

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

Meeting Minutes

December 8, 2014

10:00 a.m. – 12:00 noon

Capitol Commons Center – Lower Level

Quality Management and Critical Incidents

Facilitators: Carol Hansen and Heather Slawinski

Attendees: Steve Velzen-Haner; HHS; Kerry Williams, Region VII AAA; Joe Richert, Special Tree Rehab Center; Lauren Costello, Sparrow Hospital; Kimberley Stone, Sparrow Hospital; Tammy Hannah, Origami Rehab Center; Rob Vandegutche, Mary Free Bed Hospital; Shannon Swick, Rehab Without Walls; Tammy Guilding, Rehab Without Walls; Cheryl Burda, Brain Injury Assoc. of MI; Stephen Eiben, Life Skills Village; Margaret Kroese, Hope Network Rehab Center; Tracie Sebastian, Neuro Restorative; Melissa Lubbers, Sipona and Associates; Della Bolden, HHCS; Diane Hawkins

MDCH Staff: Carol Hansen, Heather Slawinski, Tiffaney Romulus, Amy Willing, Brian Barrie

VIA Phone: Gina Bey, NEMCSA; Peggy Allen Brock, Michigan Brain Injury Provider Council; Lynn Brouwers, Rainbow Rehab Center, Jess Fradettes, ResCare

I. Welcome – Carol Hansen

II. Presentation on MI Choice Quality Management and Critical Incidents – Heather Slawinski (Refer to PowerPoint presentation slides for detailed information)

Additional notes regarding presentation:

Quality Assurances

- There are seven assurances and additional sub assurances required by CMS
 - Performance measures are required for each of these
- MI Choice uses a Clinical Quality Assurance Review (CQAR) and an Administrative Quality Assurance Review (AQAR) to evaluate performance measures
 - MI Choice also uses a satisfaction survey to collect participant quality data
- Level of Care
 - Keep in mind must be conflict-free level of care
- Service Plan
 - In MI Choice, CQAR used to review this
 - Nurses look at records
- Qualified Providers
 - In MI Choice, MDCH contracts with waiver agencies, and waiver agencies contract with direct service providers
 - MDCH has oversight

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- CMS very big on participant choice
- Health and Welfare
 - Related to critical incidents and very important to CMS
 - Prevention of further future incidents is big with CMS

Critical Incidents

- CMS looking for certain criteria regarding participants being abused
- We can collect data for when participants put themselves at risk or cause risk and harm to providers, etc.
 - We don't do this currently in MI Choice but may collect this data soon
- MI Choice uses an online reporting system
- Review of types of critical incidents are tracked
- Suspicious death is huge and CMS wants a lot of detail
- MI Choice split physical, sexual and verbal abuse, but these can be reported together

Waiver Quality Plans

- In MI Choice, MDCH writes own plan every 2 years
- Waiver agencies each create their own plan
- Reporting requirements to CMS
 - 372 report is a narrative that goes over quality measurements, etc.
 - Evidence report – goes into more detail

MI Choice Quality Management Collaborative

- Chaired by MI Choice participant
- Gives participants, caregivers, and other stakeholders a chance for input and participation
 - MDCH can find out what is working and what issues exist for MI Choice

MDCH Questions

- What data is already collected in the TBI program that might help support these assurances?
- What do we need to make sure to measure as part of this waiver to ensure quality?

Comment from Stakeholder – Performance measure evidence of 86% may be hard to meet if TBI population is small.

Response – MDCH looks at minimum requirements. MDCH expect 100% based on the fact that we are looking at minimum requirements. MDCH/Providers cannot control critical incidents and must report them. Must insure documentation is there to support findings/corrective action plans and how providers will prevent future incidents.

III. Open Discussion

Q: What quality measures are currently collected?

A: CARF accreditation survey report, current certification, corrective action report, quality report required by CARF which includes satisfaction survey report data by the provider.

A TBI data program was developed by state to collect data and input records of all people who came through TBI program since 1997-98. Currently MDCH is reviewing how many of these beneficiaries have transitioned to the MI Choice Waiver Program, Nursing Facility Transition and/or the Money Follows the Person Programs to review data and compare cost from a nursing home beneficiary that did not come into the MOU Program.

Comment: All TBI providers have survey satisfaction reports, but data shows for individual provider's program and not specific to the overall TBI group in Michigan.

Q: Do we track people who qualify but are denied?

A: Yes, all referrals since 1997-98 have been entered into the data system. Data is able to state if the beneficiaries are currently in a nursing home, still on Medicaid, etc. Will be looking to compare the cost to care for these beneficiaries to the former MOU clients.

Comment: Discussion regarding Michigan's call with Colorado Brain Injury waiver. BIAMI stated Colorado lost no fault funding a few years ago, several of the motor vehicle accidents apply for Medicaid now.

Q: For those denied access to MOU program, do we have cost to program?

A: Eventually we will, currently working on collecting this data.

Comment: Is it possible for those TBI Providers that are CARF accredited to waive an AQAR/CQAR review since they are expected to meet the same standards as CMS requires. CMS does this for nursing home and home care agencies with JCAHO (Joint Commission on the Accreditation of Healthcare Organizations) and CHAP (Community Health Accreditation Program).

Response: Yes, this is something MDCH could look at.

Comment: For adult foster care facilities and group homes, some TBI providers already do a lot of what is required in slides from today's presentation. MDCH could piggy back off model used and there would not be a duplication.

Response: MDCH would try to avoid duplication.

Comment: AQAR/CQAR survey is a biannual requirement. CARF is resurveyed every 3 years, keep this in mind. (CARF is 1-3 years, depending on how well the agency did with the survey findings.)

