Brain Injury Services
Focused Program Design Workgroup

Presented on March 29, 2023

Corrected on March 31, 2023

Today's Agenda

1. Status Update
2. Neurobehavioral Unit
   - Recap: Eligibility and Service Recommendations
   - New: Settings questions
   - Other Settings Considerations
3. Workgroup Process Feedback
4. Next steps

The purpose of today's meeting is to share DMAS decision-making progress and discuss questions DMAS has on settings

At the conclusion of today's meeting, we will have addressed questions DMAS identified as needing more discussion

Status Update

Purpose, Timeline

(5 minutes)

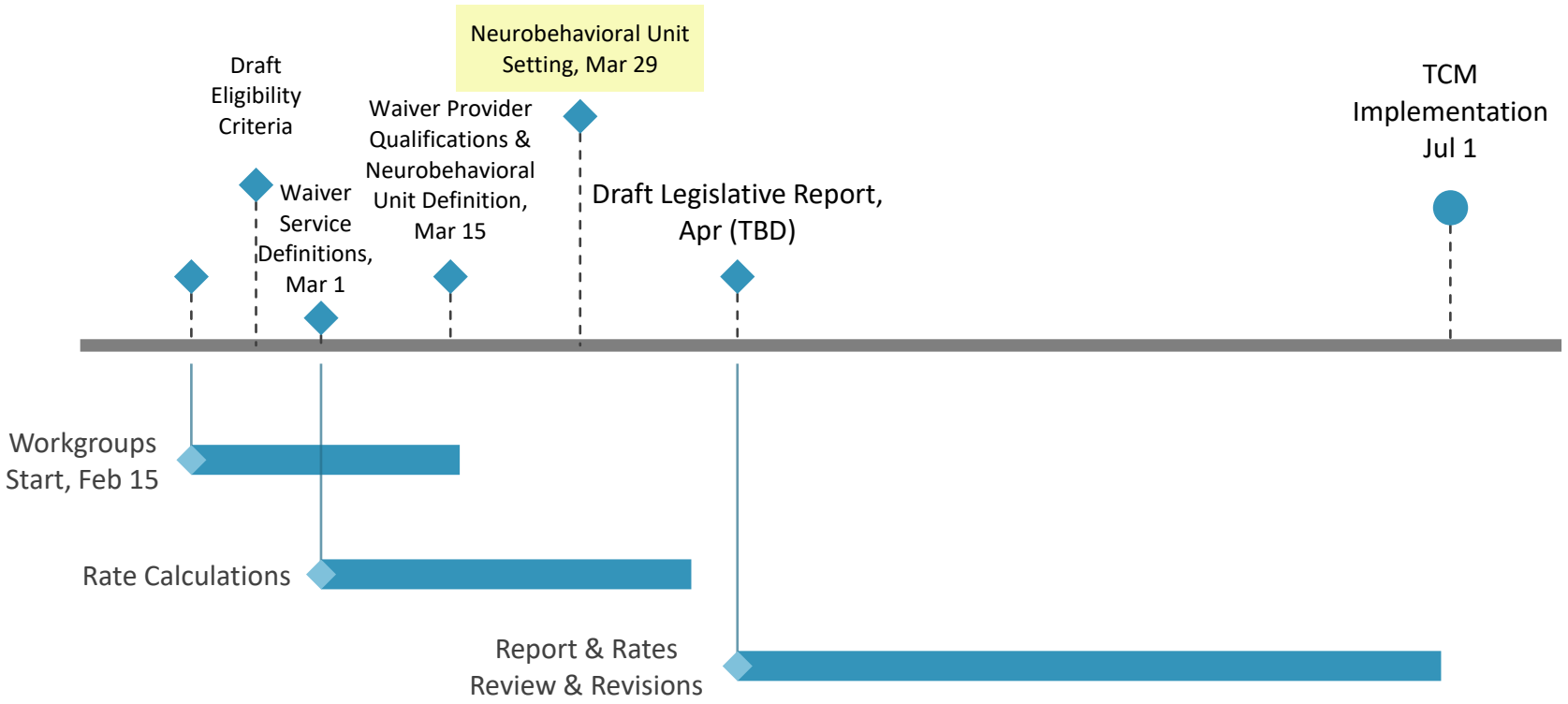
Program Design Workgroup: *Purpose, Goals, and Approach*

Purpose - The purpose of today's meeting is to obtain targeted feedback on **neurobehavioral unit settings options**

Goals - Develop well-supported recommendations to share with other stakeholders and for DMAS to use in its decision-making.

