



Brain Injury Waiver

Section 1115 Waiver Summary

Executive Summary

Michigan is committed to providing high quality services and supports to residents who have suffered a brain injury. The Michigan Department of Health and Human Services (MDHHS) is pleased to present Michigan's Brain Injury Waiver (BIW). The BIW provides necessary services and supports to persons suffering qualifying brain injuries who, but for the provision of these services, would otherwise be served in an institutional setting. The program provides critical brain injury-specific rehabilitation and support in the post-acute injury period with the goal of assisting the participant in becoming capable of living in the most independent setting.

Section I - Program Description

Summary of Proposed Demonstration

The Brain Injury Waiver focuses on specialized rehabilitation and supportive services required upon release from an acute care setting following a moderate or severe brain injury. These services are for participants who can benefit from the advanced level of rehabilitative therapies and other services offered. Specialized rehabilitation services can be obtained in the following settings: transitional residential (TR), outpatient, or home and community-based (HCB). All

providers for BIW services must have appropriate accreditation, certifications, or specialized training in serving individuals with brain injuries.

BIW has the capacity to serve up to 100 individuals aged 21 and older during the fiscal year with an initial budget of approximately \$2.5 million for the first year of the program. Twenty of the 100 program enrollments are reserved to ensure capacity to serve participants in a TR rehabilitation setting. Upon completion of rehabilitation, participants who require additional brain injury specific services to build upon or maintain skills developed will receive home and community-based services (HCBS). Not all BIW participants will require the transitional residential rehabilitation. Transitional residential, outpatient, and HCB services will be available to individuals upon enrollment.

MDHHS will prioritize enrollment for the BIW as follows:

- 1) Applicants who otherwise qualify for BIW enrollment, are receiving brain injury specific services through the early and periodic screening, diagnosis, and treatment (EPSDT) program, and will age-out of the EPSDT program before completing brain injury specific treatment and other services will receive priority for enrollment.
- 2) Applicants suffering a brain injury that is traumatic in nature will receive priority for enrollment over applicants with an acquired brain injury to maximize available resources.
- 3) Applicants closest to their eighteen months post injury date will have priority over those with a more recent injury.

BIW participation is limited to two years per enrollment for each individual. Individuals previously served by the BIW who have suffered a new brain injury may reapply for and reenroll in the program.

Rationale

The purpose of this Demonstration is to reduce nursing facility recidivism for individuals with a qualifying brain injury and increase long-term functioning, independence and quality of life for program participants. It is designed specifically to address the needs of individuals suffering qualifying brain injuries who may benefit from the services and supports in this Demonstration. Without specialized post-acute rehabilitation, individuals with brain injuries often do not show improvement in these areas.

Hypothesis

Hypothesis 1: Individuals participating in the BIW program will demonstrate successful rehabilitation outcomes.

Evaluations:

- At least 75% of the BIW participants who complete their person-centered rehabilitation services will demonstrate improvement in their functional ability.

- At least 75% of the BIW participants will achieve 75% of their individual rehabilitation goals after one year of enrollment or upon discharge from the program, whichever comes first.

Hypothesis 2: BIW participants will demonstrate increased independence and community participation.

Evaluations:

- At least 75% of the BIW participants will report increased independence with or without the use of compensatory strategies to address deficiencies in thinking, memory, learning, coordination and balance, senses (speech, hearing vision), or emotions.
- At least 75% of the BIW participants will report increased community participation at each assessment, or at least every six months during enrollment in the BIW.

Hypothesis 3: Total annual Medicaid costs for BIW participants will be less than the costs of services had the participants received institutional care.

Evaluation: Aggregate annual Medicaid costs for BIW participants will be less than the Medicaid costs for a comparable group of beneficiaries receiving institutional care.

Hypothesis 4: BIW participants will report increases in quality of life during their enrollment in the BIW.

Evaluation: BIW participants will report improved quality of life at each assessment, or least every six months during enrollment in the BIW.

Location and Proposed Timeframe

The BIW Demonstration will operate statewide. The proposed timeframe for this Demonstration is five years, beginning January 1, 2017 and operating through December 31, 2021.

Section II – Demonstration Eligibility

Eligibility and Admission Criteria

The projected number of individuals who would be eligible for the BIW is 100 per fiscal year. Populations whose eligibility will be affected by the Demonstration include several under the Mandatory State Plan Groups, Optional State Plan Groups, and Optional State Supplement Recipients.

