Senate Joint Resolution 80, introduced by Senator Ruff in 2014, required the Joint Legislative Audit and Review Commission (JLARC) to review progress made in implementing the recommendations from the 2007 JLARC staff report *Access to State Funded Brain Injury Services in Virginia* as well as to made additional “recommendations for increasing access to brain injury services” in the Commonwealth. Senate Rules Committee members requested the Joint Commission on Health Care (JCHC) complete the review and Senate Joint Resolution 80 was continued by voice vote.

**General Issues for the 2015 JCHC Study**

Unintended consequences of eliminating the brain injury registry

* Hospitals report brain injury information to Virginia Department of Health Statewide Trauma Registry (VDHSTR).
* Patients not admitted to inpatient status do not need to be reported.
* Brain injuries may be misdiagnosed or overlooked because symptoms may not be apparent until weeks after the injury (JLARC 2007 Study Presentation Slides, pg. 51). How might reporting requirements to the VDHSTR be impacted when cases fall into this category?

Need for additional community based services

* Community Service Boards (CSBs) and formulation of uniform policy with regard to evaluation and treatment of brain injury survivors in crisis. Tracking of individuals who do not meet CSB criteria for evaluation could help to determine the magnitude and nature of the need for additional community-based services.

Unmet need for intensive neurobehavioral treatment and residential services

* “State may want to first address needs of those with most severe impairments” (JLARC 2007 Study Presentation Slides, pg. 59)
* Single case agreements (SCA) for Medicaid recipients could address treatment gaps in light of no publically funded neurobehavioral treatment program.
* Recommendations from upcoming Neurobehavioral White Paper will guide framing of policy options presented at the October, 2015 JCHC meeting.

Reconsideration of a Medicaid waiver for brain injury

“Moving to waiver redesign of the ID, DD, and EDCD waivers, there are some services that are more generous than needed while some needed services have been left out. It has become clear that it would take too long to redesign the waivers in order to combine them, so the plan is to make them interlocking and interlacing. It is critical to get through the waiver process soon” Summary of Remarks made by Secretary Hazel, JCHC 6/17/15 Meeting Minutes.

* Develop an official fiscal impact statement for a small pilot 20 bed neurobehavioral intensive care waiver which could still be of value. JCHC will coordinate efforts with the Virginia Disability Commission workgroup on prior work regarding funding options. The workgroup generated an unofficial estimate for a brain injury waiver of $65,000 per person per year to fund 200 slots (persons starting at age 16); total cost of $4.88 million in state funds.
* Review use of Commonwealth Neurotrauma Initiative Trust Fund (CNI) revenue which has declined in recent years.

**Questions for State Agencies and Matrix**

Responses to questions will be summarized in a matrix format. The objective is to evaluate the extent to which the responses translate into increased access to brain injury services. Another objective is to identify whether or not financial resources are being maximized and leveraged effectively across state agencies.

**Responses to Questions from JCHC Members**

**Senator John Miller - How many publically funded neurobehavioral treatment programs exist?** Although 21 states administer TBI waiver and Medicaid Home and Community Based (HCBS) waiver programs to support individuals with TBI, there are only five states (Illinois, Kansas, Massachusetts, Maryland, and Minnesota) that fall into the category of “publically funded neurobehavioral programs” because they specify “traumatic brain injury rehabilitation facility” or “neurobehavioral hospital” as level of care once the person is assessed and determined eligible.

**Delegate Kaye Kory - What post-secondary educational initiatives exist for students with disabilities in the Commonwealth?** Online concussion education for student athletes and parents, efforts to build a centralized injury surveillance system to inform evidence based prevention strategies, and development of a web-based protective equipment education module.