Approach – Share your input and address outstanding rate-setting questions.

Rate Setting Milestones



Neurobehavioral Unit Recommendations

(10 minutes)

Eligibility Criteria

Service Components

Neurobehavioral Unit

Proposed Eligibility Criteria

1. Individuals 22 years of age or older, and eligible for VA Medicaid
2. Physician diagnosis of brain injury or neurocognitive disorder
3. Meets level of care and services consistent with CMS's requirements
4. Reasonable expectation for measurable improvement
5. Present with significant neurobehavioral sequalae that are clinically unmanageable in the community or standard institutional setting and require a level of care and behavioral support available in a neurobehavioral unit*

* Individuals will meet this level of functional severity based on a standardized assessment tool.

Proposed Service Definition

TBD

Intensive program needed because clinically unmanageable in community due to neurological sequalae

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

Neurobehavioral Unit

Settings

(30 minutes)

Overview of Neurobehavioral Unit feedback

Response Overview

- 6 commenters

DMAS Response to Input

- DMAS responded to 7 questions and indicated which of those changes will be incorporated
- Asks your consideration and group discussion on neurobehavioral unit settings questions today

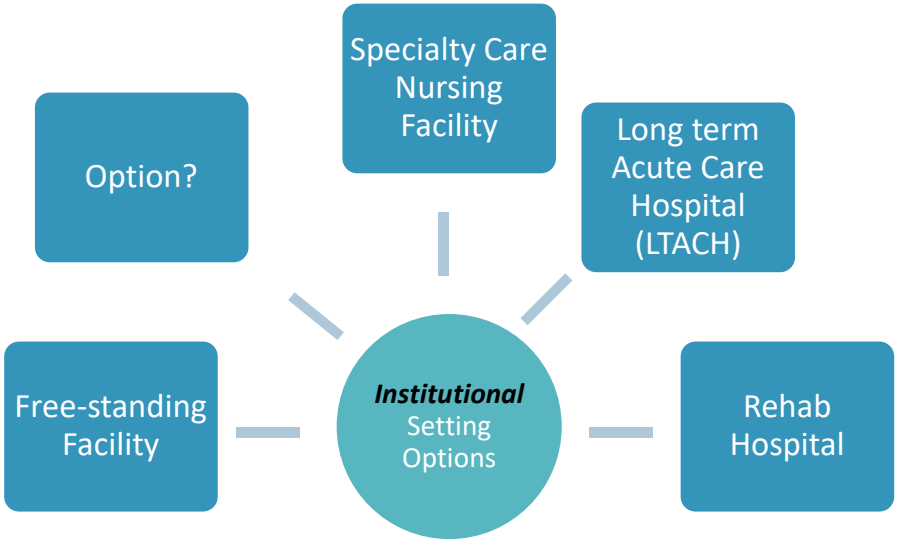
Recommendations: Neurobehavioral Unit Setting

Settings Comment	DMAS Questions for 3/29 Meeting	Immediate vs downstream
Licensure – will there be a new license type?	Are there new license types you'd like VDH to consider?	Immediate
Freestanding neuro facility: what license type and accreditation will be required?	What existing licensure type seems most appropriate?	Immediate
Nursing facility: The unit would need to be a distinct and separate area of the NF	What would you recommend a specialized NF setting include? Why?	Immediate
Element 1. Who will be the Regulating authority?	This will likely be VDH and needs to be clarified before submission of the State Plan.	Immediate

Additional Considerations

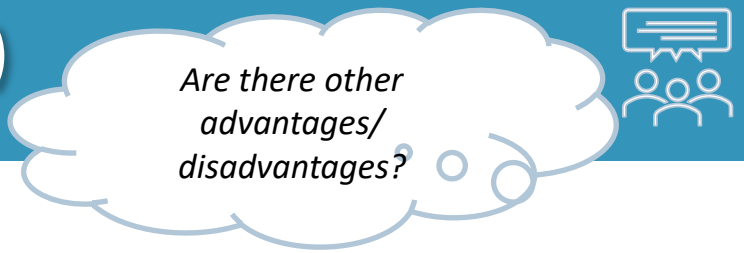
Are there other options?

