Original Criterion	Collaboration Group Input/Questions	Preliminary revisions by DMAS based on input received	Rationale/Recommendation
VA Medicaid members 18 years of age or older that reside in the community and meet *all* the following requirements.	**Question:** Why is this 18 y/o whereas the waiver specifies 22 y/o?		State Plan service for adults generally begin at age 18. Waiver permits us to begin at age 22 As explained in BI Waiver tab, DMAS is considering lowering the age criteria to 18 and have no age cap. DMAS will discuss this internally because of the financial implications.
1.) The eligible member has physician or PCP documented diagnosis of traumatic brain injury defined as brain damage due to a blunt blow to the head; a penetrating head injury; crush injury resulting in compression to the brain; severe whiplash causing internal damage to the brain; or head injury secondary to an explosion. Brain damage secondary to other neurological insults (e.g., infection of the brain, stroke, anoxia, brain tumor, Alzheimer's disease, and similar neuro-degenerative diseases) is not considered to be a traumatic brain injury;	***Comment:*** *As NeuroRestorative does not provide Targeted Case Management services at this time, we recognize that there may be good rationale for limiting the support and service to those with TBI only. However, always advocate for inclusion of all brain injuries regardless of mechanism or type when defining access to care. We request that DMAS consider using the more inclusive definition of brain injury*		The legislation limits state plan amendment to severe TBI. Note: This definition aligns with the CDC definition, as requested by Ann McDonnell

Original Criterion	Collaboration Group Input/Questions	Preliminary revisions by DMAS based on input received	Rationale/Recommendation
	Comment: *Not all individuals will have medical documentation supporting a Dx of severe TBI. Consider alternative supporting documentation.* **Proposed Revision:** Change crush to crash The eligible beneficiary has physician or PCP documented diagnosis of traumatic brain injury defined as brain damage due to a blunt blow to the head; a penetrating head injury; ~~crush~~ **crash** injury resulting in compression to the brain; severe whiplash causing internal damage to the brain; or head injury secondary to an explosion. Brain damage secondary to other neurological insults (e.g., infection of the brain, stroke, anoxia, brain tumor, Alzheimer's disease, and similar neuro-degenerative diseases) is not considered to be a traumatic brain injury; Anne McDonnell: "Crush injury" is not part of the CDC definition, and I'd be surprised if it's a frequently occurring cause		While sometimes the word "crash" is used, the term "crush" is accurate for our purposes.
2.) The TBI is severe resulting in residual deficits and disability including significant impairment of behavioral, cognitive and/or physical functioning the resulting in difficulty managing everyday life activities due to the TBI;	**Proposed Revision:** Delete due to TBI The **effects of the brain injury are severe** resulting in residual deficits and disability including significant impairment of behavioral, cognitive and/or physical functioning **causing** difficulty in managing everyday life activities ~~due to the TBI~~;	2.) The eligible member has chronic deficits and disability including significant impairment of behavioral, cognitive and/or physical functioning resulting in difficulty managing everyday life activities due to the TBI,	Revisions proposed to address comments.

Original Criterion	Collaboration Group Input/Questions	Preliminary revisions by DMAS based on input received	Rationale/Recommendation
	Comment: Defined by whom (TBI is severe)? Most of us cohere with the CDC definition: "A severe TBI is caused by a bump, blow, or jolt to the head or by a penetrating injury (such as from a gunshot) to the head." **Proposed Revision:** Replace residual with Chronic The TBI is severe resulting in **chronic** ~~residual~~ deficits and disability including significant impairment of behavioral, cognitive and/or physical functioning the resulting in difficulty managing everyday life activities due to the TBI;		Agree. Change made.
	Comment: For some individuals, there is no medical documentation that can be accessed to support the severe TBI dx. Clinicians have already run into this issue trying to get individuals with BI qualified for the DD waiver. ***Proposed Revision:*** Allow alternative supporting documentation		Anne's comments were taken from her email commenting on 1st meeting slides and definitions. Criteria 1 and 2 are meant to enable flexibility in the process of making the determinations on Criteria 1 and 2.

