



SUMMARY OF PUBLIC COMMENTS

Expanding Access to Brain Injury Services and Addressing Barriers to Placement of Virginians who have Challenging Behaviors Resulting from Traumatic and Non-Traumatic Brain Injuries and Post-Traumatic Stress Disorder

Five comments were received regarding the policy options addressing access to services and barriers to placement. Comments were submitted by:

- **Ms. Rachel Evans**, Executive Director, No Limits Eastern Shore (NLES)
- **Ms. Krystal Thompson**, MAEd, Executive Director, Brain Injury Services of Southwest Virginia (BISSWV)
- **Virginia Alliance of Brain Injury Service Providers (VABISP)**
- **Anne H. McDonnell**, MPA, OTR/L, CBIST, Executive Director, Brain Injury Association of Virginia (BIAV)
- **Michelle Witt**, MA, BCBA, CBIST, Executive Director, Crossroads to Brain Injury Recovery, Inc. (CBIR)

Policy Options		Support	Oppose/Concern
1	Take no action		
2	Request by letter of the JCHC Chair that DARS, DMAS and DBHDS form an interagency implementation team to ultimately implement a statewide program to serve individuals with brain injury, including determining whether, and if so, which new Medicaid authorities need to be sought. The Team’s first task will be to determine program structure and costs, and report back to the JCHC by November 2017.	NLES BISSWV VABISP BIAV CBIR	
3	Request by letter of the JCHC Chair that DMAS determine Medicaid payment rates and methods that will incent the opening and ongoing operation of in-state neurobehavioral/nursing facility units for individuals with brain injury and dementias with challenging and aggressive behaviors; and report back to the JCHC by November 2017.	NLES BISSWV VABISP BIAV CBIR	
4	Request by letter of the JCHC Chair that DMAS determine a plan, including budget estimates, to add new services to the Medicaid Elderly and Disabled with Consumer Direction Waiver to provide needed long term services and supports for Medicaid beneficiaries; and report back to the JCHC by November 2017.	NLES BISSWV VABISP CBIR	

Policy Options		Support	Oppose/Concern
5	Request by letter of the JCHC Chair that DMAS determine budget estimates for applying for a Medicaid waiver specific to brain injury; and report back to the JCHC by November 2017.		
6	Request by letter of the JCHC Chair that DMAS determine budget estimates for applying for a state plan amendment { 1915(i) or 1915(k) } to provide additional home and community based services to Medicaid recipients not enrolled in a 1915(c) HCBS waiver; and report back to the JCHC by November 2017.		
7	Request by letter of the JCHC Chair that DMAS apply for the PACE Innovation Act pilot program.		
8	Introduce budget amendment (language and funding) to increase state funds for the Auxiliary Grant	NLES BISSWV VABISP BIAV CBIR	
9	By letter of the JCHC Chair, express support for Senate Bill 317, carried over to 2017, to create Veteran's Dockets.		

Comment Excerpts:

Rachel Evans – No Limits Eastern Shore: “We believe it is vitally important to expand the availability of brain injury-specific case management services so that no region of the Commonwealth is left unserved. Residential services for brain injury survivors is another critical need area.”

Anne H. McDonnell – Brain Injury Association of Virginia: “There are no in-state publically funded neurobehavioral treatment programs. The Department of Medical Assistance Services sends Medicaid recipients out of state, and the Department of Behavioral Health and Developmental Services reported that 32 individuals with brain injury are in state mental hospitals in FY15 at a cost of over \$3.2M. Nursing facilities are not designed for, nor are they appropriate placements for persons with brain injury, particularly those under age 65 and no brain injury wavier to facilitate deinstitutionalization, in violation of the Olmstead decision.”

Michelle Witt – Crossroads to Brain Injury Recovery, Inc.: “We feel that it is imperative that supportive housing options be investigated and supported.”