

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

Rate Study Final Presentation

July 11, 2023

Agenda

- | | | |
|------|--------------------------------------|------------|
| I. | Introductions | 5 minutes |
| II. | Stakeholder Process & Communications | 20 minutes |
| III. | Rate Methodology & Benchmark Rates | 45 minutes |
| IV. | The Way Forward | 30 minutes |
| V. | Questions & Answers | 15 minutes |

Introductions

Guidehouse

Tamyra Porter

David Garbarino

Poorna Suresh

Elizabeth Barabas

ForHealth

Michael Grenier

Lisa McDowell

Brain Injury Services – Rate Study Background

The design and development of brain injury programs, services, and rates included the study elements highlighted below

- Guidehouse worked with DMAS over the past six months to establish service portfolios, draft service criteria and definitions, develop rate methodologies and set benchmark rates for TCM, 1915(c) HCBS waiver services, and NTF

Virginia Department of Medical Assistance Services (DMAS) Rate Study

State Plan Targeted Case Management (TCM)

1915(c) Home and Community-Based Services

Neurobehavioral Treatment Facility (NTF)

Rate Methodology and Rate Development

Service Identification, Eligibility Criteria, Definitions, and Specifications

Stakeholder Engagement

Documentation and Reporting

Stakeholder Process and Communications – Review of Previous Meetings

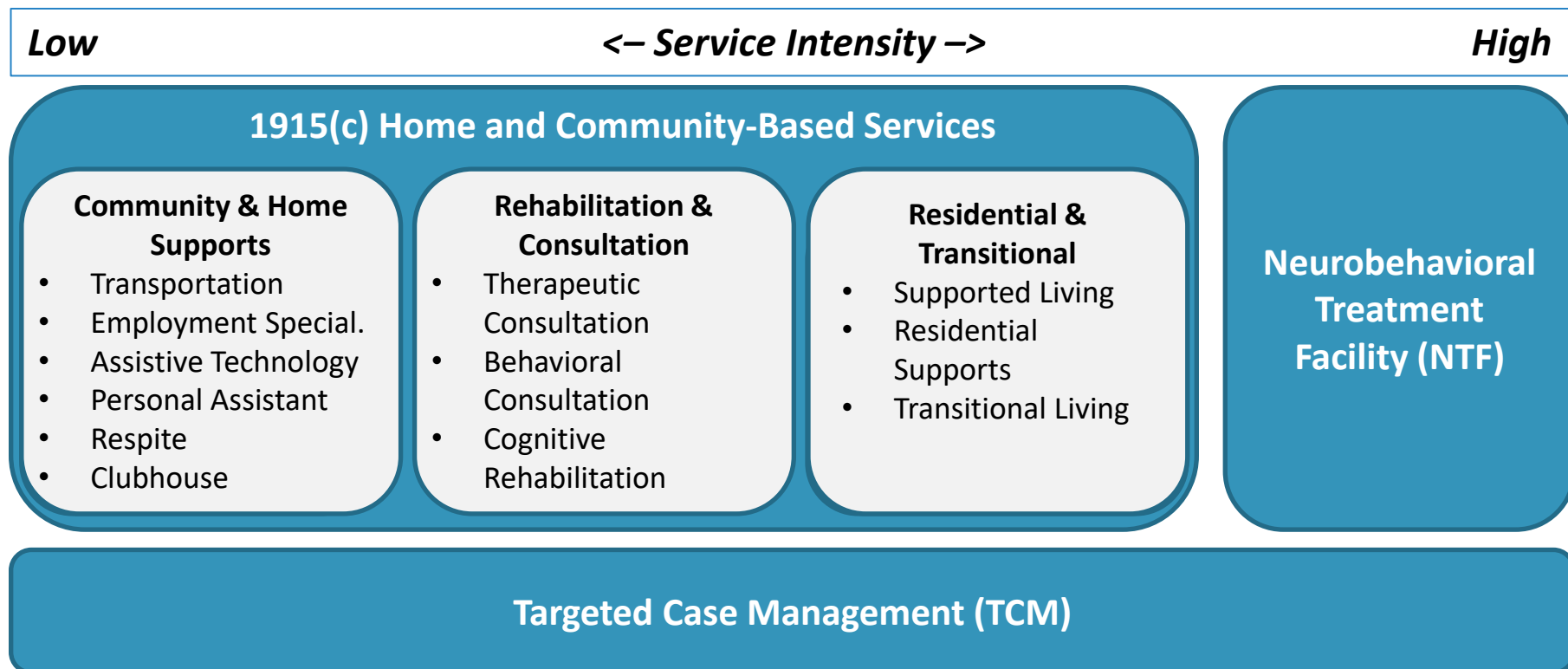
Stakeholder Structure, Composition, and Feedback

To support the program design and rate development process for the programs, Guidehouse and DMAS worked with multiple stakeholder groups over 25 meetings

Type of Meeting	Key Topics	Composition	Number of Meetings
Steering Committee			
Steering Committee	Services needed to address the needs of the brain injury population (e.g., services to support independent living for people with a brain injury), services to help address caregiver challenges, provider requirements, barriers, and incentives for provider participation	Representatives from Workgroups and Focus Groups	9
Workgroups			
Program Design Workgroup	Eligibility criteria, HCBS services, HCBS provider qualifications, neurobehavioral treatment facility service definition and settings options	Clinicians, advocates, providers	5
Rates and Finance Workgroup	Rate setting overview, independent rate build-up approach, proposed service package, payment units, wage data sources, cost trending, geographic adjustments, provider fringe benefits, and other rate components	Key financial representatives from providers and MCOs, advocacy group representatives	4
Focus Groups			
Focus Groups	Services needed to address the needs of the brain injury population (e.g., services to support independent living for people with a brain injury), services to help address caregiver challenges, provider requirements, barriers, and incentives for provider participation	Individual meetings included: <ul style="list-style-type: none"> - Current Providers - Future Providers - People with lived experiences - Family members of those with lived experiences 	7

Proposed Service Continuum

The figure below captures a summary of proposed services included in the program as identified and discussed with all Focus Groups and the Program Design Workgroup



Proposed Program and Service Eligibility Criteria

The table below captures a summary of service eligibility criteria as identified and discussed with the Program Design Workgroup

SERVICE:	Targeted Case Management	Home and Community Based Services	Neurobehavioral Unit
LEGAL BASIS:	State Plan	1915(c) Waiver	State Plan
ELIGIBILITY:			
<i>Virginia Medicaid Beneficiary</i>	Yes	Yes	Yes
<i>Age</i>	18 years or older	18 years or older	18 years of age or older
<i>Diagnosis</i>	Traumatic brain injury	Brain injury or neurocognitive disorder	Brain injury or neurocognitive disorder
<i>Acuity</i>	Severe	Level of care consistent with CMS's requirements	Level of care consistent with CMS's requirements
<i>Functional Need</i>	Ongoing assistance to access necessary services	Moderate to severe functional deficits	Intensive program needed because clinically unmanageable in community due to neurological sequelae

Rate Methodology and Benchmark Rates

Rate Setting Goals

The rate setting process must be consistent with requirements under Virginia's 2022 Legislature Requirements, CMS guidelines, and stakeholder goals

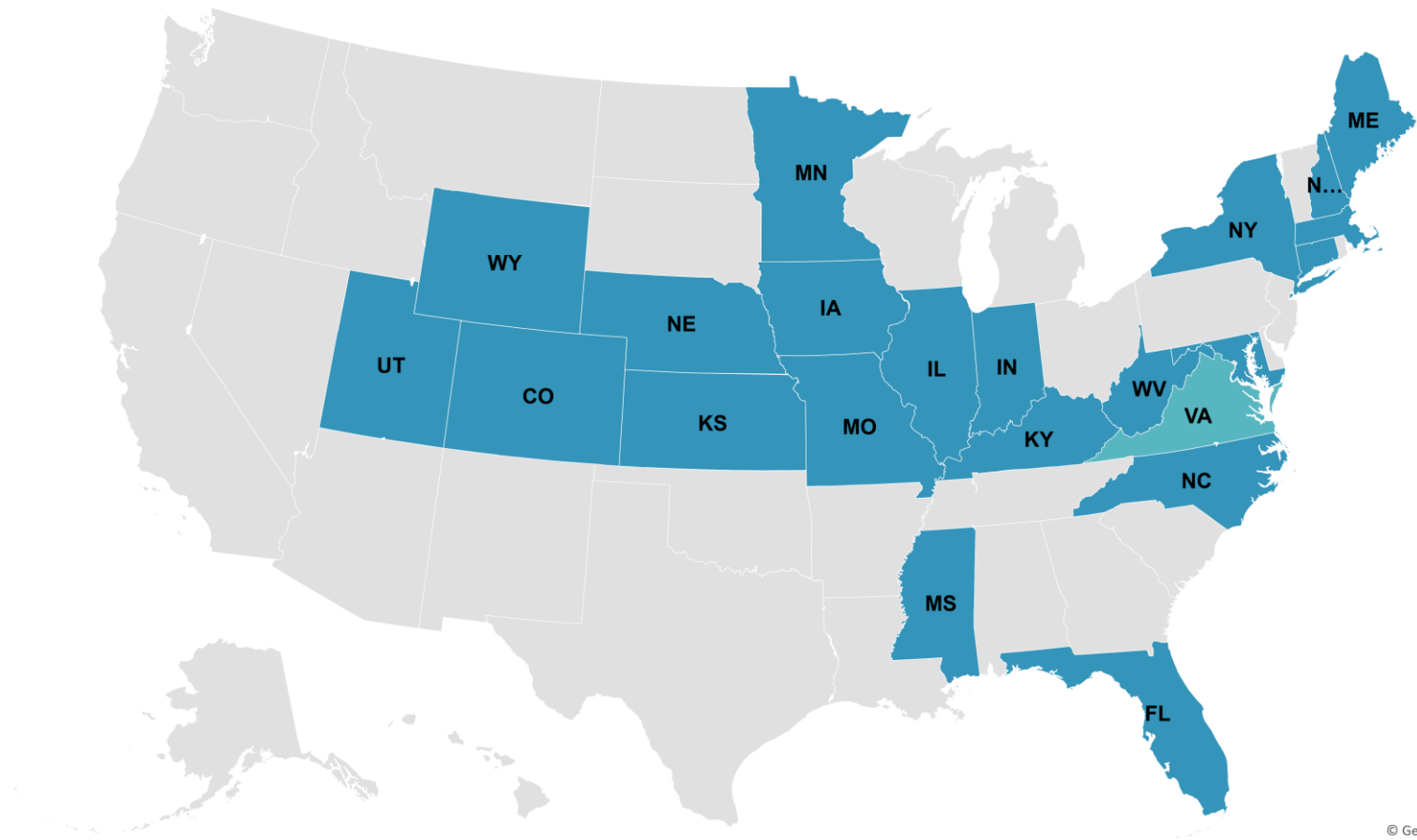
Key goals include that the rates and rate methodologies:

- 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

Subsequent slides include the results from the analysis of individual services. The analysis was performed for rate study purposes only, and does not represent State implementation decisions or funding commitments

Peer State Rate Analysis

21 states operating brain injury programs and/or home and community-based services programs offering similar services were considered in identifying reimbursement units and benchmarking service rates



Powered by Bing
© GeoNames, Microsoft, TomTom

TCM Rate Build-Up Approach

The rate build-up approach for TCM comprises direct care costs, indirect costs, and other expenses specific to case management

Direct Care Cost

- Wages (BLS Occupational Employment and Wage Statistics (OEWS) – 50 PCT, BLS CES Cost Trending/Inflation)
- Benefits (MEPS; DD Waiver Model; Rates & Finance Workgroup feedback)

Adjusted by monthly caseload (DMAS's programmatic experience)



Indirect Cost

Administrative Costs include costs associated with operating a provider organization, such as costs for administrative employees' salaries and wages along with non-payroll administration expenses, such as licenses, accreditation, property taxes, liability and other insurance (DD Waiver Model)

Program Support Funding includes only personnel costs associated with direct care service delivery (DD Waiver Model inflated)

Transportation Costs include case manager travel costs based on IRS mileage rate (2023 IRS Mileage, VA Dept. of Transportation Mileage Limit)



Other Case Manager Expenses

Cost of Office Space (DD Waiver Model inflated)

Cost of Phone and Internet (DD Waiver Model inflated)

Cost of Office Equipment and Supplies (DD Waiver Model inflated)



Rate Per Month

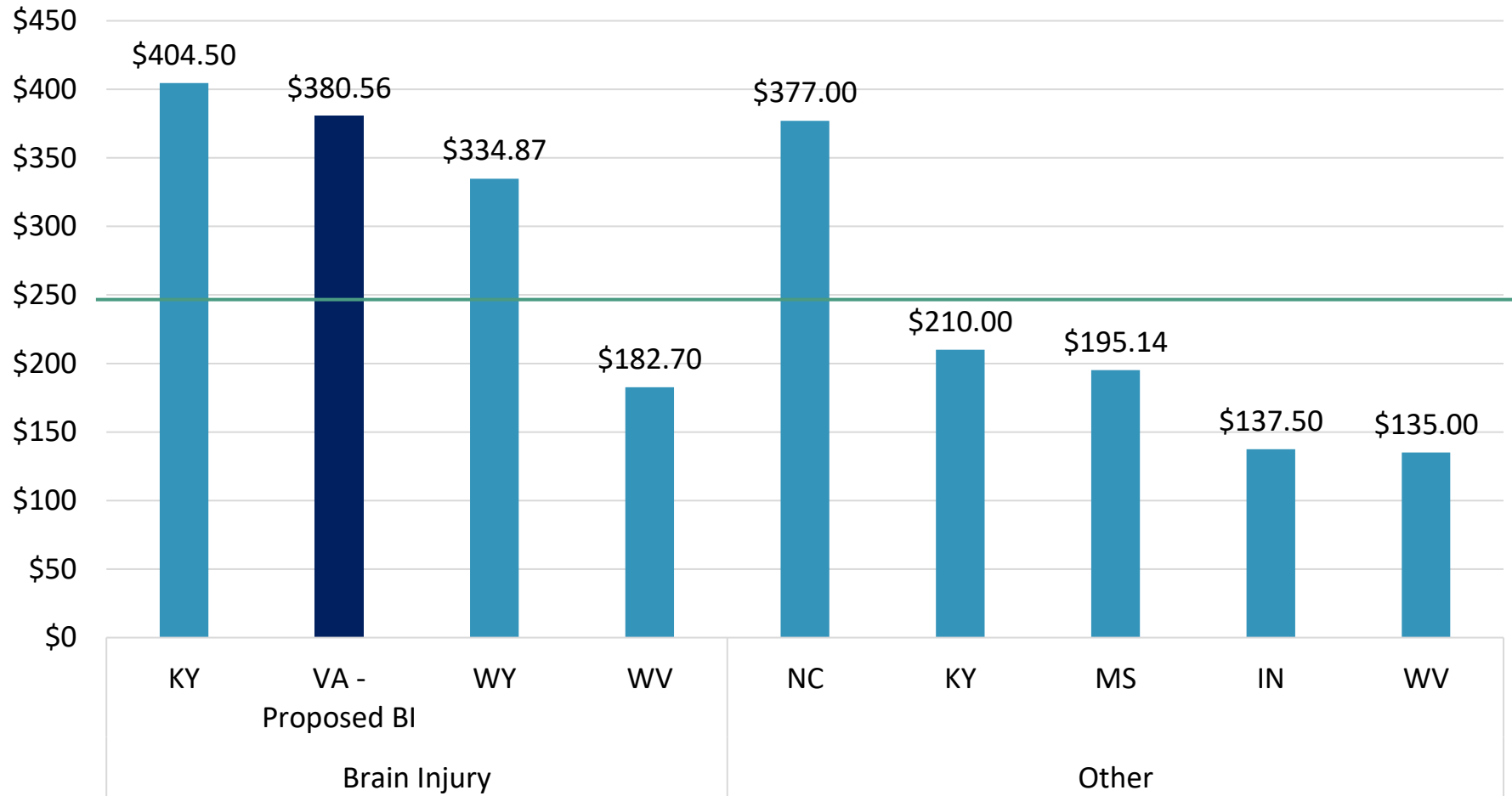
TCM Rate Model and Benchmark Rate

Cost Center	Rate Component	TCM	Source or Calculation
	Unit	Month	
Caseload	Average Clients Per Service Coordinator Per Month	28	DMAS's programmatic experience
Direct Care	SFY2024 Hourly Wage	\$34.41	SFY2024 Hourly Wage – BLS 50 PCT Healthcare Social Worker (50 PCT 2022 wages and 8.81% annual inflation)
	Employee Related Expenses (ERE%)	26.01%	ERE% based on MEPS and DD Waiver Data as a Percentage of Wages
	Hourly Compensation	\$43.36	Hourly Wage * (1 + ERE)
	Monthly Direct Care Compensation (a)	\$268.42	Hourly Wage * 2080 * (1 + ERE)
Case Manager Expenses	Square Feet of Office Space (sq. ft.)	100.00	DD Waiver Model
	Cost per Square Foot	\$29.31	Commercial Café VA Public Data (Class A, B, C average)
	Annual Cost of Office Space	\$2,931.00	Cost per Square Foot * Square Feet of Office Space (sq. ft.)
	Monthly Cost for Phone and Internet	\$244.25	DD Waiver Model (inflated)
	Annual Cost for Phone and Internet	\$2,550.46	Monthly Cost for Phone and Internet * 12
	Monthly Cost of Office Equipment and Supplies	\$212.54	DD Waiver Model (inflated)
	Annual Cost of Office Equipment and Supplies	\$2,550.46	Monthly Cost of Office Equipment and Supplies * 12
	Total Annual Expense Cost	\$8,031.92	Annual Cost of Office Space + Annual Cost for Phone and Internet + Annual Cost of Office Equipment and Supplies
Monthly Expense Cost per Member (b)	\$23.90	Total Annual Expense Cost / 12 / Caseload	
Transportation	Travel Time in Standard Week (b/w members)	10.73%	4.3 of 40 hours
	Average Miles Per Hour (mph)	35.00	VA Dept. of Transportation: In business and residential areas, on unpaved roads, a maximum speed limit of 35 mph applies.
	Total Monthly Miles	600.60	Average Miles Per Hour (mph) * 160 hours per month
	Monthly Mileage Cost	\$393.39	Total Monthly Miles * \$0.655 2023 IRS Mileage Rate
	Annual Mileage Cost	\$4,720.68	Monthly Mileage Cost * 12
	Monthly Mileage Cost per Member	\$14.05	Annual Mileage Cost / Caseload
	Monthly Cost per Member Before Admin. and Support (c = a + b)	\$306.37	Monthly Direct Care Compensation + Monthly CM Expense Cost per Member
Admin and Program Support	Program Support Per Day (inflated)	\$29.76	DD Waiver Model (provider survey) inflated based on change in wage
	Program Support Cost Per Member (d)	\$32.33	Program Support Per Day (inflated) * (365/12) * Caseload
	Administration Percent	11%	DD Waiver Model
	Monthly Administrative Cost per Member (e)	\$41.86	Monthly Cost per Member Before Admin. and Support + Program Support Cost Per Member / (1 - Administration Percent)
SFY2024 Benchmark Rate = c + d + e		\$380.56	

Sources: (1) <https://www.bls.gov/oes/>; (2) <https://www.bls.gov/ces/>; (3) <https://meps.ahrq.gov/mepsweb/>