Original Criterion	Collaboration Group Input/Questions	Preliminary revisions by DMAS based on input received	Rationale/Recommendation
	Comment: Severity of the TBI determined at the time of the injury cannot always be assessed based on the • Length of the loss of consciousness (Coma) (we won't know how long that will be at the time of injury) • Length of memory loss or disorientation (we won't know how long that will be at the time of injury) • How responsive the individual was after the injury (ability to follow commands) – Glasgow Coma Scale (GCS) score – do you want field or hospital EMS score? And will a score 7 or less be the deciding factor? ***Proposed Revision:*** More flexibility in determination of severe TBI		Flexibility is intended with these criteria. Severity is up to the clinician at the time the individual is being assessed for and seeking TCM. This allows flexibility.
	Comment: Can we use this or a similar functional deficits statement from the TBIMS program @UAB? ***Proposed Revision:*** "A severe TBI involves an extended period of unconsciousness (coma) or amnesia following trauma. A severe TBI may lead to a wide range of short- or long-term changes in brain function (attention, memory, etc), motor function (coordination, balance, etc.), sensory function (hearing, vision, and touch), and emotional state (depression, anxiety, aggression, impulse control, etc.)"		Process with state program design team.

Original Criterion	Collaboration Group Input/Questions	Preliminary revisions by DMAS based on input received	Rationale/Recommendation
3.) The beneficiary *due to* the TBI requires ongoing assistance with accessing needed medical, social, educational, and other services;	***Comment:*** *Please consider removing TBI and replacing with brain injury* **Proposed Revision:** change TBI to broader brain injury The beneficiary due to t**he brain injury** requires ongoing assistance with accessing needed medical, social, educational, and other services*;*		The term TBI is a legislative directive.
	Comment: For addition of behavioral health See https://acl.gov/sites/default/files/programs/2022-05/TBITARC_BH_Guide_Final_May2022_Accessible.pdf **Proposed Revision:** add behavioral health The beneficiary due to the TBI requires ongoing assistance with accessing needed medical, **behavioral health**, social, educational, and other services;	3.) The member *due to* the TBI requires ongoing assistance with accessing needed medical, social, educational, behavioral health, and other services;	Agree. Change made.
4.) TCM has been ordered by the member's physician or PCP; and	***Comment:*** While ideal, this is not a plausible criterion		For Medicaid state plan services, each service must be ordered by a physician as part of medical necessity and this is the purpose of this item. Such language is typically included in medical necessity criterion.

Original Criterion	Collaboration Group Input/Questions	Preliminary revisions by DMAS based on input received	Rationale/Recommendation
5.) The beneficiary is not receiving case management through any other Medicaid service or program.	***Comment:*** To be sure I understand, however, the beneficiary may be receiving non-Medicaid case management or resource facilitation services, yes?	5.) The member is not receiving case management through any other Medicaid service or state-funded program.	Ok if privately paid. Members can not receive any other state funded program.

