



**JOINT COMMISSION ON HEALTH
CARE
COMMITTEE MEETING
AUGUST 24, 2023
DMAS BRAIN INJURY SERVICES
DEVELOPMENT UPDATE**

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Agenda

- ❑ Current Brain Injury Services Provided Through Virginia's Medicaid Program
- ❑ Current Unmet Needs and Service Gaps
- ❑ Summary of The Brain Injury Services Workgroup
- ❑ Case Management Services Update

Non-TBI or “non-Traumatic Brain Injury” (nTBI) means for purposes of this program, any form of *acquired* brain injury including strokes, infection of the brain or the meninges, anoxia, brain tumor.

Exclusions: congenital brain injury, or those with Alzheimer’s Disease and other conditions causing dementia, and other neuro-degenerative diseases, will not be eligible.

TBI “Traumatic Brain Injury” (TBI) means, for purposes of this program, brain damage due to a blunt blow to the head; a penetrating head injury; injury resulting in compression to the brain; severe whiplash causing internal damage to the brain; or head injury secondary to an explosion.

Current Medicaid Service Options for Individuals with Brain Injury

- Traditional Inpatient and Outpatient
- Short Term/Acute Care
 - Inpatient Acute Care
 - Rehabilitation Hospitals
 - Rehabilitation/Skilled Nursing Facility
 - Outpatient Rehabilitation
 - Physician services
- Long Term Services and Supports
 - Nursing Facilities-*must meet nursing facility criteria*
 - Specialized Care Facilities-
Members must have substantial medical needs to meet standard nursing facility care or ventilator care
May also have behavioral challenges –those cases are not usually accepted in these facilities due to patient risk
- Home and Community Based Services
 - Developmental Disabilities Waiver-*nTBI or TBI before age 22*
 - CCC Plus Waiver- *must meet nursing facility criteria*
 - EPSDT service options (*must be under 21 years of age*)

