

Michigan Department of Community Health
Traumatic Brain Injury (TBI) Waiver Stakeholder Meeting

Meeting Minutes

January 8, 2015
10:00 a.m. – 12:00 noon
Capitol Commons Center – Lower Level

Final Meeting – Open Discussion

Facilitators: Carol Hansen and Elizabeth Gallagher

MDCH: Tiffaney Romulus, Jacqueline Coleman, Heather Slawinski, Heather Hill

Attendees: Dana Rogers (UofM Rehab), Tammy Goulding and Shannon Swick (Rehab without Walls), Joe Richert (Special Tree Rehab), Tracie Sebastian (Neuro Restorative), Kimberly Stowe and Lauren Costello (Sparrow Hospital), Kathie Sell (BIAMI), Steve Velzen-Haner (HHS Waiver Agent)

Via Phone: Lisa Clevenger (Rainbow Rehab), Tammy Hannah (Origami Rehab), Myra Raymos (Rescare), Gina Bey (NEMCSA Waiver Agent), Sandra Ross (AAA1B Waiver Agent), Kerry Williams (Reg. VII Waiver Agent), Vicki (Michigan Brain Injury Provider Council)

I. Welcome and Introductions – Carol Hansen

II. Open Discussion

Carol – Any questions?

Q: Can MDCH share where we go from here?

A: MDCH has had internal meetings. The general process now includes internally drafting the waiver application and putting it out for public comment for 30 days to gain feedback from stakeholders. Along the way, MDCH would reach out to stakeholders if we had questions while working on application. Once draft submitted, CMS has 90 days to review. By the 45th day, CMS sends any questions they may have to MDCH.

Q: If we are moving towards a broader waiver, will we contact waiver program, or who will triage calls? Will we call Carol directly as is now?

A: Not sure at this point. Process may be similar or stay the same. Also, there has been discussion of lowering age to 16, still unsure at this point.

Q: When we had first waiver, Governor Snyder put in money for the waiver but the waiver did not happen. Are we thinking this will be done by May and that we will ask for funding for the next fiscal year?

A: There is no answer yet but MDCH emailed the budget office, need to follow-up. Since there was a budget in the past, money should still be on the books and needs to be confirmed.

Q: Is MDCH still trying for the waiver to be effective for this fiscal year?

A: It will be closer to the middle of next fiscal year.

Q: When we have CMS approval, since we are asking for broader services, are we asking for more money? Is the budget the same now as before?

A: We are not sure as of now.

Q: Still looking for clear understanding of what a waiver agency would do. Can you please explain?

A: MDCH will need to wait until the waiver is written because we are taking information from the stakeholder meetings and still need to make some decisions. There could be additional stakeholder meetings to explain details later on, and the details would be seen during public comment.

Q: Does MDCH anticipate back and forth with CMS?

A: We usually hear from CMS within 45 days and we will likely have meetings back and forth because CMS wants to know exactly how the program is run. CMS will want to know what stakeholder feedback we received.

Comment: In Maine, there was a lot of back and forth with CMS regarding conflict-free case management.

Response: Conflict-free case management is no longer a new concept from CMS and Michigan has had conversations with CMS regarding this topic. We have a better understanding of it at this point.

Q: Can MDCH give feedback regarding the concept paper and any thoughts related to that?

A: We read and understand it. Some decisions would have to be made at higher levels, such as how much we would need to change from the previous version of the waiver.

Q: Does MDCH know if age limit or Rancho scale will change?

A: The cost of the waiver would change and this is part of the issue at this point. These are things we need upper management to sort out. We have pros and cons and need to have a pointed discussion.

Q: Who will make the decision to approve suggestions?

A: Every change suggested comes down to dollar amount and whether we can support the changes with our budget. Higher level policy people will have to make the decisions.

Q: Do you need us anymore?

A: That is up to you. This is an open forum today and there may be questions needing to be answered. That is why we are having this meeting. CMS does ask if we get feedback from stakeholders.

