

## **Brain Injury Waiver Proposal Concept Paper**

### **Overview**

Nearly eleven years ago, the Michigan Department of Community Health formed a group to begin the process of evaluating the potential for a program specifically geared toward the needs of persons who have suffered a brain injury (BI). Members of the group included staff from the Medicaid program, advocates and consumers from the BI community, BI providers, representatives from the mental health community, and other state departments that served persons with a BI. After extensive discussion and research, the workgroup reached the conclusions that persons with a BI are underserved by the existing patchwork system of services and that the lack of a cohesive and comprehensive program ultimately cost both consumers and the state.

The workgroup suggested the development of a Home and Community-based Services waiver in the state Medicaid program under authority of §1915(c) of the Social Security Act. Unlike the other waiver programs available in the state, this program would focus services and supports specific to the needs of the BI population. The provider network would be constructed based on their experience and expertise in addressing the unique circumstances of persons with a BI.

A proposal was submitted to CMS in 2008 but was returned with questions and was placed on a waiting list for revision secondary to other MDCH priorities. While it is acknowledged that the TBI Medicaid Waiver was updated in 2011, this concept paper is based on information available in 2008.

In 2014, MDCH reinitiated Hearings to update the Brain Injury Waiver. Members attending the Hearings included staff from the Medicaid program, advocates and consumers from the BI community, hospital discharge planners, BI acute rehab providers, representatives from the waiver agent community, and other state departments that served persons with a BI.

### **The Statistics: BI in Michigan**

The Michigan Public Health Institute (2011) has estimated that annually over 12,000 Michigan residents will sustain a traumatic brain injury resulting in hospitalization. Approximately 56% were over 14 and under 65. 29% were injured in traffic related crashes. With an estimate that 15% were uninsured and ineligible for comprehensive auto no-fault benefits, this brings the number closer to 25% with comprehensive coverage. With this data we can assume that 5,040 people injured each year with TBI have limited health insurance resources for after hospital services (MPHI 2011). Approximately 9,000 persons acquire a BI each year that are under the age of 65 (StrokeAssociation.org).

- **Approximately 14,000 people are hospitalized each year with brain injury.**

### **Opportunity: Remove barriers identified through operation of the MI TBI MOU**

Those endorsing this concept paper recognize that barriers were placed in the admission and eligibility criteria for the TBI MOU program which excluded most Medicaid beneficiaries that applied, required a lengthy preadmission screening/eligibility process, and set rates for post-acute providers below cost of care. With this proposal, we hope to solve some of these problems:

#### **1. Participant Barriers:** Recommendations to open access

- Change Traumatic Brain Injury to Brain Injury. TBI is too limiting for the population in need and who are transferred to nursing facilities.
- Change criteria from 15 months to 24 months or if a Michigan licensed physician has determined that the participant's condition has changed in the last 3 months requiring BI Waiver services to maximize outcome. (barrier is too short from onset to program admittance.)
- Remove criteria that participants be awake and alert 10 hours per day. This is a barrier since some candidates have reduced arousal and alertness that can be medically treated during the post-acute program.
- Remove criteria that participants have achieved activities of daily living (ADL) independence with stand by assist. This is a barrier since some candidates may have short or long-term physical disability.
- Change criteria of Ranchos Los Amigos Scale from 5-6 to 4. This is a barrier in that hospital stays are shorter. Some candidates recover more slowly and discharge planners cannot wait for the progressive recovery.
- Change from 18 and older to 16 and older. This is a barrier because of the high number of 16-18 year olds injured. Schools are not required to provide therapy except as it relates to classroom participation and most school-based therapists are not specialized in treating brain injury.
- Remove criteria for maintaining new memory. This is a barrier because some candidates may continue to have memory problems but environmental accommodations and compensatory strategies are part of the rehabilitation process.
- Provide exception to criteria that the participant use a CARF Accredited Brain Injury Provider for comprehensive outpatient/day treatment and home and community services when the participant lives outside of a reasonable travel distance. Use CBIS certified providers in a licensed or accredited healthcare program, in lieu of CARF Brain Injury Accreditation This is a barrier due to service access.
- Add timely, clearly defined and communicated appeal process for admission and program extension denials, This is a barrier because persons referred and their family members do not have an appeal process when a person is determined to not qualify or

needs extended services. 'Timely' should be defined, but needs to be reasonable for hospital discharge planning purposes.

