



COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

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November 1, 2022

MEMORANDUM

TO: The Honorable Janet D. Howell
Chair, Senate Finance Committee

The Honorable Barry D. Knight
Chair, House Appropriations Committee

FROM: Cheryl Roberts
Director, Virginia Department of Medical Assistance Services

SUBJECT: Planning for the Development of Services for Individuals with Brain Injuries and Neuro-Cognitive Disorders

This report is submitted in compliance with Item 308.CC.2 of the 2022 Appropriations Act which states:

308 CC.1. The Department of Medical Assistance Services (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.

2. The department shall submit a report which outlines the recommendations for a neurobehavioral science unit, waiver program, and the service methodology to the Chairs of the House Appropriations and Senate Finance and Appropriations Committees by November 1, 2022.

Should you have any questions or need additional information, please feel free to contact me at (804) 786-8099.

CR
Enclosure

Pc: The Honorable John Littell, Secretary of Health and Human Resources

Planning for the Development of Services for Individuals with Brain Injuries and Neuro-Cognitive Disorders

A Report to the Virginia General Assembly

November 1, 2022

Report Mandate:

Item 308 CC. of the 2022 Appropriation Act states “1. The Department of Medical Assistance Services, 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.

2. The department shall submit a report which outlines the recommendations for a neurobehavioral science unit, waiver program, and the service methodology to the Chairs of the House Appropriations and Senate Finance and Appropriations Committees by November 1, 2022.”

Background and Summary

During the 2022 Virginia General Assembly session, DMAS was directed to: 1) establish and implement a new targeted case management (TCM) service for individuals with severe Traumatic Brain Injury (HB 680); and 2) 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.

As of September 1, 2022, Home and Community Based Services (HCBS) support 57,838 members to live in their community, with 16,433 members enrolled in the Developmental Disabilities (DD) Waiver and 41,405 members in the CCC Plus Waiver. Additionally, there are 19,664 individuals residing in a Nursing Facility.

This report focuses on the accomplishments to date and the remaining tasks needed to accomplish the objectives of the legislation. DMAS developed a comprehensive work plan that includes critical project milestones with realistic deadlines to ensure the project remains on schedule throughout the design, development and implementation of this project.

While DMAS anticipates the implementation of brain injury services and TCM occurring in two phases, planning and development will occur in parallel tracks. The workgroup is on target to develop the programmatic components that will inform rate development methodologies for both the brain injury services and TCM.

To develop cost impacts for waiver and facility based services, DMAS, in conjunction with the workgroup, will assess and develop the following service

About DMAS and Medicaid

The mission of the Virginia Medicaid agency is to improve the health and well-being of Virginians through access to high-quality health care coverage.

The Department of Medical Assistance Services (DMAS) administers Virginia's Medicaid and CHIP programs for over 2 million Virginians. Members have access to primary and specialty health services, inpatient care, dental, behavioral health as well as addiction and recovery treatment services. In addition, Medicaid long-term services and supports enable thousands of Virginians to remain in their homes or to access residential and nursing home care.

Medicaid members historically have included children, pregnant women, parents and caretakers, older adults, and individuals with disabilities. In 2019, Virginia expanded the Medicaid eligibility rules to make health care coverage available to more than 600,000 newly eligible, low-income adults.

Medicaid and CHIP (known in Virginia as Family Access to Medical Insurance Security, or FAMIS) are jointly funded by Virginia and the federal government under Title XIX and Title XXI of the Social Security Act. Virginia generally receives an approximate dollar-for-dollar federal spending match in the Medicaid program. Medicaid expansion qualifies the Commonwealth for a federal funding match of no less than 90% for newly eligible adults, generating cost savings that benefit the overall state budget.

