

## NEW TBI PROGRAM DIRECTION

### **Background:**

For nearly ten years, MDCH has been in the process of developing and writing a waiver to serve persons with a traumatic brain injury (TBI). MDCH wrote the original draft waiver in December 2006. MDCH submitted an updated draft to the Centers for Medicare and Medicaid Services (CMS) in September 2011, but recalled that submission shortly thereafter. Governor Snyder included funding for a TBI waiver program in his 2012 budget. The purpose of having a TBI waiver program was to convert the current TBI Memorandum of Understanding (MOU) process to an official program, provide the specialized services and supports this population needs to improve their lives, and better monitor the long-term outcome of program participants. The TBI providers, advocates, and organizations have been heavily involved in the development of a waiver program from the beginning and are supportive of MDCH.

### **Recent History:**

With the approval and successful implementation of the MI Choice waiver application in October 2013, the Home and Community Based Services Section decided to resurrect the TBI waiver application. It was apparent that the work done in 2011 would need revisions for several reasons:

1. CMS changed the waiver template,
2. The application was closely tied with the pre-managed care MI Choice program
3. CMS released new regulations regarding home and community based settings and person-centered planning, and
4. The stakeholder input was nearly five years old.

We held six stakeholder meetings between July 2014 and January 2015. During these meetings, we explained the CMS changes, provided options about how to revise the previous work, and gathered input from providers and advocates.

Over the course of these meetings and subsequent internal discussions, it became apparent the best strategy would be to make major revisions to the original waiver structure. These revisions were driven largely by the following facts:

1. The proposed size of the program continues to be at about 100 slots annually, which is not conducive to a managed care environment.
2. The State has a very limited budget for these services.
3. The settings in which the intensive rehabilitation needs to occur may not meet the new home and community based settings requirements, which are applicable to 1915(c) waiver programs.
4. The home and community based services originally proposed for the post-rehabilitation and stabilization period are already available through other Medicaid-funded programs.

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### Next Steps:

**1. Secure Leadership Approval**

An 1115 Demonstration application needs the approval of the Governor, so MDCH must secure this prior to submitting the application to CMS. First, we must secure support from MSA and MDCH MSA leadership including Nick Lyon and Stephen Fitton.

**2. Name the program**

If we include ABI's in the program at all, we no longer have a TBI program. We need to find a name that properly reflects the population served, but does not include the term "Health" in the title to distinguish it from Healthy Michigan and MI Health Link.

**3. Write the 1115 Demonstration**

MDCH needs to write the 1115 demonstration. Much of the information from previous waiver applications can be re-used, but other portions will need to be developed. This should be completed by the end of April.

**4. Identify a budget for this program.**

The previous budget was at approximately \$1.5 million. MDCH is researching to determine if there is still a placeholder on the MDCH budget for a TBI demonstration.

**5. Hold Public Hearings**

MDCH must hold at least two additional public hearings after drafting the demonstration application to receive public input.

**6. Update CHAMPS**

Changes need to be made in CHAMPS to properly authorize services, approve claims, and enroll providers.

**7. Submit the Application**

The latest date for submission with a January 1, 2016 effective date would be October 1, 2015.

**8. Develop a Qualified Brain Injury Program Chapter for the MPM**

The demonstration application needs to be converted to Medicaid policy. Policy may require more details than the demonstration application.

**9. Implement the Program**