- Require MI Choice involvement to identify the community based discharged location. This is a barrier because a participant who desires to live in the least restrictive setting should legally have that opportunity (Olmstead Decision).
  - Remove unwritten criteria that the participant cannot have dual diagnosis of mental health or substance use. This is a barrier because of the high number of candidates with dual diagnosis that need to be treated concurrently.
- 2. Acute Care/Rehab Provider Barriers:** Recommendations to reduce transfers to skilled nursing facilities
- Set target 5 days or less for length of time from referral to the BI Waiver to acceptance. Acute care, including acute rehabilitation, providers have dramatically reduced their length of stay. Nationally, length of stay for brain injury in acute rehab is under 13 days. Discharge planners cannot wait for a lengthy assessment and approval process.
  - Change Neuropsychological Evaluation to Physical Medicine and Rehabilitation Physician or Neuro/Rehab Psychologist Recommendation Letter. Referring providers have difficulty obtaining neuropsychological evaluations because of cost and time constraints.
- 3. CARF Accredited Brain Injury (Post-Acute) Provider Barriers:** Recommendations to reduce barriers to BI Waiver participation
- Establish working partnerships between Rehab providers and MI Choice Waiver providers who can quickly help establish a discharge location in the community. This is a barrier because "No identified Discharge Plan" means that BI participants are transferred to nursing facilities.
  - Align Medicaid reimbursement with actual cost of care. CARF accredited brain injury rehabilitation providers can only accept a limited number of Medicaid Waiver funded participants. Allow providers to develop plans of care that are outcome based rather than hours of care based. If 21 hours is required, the 21 hours should also include such services as therapeutic groups, recreational, vocational, cognitive therapies, psychiatry and drivers rehabilitation.
  - Make special reimbursement provision for participants who have special needs. One-to-one supervision due to agitation/violence or suicide watch, need for specialized equipment rental, and other special needs may limit admission of otherwise appropriate candidates.
  - Include annual cost increases in line with increases to skilled nursing facilities for providers who accept BI Waiver participants.

## **Brain Injury Waiver Goals**

Michigan is committed to providing the highest quality care to its residents who have sustained a BI who, but for the provision of these waiver services, would be served within a nursing facility or another institutional setting. Currently, post-acute care is provided by a collage of service providers that include Medicaid state plan services, the MI Choice waiver, Community Mental Health programs, the Home Help program, and a variety of other programs. None is singularly equipped to address the complex needs of the BI population.

This absence of an organized system of care means many persons with a BI do not receive the therapy and rehabilitation that is necessary to maximize their recovery potential. They never realize the independence they might otherwise achieve. The resulting costs to the state are significant. These beneficiaries utilize a far greater amount of expensive services to fill in the void. Increased hospitalizations, emergency department visits, and nursing facility placements are just some of the economic aftershocks of inadequate initial care and rehabilitation.

## **Elements of the Brain Injury Waiver Program:**

The Michigan BI Waiver Program is to be structured as an Organized Health Care Delivery System (OHCDS) in which an independent contractor acts as an agent for the state and enrolls providers into a health system specializing in BI. The agent is responsible to assure provider qualifications. Likewise, the agent will assure that health and welfare of our participants are assured through the plan of care.

### ***Proposed Population:***

The waiver program is aimed at the following

- Medicaid beneficiaries age 16 and older who meet the nursing facility level of care as determined by the Michigan Level of Care Determination tool.
- The participant must have sustained a qualifying brain injury within 24 months of admission into the program or a Michigan licensed physician has determined that the participant's condition has changed in the last 3 months requiring BI Waiver services to maximize outcome.
- Financial eligibility mirrors that of the MI Choice waiver with income eligibility up to 300% of the SSI Federal Benefit Rate.
- Participant desires to live in a least restrictive setting

### ***Proposed Services:***

The Michigan BI Waiver Program will offer three groups of services. While participants may use the services as a continuum, not all Michigan BI Program participants must enter through the Transitional Residential Rehabilitation (TRR) program. In fact, some participants may

choose to live at home and receive intensive services through a CARF accredited outpatient/day treatment program or at home with a CARF accredited home and community services provider. Other participants may not require the intensity of a comprehensive brain injury rehabilitation program, but would benefit immediately from the home and community-based supports.

### **1. Transitional Residential Rehabilitation (TRR) Services (former TBI MOU Program)**

TRR Services are often required for persons recovering from a BI immediately upon discharge from an acute care facility or nursing facility. Services are geared toward comprehensive rehabilitation of the participant and education of the family/support system. Experience with BI indicates that this type of treatment given early post-injury is crucial in improving the longer-term prognosis of the participant. Providers of Transitional Residential Rehabilitation Services must be CARF accredited in Brain Injury Residential Rehabilitation and have the expertise and experience to treat this highly specialized and complex population. Twenty waiver slots are identified for this service to ensure there is available capacity for persons transitioning from acute care facilities.

