

**BRAIN INJURY SERVICES
TARGETED CASE MANAGEMENT
ORIENTATION TO THE BENEFIT**

Division of High Needs Supports

Complex Care Services

Virginia Department of Medical Assistance Services

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Acronyms Used

- BIS TCM = Brain Injury Services Targeted Case Management
- BIS case manager = Case Manager from the BIS TCM provider entity
- MPAI-4 = Mayo Portland Adaptability Inventory
- ISP/POC = Individualized Service Plan/Plan of Care
- MCO CC = Care Coordinator from the Managed Care Organization
- PCP = primary care physician
- MNC = Medical necessity criteria
- SA = service authorization

Background and Introduction

Legislative mandate:

Targeted Case Management for Severe Traumatic Brain Injury

The Virginia Acts of the Assembly, 2022 Special Session I, HB680 directed the Department of Medical Assistance Services (DMAS) to implement a new case management service for individuals with severe traumatic brain injury in the Medicaid program.

Details about the BIS TCM Benefit

Brain Injury Services Targeted Case Management (BIS TCM):

What is BIS TCM?

BIS TCM are state plan case management services for Medicaid eligible individuals living in the community, age 18 years or older, who have a physician-documented diagnosis of traumatic brain injury (TBI); and who have severe functional limitations due to their TBI as indicated by the Mayo Portland Adaptability Inventory (MPAI-4) assessment. Individuals residing in an inpatient facility may qualify for BIS TCM if being discharged to community within 6 months.

BIS TCM is state plan benefit (and is not a waiver benefit) designed to provide service coordination and person-centered planning with and for members who have sustained a traumatic brain injury.

Eligibility criteria

To be eligible to receive brain injury case management services, the individual must be a Medicaid member or Medicaid-eligible, reside in the community or be planning for discharge to the community from a facility within 180 days.

- Individuals shall have a physician-documented diagnosis of traumatic brain injury (TBI) with associated functional impairments resulting from the injury that meet the severity threshold.
- A TBI is defined as 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.
Exclusions: Brain damage secondary to other neurological insults (e.g., infection of the brain, stroke, anoxia, brain tumor, Alzheimer's disease and other conditions causing dementia, and other neurodegenerative diseases) is not considered to be a TBI.

Eligibility criteria

- The TBI is severe as indicated by a T-score of 50 or above on the Mayo-Portland Adaptability Inventory (MPAI-4), and has caused chronic, residual deficits and disability, including significant impairment of behavioral, cognitive and/or physical functioning, resulting in difficulty managing everyday life activities, and an ongoing need for assistance with accessing needed medical, social, educational, behavioral health, and other services.
- If an individual has a MPAI-4 T-score of 50 through 59 the individual must meet **at least one** of additional item-specific scoring criteria on the assessment that would be indicative of severe functional deficits:

These include the areas of mobility and use of hands under Physical abilities; attention/concentration, memory, fund of information, and problem-solving abilities under Cognition; depression, irritability/anger or aggression, and impaired self-awareness under the subdomain of Adjustment; and presence of psychotic symptoms post-injury, or having severe difficulties in performing one's selfcare under the subdomain of Participation.

Details pertaining to Providers of BIS TCM

Accreditation, Qualification and Certification requirements

- Provider Entity: Organization must be CARF accredited
- Requirements for case managers within the provider organization:
 - Bachelor's degree, or an RN degree
 - Must have one certification:
 - Certified Brain Injury Specialist (CBIS) certification, or..
 - Qualified Brain Injury Support Professional (QBISP) certification

Roles and Responsibilities of Providers of BIS TCM

BIS TCM is a service that include the following activities:

- Assessing and planning services;
- Linking the individual to services and supports identified in the individual support plan;
- Assisting the individual directly for the purpose of locating, developing, or obtaining needed services and resources;
- Coordinating services and service planning with other agencies and providers involved with the individual;
- Enhancing community integration;
- Making collateral contacts to promote the implementation of the individual support plan and community integration;
- Monitoring the individual to assess ongoing progress and ensuring that authorized services are delivered; and
- Educating and counseling the individual, family member, or legal representative, to develop supportive relationships that promote the individual support plan for the direct benefit of the individual.