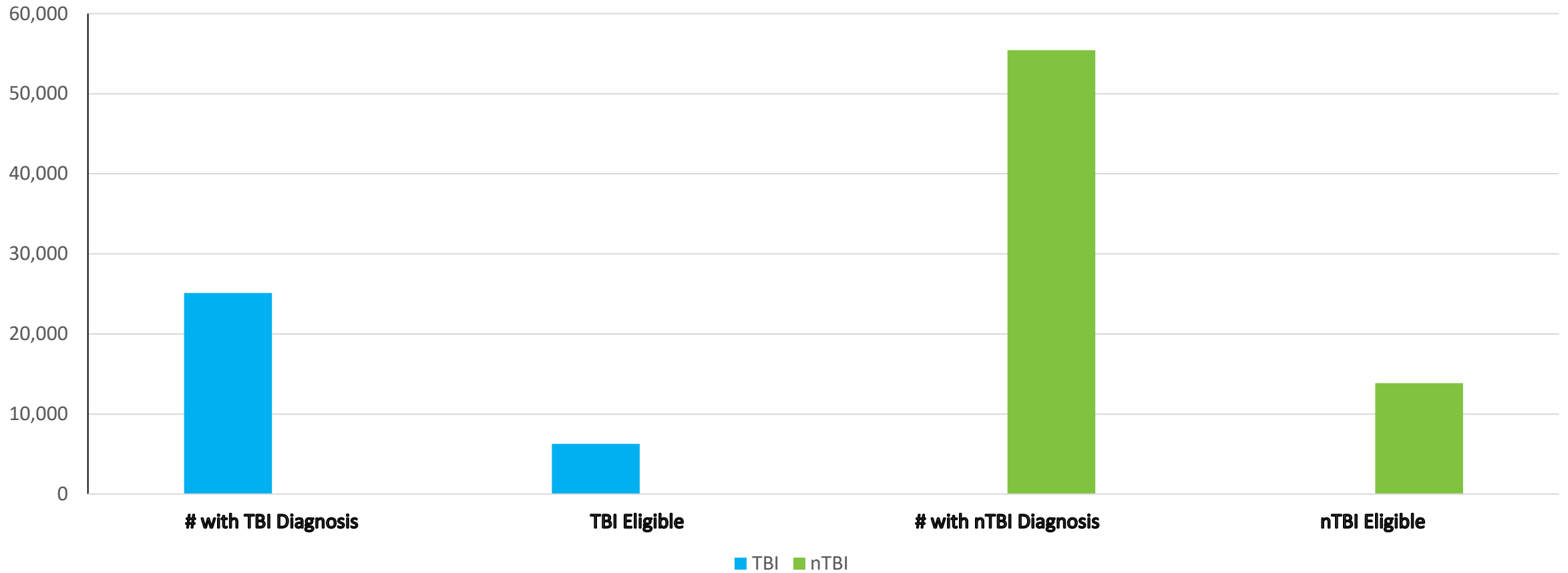


Medicaid Service Gaps

- Excluding the limited Veterans Administration (VA) services, Virginia has only one neurobehavioral treatment facility in the state.
 - There is no DMAS provider category that could possibly enroll this provider or any other provider that is considering developing facility based or community based TBI treatments without a waiver
- DMAS does not cover any neurorehabilitation or neurobehavioral services
- Neither commercial insurance nor Medicaid MCOs have an available network to deliver targeted brain injury services outside of acute inpatient and rehabilitative hospital stays.
- In general, whether public or privately funded, Virginia currently does not have any capacity to deliver TBI treatments and community-based supports.

Population Estimation Analysis

DMAS Brain Injury Populations



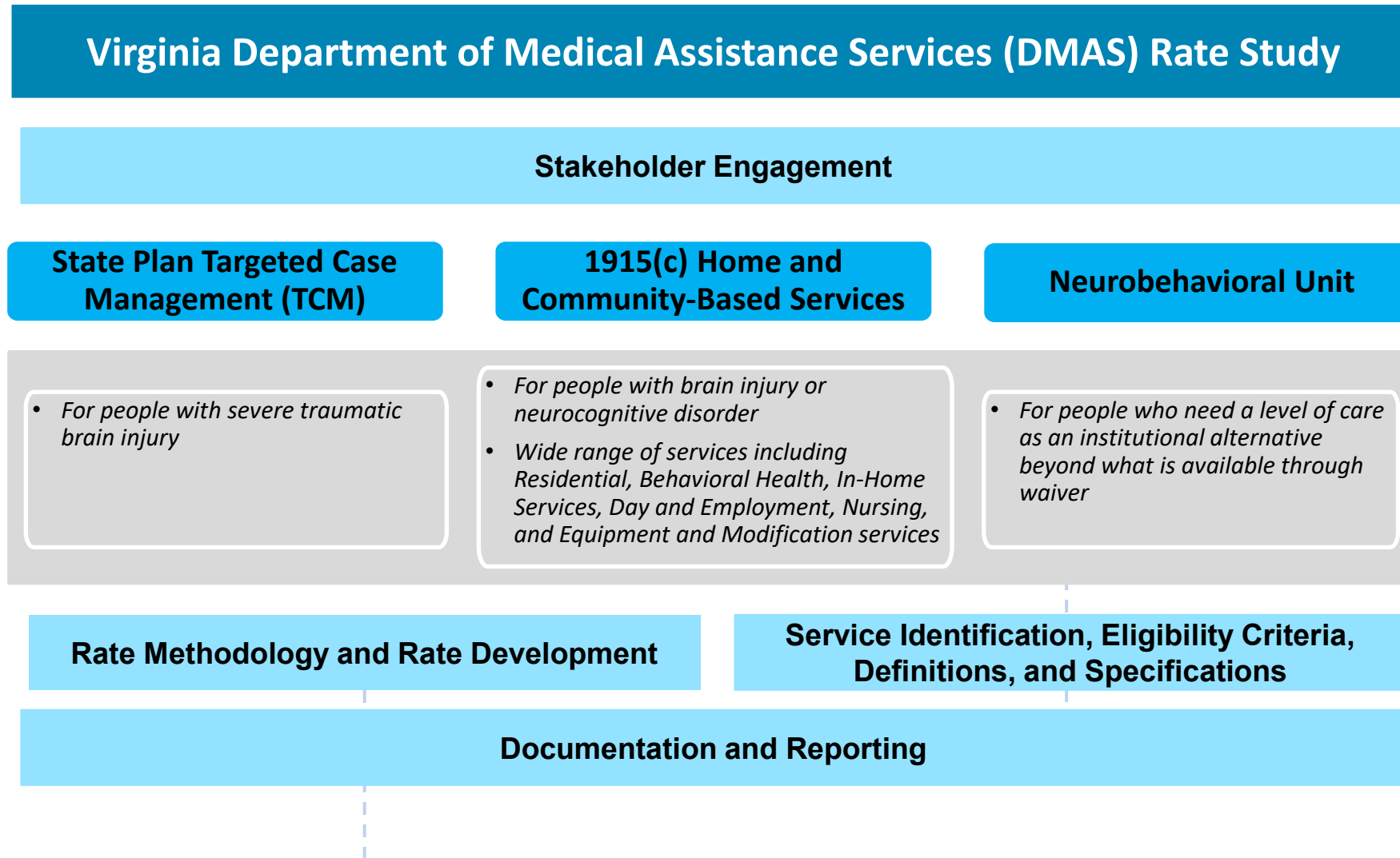
Brain Injury Services (BIS) 2022 Legislative Actions