TCM Peer State Rate Comparison

Case Management Peer State Rates (Average Rate Per Month)

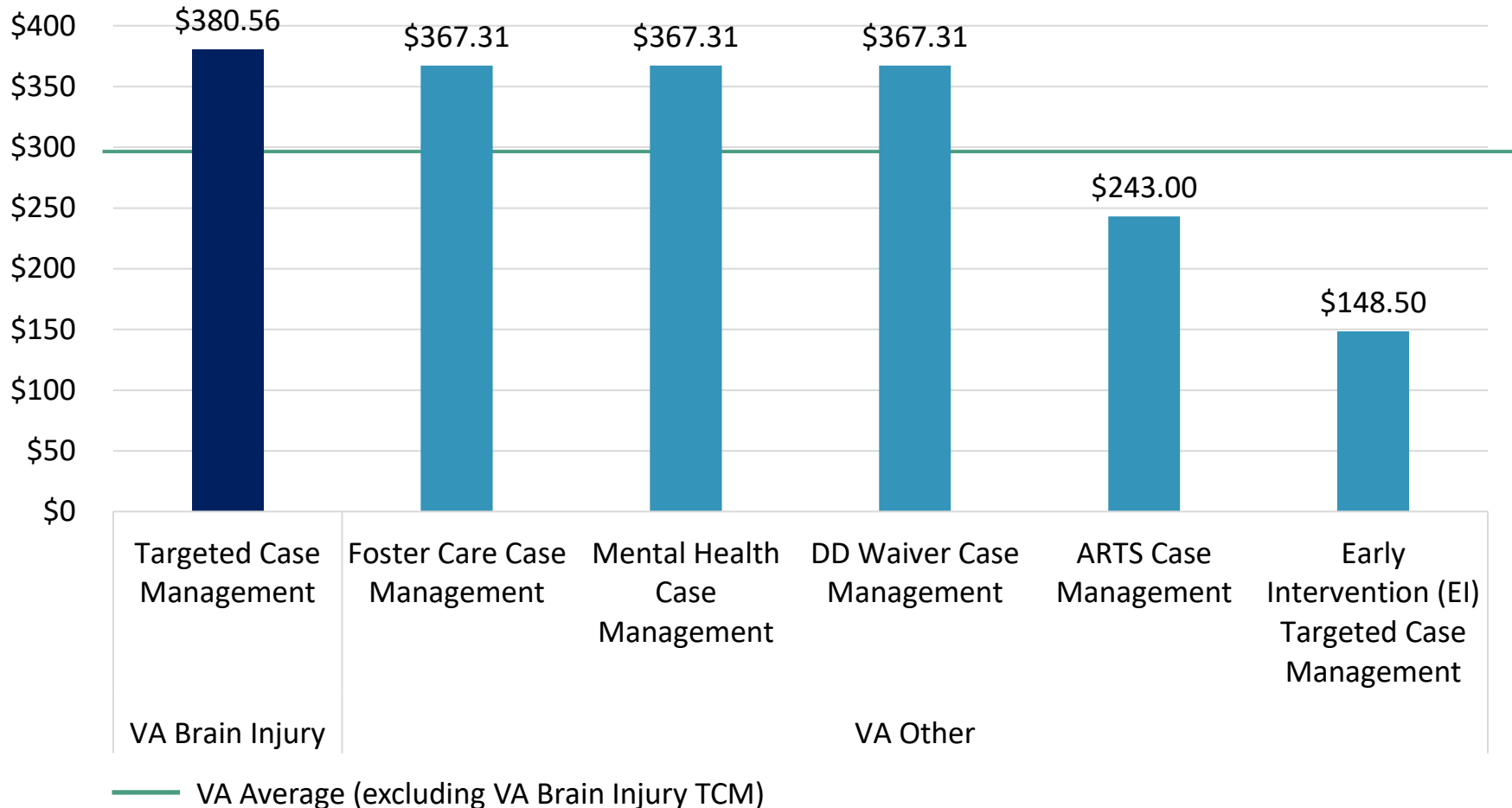


— Peer State Average (excluding VA Proposed BI)

Analysis for rate study purposes ONLY.

Virginia Case Management Rate Comparison

Virginia Case Management Programs (Rate Per Month)*



*Note: The caseload assumption is one of the key driving factors for case management rates and most often results in differences in rates across populations and programs.

Analysis for rate study purposes ONLY.

Home and Community-Based Waiver Services

Guidehouse developed benchmark rates for the multiple services components across 15 distinct proposed 1915(c) waiver services

- The benchmark rates for individual services account for one or more of the following rate component variations:
 - **Geographic Adjustment:** Higher wages for Northern Virginia (NOVA) relative to Rest of State (RoS) and higher travel time and mileage assumptions for RoS relative to NOVA, similar to the DD waiver service models
 - **Staffing Needs:** Multiple tiers for residential supports, supported living, and transitional living services to address anticipated participant needs that will be aligned with the appropriate assessment tool at implementation

1. Personal Assistant (NOVA and RoS)	8. Behavioral Consultation (NOVA and RoS)
2. Respite Care (NOVA and RoS)	9. Cognitive Rehabilitation (NOVA and RoS)
3. In-Home Support Services (NOVA and RoS)	10. Residential Supports (NOVA and RoS; 3 Tiers)
4. Clubhouse (NOVA and RoS)	11. Supported Living (NOVA and RoS; 4 Tiers)
5. Therapeutic Consultation - Therapists, BCBA's, and LBA's (NOVA and RoS)	12. Transitional Living (NOVA and RoS; 3 Tiers)
6. Therapeutic Consultation - Psychologist/Psychiatrist (NOVA and RoS)	13. Employment Specialist (DARS Rate)
7. Therapeutic Consultation - Other Professionals (NOVA and RoS)	14. Assistive Technology (DD Waiver – \$5,000 Maximum Annual Limit)
	15. Transportation (DD Waiver – Rate Per Trip Per Passenger)

Analysis for rate study purposes ONLY.

Home and Community-Based Waiver Services

Introduction slide

Direct Care Cost

Cost for Direct Care Services

- Wages (BLS OEWS, BLS CES)
- Benefits (MEPS, DD Waiver Model, Rates & Finance Workgroup Feedback)
- Productivity (DD Waiver Model)

Adjusted by staffing ratios or hours, as applicable

Supervisory Direct Care Cost

- Wages (BLS OEWS, BLS CES)
- Benefits (MEPS, DD Waiver Model, Rates & Finance Workgroup Feedback)
- Productivity (DD Waiver Model)

Adjusted by supervisor ratios or hours, as applicable



Administrative Costs include costs associated with operating a provider organization, such as costs for administrative employees' salaries and wages along with non-payroll administration expenses, such as licenses, accreditation, property taxes, liability and other insurance. (DD waiver)

Indirect Cost

Program Support Costs (DD waiver inflated as applicable) include personnel and non-personnel costs associated with direct care service delivery for each service including (ROS vs. NOVA differential):

- Transportation
- Supplies
- Building & Equipment



Other Rate Adjustments

Geographic Wage Adjustment (50PCT Wages NOVA; 95% of 50PCT ROS)

Occupancy Rate (Average Days Paid : Billable; Vacancy Days)

Varies Based on Service Category



Service Rate Per Unit

Example: Personal Assistant Rate Model

Cost Center	Rate Component	ROS	NOVA	Source or Calculation
	Unit	Hour		
Staffing Ratio	Staff to Client Ratio	1:1		
Direct Care	SFY2025 Hourly Compensation	\$22.42	\$23.60	VA BLS OEWS Statewide Wage; NOVA = 100% of 50 PCT; RoS = 95% of 50 PCT; 8.81% BLS CES inflation; VA Benefits Model
	Annual Compensation	\$46,633.60	\$49,088.00	SFY2025 Hourly Compensation * 2080
Productivity	Total Hours	40.00	40.00	VA DD Waiver Rate Model
	- Travel Time (between members)	0.45	0.40	VA DD Waiver Rate Model
	- ISP/Plan of Care Meetings	0.45	0.45	VA DD Waiver Rate Model
	- Recordkeeping (not in member's presence)	0.45	0.45	VA DD Waiver Rate Model
	- Employer Time	0.90	0.90	VA DD Waiver Rate Model
	- Training	0.31	0.31	VA DD Waiver Rate Model
	"Billable" Hours (a)	37.44	37.49	Total Hours – "Non-Billable" Hours
	Productivity Adjustment	1.07	1.07	1 / "Billable" Hours
	Hourly Compensation with Productivity Adjustment (b)	\$23.99	\$25.25	SFY2025 Hourly Compensation * Productivity Adjustment
Transportation	Number of Miles Traveled per Week	50.00	45.00	VA DD Waiver Rate Model
	IRS Standard Mileage Rate	\$0.66	\$0.66	IRS 2023 Mileage Rate
	Weekly Mileage Cost	\$32.75	\$29.48	Number of Miles Traveled per Week * Weekly Mileage Cost
	Mileage Cost per Billable Hour	\$0.87	\$0.79	Weekly Mileage Cost / "Billable" Hours
	Hourly Compensation with Travel Costs (c)	\$24.86	\$26.04	Hourly Compensation with Productivity Adjustment + Mileage Cost per Billable Hour
Admin and Program Support	Program Support Per Day	\$37.52	\$42.01	VA DD Waiver Rate Model (inflated)
	Program Support Cost Per Billable Hour (d)	\$5.01	\$5.60	Program Support Per Day / a
	Administration Percent	11%	11%	VA DD Waiver Rate Model
	Monthly Administrative Cost per Member (e)	\$3.69	\$3.91	
SFY2025 Benchmark Rate = c + d + e		\$33.56	\$35.55	

Sources: (1) <https://www.bls.gov/oes/>; (2) <https://www.bls.gov/ces/>; (3) <https://meps.ahrq.gov/mepsweb/>

Analysis for rate study purposes ONLY.