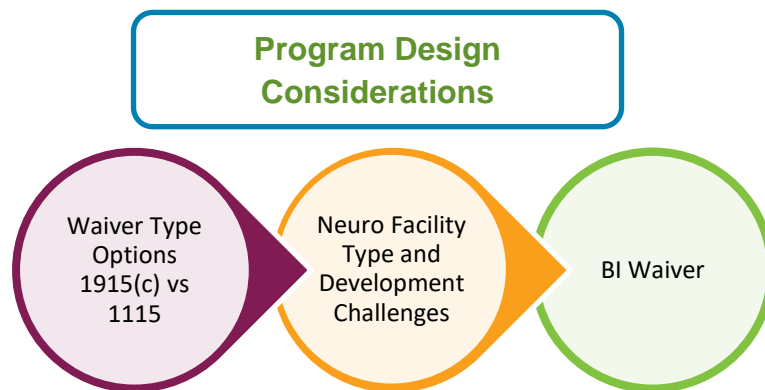
structure rules. DMAS will work with a rate development contractor and technical assistance resource to design the following elements:

- Service definitions
- Administrative structure
- Eligibility criteria
- Provider participation requirements (licensing/accreditation and staffing qualifications)
- Population prevalence
- Service setting options
- Reimbursement rates
- Federal evaluation requirements

DMAS is working toward an implementation for Brain Injury Case Management Services beginning on or after July 2023, depending upon the available provider capacity to implement the service at that time. DMAS will submit a budget package for Fiscal Year 2024 with costs for the waiver services, as well as a request for authority to submit a waiver to the Centers for Medicare and Medicaid Services (CMS).

Program Design Considerations

A 1915(c) or an 1115 waiver demonstration program are being considered by the workgroup. As such, DMAS is required to identify the institutional settings used as the alternate institutional placement. The institutional alternatives being considered are a neurobehavioral/neuro-rehabilitation unit or a free standing neuro-rehabilitation facility. While the workgroup has identified these two options, further review and assessment is needed to determine the potential capacity in Virginia. A major challenge to this project is that many key treatment facilities will need to be developed within a service delivery system that is challenged delivering the current services.