2022 General Assembly Mandates:

1. SPA to Implement Targeted Case Management for Severe TBI (FY-2024) (HB680)
 - Directed the Department of Medical Assistance Services to update the State Plan for Medical Assistance to include a provision for the payment of Medicaid targeted case management services for individuals with severe traumatic brain injury. It is the intent of the General Assembly that in the enrolling of this act, funding included in this item shall be allocated among appropriate items within the Department of Medical Assistance Services.)

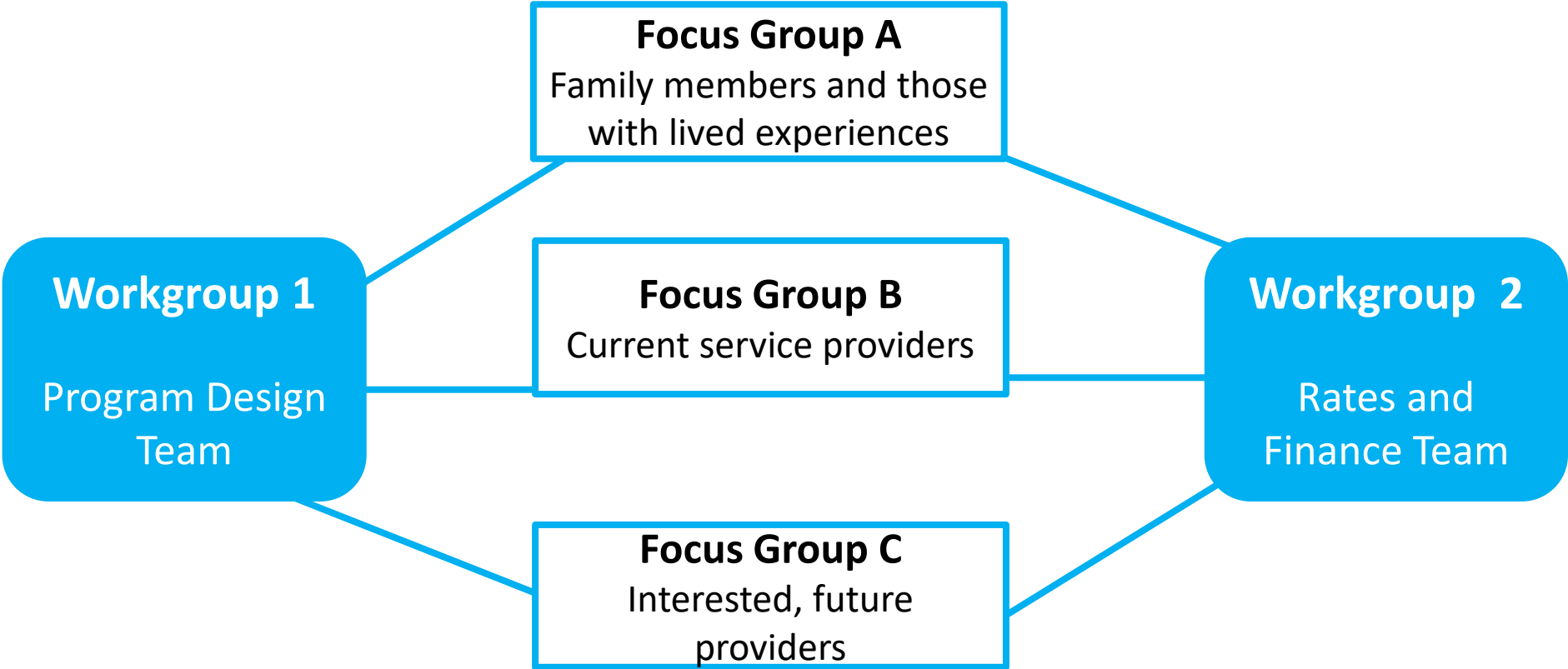
2. Legislative Report and Budget Item for Waiver Services and Institutional Neurobehavioral Science Unit (NBU) for Brain Injury and Neurocognitive Disorders
(Virginia Acts of the Assembly – Chapter 224 Enactment Clause 1, 308 CC.1-2)
 - Directed DMAS, in conjunction with relevant stakeholders, shall 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. The department shall include a rate methodology that supports institutional costs and waiver services.