Community and Home Supports Service Rates

The table below includes the proposed SFY2025 benchmark rates for non-residential 1915(c) waiver services

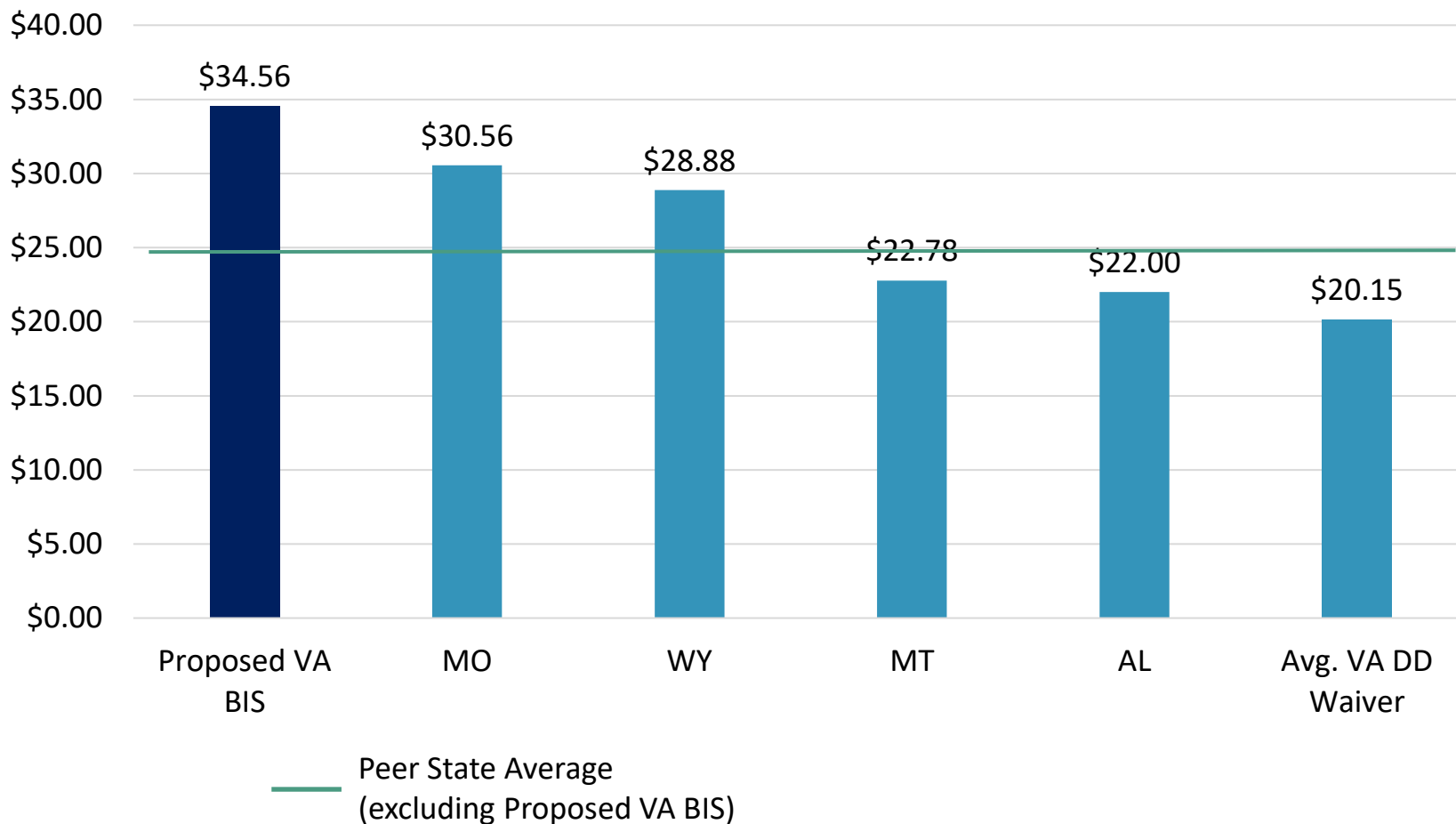
Waiver Service (Staff to Client Ratio)	NOVA vs. ROS	Proposed SFY2025 Benchmark Rate	Unit	Direct Care Staff Team*
Personal Assistant (1:1)	ROS	\$33.56	Per Hour	<ul style="list-style-type: none"> 10% 29-1141:Registered Nurses 90% 31-1120:Home Health and Personal Care Aides
	NOVA	\$35.55	Per Hour	
Respite Care (1:1)	ROS	\$33.56	Per Hour	<ul style="list-style-type: none"> 10% 29-1141:Registered Nurses 90% 31-1120:Home Health and Personal Care Aides
	NOVA	\$35.55	Per Hour	
In-Home Support Services (1:1)	ROS	\$39.42	Per Hour	<ul style="list-style-type: none"> 20% 21-1015:Rehabilitation Counselors 40% 31-1120:Home Health and Personal Care Aides 20% 21-1093:Social and Human Service Assistants 10% 39-9041:Residential Advisors 10% 39-9032:Recreation Workers
	NOVA	\$42.13	Per Hour	
Clubhouse (1:8)	ROS	\$14.97	Per Hour	<ul style="list-style-type: none"> 40% 21-1015:Rehabilitation Counselors 10% 31-1120:Home Health and Personal Care Aides 30% 21-1093:Social and Human Service Assistants 10% 39-9041:Residential Advisors 10% 39-9032:Recreation Workers
	NOVA	\$16.20	Per Hour	

*Note: The direct care staff team's job classifications are based on the BLS Standard Occupation Classification (SOC) codes. Slide 54 includes the source and additional information on the source.

Analysis for rate study purposes ONLY.

Peer State Analysis for Common Services

Personal Assistant Services (Average Rate Per Hour)



Analysis for rate study purposes ONLY.

Rehabilitation and Consultation Service Rates

The table below includes the proposed SFY2025 benchmark rates for therapeutic consultation, behavioral consultation, and cognitive rehabilitation 1915(c) waiver services

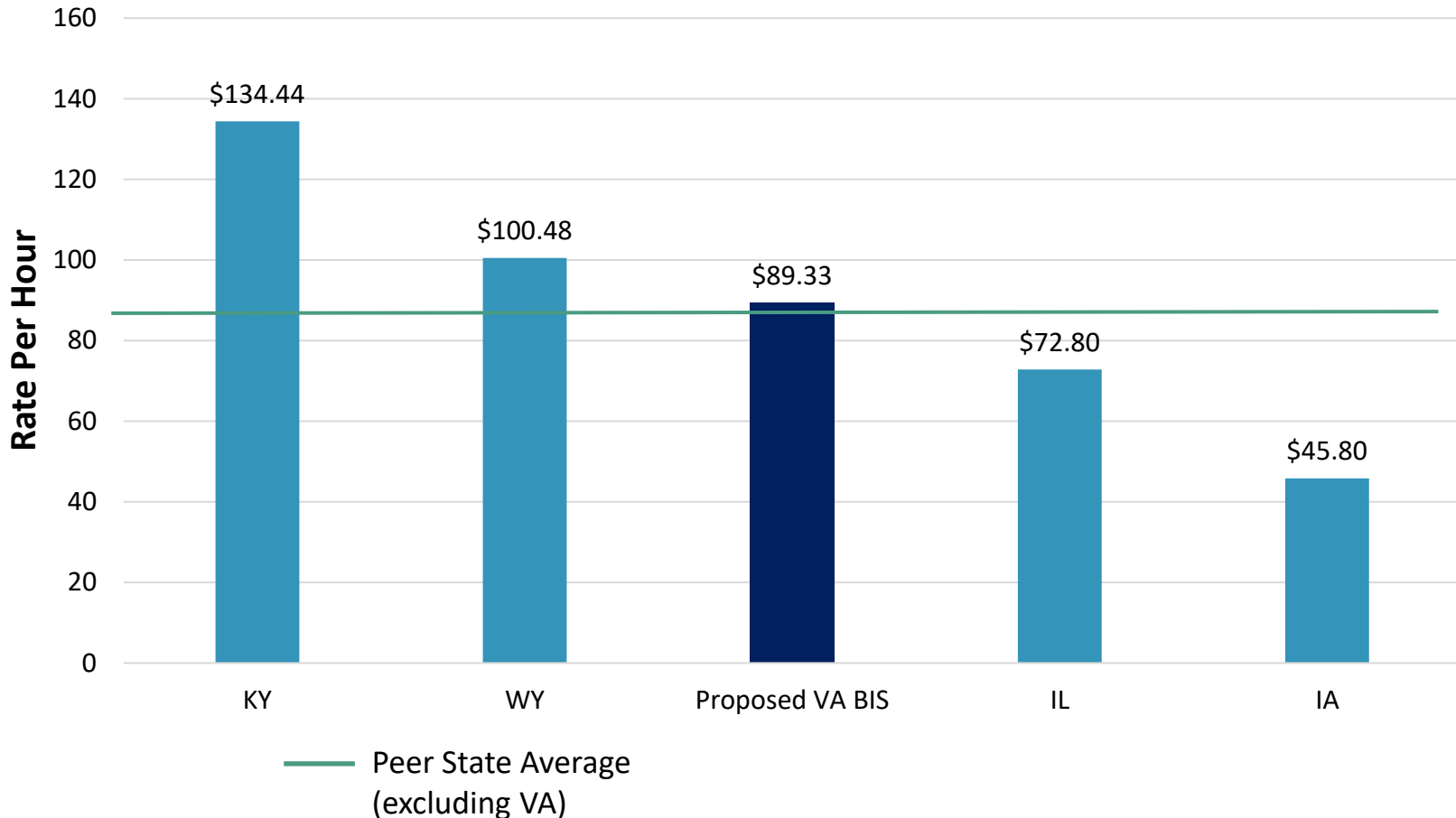
Waiver Service	NOVA vs. ROS	Proposed SFY2025 Benchmark Rate	Unit	Direct Care Staff Team*
Therapeutic Consultation - Therapists, Board Certified Behavior Analysts, and Licensed Behavior Analysts	ROS	\$101.42	Per Hour	<ul style="list-style-type: none"> 33.33% 29-1122:Occupational Therapists 33.33% 29-1123:Physical Therapists 33.33% 29-1127:Speech-Language Pathologists
	NOVA	\$104.99	Per Hour	
Therapeutic Consultation - Psychologist/Psychiatrist	ROS	\$88.45	Per Hour	<ul style="list-style-type: none"> 50% 19-3033:Clinical and Counseling Psychologists 50% 19-3034:School Psychologists
	NOVA	\$91.56	Per Hour	
Therapeutic Consultation - Other Professionals	ROS	\$76.39	Per Hour	<ul style="list-style-type: none"> 30% 19-3033:Clinical and Counseling Psychologists 30% 19-3034:School Psychologists 40% 21-1023:Mental Health and Substance Abuse Social Workers
	NOVA	\$79.09	Per Hour	
Behavioral Consultation	ROS	\$87.79	Per Hour	<ul style="list-style-type: none"> 50% 19-3033:Clinical and Counseling Psychologists 50% 19-3034:School Psychologists
	NOVA	\$90.87	Per Hour	
Cognitive Rehabilitation	ROS	\$97.20	Per Hour	<ul style="list-style-type: none"> 33.33% 19-3033:Clinical and Counseling Psychologists 33.33% 29-1122:Occupational Therapists 33.33% 29-1127:Speech-Language Pathologists
	NOVA	\$100.62	Per Hour	