Discussion of concept paper presented to MDCH at the last TBI Stakeholders meeting in November led by Margaret Krause of Hope Network Rehab Center and Shannon Swick of Rehab Without Walls:

- Last page shows organizations that participated in paper - important to point out the six Rehab Providers are contract providers for the current TBI program
- Begin with overview - a lot of people lack funds for care and this is the group we want to focus on.
- Current barriers that some of the stakeholders' group would like to change: Change TBI to ABI; change criteria from 15 months to 24 months; Change number of hours a person must be alert and awake (currently 10 hours a day); Rancho-Amigo scale should be lowered to 4; Age criteria should be lowered from 18 to 16; Remove criteria "able to maintaining new memory"; Change from all providers being CARF accredited, should be some exception process due to lack of providers in some areas. If a beneficiary is turned down, timely appeal needed. No more than 24 hour process suggested when a referral is received from a hospital; Work closely with MI Choice waiver agents when person being transition from MOU Program; Some people disqualified for dual diagnosis issues, take out this criteria; Pull in MI Choice waiver agencies early in process as many people transition to the MI Choice waiver, and waiver agencies know resources, etc.
- Number 2 - barriers for acute care hospitals: the amount of time from referral to admission should be shortened; a neuro psyche evaluation can hold this process up, would be better to have a letter of recommendation from the rehab physician or neuropsychologist that would replace the neuro psych evaluation criteria.
- Brain injury provider - barriers: begin working earlier with MI Choice Waiver Agent located in county where client/family reside; align reimbursement rate with actual cost of care, needs to be within line with providers actual cost; Care should be outcome based and not so prescribed; have reimbursement provision for difficult patients with particular needs surrounding safety (one on one monitoring, etc.) ; and annual increase in negotiated rate for providers
- Pages 4 and 5 outline how we would like to see new program changes incorporated: Recap: lower to age 16, change from 15 months to within 24 months injury or physician recommendation, transitional residential program – come directly from an acute care facility; second level community based treatment but could be more expansive based on community based treatment; home and community-based supports would be new level not currently funded.
- Last page – when a beneficiary no longer needs the intense services of the TBI Waiver, they would transition to MI Choice and get needed support, but if additional supports for this waiver could stay, would want extension of program through appeal process. Regarding how many people - hope to see 20 in first 2 tiers, could have 60 people in residential and 60 in outpatient, and up to 60 in homes and community-based portion. CARF accreditation exception process.

- Three levels of care: the group looked at CMS requirements and looked for key criteria. Looked at middle section of care and would be active rehab in outpatient or home and community-based, but different than home and community-based supports, which are more traditional supports like transportation and/or medication management.

MDCH comment to last bullet: We cannot have a waiver within a waiver, this last suggestion may not be acceptable.

Response: Appears acceptable to CMS as this is level of care within a waiver.

Q: Is outpatient new?

A: No, this is part of the current MOU Program.

Q: Could someone go from inpatient acute facility directly to outpatient?

A: Yes, but most beneficiaries start off with inpatient and then transition to an outpatient basis. They would have to attend an MOU Provider's program to continue with outpatient and most beneficiaries live a distance away from the rehab center, making it much harder to do therapy on an outpatient basis. At the time of referral, most people who qualify for outpatient are high enough functioning that they could get services through their Medicaid HMO Plan or fee for service.

Q: Do any current providers provide home and community-based treatment?

A: Yes, Rainbow Rehab, Special Tree, Eisenhower. Rehab Without Wall does but they are not a current MOU Medicaid Provider.

Q: Waiver agency representatives want to know if there were any questions about the MI Choice Waiver Program. In waiver agency world, a lot of providers are not CARF accredited. There are only 6-7 CARF accredited TBI Providers in the state.

Q: What is the role of a waiver agency in small group setting (AFC homes) and how does this relate to TBI?

A: HHS (waiver agency) covers 12 counties, has 200 providers for 17 different services. Provider access is in urban area than rural. The Waiver Agencies make sure participant has choices. Prior to October 1, 2013, before capitation, the waiver agencies were paid a per day rate for individuals with TBIs or a nursing facility transition. Severe TBIs were given a special memorandum of understanding (SMOU) to cover their high cost needs. The State would pay agents at a per day, per person rate to cover case management and coordination. After capitation, this changed. All beneficiaries are put in 6 tiered system and waiver agency has to manage all the dollars, no SMOUs. TBI program is much more expensive, dollars are not covered automatically anymore. Is not a problem right now because the rates are based on the current population, but this could change.

Q: Do you think there would be regional waiver agencies for the TBI program?

A: Not decided, but could be more than one.

Q: How many clients would each waiver agency have, if more than one waiver agency selected?

A: Unknown at this time, this would be hard in U.P. as there are no transitional TBI rehab facilities north of the bridge.

Q: Do waiver agencies make determination on who is eligible?

A: Outside entity would have level of care eligibility responsibility. MI Choice Waiver has an RFP in process now, no entity in mind, selection will be from whoever applies. To get into the TBI program, would be waiver agency? These questions have not been answered yet.

Q: Who will say TBI person meets qualifications – would this stay with Carol?

A: Could stay with Carol.

Comment: Internal deadline to submit waiver application is March 2015. Next step is for MDCH to meet internally.

Q: Can this group help?

Comment: This group did assist with waiver application last time and providers would be glad to help again.

A: If MDCH feels they need assistance, we would not hesitate to ask for help.

IV. Next Steps

- Next TBI Stakeholder meeting to be held on Thursday, January 8, 2015 from 10:00 – 12:00 noon, Capitol Commons Center
- Topic will be open agenda – last meeting.