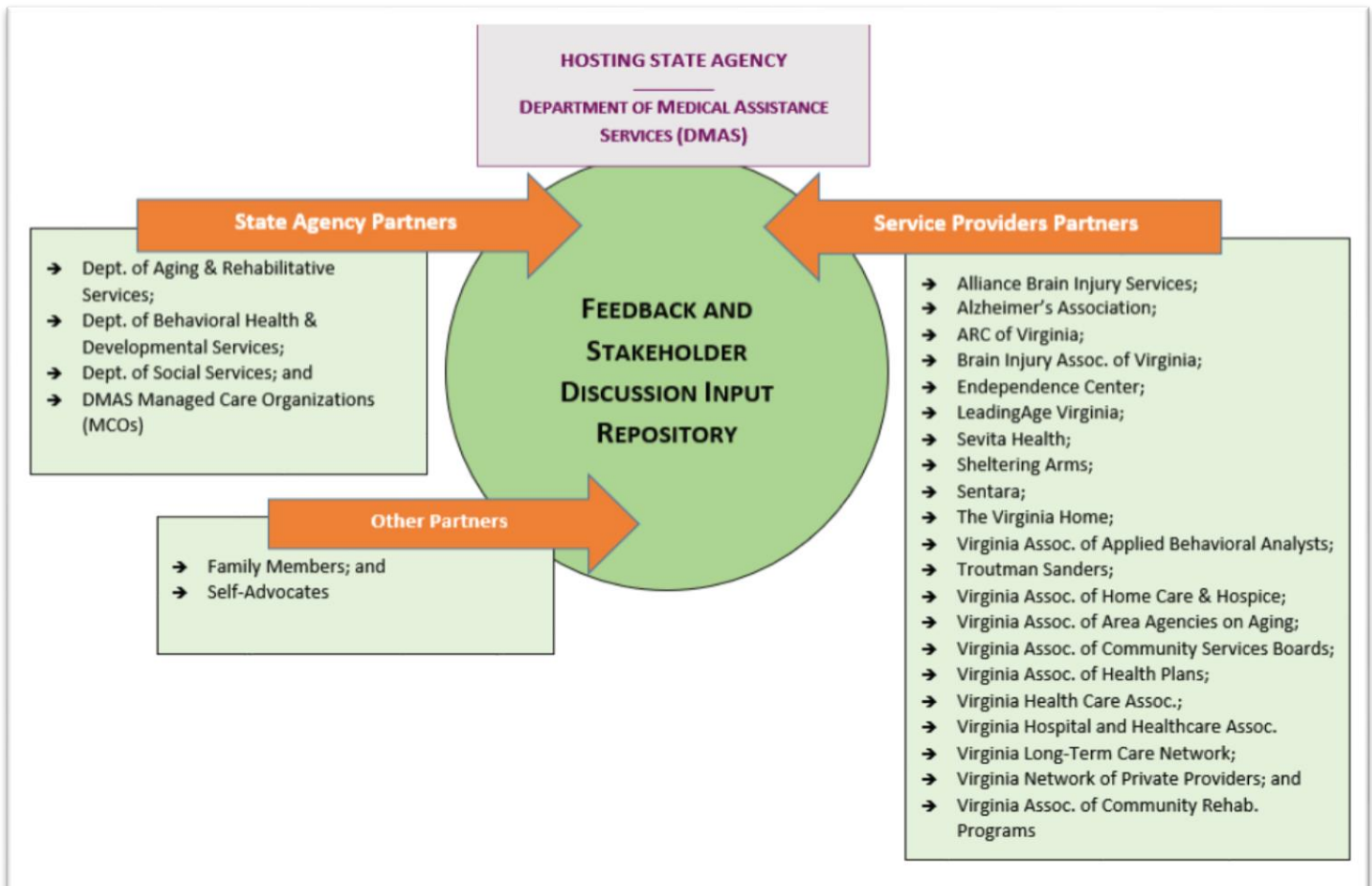


Progress to Date

- 1) DMAS has secured a technical assistance contractor that is funded through CMS. The contractor staff are experts in the field of head injury programs and their technical assistance will help DMAS with waiver options and consideration of current practices in other states.
- 2) DMAS issued a Request for Proposals (RFP) for a rate development contractor who will assess service delivery costs and subsequently develop reimbursement rates for brain injury services and the alternate institutional placement.
- 3) DMAS convened the brain injury services workgroup sessions with stakeholders to define the TCM and waiver services, the provider requirements, eligibility criteria and other relevant parameters.

Summary of Stakeholder Discussion and Input

Workgroup discussions focused on the current delivery system to identify barriers to care and what is needed to resolve those barriers in a coordinated delivery system. Many of these concerns regarding access to care will be addressed by developing Medicaid-funded services specific to the needs of persons with brain injuries.



Next Steps

Date of Activity	Project Plan Component/Task
Gather Input, Share Project Plan and Policy Overview	
August through September 2022 (FY23)	Kickoff-Project Overview Discussions
	Design and Development / Waivers 101
	Population Discussion, Service Continuum
	Gather Stakeholder Design Input
	Case Management Components Overview
	Budget Process and Implementation Overview
	Begin Rate Vendor RFP Process-Post RFP / Award Contract

Rate Development/Cost Assessments	
October 2022 through June 2023 (FY23)	Phase 2: Rate Development
	Start Rate Study Activities
	Meet with Facilities
	Meet with Providers
	Assess Facility Service Needs
	Assess Waiver/Community Based Needs
Populations and Program, Submit Budget Request for 2024 Session	
January 2023 through June 2023 (FY23)	Phase 3 Population Data
	Assess Populations Based on Agreed Definitions
	Finalize Eligibility Definitions
	Finalize Waiver Types That Fit State Needs
	Finalize Reimbursement Rates
	Finalize Population And Utilization Estimates For Budget
	Deliver Budget Package For Waiver And Facility Services
TCM Implementation	
February 2023 through July 2023 (FY24)	Phase 4 TCM Goes Live
	Provider Enrollment Rules Finalized
	Claims Processing Rules Finalized
	New Rates Implemented
	Provider Recruitment/Provider Training
	MCO Operational Readiness Processes
	TCM Goes Live July-December, 2023
Budget Submission and 2024 GA Actions	
	DMAS Submits BIS Waiver and Facility Budget Package for Funding Support During the Summer 2022
	Waiver Budget Item: Assess and Support Through 2024 GA Session
	Goal-Budget Approval for BIS Waiver July 2024
	Upon Budget Approval Begin Development and Implementation Planning

Implementation of any waiver or new facility services is contingent upon the General Assembly granting both the funding and application authority with DMAS during the 2024 legislative session.

This project work plan assumes DMAS will submit a budget request by September 2023 to request funding for start-up activities and an initial medical budget for Brain Injury Services programs for consideration during the 2024 General Assembly. The Brain Injury Services workgroup will continue to develop service definitions, provider participation standards and service delivery options throughout the coming months to meet the state agency budget package submission deadline. If approved, funding for implementing this project could become available beginning as early as FY25.