Potential **Institutional** options identified to date



- Are there other *existing* institutional settings to consider that meet Virginia Medicaid & CMS State Medicaid Plan requirements?
- Could any new ones be added?

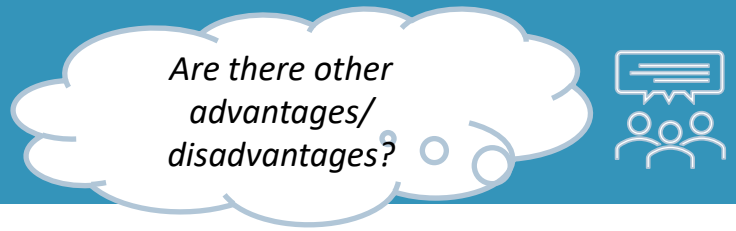
Additional Considerations (cont'd)



Option: Freestanding Neurobehavioral / Neurorehabilitation Facility

Advantages	Disadvantages
1. Existing provider in VA 2. Existing provider exhibits interest in providing services to Medicaid members 3. Program with expertise and specialization in brain injury 4. Not subject to the Certificate of Need Process	1. FFP not available until facility meets an existing Medicaid provider requirement and enroll 2. May require creation of a new optional benefit in the State Medicaid Plan (e.g., 1915(i))
	Medicaid Certification & Licensure Requirements Accreditation Options
	Commission on Accreditation of Rehabilitation Facilities

Additional Considerations (cont'd)



Options: Nursing Facilities & Specialty Care Nursing Facilities

Advantages	Disadvantages
1. Availability of FFP 2. Existing provider in VA –Existing statewide infrastructure 3. Specialized care NFs (pediatric and vents) could be expanded to establish a specialized program/care NF for brain injury 4. Brain injury treatment and services could be paid by adjusting the current NF rates with add-on rate to cover the additional services 5. Standard non-competitive procurement process would specify the service description, provider eligibility requirements, and member eligibility requirements 6. Procurement and add-on methodologies have been effectively implemented in other states 7. Possible to amend NF section of VA State Plan to include special and innovative services and payment add-on 8. People can be closer to family and community, which can help in transitions back to community 9. Reimbursement rate would be higher to meet the needs of this population	• Availability of CARF accreditation • Higher rates may incentivize keeping people in NF, rather than transition back to community • Local options may result in smaller wings • The business model would emphasize shorter stays • Staffing issues (pulling people from other wings) • Historically this population has had poor experience in VA NFs **Medicaid Certification & Licensure Requirements** **Accreditation Options** *(* required)* 1. Compliance with 42 CFR Part 483, Subpart B Requirements for Long Term Care Facilities. * 2. Public Health Agency Licenses* 3. State surveyor completes Life Safety Code (LSC) survey and Standard Survey. * 4. Joint Commission on Accreditation of Health Care Organizations (JCAHO)

Additional Considerations (cont'd)

Are there other advantages/ disadvantages?

Options: Rehabilitation Hospitals

Advantages	Disadvantages
1. Availability of FFP 2. Existing providers in VA (small number) 3. Provide a more intensive level of care because they specialize in and focus on rehabilitation 4. Limited changes needed to payment and/or service structure to ensure service delivery	1. This setting is a medical model for individuals who require continued in-patient level services after an acute hospitalization. 2. Average length of stay of a person in Rehab Hospitals is approximately 14 days and may not accommodate an individual that needs a longer stay. 3. Setting may not align with legislative intent, which specifies an alternative to institutional setting for individuals needing waiver services.
	Medicaid Certification & Licensure Requirements Accreditation Options • Regulated by both the hospital conditions of participation (CoP) at 42 CFR 482 and the PPS excluded rehabilitation hospital requirements at 42 CFR 412. • 42 CFR 482 - Conditions of Participation for Hospitals • 42 CFR 412.22 - Excluded hospitals and hospital units • 42 CFR 412.23 - Excluded hospitals: Classifications • Joint Commission on Accreditation of Health Care Organizations (JCAHO) Commission on Accreditation of Rehabilitation Facilities

Additional Considerations (cont'd)

Are there other advantages/ disadvantages?