MDHHS will evaluate a list of criteria for each person with a brain injury who applies for the Brain Injury Waiver. All applicants for the BIW must meet each criterion at the time of application. MDHHS will not consider individuals who do not meet all criteria specified for enrollment in the BIW. Criteria includes Michigan Medicaid eligibility and medical records from the care setting or current qualified health care professional.

Post-Eligibility Treatment of Income and Spousal Impoverishment

Michigan will use spousal impoverishment rules under section 1924 of the Act to determine eligibility of individuals with a community spouse. Allowance for the personal care needs of the participant is 300% of SSI, equal to the special income level for institutionalized persons. Allowance for the personal needs of a participant with a community spouse is the same as the amount used for the individual's maintenance allowance. Michigan uses the same reasonable limits as are used for regular (non-spousal) post-eligibility for incurred medical or remedial care expenses not subject to payment by a third party.

Section III – Demonstration Benefits and Cost Sharing Requirements

Medicaid State Plan Services

Beneficiaries enrolled in the BIW will have access to all applicable Medicaid State Plan services with the following exceptions:

- Hospice services
- Pregnancy-related services
- Physical, Occupational, and Speech language pathology therapy services

Long Term Services and Supports (LTSS)

The LTSS provided in the BIW are:

- Targeted BIW Case Management
- Environmental Accessibility Adaptations
- Community Transition Services
- Supported Employment
- Other:
 - Brain Injury Day Treatment Program
 - Brain Injury Transitional Residential Rehabilitation Services
 - Brain Injury Home and Community-Based Rehabilitation Services
 - Specialized Medical Equipment, Supplies, and Assistive Devices
 - Prevocational Services
 - Counseling

Section IV – Delivery System and Payment Rates for Services

Delivery System Reform

Michigan has a robust brain injury provider network because of our unique auto no fault law. The BIW will allow Medicaid beneficiaries who have suffered a qualifying brain injury access to this delivery system. This is an important extension of Medicaid services because other than the auto no fault services, very few, if any, insurance, programs, or funding are available to assist with the cost of brain injury rehabilitation beyond the acute care phase. Because of the intensity and specialization required for providers to understand and treat brain injuries, the

cost of these intensive services is prohibitive for those who qualify for Medicaid. This means that often once individuals are stable, they are sent home or to a nursing facility and do not receive the services needed to maximize their independence and restart their lives. Providing Medicaid beneficiaries access to these services will result in a lower cost of services and supports throughout the individual's lifetime by allowing the beneficiary to receive the services and supports needed to rebuild their life after their injury and learn the skills needed to regain their independence, including reentering the workforce.

Delivery System Type and Services

The delivery system that will be used in the Demonstration is Fee-for-Service. The proposed delivery system will only include the brain injury specific services and providers. The BIW delivery system will consist specifically of providers focused on furnishing services to individuals with brain injuries. All BIW participants will be eligible to receive Medicaid State Plan services using established delivery systems, with the exception of those services listed in Section III – Medicaid State Plan Services. The BIW will not offer self-determined services.

Section V – Implementation of Demonstration

Description of Notification and Enrollment

Michigan's proposed schedule is to implement the BIW statewide beginning January 1, 2017. Referrals to the BIW may be made by acute care setting Case Managers, nursing facility social workers or family members of the potential BIW participant. Once a review of the required submitted documents has been completed, the Medicaid Agency decides if the potential BIW participant will be admitted or denied to the program. If approval for admission has been granted, the referring agency, potential BIW participant and authorized representative will receive written notification and a copy of the BIW Participant Handbook. If the Medicaid Agency decides the participant is not a candidate for the BIW, the applicant will receive an Adequate Action Notice from the Medicaid Agency that contains the reason for the denial and information about the Medicaid Fair Hearings process, including how to file a hearing request.

Once approval for admission to the BIW has been granted, the participant and authorized representative are given the option of where the participant will receive services. The case manager or Medicaid Agency will assist the individual and authorized representative with making choices as needed. The provider the participant chooses to enroll with will work with the participant and authorized representative to develop a person-centered plan of care within a week after BIW admission.

Section VI – Demonstration Financing and Budget Neutrality

Description of Financing and Budget Neutrality

The population for budget neutrality includes brain injury beneficiaries in nursing homes and hospitals. Expenditures are based on a blend of average costs for nursing homes, nursing

homes with ventilator units, and hospital stays. Prior to the BIW, it is assumed that the majority of care received by this population would occur in these settings.

