BRAIN INJURY ASSOCIATION OF VIRGINIA

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THE VOICE OF BRAIN INJURY

BRAIN INJURY BUDGET AMENDMENT REQUEST: ITEM # 330 8S PATRON: SENATOR HENRY MARSH

$2.5 million appropriation for the Department for Aging and Rehabilitative Services to:

- secure infrastructure and workforce of existing programs and address waiting lists
- streamline and modernize outcomes data collection systems
- conduct brain injury outreach, technical assistance and options counseling services
- expand core services of adult and pediatric case management, clubhouses/day programs, and resource coordination in underserved areas

1. Problem/ Statistics:
    a. Funding for several brain injury core service programs is below minimum levels established by the General Assembly, and base funding for all programs has not been increased since 2009. In the face of rising costs to deliver services, positions have been eliminated and nearly 300 persons are on urgent waiting lists.
    b. In 2009, JLARC recommended an outcomes management system for state funded brain injury core service programs to enhance programmatic oversight by the lead agency. Currently, most program data are collected by hand or with 20 year old software that has outlived its usefulness. Uniform data collection is limited, and its accuracy cannot be verified by DARS.
    c. Brain injury outreach, technical assistance and options counseling provide safety net services for more than 1,000 people each year, and the demographic data the program collects are used by DARS and the Virginia Brain Injury Council for informed decision making regarding services, policy and funding. The program has no dedicated funding.

2. Other factors:
    a. In FY 2010, over 3,000 Virginians received access to one of our 3 core services, at a very cost effective rate of approximately $1,200 per person per year.
    b. There are no case management programs in Hampton Roads, Charlottesville, Lynchburg, the Northern Shenandoah Valley or the Virginia Peninsula and no clubhouse anywhere in the Valley or southwestern Virginia. There is one day program on the Eastern Shore, and five Resource Coordinators cover the entire state.
    c. We have no brain injury waiver and only a very small number of people with brain injury will be served under the provisions of the Department of Justice settlement.

3. Why are these funds critically needed?
    a. Funds would be used to bring all programs up to minimum funding levels, re-fill and create positions, build capacity, and start moving vulnerable Virginias from long waiting lists.
    b. DARS has been working with providers to identify an outcomes documentation and oversight system; one has been identified, but neither DARS nor providers have the funds to implement it, especially after years of stagnant funding.
    c. All stakeholders want to manage programs efficiently and effectively and place resources where they are most needed. Data collected through a modernized outcomes management system and an outreach/technical assistance program will provide accurate fiscal, policy and program information and facilitate informed analysis and decision-making.

BRAIN INJURY BUDGET AMENDMENT REQUEST: ITEM # 307 1S PATRON: SENATOR TODDY PULLER

$2.5 million appropriation for DMAS to create Neurobehavioral Pilot Program to:

- issue an RFP for a pilot program for a 20 bed neurobehavioral treatment unit in either a licensed nursing facility or residential treatment center
- establish a Medicaid payment rate through the RFP process to allow the development, and sustain the operation, of the successful RFP applicant's neurobehavioral residential treatment program.

1. Problem/Statistics:
    a. Approximately 20 individuals have been sent to a nursing facility in Massachusetts, because they could not receive the care they need in Virginia; 10 are currently there.
    b. The average operating per diem rate for Massachusetts placements in FY2012 was roughly $200 more per day than the average Medicaid operating ceiling rate caps for Virginia nursing homes.
    c. The FY 2012 average total per person cost for out-of-state nursing facility placements was $101,480; the total spent was more than $2 million.

2. Four options:
    a. Do nothing.
    b. Commission another study. The brain injury community has 20 years of studies that say we need this program. The issue does cross disability lines, affecting anyone experiencing behavioral challenges as a result of their disability
    c. Approve budget language that would require DMAS to spend the money they are currently spending in Massachusetts in Virginia and bring these people home
    d. Approve budget amendment of $2.5 million of new money to facilitate the development of a program, eventually returning those in Massachusetts to Virginia and adding beds for others to receive treatment.

3. Other factors:
    a. Individuals with brain injury are in jails across the Commonwealth because there is nowhere for them to go.
    b. One of Senator Watkins' constituents is in Massachusetts right now. One of Senator Hanger's constituents died there, and because at that point he was no longer an eligible Medicaid recipient, DMAS could not pay to bring the body home.
    c. DMAS is supportive of creating a program if provided new money to do so.

4. Why should we create a neurobehavioral unit in Virginia?
    a. Families are fractured and left unable to participate in rehabilitation when loved ones are sent out of state; family involvement is a predictor of success and positive outcomes in numerous studies.
    b. Jobs would be created and a number of significant efficiencies and cost savings could be realized.