Options: Long-Term Acute Care Hospitals (LTACH)

Advantages	Disadvantages
1. Availability of FFP 2. Existing providers in VA (small number) 3. Provide a more intensive level of care because they specialize in the treatment of serious medical conditions 4. Limited changes needed to payment and/or service structure to ensure service delivery	1. This setting is a medical model for individuals who require continued hospital level services after an acute hospitalization. 2. Average length of stay of a person in an LTACH is approximately 30 days and may not accommodate an individual that needs a longer stay. 3. Setting may not align with legislative intent, which specifies an alternative to institutional setting for individuals needing waiver services. 4. Focus lacks on cognitive behavioral expertise necessary for BI population 5. Individuals with BI in need of neurobehavioral inpatient care will not be as medically acute as the patients served in LTACHs.
	Medicaid Certification & Licensure Requirements Accreditation Options • Regulated by both the hospital conditions of participation (CoP) at 42 CFR 482 and the PPS excluded rehabilitation hospital requirements at 42 CFR 412. • 42 CFR 482 - Conditions of Participation for Hospitals • 42 CFR 412.22 - Excluded hospitals and hospital units • 42 CFR 412.23 - Excluded hospitals: Classifications • Joint Commission on Accreditation of Health Care Organizations (JCAHO) Commission on Accreditation of Rehabilitation Facilities

Program Design Workgroup

Process Feedback

(10 minutes)

Program Design Group: Feedback

Feedback on Process-to-Date

WHAT HAS BEEN HELPFUL?

WHAT HAS BEEN CHALLENGING?

OTHER FEEDBACK?

Next Steps

Next Steps

- DMAS will make decisions about revisions based on your input
- DMAS will share revised waiver service definitions, neurobehavioral unit service definitions with you and other stakeholders
- DMAS will share draft report for your review and input
- DMAS may reconvene this group in the future when additional program design work is needed

Appendix

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 neurobehavioral science unit shall be considered as one of the alternative institutional placements for individuals needing these waiver services
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."

Virginia Budget *308 CC.1; proposed amendment*

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)

Focused Program Design Workgroup Members

COLLABORATION TEAM	
Beatty, Kara	Resilience Health LLC
DeBiasi, David	Brain Injury Assn of VA
Hardesty, Kathleen	Sentara Healthcare
Harding, Victoria	Neurorestorative VA
Larson, Dana	Tree of Life Services /Collage Rehabilitation
Lindstrom, John	Richmond Behavioral Health
Mangilit, Linsey	Optima Health
Marcopulos, Bernice	JMU/UVA
McDonnell, Anne	Brain Injury Assn of VA
McKay, Colleen	BCBA
Meixner, Cara	JMU/BI Council
Peratsakis, Demetrios	Western Tidewater CSB
Swan, Jamie	Anthem
Velickovic, Ivan	Neurorestorative VA
Wilson, Monique	Neuropsychologist
Witt, Michelle	ABA Practitioners
Young, Jason	Alliance of Brain Injury Service Providers

