

March 22, 2023



Brain Injury Services: Interested Provider Focus Group

Meeting Summary

Meeting: Brain Injury Services: Interested Provider Focus Group

Date/Time: March 23, 2023, 2:00pm – 3:30pm

Location: Zoom

Attendees:

- Focus Group Members: Adam Page, Awonti Etoo, Amie, Andrea Carter, Andrea, Brittany LaRoche Hill, Carrie Sharp, Chelsea Poratazu, Constance Rogers, David Griffin, Daniela Pretzer, Elizabeth Matthews, Freddy Martinez, Gary Wilburn, GTaylor, Heather Fritz, Heather Pierce, Hunter, Paula Booth, Ivan Velickovic, Jan Longmanz, Jen, Jenet Mofor, Jessica Charters, Joy Spencer, Jacqueline Coleman, Kayla Stiltner, Kelly Gonzalez, Kent Houchins, Khadija Jalloh, Khalilah Shabazz, Kw, La Voyce Reid, Leticia Kusi, Linus, Luke Lemon, Mara Espi Colazo, Mark Diorio, Maureen, Maya Eljor, Michelle Witt, Nichole Davis, Pat, Paulette Staton, Jocelyn Perry-Richmond, Ruthe Laureore, Sarah DiGioia, Shani Peebles-Johnson, Shawana Roach, Steve Beasley, T Turner, Verlean Greene, Veronica McMillian, Yinka Bruce, Yvonne Mitchell
- State Staff (facilitators): Ann Bevan, Chris Miller, Kay Karmarker
- Guidehouse Staff (facilitators): Elizabeth Barabas, Sharon Hicks, Grant Lindman

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 interested in 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 that will inform the proposed BI services program by the Department of Medical Assistance Services (DMAS) for presenting the finalized program to the General Assembly for approval.
- c. To aid in the collection of feedback, facilitators presented a high-level list of services as examples of services that interested providers could offer as part of the program.

II. General Provider Questions and Suggestions

- a. We received several background questions around program operations, program eligibility, and logistics. These questions were not addressed in extensive detail, as DMAS is in the process of determining the makeup of the program. However, DMAS noted these questions and intends to answer them upon approval from the General Assembly. The questions included:
 - i. How is BI being defined? What age is included in the program?
 - ii. How will the new program interact with existing waivers?
 - iii. Will group homes be allowed to house the IDD and BI population together?

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- iv. Will different licensure and enrollment be required?
- v. How will training be provided? What type of ongoing supervision will be available?

III. Discussion Question 1: What would your agency/facility need to consider becoming an enrolled Brain Injury Targeted Case Management (TCM) provider?

- a. Providers recommended that information about the program include the following for them to consider becoming a TCM provider:
 - i. Staff Training. Providers emphasized the need for BI specific competencies.
 - ii. Background information on the eligible population. They were also interested in the size of the BI population that might be covered under this program.
 - iii. Rates. Providers acknowledged that funding is an important consideration to ensure costs are covered.
 - iv. Crisis Intervention. Providers suggested that resources for crisis intervention be made more widely available, especially for the BI population.

IV. Discussion Question 2: Which of these potential brain injury waiver services would your organization be interested in providing? Are there other services you provide that you might suggest for a brain injury waiver?

- a. Providers felt that important services to offer would include:
 - i. Crisis intervention services
 - ii. Service facilitation for consumer-directed personal assistance and respite
 - iii. Assessment services, especially to get assistive technology
 - iv. Community support services needed to relearn speech, mobility, etc, and also to learn independent living skills, vocational evaluation, employment services, and therapeutic consultation.
 - v. Residential services
 - vi. Services related to substance abuse
- b. Providers mentioned interest in providing several different service types.

V. Discussion Question 3: What would your organization need to be prepared to become a Medicaid brain injury service provider or case management provider?

- a. Providers requested straightforward licensure requirements. Providers suggested that Medicaid enrollment be considered through existing enrollment pathways rather than requiring additional enrollment approvals.
- b. Providers requested training and/or accreditation for those interested in providing services as well as clearly defined provider manuals. Providers were interested in seeing how other states have accomplished this.

VI. Discussion Question 4: What are your thoughts about the availability of providers to serve the BI population? What are your thoughts about the availability of providers to serve the Brain Injury

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population? What are barriers for providers to serve the BI population? What training is needed/recommended? What would incentivize providers to begin serving BI population?

- a. Focus group members suggested several barriers to providing care:
 - i. Some providers asked whether the program will be carved out or contracted through Managed Care Organizations (MCOs). Some providers expressed hesitancy around working with MCOs as each MCO operates differently and they often require more frequent prior authorization, which causes administrative burden.
 - ii. Providers suggested that recruitment and retention could be a barrier, especially if a specialized licensure is required to provide services. While they agreed that training is vital, there were concerns about the expensive of continuing education as well as general recruitment and retention given the high turnover environment.
 - iii. Funding would be a significant incentive or barrier for providing care.
 - iv. Focus group members noted that transportation could be a barrier to providing care if there is not enough time or funding to get participants to the service location.
- b. Focus group members had numerous ideas about where to look for training:
 - i. Current providers may have clear ideas about what training is needed for this population.
 - ii. The Veterans' Affairs Administration offers several BI programs and may have existing training.
 - iii. Other places to look include CBIS curriculum, BI fundamentals course, Sheltering Arms, and Johns Hopkins.
- c. Providers had a few ideas for incentives for participation:
 - i. Providers suggested that DMAS give grants or free training for those interested.
 - ii. Providers noted that other services offer a "new team rate" with a higher rate for the first two years after an expensive certification (example: Multi-Systemic Therapy) and suggested implementing this for BI services.
 - iii. Providers suggested assigning a mentor to new providers to help with administrative support.

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/>.