*Note: The direct care staff team's job classifications are based on the BLS Standard Occupation Classification (SOC) codes. Slide 54 includes the source and additional information on the source.

Analysis for rate study purposes ONLY.

Peer State Analysis for Common Services

Behavioral Consultation (Average Rate Per Hour)



Analysis for rate study purposes ONLY.

Residential and Transitional Support Rates

The table below includes the proposed SFY2025 benchmark rates for residential and transitional living 1915(c) waiver services

Waiver Service	Component Service	NOVA vs. ROS	Proposed SFY2025 Benchmark Rate	Unit	Direct Care Staff Team*
Residential Supports	Tier 1	NOVA	\$437.76	Per Day	<ul style="list-style-type: none"> 10% 21-1015:Rehabilitation Counselors 5% 29-1141:Registered Nurses 5% 19-3033:Clinical and Counseling Psychologists 5% 21-1022:Healthcare Social Workers 10% 21-1018:Substance Abuse, Behavioral Disorder, and Mental Health Counselors 10% 29-1122:Occupational Therapists 20% 31-1120:Home Health and Personal Care Aides 20% 21-1093:Social and Human Service Assistants 5% 39-9041:Residential Advisors 10% 39-9032:Recreation Workers
	Tier 1	ROS	\$406.46	Per Day	
	Tier 2	NOVA	\$478.84	Per Day	
	Tier 2	ROS	\$445.49	Per Day	
	Tier 3	NOVA	\$564.88	Per Day	
	Tier 3	ROS	\$527.24	Per Day	
Transitional Living	Tier 1	NOVA	\$552.34	Per Day	<ul style="list-style-type: none"> 10% 21-1015:Rehabilitation Counselors 5% 29-1141:Registered Nurses 5% 19-3033:Clinical and Counseling Psychologists 5% 21-1022:Healthcare Social Workers 10% 21-1018:Substance Abuse, Behavioral Disorder, and Mental Health Counselors 10% 29-1122:Occupational Therapists 20% 31-1120:Home Health and Personal Care Aides 20% 21-1093:Social and Human Service Assistants 5% 39-9041:Residential Advisors 10% 39-9032:Recreation Workers
	Tier 1	ROS	\$514.69	Per Day	
	Tier 2	NOVA	\$607.12	Per Day	
	Tier 2	ROS	\$566.75	Per Day	
	Tier 3	NOVA	\$721.84	Per Day	
	Tier 3	ROS	\$675.75	Per Day	

*Note: The direct care staff team's job classifications are based on the BLS Standard Occupation Classification (SOC) codes. Slide 54 includes the source and additional information on the source.

Analysis for rate study purposes ONLY.

Residential and Transitional Support Rates (cont.)

The table below includes the proposed SFY2025 benchmark rates for supported living 1915(c) waiver services

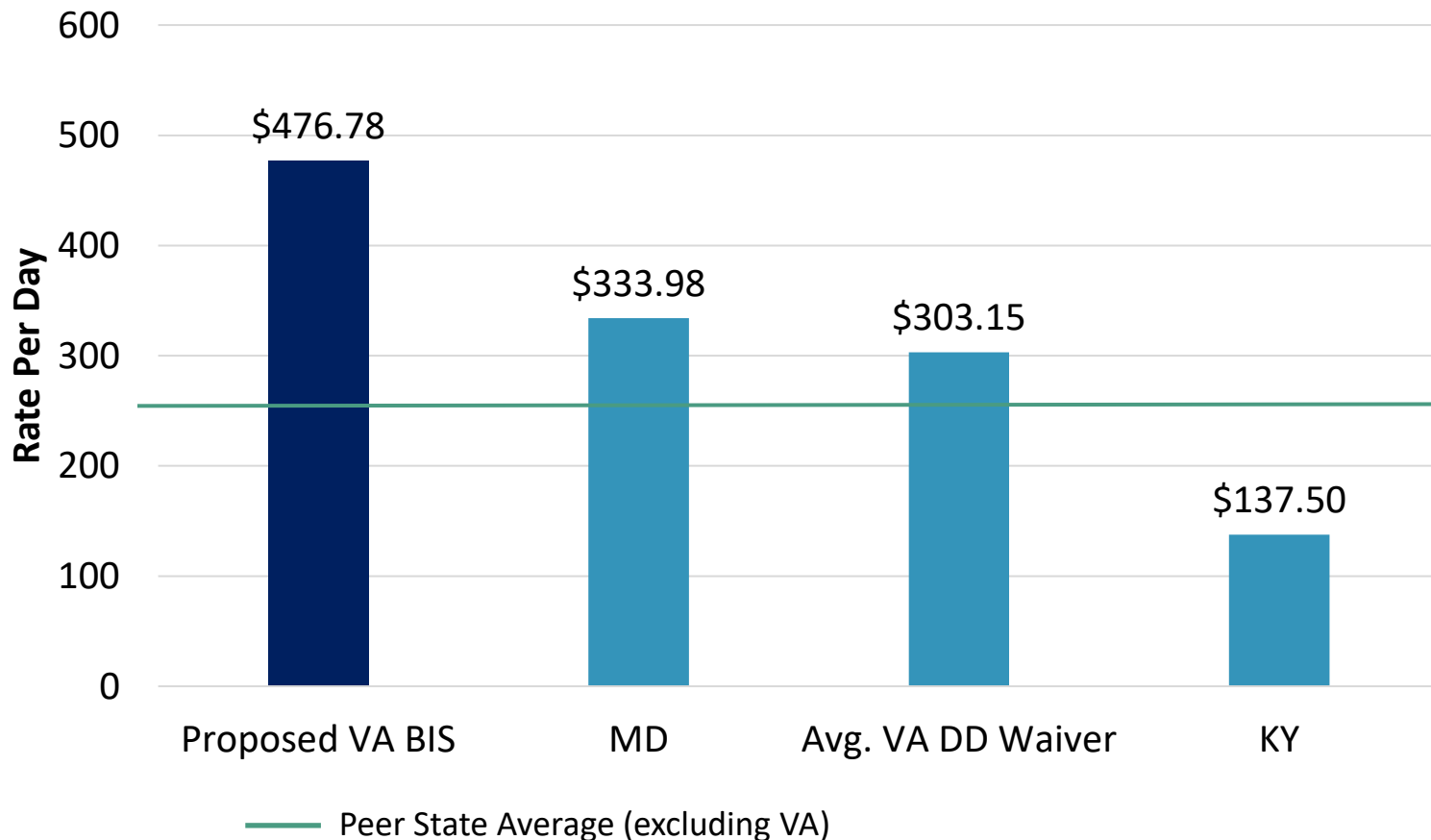
Waiver Service	Component Service	NOVA vs. ROS	Proposed SFY2025 Benchmark Rate	Unit	Direct Care Staff Team*
Supported Living	Tier 1	NOVA	\$380.55	Per Day	<ul style="list-style-type: none"> • 5% 29-1141:Registered Nurses • 5% 21-1022:Healthcare Social Workers • 10% 21-1018:Substance Abuse, Behavioral Disorder, and Mental Health Counselors • 5% 29-1122:Occupational Therapists • 30% 31-1120:Home Health and Personal Care Aides • 20% 21-1093:Social and Human Service Assistants • 15% 39-9041:Residential Advisors • 10% 39-9032:Recreation Workers
	Tier 1	ROS	\$353.57	Per Day	
	Tier 2	NOVA	\$424.41	Per Day	
	Tier 2	ROS	\$395.26	Per Day	
	Tier 3	NOVA	\$468.27	Per Day	
	Tier 3	ROS	\$436.94	Per Day	
	Tier 4	NOVA	\$547.21	Per Day	
	Tier 4	ROS	\$511.95	Per Day	

*Note: The direct care staff team's job classifications are based on the BLS Standard Occupation Classification (SOC) codes. Slide 54 includes the source and additional information on the source.

Analysis for rate study purposes ONLY.