Criterion	Collaboration Group Input/Questions	Preliminary revisions based on input received	Rationale/Recommendation	Notes from Feb 15 Workgroup meeting
Individuals 22 years of age through age 64 that reside in the community or a nursing facility, are eligible for VA Medicaid, and meet *all* the following requirements:	**Questions:** -Will limiting participation in the waivered service to individuals who are aged 22- 64 mean that upon their 65th birthday, individuals will lose their home? -Are individuals who are hospitalized or incarcerated eligible for waiver services? **Proposed Revision:** Individuals 22 years of age through age 64 that who reside in the community, a nursing facility, or who are hospitalized or incarcerated are eligible for VA Medicaid, and meet all the following requirements: ***Comment:*** *It is noted that individuals who access this waivered service will not lose eligibility if they are currently receiving services on their 65th birthday*	DMAS will consider lowering the **age criteria** to 18 and have no age cap. DMAS will discuss this internally because of the financial implications.	People who are **incarcerated** are not able to enroll in the waiver until release. Medicaid considers people who are **hospitalized** as in the "community" and may apply for the waiver for enrollment after hospital discharge.	Does workgroup have any further input based on the rationale shared by DMAS? Brian: recommends removing age cap Ann: reiterated that waiver ages align to 22 years old Jason: If a person with DD has a BI before age 22, how will they choose DD or BI waiver? The age that the injury occurred is of concern. Ann: Is there a situation where a person under age 18 sustains a BI and is not diagnosed with DD? Anne: May depend on professional rendering diagnosis. Tori: state of VA psychiatric hospitals need to have *opportunity to have member apply for waiver prior to discharge* Brian: plan is to allow overlap with case management to get someone back into the community Brian/Ann: need to include in the 1915c application
	Comment: *In our next meeting, could you kindly clarify this criterion?* *If a person at age of 18 experiences a BI, perhaps they qualify for the DD waiver—yet that waiver's waitlist is excessively long with some individuals waiting over a decade to access waiver services. For BI in particular, we have to be very mindful of gaps/gulfs in the care continuum.*	DMAS is considering internally whether people age 18-21 who meet clinical requirements for both waivers may choose which to receive services from.		DMAS is considering internally whether people age 18-21 who meet clinical requirements for both waivers may choose which to receive services from.
1.) The eligible member has physician or PCP documented diagnosis of brain injury or neuro-cognitive disorder resulting in impaired cognition and, due to physical, cognitive, or neuro-behavioral deficits,	Anne: "Neurocognitive disorder" in a brain injury waiver could be inclusive of Alzheimer's and Parkinson's if it's not clearly defined. The PCP diagnosis of "impaired cognition" will have to be operationalized in some way.			DMAS will consider this input further.
2.) Has any form of brain injury including strokes, infection of the brain, anoxia, brain tumor, or brain injuries caused by external force which are often referred to as traumatic brain injuries or TBI and neurocognitive disorders that occurred after attaining the age of 22, but not including Alzheimer's Disease and similar neuro-degenerative diseases the primary manifestation of which is dementia.	Anne: The issue of long term effect of repetitive head injury as a degenerative condition that could be the cause of conditions such as Parkinson's and dementias will have to be carefully considered here.			DMAS will consider this input further.

Criterion	Collaboration Group Input/Questions	Preliminary revisions based on input received	Rationale/Recommendation	Notes from Feb 15 Workgroup meeting
3.) The eligible member meets VA Medicaid nursing facility level of care as defined by 12VAC30-60-316 and 12VAC30-60-318; and	Anne: I have a concern that those who are able to ambulate but not able to care for themselves without supervision will fall through the cracks if there is not significant education provided to the screeners regarding this potential rater bias.		Medicaid rules for 1915 c waivers requires that: Eligible individuals must demonstrate the need *for a Level of Care that would meet the state's eligibility requirements for services in an institutional setting.* For this target population the institutional setting most often used is nursing facility but some states also use non-acute hospitals An assessment of the proposed facilities would be needed to ensure these conform with Medicaid requirements	*Are there any other existing institutional level of care approaches in Virginia that would meet 1915(c) requirements?* Anne: not sure there's a way around it, but the issue is that people who can perform ADLs, are often not found eligible for NF level of care. Concern is what constitutes the level of care. Brian: DMAS is not basing on existing NF care or waiver level of care criteria; it may be *specialized care* or *specialized NF* . DMAS is researching and working with CMS Technical assistance group to define an alternative that will meet 1915c institutional criteria. Most states have their own criteria.
4.) Have moderate to severe functional deficits resulting from the brain injury as assessed by multi-disciplinary qualified providers on a standardized assessment form and information obtained from the member, medical reports from his or her physician(s), including a neuropsychologist, and any other clinical personnel who are familiar with the member's case and history.	Comment: -Our experience with the requirement of a neuropsychologist report is that it (entirely unintentionally) causes significant more expense (typically in excess of $2, 000 for a report) without a clear funding mechanism, creates one to two "gatekeepers" per state who have interest in completing neuropsychological reports for this purpose and significantly delays access to care. -We are certainly in support of a neuropsychological assessment as a deep assessment of skills and abilities linked to brain injury and we complete and use these as treatment guides. We are not in support as a criteria for access to needed care. Anne: My issue with the MPAI is that it does not assess ADL's, only the component parts, and the gestalt of basic and instrumental ADL's is considerably more than the sum of its parts. I also think it may need a companion like the SIS or Proposed Revision: Have moderate to severe functional deficits resulting from the brain injury as assessed by multi-disciplinary qualified providers, including a licensed clinician who also a Certified Brain Injury Specialist, on a standardized assessment form and using information obtained from the member, medical reports and letter of medical necessity from his or her physician(s)	4.) Have moderate to severe functional deficits resulting from the brain injury	Leave process for determination in procedural manual	
	Comment: Use inclusive language. Other option is his/her/their Proposed Revision: Have moderate to severe functional deficits resulting from the brain injury as assessed by multi-disciplinary qualified providers on a standardized assessment form and information obtained from the member, medical reports from his or her their physician(s), including a neuropsychologist, and any other clinical personnel who are familiar with the member's case and history.		Agreed. Text removed in streamlined approach.	