A five year average was used as the trend rate to project the Per Member Per Month (PMPM) costs for each of the future five years of the BIW. It was estimated that the waiver will not be fully enrolled during the first five years of the demonstration period. However, partial enrollment in the BIW will mean fewer beneficiaries would remain in nursing facilities, thus diverting those costs to the BIW with lower PMPM costs. Member months were based on approximations of number of individuals that historically may have been eligible for the BIW.

Cost Projections for New Populations

Brain Injury Day Treatment Program

Enrollees require supervision and monitoring. Reinforce skills learned during rehabilitation program. At adult day care.

25 individuals would utilize this service for 4 hours per day, 2.5 days per week for 20 weeks.

Brain Injury Rehabilitation Services

Individuals needing behavioral health care in a residential treatment program with varying degrees of level of care – Complex/High Tech, Intermediate, and Minimal. Each person would have different needs for the rehabilitation services.

Estimate that 15 people would need the complex/high tech services for 40 days, then the intermediate services for 40 days, then 20 days for the minimal services.

Estimate that 35 people would begin with intermediate services for 40 days, then 20 days for the minimal services.

Estimate that 30 people would only need the minimal services for approximately 20 days.

No services needed by 20 individuals.

Brain Injury Rehabilitation Services

Rehabilitation services in HCBS – combination of needed physical therapy, occupational therapy, speech-language therapy, and activity therapy.

Estimate that 40 individuals would need these various therapies provided 3 days each week for 1 hour sessions over a period of 8 weeks.

Case Management

Utilized by each of the 100 individuals.

Supported Employment

25 Individuals for 3 months, 12 days per month

Pre-Vocational Services

25 individuals for 4 months, 12 days per month

Counseling

40 individuals for 3 months, 8 days per month

Environmental Accessibility Adaptations

Home modifications needed.

Estimated 10 individuals would need these type of modifications with average cost of \$2,000.

Specialized Medical Equipment, Supplies, and Assistive Devices

Estimated 60 individuals would utilize this service with average cost of \$150.

Section VII – List of Proposed Waivers and Expenditure Authorities

List of Proposed Waivers and Expenditure Authorities

Title	Brief Description	Reference	Rational
Amount, Duration and Scope of Services	To enable the State to provide benefit packages to Demonstration populations that differ from the State plan benefit package	Section 1902(a)(10)(B)	Allows Michigan to offer unique services based on the waiver participants assessed needs that will enable the participants to maximize their independence and increase their quality of life after injury.
Comparability	To enable the State to provide BIW services to specific Medicaid-eligible individuals	Section 1902(a)(17)	Allows Michigan to target individuals with qualifying brain injuries for enrollment in the BIW.
Retroactive Eligibility	To enable the State to waive or modify the requirement to provide medical assistance for up to three months prior to the month of application	Section 1902(a)(34)	Allows Michigan to offer services to waiver participants upon enrollment in the waiver.

Title	Brief Description	Reference	Rational
Reasonable Promptness	To enable the State to limit enrollment	Section 1902(a)(8)	Michigan has identified a very limited budget of \$2,000,000 for the BIW at this time. Controlling enrollment allows Michigan to better manage limited financial resources.

Section VIII – Public Notice

Public Notice

A copy of the proposed §1115 waiver application is available on the MDHHS website at www.michigan.gov/mdhhs >> Assistance Programs >> Health Care Coverage >> Michigan Brain Injury (BI) Waiver. You may request a hard copy of the proposed §1115 waiver and waiver summary by contacting MDHHS at the address below or by email at MSAPolicy@michigan.gov. You may also submit comments regarding this waiver in writing to: MSAPolicy@michigan.gov or by mail to:

Michigan Department of Health and Human Services
 Medical Services Administration
 Medicaid Policy Section
 P.O. Box 30479
 Lansing, MI 48909-7979

All comments on this topic should include a “Section 1115 – Brain Injury Waiver” reference somewhere in the written submission or the subject line if by email.

Two public hearings will be held at the dates, times and locations below.

August 10, 2016, 10:00-11:30 a.m. Webinar:

<https://connectpro14871085.adobeconnect.com/braininjury/>

Refer to the MDHHS website at www.michigan.gov/mdhhs >> Assistance Programs >> Michigan Brain Injury (BI) Waiver for additional instructions.

- August 17, 2016, 1:00-2:30 p.m.
 Capitol Commons Center
 400 South Pine Street, Lower Level
 Conference Rooms E and F
 Lansing, Michigan 48909

We thank you in advance for your participation.