

COMMENT Log
Traumatic Brain Injury Waiver (TBIW) Application
Public Comment Period: February 14, to March 17, 2025

<u>Number</u>	<u>Date Received</u>	<u>Comment</u>	<u>Status Result</u>
1	2/25/2025	<p>General Comments:</p> <p>I would like to say that being able to work as a field nurse in the WV Personal Care Program/ADW/TBI PROGRAM is a blessing to me and the community!</p> <p>Our forgotten elderly, our stroke victims, our injured neighbors and our recovering drug addicts (which every WV family has been traumatized by with this sad era in our history by pharmacy companies' greed) that need just a little assistance, encouragement and respect, to help remain safe in their homes. THIS PROGRAM provides that support that they to be able to function safely in their homes and communities!</p> <p>Thank you for supporting them. Thank you for allowing me to be able to be your 'hands extension' to them that are fortunate to benefit from this HELPFUL PERSONAL CARE/ADW/TBI PROGRAM!</p> <p>Thank you</p>	<p>No Change: Comment does not include policy recommendations for changes.</p>
2	3/12/2025	<p>Appendix B-3: Number of Individuals Served</p> <p>a. The waiver renewal application does not include an increase in the number of individuals who can be served over the five years of the application period. The number of unduplicated slots (102) remains the same as the last two years of the current approved application period.</p> <p>Appendix B: Participant Access and Eligibility</p> <p>b. The Council appreciates the waiver application reserves slots for individuals who are institutionalized in a facility such as nursing home, hospital, or Institution for Mental Disease (IMD). The individual must reside in a facility for at least 60 consecutive days to qualify. The Council would like to see no time limit for individuals</p>	<p>a. No Change: BMS reviews/ evaluates slots regularly to determine if a waiver amendment for increases is needed.</p> <p>b. No Change: The requirement of an individual residing in a facility for at least 60 consecutive days to qualify applies to the Take Me Home (TMH)/ Money Follows the Person Initiative (MFP) Programs and the services they</p>

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		who are institutionalized. The use of priority mechanisms for those who have been institutionalized for a longer period of time or those who are more vulnerable and at risk in those settings would better meet the needs of the individual.	provide as part of a transition. The timeline is a requirement set by CMS for all MFP Programs. It was lowered in 2022 from 90 days. If an individual is in a facility and applies for the TBIW and does not want to go through the TMH/MFP program, they can begin to use their services whenever they are ready and have returned to their home setting.
3	3/12/2025	Appendix C-1/C-3: Service Specification (Personal Care) The Council recognizes and appreciates that relatives of the Member can provide personal attendant services. This is especially crucial during this time of instability in the direct care workforce.	No Change: Comment does not include policy recommendations for changes.
4	3/12/2025	Appendix E-1: Participant Direction of Services The number of Members who can participate in self-directed options from 40 to 50 Members over the five years of the renewal application.	No Change Comment does not include policy recommendations for changes.
5	3/12/2025	General Comment: Array of Services and Respite Since 2015, this waiver has increased the types of services that are covered from three to nine. We appreciate the improvements so eligible individuals can receive the services they need. One area of concern is the lack of respite services. Members and family/other natural support caregivers would greatly benefit from the addition of respite services. The Council recommends this be considered for this and future applications.	No Change: For the purposes of this waiver renewal, a change to include respite service will not be made. BMS will take this under advisement as we work through future amendments.

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6	3/17/2025	<p>Appendix B-3: Number of Individuals Served</p> <p>a. Increasing the number of unduplicated slots over the five-year period to meet possible increased demand is recommended.</p> <p>General Comment:</p> <p>b. The addition of adult rehabilitation services is recommended.</p>	<p>a. No Change: BMS reviews/ evaluates slots regularly to determine if a waiver amendment for increases is needed.</p> <p>b. No Change: For the purposes of this waiver renewal, a change to include adult rehabilitation service will not be made. BMS will take this under advisement as we work through future amendments.</p>
7	3/17/2025	<p>Appendix C: Participant Services</p> <p>a. The area of greatest need for those who have sustained a TBI in WV is the need for brain injury specific, community-based, residential rehabilitation. Outpatient rehab (from therapists who are trained on rehabbing injuries like rotator cuff tears and/or hip replacements, etc.) which is currently the only option for rehab for folks with a TBI in West Virginia.</p> <p>General, outpatient rehab is woefully insufficient for individuals who have cognitive disabilities, impaired judgement, issues with impulse control, and/or any number of other cognitive deficits that can only be rehabilitated successfully by a therapist trained specifically on how to rewire severed axonal connections that are an inevitable result from diffuse axonal injury. Residential brain injury specific rehabilitation is a Medicaid covered service in many states, including even contiguous states. In a state where the vast majority of nursing homes won't accept anyone with a TBI, housing for people with brain injuries is a crisis situation for those families. There is also a significant need for outpatient brain injury specific</p>	<p>a. No Change: For the purposes of this waiver renewal, a change to include community-based residential rehabilitation, outpatient rehabilitation service will not be made. BMS will take this under advisement as we work through future amendments.</p>

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		<p>rehab, day programs that can also provide rehab are needed, such as, for example, the clubhouse model of rehabilitation that Virginia offers. On behalf of the entirety of the brain injury community in West Virginia, I would respectfully request that decision makers consider the uniqueness and complexity of the brain and the nature of a brain injury as compared to any and every other disability or injury for which Medicaid currently covers specialized rehabilitation as a service. WV shouldn't expect a therapist who lacks highly specialized training in brain injury to successfully rehabilitate a TBI any more than it would expect a physical therapist to rehab a swallowing issue.</p> <p>Appendix B: Participant Access and Eligibility</p> <p>b. Additionally, in a state ravaged by the opioid epidemic, there is a severe need to expand services to brain injuries other than just traumatic, like for example, anoxic brain injuries that are often the result of an opioid overdose.</p>	<p>b. No Change: Currently, West Virginia (WV) legislative code only recognizes anoxic brain injury due to near drowning. If WV code is changed or amended, the TBIW program will consider policy changes to reflect WV code.</p>
8	3/18/2025	<p>Appendix C: Participant Services</p> <p>a. The WV TBI services program conducts Needs Assessments for the TBI community, identifying what needs are most pressing that are not being met. Data from these assessments consistently shows that access to TBI-specific rehabilitation is a continuing need for the community. In particular, cognitive-based services present a major gap. Of all services assessed, cognitive-based services holds the highest difference between reported need and services received (a 48% gap between the two). Including TBI-specific</p>	<p>a. No Change: Please refer to response to question 7's <i>No Change</i> response "a." above regarding outpatient rehabilitation, etc.</p> <p>The TBIW previously offered Cognitive Rehabilitation Therapy (CRT) as a service. Due to no utilization and lack of providers, the service was revoked.</p>

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		<p>rehabilitation in the 5-year application would help narrow this gap and address one of the most pressing needs of the TBI community.</p> <p>Appendix B-3: Number of Individuals Served</p> <p>b. Screening for TBI is beginning to be implemented across other organizations and agencies throughout WV. Early numbers from these screenings suggest a high prevalence of TBI across vulnerable populations, such as those with substance use disorders. As the TBI screening infrastructure increases in the state, the number of those who may qualify for and need TBI waiver services may also increase. As such, the currently allotted number of slots, 102, may be insufficient to meet the needs of the program within the next five years.</p>	<p>b. No Change: BMS reviews/ evaluates slots regularly to determine if a TBI waiver amendment for increases is needed.</p>