Peer State Analysis for Common Services

Residential Supports (Average Rate Per Day)

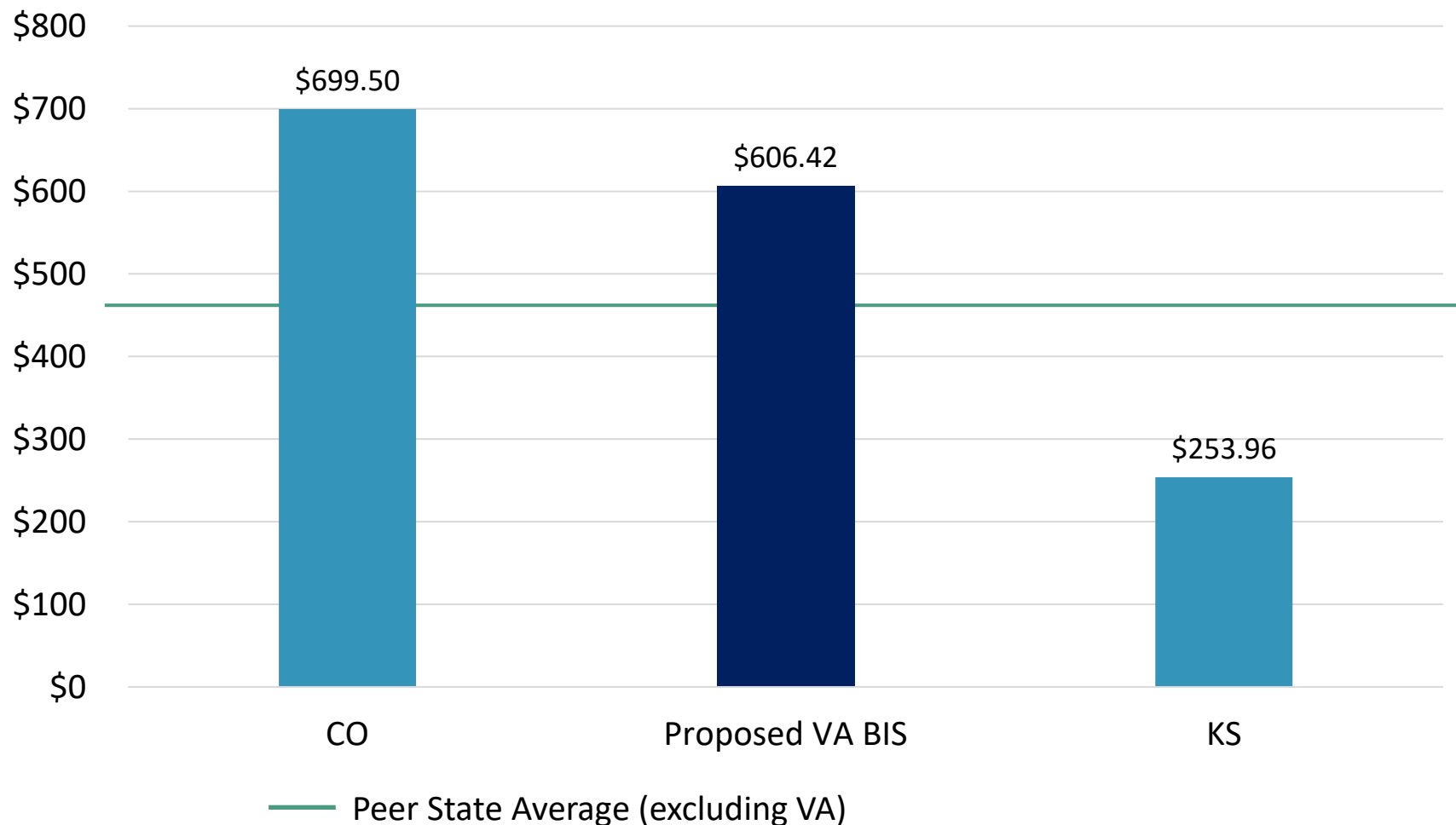


Note: The proposed VA BIS Residential Supports rates range from \$406.46 to \$564.88 depending on the tier.

Analysis for rate study purposes ONLY.

Peer State Analysis for Common Services

Transitional Living (Average Rate Per Day)

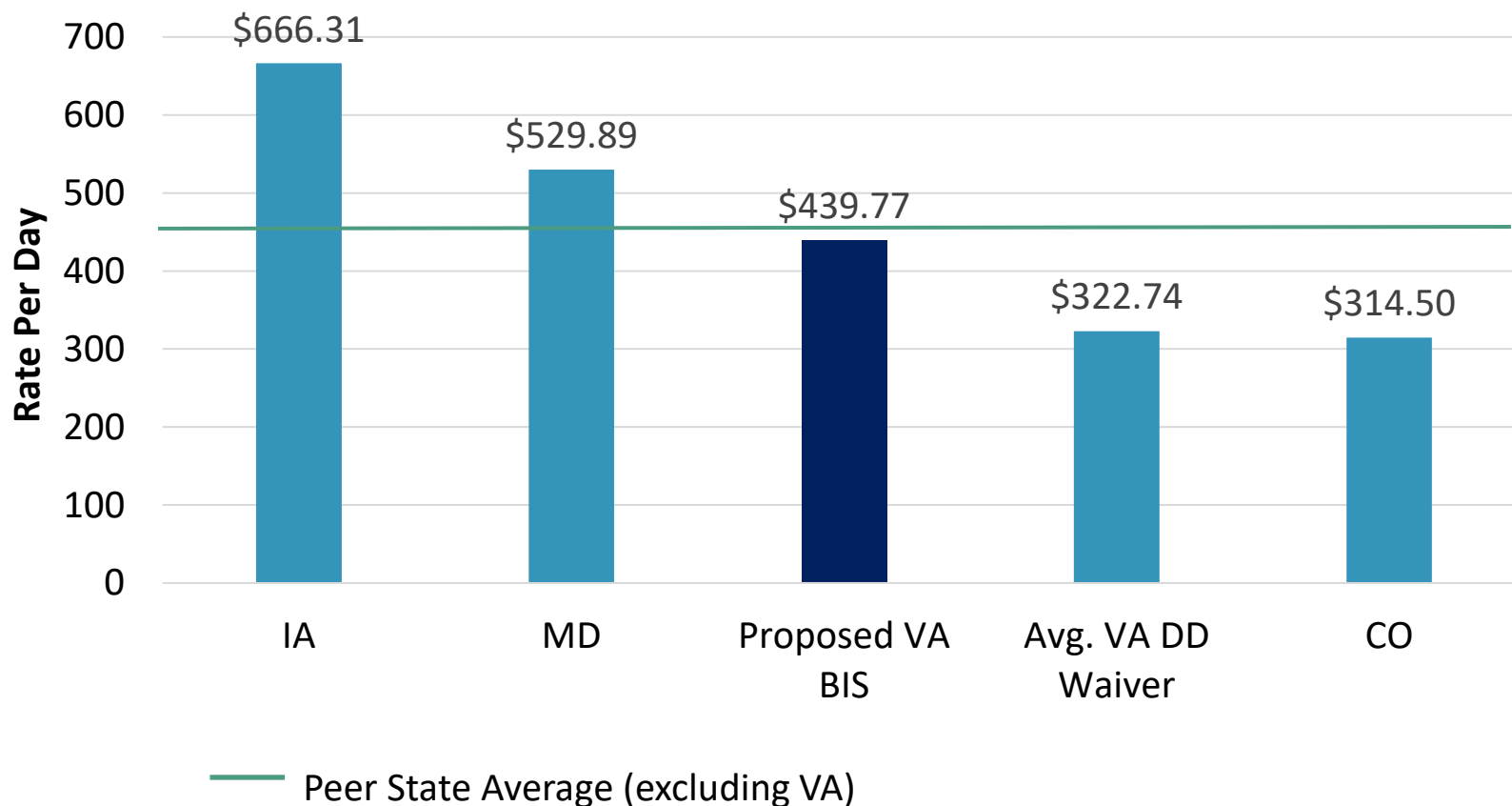


Note: The proposed VA BIS Transitional Living rates range from \$514.69 to \$721.84 depending on the tier.

Analysis for rate study purposes ONLY.

Peer State Analysis for Common Services

Supported Living (Average Rate Per Day)



Note: The proposed VA BIS Supported Living rates range from \$353.57 to \$547.21 depending on the tier.

Analysis for rate study purposes ONLY.

Neurobehavioral Treatment Facility (NTF)

Guidehouse worked with DMAS to develop a model with two core components:

- (1) a base rate that is derived from the current nursing facility (NF), acuity-based, per diem reimbursement system, and
 - (2) an add-on to reflect the additional expenses required to deliver the brain injury-related services
- The proposed service package for the neurobehavioral treatment program includes more services than the standard mix of services provided in NFs. For example, individuals with brain injury in an NTF setting would require more intense staffing including several hours of therapeutic services that are not provided in a nursing facility

Core Nursing Facility Rate Components

- **Direct Operating Rate Component**
 - Nursing
 - Therapy Services
 - Restorative
 - Recreational
 - Social Services, Drugs, Etc.
- **Indirect Operating Rate Component**
 - Dietary
 - Housekeeping/Laundry
 - Admin, Ancillaries, Etc.
 - Capital/Plant Rate
- **Add-on Rate Components**
 - Value Based Purchasing (VBP)
 - Nurse Aide Training or Nurse Aide Training and Competency Evaluation Program (NATCEP)
 - Criminal Records Checks (CRC)



Additional Neurobehavioral Services

- Neurological assessment upon admission
- Neurobehavioral/neurocognitive service plan
- Psychopharmacological assessment (admission and periodic)
- Multidisciplinary intensive neurobehavioral/neurocognitive treatment
- Community-based occupational service activities
- Therapy services, including daily active or passive range-of-motion (ROM) activities, monitored by a licensed therapist

Core Nursing Facility Rate Components

- The proposed core nursing facility per diem is based on the highest RUGs-IV group rate within the Rehabilitation category, specifically the RAE group rate
- The proposed service model for the neurobehavioral treatment facility assumes that participants require 2.5 hours per day of traditional therapy services per day (a mix of Occupational, Speech, and Physical Therapies). Under the RUGs-IV classification model, most residents that receive therapy services will be classified into one of five RUGs-IV groups within the Rehabilitation Category
- The highest weighted RUG Rehabilitation category (RAE) includes the highest assumption of therapy hours per week, 720 minutes or about 1.7 hours per day
- By selecting a single category, rather than classifying residents using the standard RUGs-IV algorithm, the team can ensure a uniform value of additional therapy in the neurobehavioral add-on component

Sources/Notes: (1) Centers for Medicare and Medicaid Services, Strive Final Report, PHASE II, Appendices. Available online: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/Downloads/STRIVE_phase2_final_report.zip; (2) Resource Utilization Groups, Version IV 48-Group, User Guide. Available online: <https://myersandstauffer.com/documents/MS/NF/Review%20Resources/RUG-IV%2048%20Group//RUG-IV,%2048-Group%20User%20Guide.pdf>; (3) Virginia uses a RUGs-IV classification system based on a hierarchical classification. Only nursing facility residents who are on a ventilator and/or have a tracheostomy would be classified outside the Rehabilitation Category, specifically into the Extensive Services Category.