Roles and Responsibilities of Providers of BIS TCM

Referral, Intake and Assessment Process

- Identifying where the members with TBI reside
- Assisting in completing paperwork
- Confirming diagnosis of TBI
- Confirming functional eligibility for BIS TCM services using MPAI-4
- Developing ISP/POC that will meet member's needs, if member meets MNC
- Implementing ISP/POC upon receiving authorization for BIS TCM services
- Reassessing for continuation of services, or in the event of a new TBI (triggering event)

Roles and Responsibilities of Providers of BIS TCM

Assessment Process:

- Interpret the MPAI-4 scoring results for comprehensive service planning purposes.
- Make a plan: individualized service plan or plan of care (ISP/POC) to provide person-centered services
- If member meets assessment criterion, submit SA form for case management.
- Submit the service authorization form with the diagnosis or MD attestation and the MPAI-4 form.
- If member does not meet requirements, the provider may choose to bill for assessment and for requesting authorization for case management (BIS TCM) services.
- Upon receiving authorization for BIS TCM services, initiate implementation of the submitted ISP/POC

Roles and Responsibilities of Providers of BIS TCM

BIS TCM Reassessment and Continuation of Services

Reassessment would be needed in following scenarios:

- Completion of initial 6 months of BIS TCM services authorized
- Reassessment every 6 months thereafter
- Reassessment can be done any time if there is a triggering event of a new TBI

Continuation of Services would be justified if:

- Member continues to meet the functional eligibility criterion (meets one of the MPAI-4 scoring criteria for eligibility of BIS TCM services) upon re-administration of the MPAI-4 as part of the 6 months' reassessment.

MCO CC role during Referral, Intake and Assessment process

The MCO CC will assist the member and the BIS case manager by

- The MCO CC will support new cases by assisting the BIS case managers with locating active service providers from the MCO's networks.
- Service providers might be needed to assist the BIS case manager by informing the BIS TCM Assessment may include but are not limited to:
 - Any rehabilitative or treatment providers
 - Recent facilities and/or hospitals
 - CCC Plus and DD Waiver service providers
 - Physicians including any PCP assignments
 - Specialists
- Reviewing the member's medical records if they're on file with MCO, to determine if pre-existing MD documentation stating the diagnosis of TBI is available.
- The MCO CC may be familiar with the member's history and functional status and may be able to inform the consensus scoring on the MPAI-4.

MCO CC role during Referral, Intake and Assessment process

- ❑ If member's existing medical records with the MCO do not state the diagnosis of TBI, then recommending MD providers in the MCO network for the BIS case manager to obtain MD attestation confirming the diagnosis of TBI.
- ❑ If member does not meet MNC for BIS TCM, coordinating to find the appropriate and needed care for the member.
- ❑ Reviewing the ISP/POC developed and submitted by the BIS case manager for members who meet MNC for BIS TCM.
- ❑ Ensure member's access to BIS TCM services by determining whether the BIS TCM provider entity has the capability and staffing to provide ongoing support coordination if the member meets BIS TCM MNC.

Resources and Additional Information

- Contact us with any questions/concerns at:
braininjuryservices@dmas.virginia.gov
- Find additional information about the benefit and the DMAS BIS project at: <https://www.dmas.virginia.gov/for-providers/long-term-care/programs-and-initiatives/brain-injury-services/>
- The BIS TCM Provider Manual can be found at:
<https://vamedicaid.dmas.virginia.gov/sites/default/files/2023-08/BIS%20Case%20Management%20Supplement%20%28updated%208.28.23%29%20Final.pdf>

Question-Answer Session