Criterion	Collaboration Group Input/Questions	Preliminary revisions based on input received	Rationale/Recommendation	Notes from Feb 15 Workgroup meeting

Criterion	Collaboration Group Input/Questions	Preliminary revisions based on input received	Rationale/Recommendation	Notes from Feb 15 Workgroup meeting
Individuals 22 years of age or older, that reside in the community or a nursing facility, are eligible for VA Medicaid, and meet *all* the following requirements:	**Question:** -Are individuals who are hospitalized or incarcerated eligible for this services? **Proposed Revision:** Individuals 22 years of age or older, ~~that~~ **who**-reside in the community or a nursing facility **or who are hospitalized or incarcerated** are eligible for VA Medicaid, and meet all the following requirements:		People who are incarcerated are not able to enroll in the waiver until release. People who are hospitalized are in the "community" and may apply for the waiver for enrollment after hospital discharge.	See previous tab.
	Comment: See comments for TBI and BI waiver. I also wonder if we need to consider language inclusive of persons transitioning from correctional facilities to community-based settings, given the I&P of both BI and NB consequences in that particular population.		See above.	
1.) The eligible member has physician or PCP documented diagnosis of brain injury or neuro-cognitive disorder resulting in impaired cognition and, due to physical or cognitive deficits, that require the provision of at least				
2.) Brain injury and neurocognitive disorders include those sustained after attaining the age of 22, as an insult to the central nervous system which includes brain injury due to one or more of the following: traumatic, vascular, metabolic, infectious, neo-plastic or toxic insults but does not include brain injuries that are degenerative or dementing disorders, or congenital brain injury.	***Comment:*** *Because dementing disorders are a group of thinking and social symptoms that interfere with daily functioning and are described as a group of conditions characterized by at least two brain functions such as memory loss and judgement,* ***and not a specific disease*** *, we recommend that the term be removed as it is at times used in some individuals' medical records to describe the effects of the brain injury. While we do not support such characterization in a medical record, we do not wish to exclude individuals due to imprecise documentation in their record.* **Proposed Revision:** Brain injury and neurocognitive disorders include those sustained after attaining the age of 22, as an insult to the central nervous system which includes brain injury due to one or more of the following: traumatic, vascular, metabolic, infectious, neo-plastic or toxic insults but does not include brain injuries that are degenerative or ~~dementing disorders,~~ or congenital brain injury.	2.) Brain injury and neurocognitive disorders include those sustained after attaining the age of 22, as an insult to the central nervous system which includes brain injury due to one or more of the following: traumatic, vascular, metabolic, infectious, neo-plastic or toxic insults but does not include brain injuries that are degenerative or dementia-related disorders, or congenital brain injury.	Even if someone has dementia-related disorders documented in their record, they may qualify if they meet the eligibility criteria.	*Does the revision to phrase exclusion as "dementia-related disorders" language work better?* Jason: repetitive head injury can be understood as "brain injury"; There is a high occurance of early on-set dementia or other neurocognitive disorder brought on by prior brain injury Anne: northern virginia (home of the Redskins) may have chronic degenerative encephalopathy from football and may consider applying. Brian: Look and see if CTE (chronic traumatic encephalopathy) shows up in claims for prevalence and consider including it; CTE may be caused by a lot of different things Jason: people may be in mid-life (~ age 50) with a long life ahead for which an NF is not a good fit for support. There is nothing else currently that is a good fit