Neurobehavioral Service Add-on

- The Program Design Workgroup provided detailed staffing expectations for the services that will be required in an NTF, including the type of staff providing the service and the expected length of time needed to provide the service
- Staffing hours range from 5.62 to 11.37 hours per day, assuming staff time overlap wherein two or more staff may attend to one member at any point in time

Service Component Description	Service Providers Program Design Workgroup Revised Staffing Mix Assumptions	Staffing Assumptions	
		Program Design Workgroup Staffing Recommendations	Options Staffing Levels Assumptions
1. Neurological assessment & neurology consultation	Lic. Behavioral Psychologist or Lic. Neuropsychologist	4 hrs admit assessment (est. 4 hours/year)	
		2 hours re-evaluation (est.2 hours/year)	
2. Neurobehavioral/ neurocognitive service plan	Team: Lic. Neuropsychologist, PT/OT/SLP, cognitive behavioral specialist, Nursing, Dieticians, Lic. Behavior Analysts/BCBA	Minimum of 1.75 hr/wk	1) 1.75 hrs/wk 2) 2.5 hrs/wk 3) 4 hrs/wk
3. Psychopharmacological assessment	Physicians for assessment	1 hour at admission (est. 1 hour/year)	
	Physician Extenders-reassessments	0.5 hours monthly	
4. Interdisciplinary intensive neurobehavioral/neurocognitive treatment	Team: Rehabilitation professionals, BH professionals, cognitive therapists, & BCBA	Min 6 45-minute per week	1) 6 45-minute sessions/wk 2) 8 45-minute sessions/wk 3) 10 45-minute sessions/wk
5. Therapy services (PT, OT, SLP) (Usual NF level of service at max of 1.7 hours per day)	PT/OT/SLP	min 2 hr/day to max 3 hr/day (minus 1.7 hrs in rehab RUG rate)	1) 2hrs/day 2) 2.5 hrs/day 3) 3 hrs/day
6. Additional Therapeutic - counseling, cognitive rehab/ habilitation, behavioral health	Trained CNAs, PT/OT LPC, LCSW, Psychologist, BCBA, Recr. Therapist, LST	6 hr/day (plus or minus 2 hours)	1) 4 hours/day 2) 6 hours/day 3) 8 hours/day
7. Community-based activities	Bachelors level staff	Events at least 2 times a month for 2 to 6 hours	
Additional non-direct staff time	Average of all staff	2 hrs per week (2/7 hrs per day)	

Analysis for rate study purposes ONLY.

NTF Rate Model and Benchmark Rate Options

- Guidehouse developed three rate tiers with varying staffing assumptions to furnish DMAS with options for both budgeting and implementation purposes

Rate Component Category	Tier 1	Tier 2	Tier 3	Sources / Assumptions / Calculations
	Per Day Per Client			
Direct Care Compensation for Direct Care Staff Team	\$170.20 (5.62 staffing hours per day)	\$266.33 (8.44 staffing hours per day)	\$408.30 (11.37 staffing hours per day)	<ul style="list-style-type: none"> BLS wages and MEPS benefits are used for salary assumptions Program Design Workgroup feedback informs staffing assumptions
Clinical Supervision & Oversight for Brain Injury Service Delivery	\$60.90	\$60.90	\$60.90	<ul style="list-style-type: none"> Full-time clinical psychologist level staff specifically for overseeing the NTF program BLS wages and MEPS benefits are used for salary assumptions 1:7 supervisor to client ratio
Occupancy Adjustment	88%	88%	88%	<ul style="list-style-type: none"> 88% occupancy standard (12VAC30-90-40); https://law.lis.virginia.gov/admincode/title12/agency30/chapter90/section40/
Program Supplies and Materials	11%	11%	11%	<ul style="list-style-type: none"> Expressed as percentage of compensation
Neurobehavioral Treatment Facility (NTF) Rates for Additional Services for BIS Population (a)	\$291.49	\$412.75	\$591.82	
NF Rehabilitation (RAE) RUG per Diem Rate - EXAMPLE representative of average NF rate (b)	\$325.31	\$325.31	\$325.31	<ul style="list-style-type: none"> Since the NF methodology has a few facility-specific components (e.g., capital costs), the final NTF rate will depend on which facilities enroll in the program. For facilities that are not licensed nursing facilities, DMAS can consider offering the regional median rate to those facilities.
Total Rate for NTF (a + b)	\$616.80	\$738.06	\$917.13	

Analysis for rate study purposes ONLY.

The Way Forward

“BIS” Case Management Implementation Update

- The BIS manual supplement was posted for an initial public comment period during May-June 2023.
 - Comments were received, addressed and the manual is in process of being re-posted to address the comments and better clarify the eligibility criteria and member intake processes.
- A State Plan Amendment (SPA) has been drafted and shared with the Centers for Medicare and Medicaid Services (CMS) for initial feedback
 - Public notice for the state plan amendment was posted in June.
 - Item is on track to support this implementation.
- Provider training began on May 31 to prepare for provider enrollments beginning on August 1, 2023 with additional trainings delivered throughout the summer to include:
 - Mayo Portland Adaptability Index (MPAI-4) trainings were completed in June
 - Brain Injury 101 sessions (with the MCO's) are scheduled for July 18th
 - Accessing state plan services, How to access MCO Care Management, Member focused MCO engagement processes will also be topics for training provided during August and September 2023.
- First BIS Medicaid bulletin is pending release this week to inform providers of the provider enrollment process going live August 1
- Services will “Go Live” with the new MCO Cardinal Contract early this fall.

HCBS Waiver and NTF Operational and Implementation Considerations

- **CMS Approval**

- HCBS Services will require submission and approval of 1915(c) waiver application to CMS in accordance with their requirements, including:
 - Demonstration of cost neutrality
 - Consistency with the “**efficiency, economy, and quality of care**” standards under §1902(a)(30)(A) of the Social Security Act
- The NTF will require preparation of a State Plan Amendment under the nursing facility section to describe a Rehabilitation Services option for CMS approval
- Develop new and update other provider manuals to give direction on service definitions, billing instructions, and other official guidance

- **MCO Contracts**

- Amend the applicable contracts to include the NTF program as a covered service, adjust the capitation rates, assess, and certify new rates
- Determine whether waiver services will be included under managed care. If so:
 - Contract amendments and capitation rates would need to include waiver services

HCBS Waiver and NTF Operational and Implementation Considerations

- **Provider Recruitment and Enrollment**

- Develop a provider recruitment strategy to enroll providers as well as a Leverage existing waiver providers that meet provider qualifications for new waiver services
- Issue a Request For Applications (RFA) for NTF to solicit applications from qualified in-state nursing facilities and a separate procurement to solicit providers for the community-based rehabilitation facility options

- **Workforce Development**

- DMAS may need to recruit additional staff to administer and operate both waiver and NTF programs, including:
 - Administrative staff to manage and oversee the programs and providers
 - Clinical staff to establish and conduct eligibility determinations, prior authorization and oversee clinical service delivery and quality

General Rate and Reporting Considerations

- **Cost Data Collection**

- Require participating providers to report cost data for the brain injury programs for trend review
- Implement a cost reporting structure similar to NFs/other institutional providers for community-based rehab facilities

- **Regular Administrative Rate Updates**

- Consider reviewing rates or individual components of the rates (e.g., wages, benefits, administrative costs) periodically to address changes in economic conditions
 - CMS requires states to review 1915(c) waivers at minimum once every 5 years

General Rate and Reporting Considerations

- **Quality and Reporting Measures**

- DMAS may consider developing brain injury quality and outcome measures to assist in measuring direct improvement of the TBI and nTBI populations and assure quality of care for program participants

- **Impact of CMS Minimum Data Set (MDS) Report Changes**

- CMS policy change has prompted states to transition to the Patient-Driven Payment Model (PDPM) for Skilled Nursing Facility (SNF) payment.
- If Virginia were to transition to the PDPM in the future, DMAS should evaluate setting a PDPM-based rate, rather than RUGs for the NTF. For instance, unlike RUGs-IV, the PDPM model has separate rate components for therapy services, which would enable the state to customize the therapy payment component

Timeline and Next Steps

- The efforts to design and develop of the brain injury program, services, and rates commences with the work completed between February and June 2023
- Going forward, DMAS will create a decision package to report to the **Virginia General Assembly** and then **CMS** to seek approvals, informed by the rate study conducted in collaboration with Guidehouse
- DMAS will keep stakeholders informed on potential next steps for implementation as and when approvals are received

January – March 2023:

Finalizing the **services** and **settings** for **TCM**, **1915(c) HCBS Waiver**, and **NTF**

July 2023:

Developing **implementation plan** for Targeted Case Management and **launching** service

April – May 2023:

Developing **service definitions** and **rates** with stakeholder input from Workgroups and Focus Groups