### **2. Comprehensive Community-Based Treatment**

The BI waiver will provide home-based rehabilitation, such as physical, occupational, and speech-language pathology therapies that are specifically geared toward treating BI. Providers of Home and Community Services will be CARF accredited in Brain Injury Home and Community Services and have the expertise and experience to treat this highly specialized and complex population.

As participants move into a more independent community living arrangement, they frequently require continuing rehabilitation and therapy. For persons requiring a more concentrated regimen, comprehensive outpatient/day services, home and community based services will be available. The waiver will also offer vocational rehabilitation for participants who might one day be able to rejoin the workforce. Providers of Comprehensive Outpatient and Home and Community-based services will be CARF accredited in Brain Injury and have the expertise and experience to treat this highly specialized and complex population.

Both comprehensive outpatient/day treatment and comprehensive Home and Community Services programs should be based on comprehensive care plan and reimbursed on a per diem basis.

### **3. Home and Community Supports (HCS)**

Home and Community supports are often routinely needed to support persons with basic and advanced ADL challenges in a home environment such as shopping, meal planning, medication management, budgeting, and transportation. These services would include personal care, home delivered meals, personal emergency response systems,

environmental accessibility adaptations, training for unpaid caregivers, etc. Care coordination will be provided by a certified brain injury specialist (CBIS).

### *The Brain Injury Waiver to MI Choice Waiver Progression*

This BI Waiver is designed to serve individuals for the first several years post-injury. Many persons will have progressed sufficiently in their recovery to require only community supports to live independently or even with no supports at all. To keep waiver slots available for persons needing BI-specific services, the BI waiver will transition participants to Michigan's MI Choice waiver. Participants who might need more than 24 months of BI-specific support may request a BI waiver extension that will be reviewed by MDCH, with an appeal process clearly defined. This also may be important for persons with brain injury who develop neurobehavioral complications or who experience a change in their family/community support system.

This waiver will be developed to serve 20 persons concurrently in transitional residential rehabilitation. Given an estimated 120 day length of stay, approximately 60 persons could be served in any given year.

This waiver will be developed to serve 20 persons concurrently in comprehensive community-based treatment. Given an estimated 120 day length of stay, approximately 60 persons could be served in any given year.

This waiver will be developed to serve 60 persons concurrently with home and community supports. Given an estimated 16-20 months length of service, up to 60 persons could be served concurrently in any given year.

### *Qualification of Providers*

Michigan recognizes that treating persons with a BI is a very specialized form of medical rehabilitation requiring specialized training and experience. This population poses unique challenges stemming from the combination of physical, cognitive, and behavioral sequela. It is the intent of the BI Waiver Program to identify providers with such expertise and build a network that will provide the best care possible. Even non-medical rehab personnel will need some level of BI training.

The criteria that the participant use a CARF Accredited Brain Injury provider for comprehensive outpatient/day treatment and home and community services when the participant lives outside of a reasonable travel distance needs to include an exception process. In these situations where travel distance is an issue, Certified Brain Injury Specialist (CBIS) certification and licensure/accreditation by the professional's employer should be in lieu of CARF accreditation for providers including waiver agents/case managers.

### *Quality Improvement Strategy*

While the BI Waiver Program is new to Michigan, the quality improvement strategy is not. The QI proposed in the waiver closely follows the successful strategy used for years in the MI Choice waiver. This will allow the quality assurance functions to meld administratively to yield a somewhat transparent operation while taking advantage of a proven system. Since the proposed waiver is quite small, MDCH feels this is the best way to assure that quality considerations are not shortchanged.

Provider qualifications will be assured by certification and/or accreditation which inherently include quality assurance processes for the provider organization.

### *Timelines*

MDCH and the BI provider and stakeholder community have been developing and discussing the proposed waiver for a number of years. Focused preparation of the application is well underway. It is hoped that the review process can be completed and the application is soon submitted to CMS.

Endorsed by:

Brain Injury Association of Michigan

Eisenhower Center

Hope Network Rehabilitation Services

Lighthouse Neurological Rehabilitation Center

NeuroRestorative Michigan

Origami Brain Injury Rehabilitation Center

Owen Z. Perlman, MD, Associates in Physical Medicine and Rehabilitation

Rainbow Rehabilitation Centers, Inc.

Rehab Without Walls

ResCare Premier

Special Tree Rehabilitation System