Brain Injury Services (BIS) Project Overview



Stakeholder Engagement

Steering Committee comprises some members of all workgroups and focus groups



Purpose: Mobilize specific experience and reach additional stakeholders by convening workgroups and focus groups.

BRAIN INJURY SERVICES TARGETED CASE MANAGEMENT

Targeted Case Management for Severe Traumatic Brain Injury

Brain Injury Services Targeted Case Management (BIS TCM) is a state plan service designed to provide service coordination and person-centered planning with and for members who have sustained a severe traumatic brain injury.

Services include:

- Assessing needs, goals and planning to assist the individual with locating, developing, or obtaining needed services and community resources;
- Coordinating services and service planning with agencies and providers involved with the individual;
- Enhancing community integration and monitoring the individual to assess safety risks, progress meeting individual goals and ensuring that services are delivered; and
- Educating and counseling the individual, family member, or legal representative, to develop supportive relationships.

BIS Case Management Eligibility Criteria

Members must:

1. Be Medicaid-eligible
2. Reside in the community or ready for discharge from a facility within 180 days
3. Have a diagnosis of traumatic brain injury (TBI) with functional impairments that meet the functional eligibility requirements as defined by a standardized assessment tool.

Functional:

Case management providers will assess functional needs using the Mayo Portland Adaptability Inventory (MPAI-4) assessment tool.

- The MPAI shows member strengths and areas where supports are needed.
- This tool is used in multiple clinical settings and in other states.
- Case management plans can be inferred based on the results of the MPAI scoring process.

PROVIDER PARTICIPATION REQUIREMENTS

Providers must be “CARF” Accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF)

Program: Employment and Community Services (ECS)

Service: Service Coordination (SC)

Traumatic Brain Injury Case Management Implementation

Training Update

- Upcoming: *August and September dates being planned*
 - MCO 101 “Doing Business with the MCO’s”
 - Clinical Management and Care Coordination
 - Accessing Medicaid Services
 - Official Case Management Program Training
- Completed:
 - Provider Enrollment Process Overview 5/31/2023
 - Mayo Portland Adaptability Inventory (MPAI-4) Clinical Assessment Process Training 6/20-6/27/2023
 - Brain Injury “101” Training 7/18/2023

PRSS Enrollment

- Bulletin Posted
- Brain Injury Services Case Management Enrollment began 8/1/2023



Targeted Case Management (TCM) Implementation

MCO’s and DMAS are developing operational and clinical management processes and provider resources. Go Live scheduled 10/1/2023

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Rate Development: Neurobehavioral + Waiver Development

On 7/11/2023 Draft rates were presented to the Brain Injury Services Workgroup members 7/11/2023
Case Management “DRAFT” Rate is \$380.56
All rates are subject to approval by CMS

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Rate Development Contractor Deliverables

All contract deliverables were completed by June 30, 2023

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Website resources:

<https://www.dmas.virginia.gov/for-providers/long-term-care/programs-and-initiatives/brain-injury-services/>

Please send questions to braininjuryservices@dmas.virginia.gov