Post July 2023:

Preparing to submit a **decision package** that will include the waiver and NTF service package and funding proposal for coverage based on member and cost forecast data

● Complete

● In Progress



**Questions or
Comments?**

Contacts

Brian Campbell

Department of Medical Assistance Services
brian.campbell@dmas.virginia.gov

David Garbarino

Engagement Director, Guidehouse
dgarbarino@guidehouse.com

Poorna Suresh

Rate Study Lead, Guidehouse
Poorna.suresh@guidehouse.com

Elizabeth Barabas

Stakeholder Lead, Guidehouse
ebarabas@guidehouse.com

Appendix

Appendix Sections

- I. Virginia Legislative Requirements for DMAS
- II. Waiver Service and NTF Service Definitions
- III. BLS Standard Occupational Classification (SOC) System

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

Day and Employment Support Options

Clubhouse

- Evidence-based practices focusing on individual needs to help them develop adaptive skills specific to work and social environments
 - Engages individuals and staff to run the Clubhouse in order to build work and interpersonal skills
 - Individuals are not paid or artificially rewarded for their work
 - Allows individuals to gain experience in administration, research, training, and other work areas
 - Goal is to assist and support individuals in securing and sustaining future paid employment

Employment Specialist Services – Supported employment

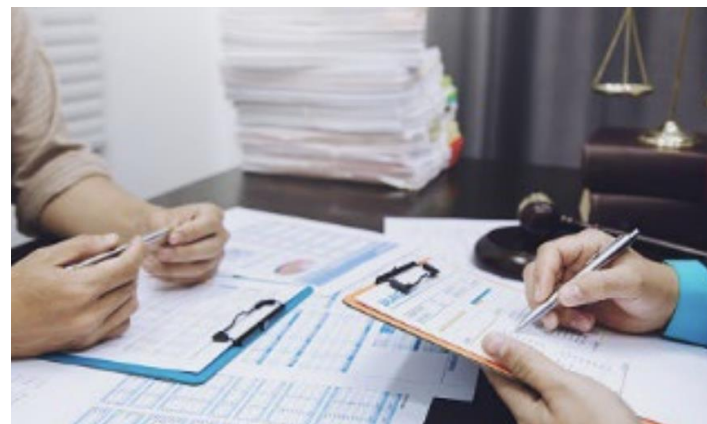
- Assist individuals in obtaining and maintaining employment
 - Includes career-planning services to identify appropriate employment opportunities
 - Provides necessary interventions at the workplace and workplace transitioning
 - Services provided by accredited individuals and agencies



Rehabilitation, Counseling, and Training Support Options

Cognitive Rehabilitation

- One-on-one therapy to improve cognitive skills to improve functional abilities
 - Assists in the restoration of cognitive function to remediate maladaptive behaviors for individuals whose work and life arrangements are at-risk
 - Includes cognitive evaluation, testing, assessment, counseling, and interventions
 - Teaches compensatory strategies to individuals



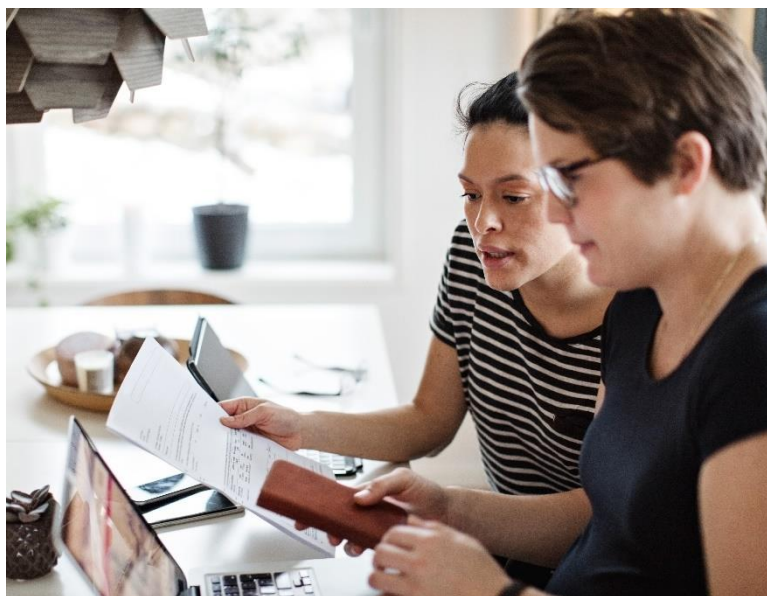
Consultation Services

- Provide habilitative and educational techniques to individuals and families, designed to decrease problem behaviors to assist individuals in acquiring skills to live independently in communities
 - **Behavioral consultation:** includes three levels of behavioral services depending on the severity, impact, and cause of problematic behaviors.
 - Behavioral services include using accepted practices and interventions
 - **Therapeutic Consultation:** provides assessment and intervention of needed services in a variety of areas (psychology, behavior, speech-language, occupational, physical, and others)

Rehabilitation, Counseling, and Training Support Options

Family Counseling and Training Services

- Services provided to the individual and family to increase capabilities in caring for the individual
 - Family members are the spouse, children, or other members not employed to care for the individual
 - Counseling is to help the individual or family members gain strategies to cope with stress, crises, depression, and psychosocial isolation



Residential Support Options

Home Support Services

- Individually-tailored support services that assist with the acquisition, retention, and improvement of life skills in order to live in the community
 - Provides three levels of support services of varying intensity to provide skills associated with activities of daily living, community inclusion, transportation, social development, and integration
 - Support levels include remote support (Level 0) and in-home (Level 1) for those that do not need 24/7 care; Level 2 and Level 3 support is for individuals in residential or provider-owned facilities that need more intense support services to maximize independence and skill development

In-Home Support Services

- Supplements individual and caregiver care associated with adaptive skills necessary to live at-home and in the community
 - Provides skill-building for those living at-home to improve self-help, socialization, and skills associated with activities of daily living
 - Supports individuals to replace challenging behaviors with acceptable behaviors
 - Provides support with transportation to and from community resources

Residential Support Options

Supported Living

- Assist and provide skills for individuals to acquire and maintain skills for self-care, self-directedness, and participating in the community
 - Provide skills to individuals to sustain oneself in the physical environment: self-advocacy, manage budgets, plan and make meals, use community resources
 - Increase socialization, communication, and interpersonal skills
 - Provide non-medical transportation to community services



Community Support Options

Personal Assistance Care Services

- Provide direct support and supervision with activities of daily living, administration of medication, monitoring health, and work/school assistance
 - Assistance can be provided either through agency- or consumer-directed models
 - Individuals should have a demonstrable need for the services and can receive both agency- and consumer-directed care, if needed
 - All support providers must be registered with DMAS or employed by a VDH-licensed facility with appropriate training and certification



Community Support Options

Assistive Technology/Environmental Modifications/ Electronic Home-based Supports

- Improve an individual's functional status through use of assistive technology (AT)
 - Assistive technology is any item, equipment, or system that improves an individual's functional status
 - Services include impact evaluation, acquisition, customization, and maintenance of AT
 - Provides training and technical assistance to individuals
- Environmental modifications
 - Provides physical adaptations to an individual's home or vehicle
 - Ensures individual's welfare and independence
- Electronic Home-based Support
 - Goods and services that allow individuals to use technology for independence and self-determination



Community Support Options

Respite Care

- Provide temporary substitute care on a short-term basis due to the absence or need for routine primary care
 - Care can be provided either in-home, in the community, or center-based (if agency-directed)
 - Individuals qualify with a demonstrable need for assistance with activities of daily living, community access, self-administration of medicines, or monitoring health status
 - Respite care can be due to an unpaid caregiver expressing a need for relief
 - Respite care providers and agencies shall meet administrative requirements

Transitional Living Services

- Intensive 24-hour services provided in an assisted living setting, designed to facilitate comprehensive services to help individuals transition to home/community
 - Only provided within 18 months of a first brain injury or 3 months for a second injury; the duration of the services continue as long as medically needed
 - Services are comprehensive, including assessment, training, and skill (sensory, motor, communication, interpersonal, socialization, behavioral, occupational) development
 - Providers must be CARF-Accredited as Residential Rehabilitation or Brain Injury Programs

Community Support Options

Non-Medical Transportation: Employment and Community Transportation

- Promote independence by providing non-medical transportation to work, community events, social activities and events, places of worship, and others
 - Service may be provided by family or community members
 - Transportation includes to and from other waiver services
 - Includes the purchase of public transit passes



Neurobehavioral Treatment Facility (NTF)

- Provides neurological/neurobehavioral assessment and service plan to progress individuals for community re-entry
 - Provides a multidisciplinary intensive treatment plan for individuals, including behavioral health, cognitive, and rehabilitation professionals
 - Supports community integration through therapy and other services that help improve communication abilities, psychosocial functioning, and ability to self-regulate mental and emotional states
 - Services are facility-based in nursing facilities, specialized nursing facilities, or dedicated neurorehabilitation/neurobehavioral facilities



BLS Standard Occupational Classification (SOC) System

- The **Standard Occupational Classification (SOC)** system is a **federal statistical standard used by federal agencies to classify workers into occupational categories** for the purpose of collecting, calculating, or disseminating data. All workers are classified into one of 867 detailed occupations according to their occupational definition.
- The last SOC revision was in 2018, and the **BLS Virginia Occupation Employment and Wage Estimates (OEWS)** that captures wages for each job classification in the SOC is refreshed and published once a year.
 - The most recent OEWS publication was on April 25, 2023 for May 2022 data
- **To compute direct care costs in the proposed brain injury rate models, the appropriate BLS SOC were aligned to the types of staff identified to provide services based on the service definitions and BLS OEWS wage levels.**
- The description of each job classification can be found at this link on the BLS website: https://www.bls.gov/soc/2018/soc_2018_definitions.pdf