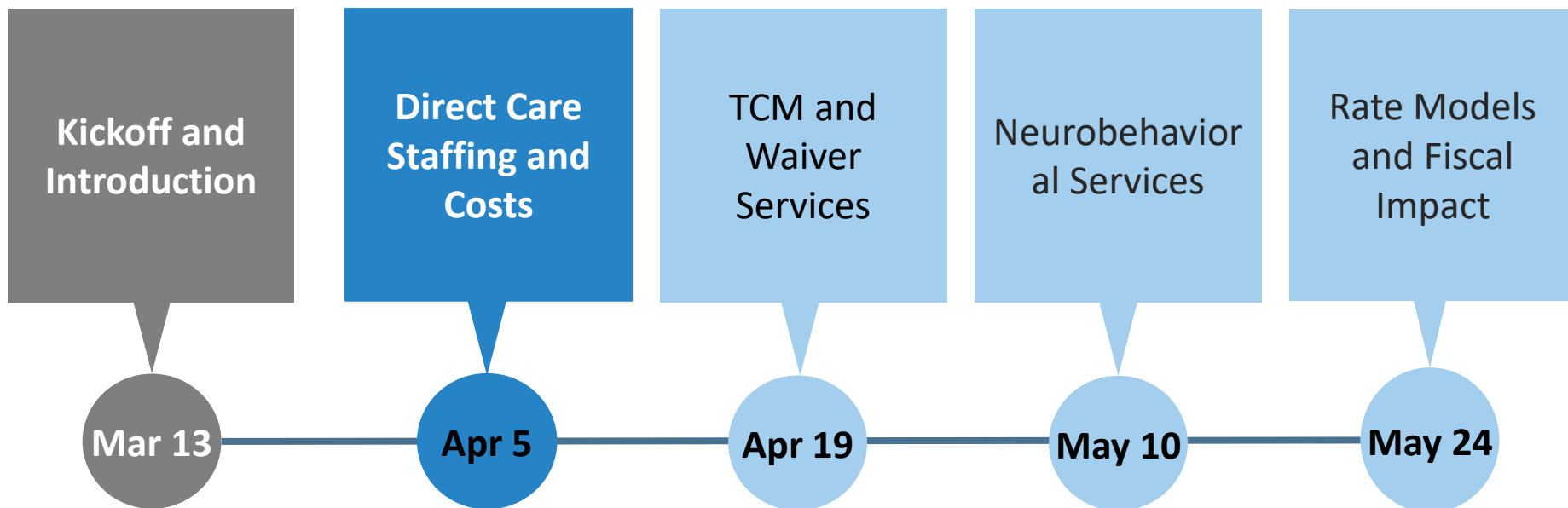
State Selection Criteria

- ✓ Similar demographics and regional neighbors
- ✓ Similar brain injury service array, structure, and specifications
- ✓ States known for innovative practices
 - CMS-approved reimbursement methodologies
 - BI-specific provider qualifications
- ✓ Conducted recent brain injury rate study

Workplan, Timeline, and Next Steps

Rates and Finance Workgroup Meeting Plan

The Rates and Finance Workgroup will meet in March and April 2023 to discuss topics related to rate methodology and modeling requirements and results.



Participation in the Workgroup is an opportunity to provide critical feedback that will help inform the development of rate setting methodologies and service rates.

Next Steps

Rate Setting Contractors

- Attend and provide feedback during next Rates and Finance Workgroup meeting on April 5, 2023

Rates and Finance Workgroup

- Collaborate with DMAS to assess direct care service costs and specifications for identified services
- Work with Program Design Workgroup to solicit list of services for rate setting

Questions & Answers

Contacts

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