STATE AGENCY
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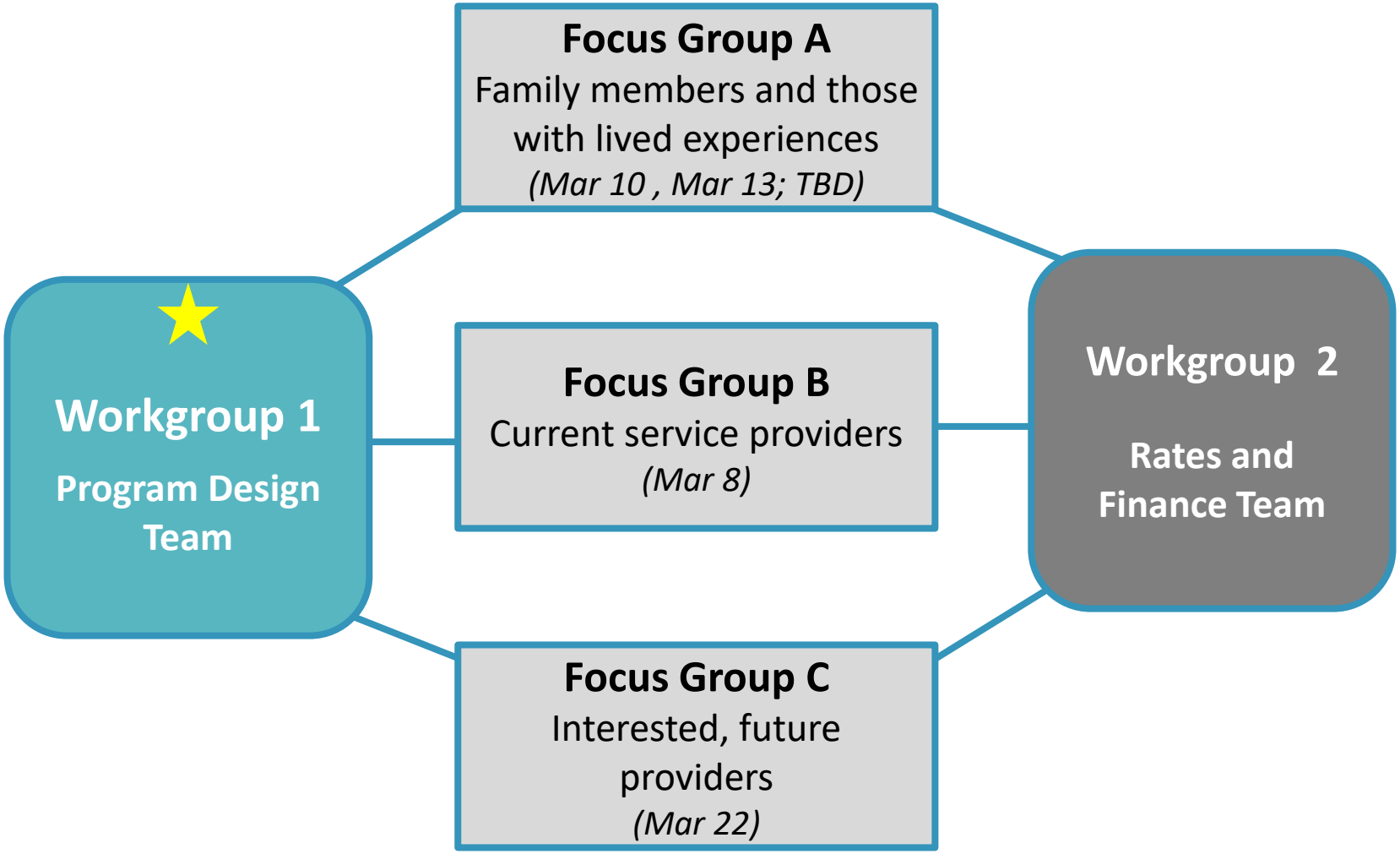
Bevan, Ann
Campbell, Brian
Karmarkar, Kshitija
Miller, Christiane
Thissen, Rhonda
Whitlock, Tammy
CONSULTANTS
Lackey , Roya
Garbarino, David
Lindman, Grant
LeeAustin, Sonja A
McDowell, Lisa
McCaffrey, Marybeth
Grenier, Michael
Hicks, Sharon

Allowing Designated Time for Distinct Inputs



Our Role as Facilitators

1. Obtain comprehensive inputs for Virginia Department of Medical Assistance Services (DMAS), consistent with the legislative intent and within the time limits we have

2. Record and synthesize input from the workgroups and focus groups

3. Elevate concerns and need for key decisions to DMAS

Your Role as Participants

Raise Hand

Use the raise hand feature to hold your place in “line” to speak in activities where there is a lot of discussion

Mute

Use the mute feature to avoid echoes and background noise when you are not speaking

Chat Box

Use the chat box feature to send messages to the group for all to see