Comment: The concept paper sums up a lot of what stakeholders feel.

Comment: Waiver agencies will need to be creative and have strong case management because of how money needs to be used for people with TBI. More funds that go into administration means less money into TBI care. Let's not eat cost on front end but put more into patient treatment because we have limited amount of money.

Comment: When thinking about waiver, even though it is about money, historically money has not been spent and beds not filled. We should make sure we have the right people go into slots. The more restrictive the waiver is, the less opportunity to help people.

Response: Getting input helps us with our discussion with upper management to argue for more money, etc. Having the concept paper as talking points to move forward will help us to get the most out of the program.

Q: Will the new waiver program be able to get authorization for more funds we go over for the allotted amount for clients?

A: MDCH cannot answer because unsure right now. There are ways to get more money but depends on how arranged with budget office.

Comment: MDCH had an original timeline to write and submit the waiver in March and have it out for public comment. This timeline may be revised due to some of the changes requested from stakeholder meetings. Waiver application writing needed to be on hold to get input. MDCH will start writing the application now.

Q: How many TBI clients are there for the MOU program now?

A: There have been a lot more recently. We anticipate serving more people this year. Numbers go in spurts.

Comment: Carol wants a service subgroup because not sure how certain programs work outside of MI Choice.

Comment: Waiver agency perspective – understand the concerns. What the waiver agency does can be seen as administrative. However, there is a lot of reporting requirements the state has for CMS. Waiver agencies have in place already to report back to the state. HHS has worked with the TBI program for about 4 years and has some sensitivity and knowledge on brain injury. There is specialized staff to work with the TBI population. Have housing coordinators, big provider network, and are connected to other community resources. This expands that access. Agree that there should only be a few specialty people working with the TBI population. If have to cover larger region, willing to do that. We are extension of HHS when it comes to being a waiver agency and we assure reporting is fulfilled. If you as a brain injury provider need to know other unique requirements needed for a waiver, it takes a lot of overhead and would have to be built into any provider responsibility. Heather discussed some of these responsibilities in quality discussion.

Comment: From a provider standpoint on reporting, because of CARF, feel that TBI providers are already at 90 to 95 percent on the right track.

Comment: Heard that the biggest concern is that this is already a program that on a good day barely breaks even. If reimbursement starts to be taken away, worried that program will become financially insolvent. That is driving uncertainty behind what that might mean for TBI providers if a 3rd party is inserted in what is now a two party process. This concern is not addressed in the concept paper. Would appreciate clarification on what role is.

Response: MDCH is aware of this concern and will clarify when able.

Q: What is the current cost in administration for a TBI client?

A: A ballpark figure of cost per client to provide service is \$500 to \$750 a month for admin. This is per person and includes supports coordination. Not sure of true cost of TBI client, more involvement would push it on higher end.

Comment: Rates for MI Choice are set up to assume 3 percent of capitation rate is for admin, not including supports coordination.

Comment: TBI waiver will be written different than MI Choice waiver and whatever entity is chosen may have different responsibilities than MI Choice waiver agencies. They may not have as much to do as agencies do right now. If MI Choice agency chosen, already have some efficiencies in place that would not increase cost much more.

Q: Is having a waiver agency a CMS requirement?

A: State determines how waiver is administered and what is delegated to other entity chosen. Could be other entity and not a waiver agency. CMS has added sections to the social security act to give different options on how to administer the waiver.

Q: Is the entity there to help ensure that we are compliant with CMS guidelines and that the program is operational?

A: Yes

Q: What happens if the state is out of compliance?

A: If waiver program is not in compliance, the federal government can take back money. Last year feds paid 63 cents for every dollar spent. They can freeze enrollment of waiver, but will try to work with states because CMS understands participants need services. Can withhold federal match, and can shut waiver down. CMS tries to first work with states before penalties.

End of discussion.

Final thought: MDCH will use the concept paper to discuss with upper management. Thanks for input, it is very valued because now we have more to consider and will have a better program in the long run.