

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

Meeting Minutes

August 28, 2014

12:30 p.m. – 2:30 p.m.

Capitol Commons Center – Lower Level

Services and Supports, Provider Qualifications

Facilitator: Carol Hansen

Attendees: Feinberg Consulting, Rainbow Rehab Center, Siporin and Associates (Guardianship Services), Michigan Department of Community Health, Brain Injury Association of Michigan, A&D Home Health Care, Sparrow Hospital, Special Tree Rehab Center, HHS Health Options, ResCare Premier (Home Care Agency, Lighthouse Rehab Center, Rehab Without Walls HCBS Home Care, Origami Rehab Center, Region VII Area Agency on Aging, Eisenhower Rehab Center, Hope Network Rehab Center, Valley Area Agency on Aging, Area Agency on Aging 1B (on phone), MORC (on phone)

I. Welcome and Introductions – Carol Hansen

II. Presentation on TBI MOU Program – Carol Hansen (Refer to PowerPoint presentation slides for detailed information)

Main points

- Up to 6 month maximum as long as participant shows progress
- Then transitions back to community with outpatient services through Medicaid plan
- Referrals can be made by anyone
- TBI participant has choice where to receive services
- Discharge planning begins prior to admission
- If TBI cause by auto accident, must determine Auto No Fault status
- Criteria: 18 or older, Nursing Facility Level of Care, had TBI within past 15 months or significant neurological change related to original brain injury within past 3 months of referral, Rancho Level 5-6, Medically stable, awake and alert 10 hours minimum per day, follow verbal or non-verbal directions, able to maintain new memory, show steady therapeutic process, able to perform personal hygiene and grooming with minimal assistance
- Must be able to perform 21 hours of intense physical, occupational and speech therapy per week
- Rehab services must be ordered by a Michigan Licensed Physician
- Complete Neuro Psychological Evaluation must be submitted at time of the referral.

MOU program services offer:

- Physical Therapy

- Occupational Therapy
- Speech Language Pathology Therapy
- Social Work/Case Management
- Psychological Services
- Nursing
- Rehabilitation Aide Services
- Other services may be provided but not reimbursed

Services to be provided for TBI Waiver:

- Cannot duplicate service covered by 3rd party payers
- Medicaid is payer of last resort
- All Michigan residents entitled to Medicaid if eligible
- Waiver services based on medical need of participant

III. Group Breakout Session (to review services and offer input)

Groups to review Transitional Residential Rehab Services and current services developed in original TBI Waiver application.

Discussion: Any service missing?

Group One

TBI Counseling Services should include:

- Psychiatry – medication management, behavioral management
- Psychology – counseling, Neuro Psych Evaluation

Occupational Therapy should include:

- Cognitive Therapy
- Vision Therapy
- Driving Rehab
- Driving Evaluation
- Community Integration

Speech Language Therapy should include:

- Cognitive Therapy

Group Two

Provider Qualifications

- Facilities, providers should be CARF
- Like what is included in the CARF's Medical Rehabilitation Program

- Should not cover services in CCAC unless we change admission criteria to include Acquired Brain Injury (ABI)
- Keep employment and community services under CARF

Admission Criteria

- Too rigid
- Recommend ABI replace TBI
- The injury should occur within 15 months of referral should be replaced with 24 months
- Neurological changes (tumors, dementia, Alzheimer) should be considered – could trigger person getting into waiver
- Agree that Rancho scale should be rehab doctor looking at person's chance for improvement and if so, scale should be level 4 or higher based on doctor's prognosis on improvement
- Maintaining new memory – potential to show steady therapeutic progress as part of criteria instead of maintaining memory

Services and Supports

- Want to see move from more restrictive setting to less restrictive settings
- Not concerned about numbers with ABI. Would be great if beds were filled and go from there. Need to open up waiver so more people can receive services.
- How to handle waiting list.

Other discussion:

- CARF accreditation – keep doing what is currently being done to keep same level of training requirements
- Question posed: What should we do for unlicensed professionals to ensure they have knowledge in working with TBI participants?
 - Whoever establishes plan of care should be certified (e.g. supervisor is certified) and must provide supervision to unlicensed professionals

IV. Other Items

- Carol requesting stakeholders to sign up for subcommittee to discuss services specific to TBI and what services are not included in the current TBI Waiver Application. Teleconference is an option.

V. Next Steps

- Next TBI Stakeholder meeting to be held on Monday, September 29, 2014 from 9:30 – 11:30 am, Capitol Commons Center
- Topic will be: Eligibility, Rights and Responsibilities, Assessment Tool