

# Presentation to Joint Commission on Health Care - October 17, 2017

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Department for Aging & Rehabilitative Services



VIRGINIA DEPARTMENT FOR AGING  
AND REHABILITATIVE SERVICES

# Brain Injury Services Coordination Unit: Overview

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- DARS designated as lead state agency for BI in 1980s
- DARS hired BI Coordinator in 1992
- BISC Unit administers \$6+ million in programs / services via state and federal funding: serve approx. 4,500/year directly, about 15-20,000 indirectly.
- State general funds appropriated by the General Assembly used to contract with 10 vendors to provide 14 programs statewide. Core services funded include:
  - ***Specialized Case Management*** (adults and children)
  - ***Brain Injury Clubhouse / Day Programs***
  - ***Community Support Services*** (life skills training)
  - ***Residential Support Services*** (approx. 25).

# Brain Injury Services Coordination Unit

- BISC Unit administers:
  - **Commonwealth Neurotrauma Initiative (CNI) Trust Fund** ([www.vacni.org](http://www.vacni.org)). CNI Trust Fund disseminates grant funds for research and community rehabilitative programs/ services to benefit people with brain injury / spinal cord injury.
  - Five-year (2014-19) **Federal TBI Act Grant, FACES: Facilitating Access to Care and Enhancing Services:** Information / Referral; Professional Training; Brain Injury Screening; and Resource Facilitation.
  - **Brain Injury Direct Services (BIDS) Fund**, to purchase goods/services/equipment needed for rehabilitation and independent living. Fund of last resort.

# Brain Injury Services Coordination Unit

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- BISC works with the **Virginia Brain Injury Council (VBIC)**, an advisory group to DARS Commissioner and other VA policymakers.
- VBIC and the **Virginia Alliance of Brain Injury Service Providers (VaBISP)** develop annual priorities and legislative initiatives; DARS works collaboratively with the **Brain Injury Association of Virginia (BIAV)**
- ALL have had a consistent focus on expansion of core services, development of ***Brain Injury Medicaid Waiver***, and access to ***neurobehavioral treatment services***.

# Joint Commission on Health Care (JCHC) Request to DARS

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**DARS received request from request from Joint Commission on Health Care (JCHC) in December 2016, with due date of November 1, 2017:**

- DARS to lead an Interagency Implementation Team, partner with DMAS, DBHDS, DSS, VDH, and others
- Develop and implement a statewide program to improve services for individuals with traumatic and nontraumatic brain injury

# Joint Commission on Health Care (JCHC) Request to DARS

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## Goals of the Interagency Implementation Team:

- identify unmet needs, determine solutions for meeting unmet needs, establish priorities for implementing the solutions, develop an implementation plan and timeline.
- determine desired components, identify needed federal, state, and local authorities, develop cost estimates and potential cost offsets.
- report results by November 2017.

# Joint Commission on Health Care (JCHC) Request to DARS

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- Concurrently, DMAS received overlapping JCHC request to form work group, address neurobehavioral issues, etc.
- DARS explored the possibility of requesting that the studies be combined and that DMAS take the lead; this did not happen.
- At least 10 brain injury studies completed in past ten years; JCHC request extremely broad and comprehensive in scope, DARS requested that its study **focus solely on the critical, unaddressed neurobehavioral issue.**

## TEN YEARS OF BRAIN INJURY STUDIES IN COMMONWEALTH OF VIRGINIA (selected)

Study Year/Author	Study Title
2007 / Joint Legislative and Audit Review Commission (JLARC) (Lead: Eric, J.D.)	Access to State-Funded Brain Injury Services in Virginia
2010/Virginia Brain Injury Council (VBIC) (Lead: Paul Aravich, Ph.D.)	Neurobehavioral Treatment for Virginians with Brain Injury
2011 / Virginia Board for People with Disabilities (VBPD)	Assessment of the Disability Services System in Virginia
2013 / Virginia Commonwealth University (VCU) (Lead: Jeffrey Kreutzer, Ph.D.)	VA Statewide Acquired BI Services, Needs and Resources Assessment
2014 / DARS	Update on the 2007 JLARC Report
2014 / DARS	Dementia & Cognitive Impairment: Interagency Collaborative Data Collection
2014 / DARS (Lead: Virginia Brain Injury Council)	2009-2013 Brain Injury Action Plan
2014 / DARS	Dementia Care Best Practices in the Commonwealth
2015 / James Madison University (JMU) (Leads: Cynthia O'Donoghue, Ph.D., Cara Meixner, Ph.D.)	Access to Neurobehavioral Services in Virginia
2015 / JLARC	Operation and Performance of the Department of Veterans Services
2015 / disAbility Law Center of VA (dLCV) (Lead: Elizabeth Horn)	Report on Deficiencies in Virginia's Adult TBI Services
2015 / Alzheimer's Disease and Related Disorders Commission (ADRDC)	Dementia State Plan 2015 – 2019
201 / DBHDS (Lead: Dawn Adams, RN)	Decision Brief – Traumatic Brain Injury Work Group Recommendations
2016 / University of Richmond (UR) (Lead: Amanda Lineberry )	Resources for Improving Data Capture & Sharing Across State Agencies and Nonprofits that Support Virginians with Brain Injury

# Joint Commission on Health Care (JCHC) Request to DARS

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- DMAS' report proposes development of an in-state neurobehavioral (NB) treatment facility for individuals currently receiving services out of state (using Virginia Medicaid dollars).
- Many of the individuals DARS serves do not meet both Medicaid and nursing facility eligibility criteria, therefore would not be able to access the in-state NB services:
  - Recent informal survey of DARS' state-funded BIS Programs reported that, during the past 3 years (2015-2018), **an estimated 300+ people would have benefited from either inpatient NB treatment and/or outpatient services.**

# Joint Commission on Health Care (JCHC) Request to DARS

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- New CCC Plus Medicaid Waiver services may address the community-based need, but not the critical inpatient treatment need (because the eligibility criteria for admission is nursing facility eligibility).
- DARS will propose that DMAS prepare cost estimates based on hospital psychiatric unit admission criteria (DMAS stated, “DMAS will be using Nursing Facility admission criteria, *but DARS can request DMAS to prepare costs based on hospital admission criteria.*”)

# Joint Commission on Health Care (JCHC) Request to DARS

- DARS submitted a **budget request that is *currently under review by the Secretary's Office and the Department for Planning and Budget (DPB)***. The request is for funding to support neurobehavioral treatment services for individuals with BI / behavioral issues who do not meet Medicaid Waiver eligibility nor the nursing facility “alternate placement” eligibility criteria.
- If allocated, DARS would use these funds to provide a specified number of **inpatient treatment** stays, as well as enhance **community-based supports/services for high risk individuals and for post-discharge**.

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