Criterion	Collaboration Group Input/Questions	Preliminary revisions based on input received	Rationale/Recommendation	Notes from Feb 15 Workgroup meeting
3.) Requires intensive program of neurobehavioral and neurocognitive services because of the brain injury, as assessed and documented by a qualified provider and a standardized assessment AND from information obtained from the member, in recent records from his or her physician(s), including a neuropsychologist, and any other clinical personnel who are familiar with the member's case and history.	***Comment:*** Again, we wish to draw attention to our experience with the requirement of a neuropsychologist report in that it (entirely unintentionally) causes significant more expense (typically in excess of $2, 000 for a report) without a clear funding mechanism, creates one to two "gatekeepers" per state who have interest in completing neuropsychological reports for this purpose and significantly delays access to care. ***Proposed Revision:*** Requires intensive program of neurobehavioral and neurocognitive services because of the brain injury, as assessed and documented by a qualified provider and using a standardized assessment AND from using information obtained from the member, medical reports and letter of medical necessity from his or her physician(s), including a neuropsychologist, and any other clinical personnel who are familiar with the member's case and history.	3.) Requires intensive program of neurobehavioral and neurocognitive services because of the brain injury.	Leave process for determination in procedural manual	
	Comment: Relates to from information obtained from the member Persons with severe NB consequences are not always able to provide such information; consider also the role of the guardian ad litem, guardian or custodian, etc.	Revise to include information from member or their legally authorized representative.	The procedures will incorporate "legally authorized representative" to account for multiple roles who may appropriately be the voice of the member.	
4.) Present with significant neurobehavioral sequalae that are clinically unmanageable in the community or standard nursing facility setting and require a level of care and behavioral support available in a neurobehavioral unit. This is a higher level of service than nursing facility level of care available in the community through other waivers due to cognitive and behavior impairments.	Anne: What does " clincially unmanagable" mean? You're gonna want some objective measures			DMAS will consider this input further.

Criterion	Collaboration Group Input/Questions	Preliminary revisions based on input received	Rationale/Recommendation	Notes from Feb 15 Workgroup meeting
5.) Exhibit reasonable expectations for measurable improvement.	***Comment:*** *Vague. Some NB cases are, simply put, not recoverable due to the severity of brain trauma.* *Anne: Ditto Dr Meixner's comment and your reconciliation. We know the DD waiver was carved out of the HMO because they stuggle to understand the chronicity of that condition; the confounding varible with brain injruy is that while an individual may show improvmenet throughout their life, that doesn't equate to a total return of functional ability.*		Consider two-phase program: (1) those who can transition to waiver, and (2) those who need long-term support in a nursing facility.	*Should the neurobehavioral unit have 2 levels of care?* 1) Those who can transition to community 2) Those who are not recoverable Anne: Issue in the past has been that waivers do not support placement in institutional care. At least one patient has been in a facility for over a decade. Brian: Transitional living program may help people who sometimes need high-intensity support and other times can be in HCBS settings. Could use the MPAI tool for intensity need. Have to consider 2 level s and services out there such as specialized facilities Jason/Tori: Learning Services in Raleigh and Neurorestorative in VA may have a way to create levels for people who need graduated approach to community living. Tori: Neurorestorative has 3 levels of care. DMAS is welcome to visit