Michigan Department of Community Health
Traumatic Brain Injury (TBI) Waiver – Kick-Off Stakeholder Meeting

Meeting Minutes

July 30, 2014
10:00 a.m. – 12:00 p.m.
Capitol Commons Center - Lower Level

Facilitators: Carolyn Hansen, Elizabeth Gallagher, Brian Barrie, Michael Daeschlein
Attendees: University of Michigan Hospital, Special Tree, Sparrow Health System, Siporin Associates, Inc., Brain Injury Association of Michigan, Michigan Department of Community Health, Rehab Without Walls, Region VII, A&D, HHS Health Options, Michigan Brain Injury Provider Council, Region 9 - NEMCSA, MORC, MI Transportation, Region 5 – Valley AAA, Eisenhower Rehab Center

Presentation – Elizabeth Gallagher (refer to PowerPoint presentation for details)

Overview of Waiver Application Process

- Explanation of what a waiver is: TBI waiver will likely be 1915(c)(b) – managed care with actuarially sound rates
- Assurances to Centers for Medicare and Medicaid Services (CMS): health and welfare, financial accountability, evaluation of need (Nursing Facility Level of Care), state offers alternatives
- Additional CMS assurances: person-driven, inclusive, effective and accountable, sustainable and efficient, coordinated and transparent, culturally competent
- Application process includes: stakeholder input, writing application, submitting portions to CMS, actuarially sound rates if managed care, public comment, submit application, allow 90 days for CMS to approve
- Post application includes: Request for Proposal, signed contracts, build provider network, readiness review, enroll participants, terminate TBI Memorandum of Understanding (MOU) program

TBI Stakeholder Input

- MDCH wants stakeholders to help shape the TBI waiver by giving input and participating in design of waiver
- TBI services currently have two sets: intensive rehab and ongoing home and community-based services
    - What do we require from providers
    - Will go over in future stakeholder meetings
- Quality/Performance Measures – will need input
- Timing requirements: stakeholder meeting summary in application

Home and Community-Based Settings Rule

- Explanation of setting qualities
- Requirements if setting is provider owned
- Requirements for person-centered planning
    - Question regarding what does it mean that providers cannot provide case management
        - MDCH trying to get further clarification from CMS
    - Maine is implementing waiver and is potential resource
- Requirements for plan of care

Conflict-Free Level of Care Determinations (LOCD)

- Definition of conflict-free
- State goal is to make entire nursing facility level of care process conflict-free because of federal requirements
- Conflict-free means person assessing eligibility cannot work for the organization arranging services, will need to be independent entity doing LOCD, and state must have oversight, safeguards and firewalls must be in place
- Benefits of conflict-free
- Explanation of why conflict-free
- Examples of conflict-free LOCD process
- Regardless of structure put in place, MDCH will utilize stakeholder input, consumer oversight and transparent lines of communication

Managed Care Environment

- MDCH determined TBI waiver should be managed care and not Fee For Service
- Will need to complete 1915(b) waiver
- Will need to develop actuarially sound rates
- Questions – Contact
    - MSA-TBIWaiver@Michigan.gov
- Website
    - http://www.michigan.gov/mdch/0,4612,7-132-2943-114948--,00.html

Open Discussion

- High level reason why we are doing this
    - MDCH currently has TBI MOU program, not meeting the needs of people with TBI
    - About 25% TBIs are auto accident and person is covered under no-fault
    - Avg. TBI participant is between 18 and 30, MOU program is selective on who can enter and limits are placed. If person does not qualify for program, individuals fall through the cracks with no assistance. MI Choice does not cover all needs, and TBI waiver can be more specific.

- TBI started 10 years ago from grant from Health Resources and Services Administration (HRSA)
    - Could gather Medicaid data on brain injury and show how much money being spent on services, yet person not receiving specialized services.
- TBI is piece of pie, but Acquired Brain Injury (ABI) is needed. Do we want to pursue ABI or stay with TBI? TBI is just a portion of larger condition, which is ABI.
    - MDCH has had many discussions regarding ABI. However, difficult because lack of funding. We are having trouble getting funding for TBI, and ABI is much more difficult at this time. Will have to show TBI is successful before thinking about expanding to ABI.
- One issue is that people in entire population are not viewed as far as total cost to state. 60% people in prison have TBI as an example. Recidivism cost where people go in and out of hospital, among other costs. MDCH should think about other partners to cover additional costs. Some groups respond to therapy, some need more intense therapy and can return to community. Do we want people to be incarcerated and harm population? This third group needs most intense services.
- What model programs are available? About 20 states have TBI, but no states have wealth of services that are available in MI and we are wading in unknown territory. Auto no-fault shows what can happen with good services and MI can be a role model for other states.
- Expedite Medicaid applications when person is in hospital. However, not as big an issue since Healthy Michigan Plan began. Concerned about timing of TBI application process.
    - MI Choice waiver works on services before approved and will start services before approval when everything looks OK with functional/financial eligibility. There is some risk.
    - Spend down is not considered in waiver. Will be 300% of SSI rate, income up to this.
- Eligibility requirements
    - Where does 15 month time period come from? This is old thinking and should be changed. Was an arbitrary time period and need correct justification for new time period. However, this is post-acute program and we have only 100 slots that will be filled up instantly if there is no limit.
        - Stakeholders overwhelmingly opposed to 15 month time period and argue it has no clinical basis
    - Also have said up to 2 years is cut off, however, research has shown different data that should be considered.
- Some people decline and need “tune-up” beyond the 15 months
- Intensive rehab should be available in the home and community-based setting; particularly with no behavioral issues
- March 17, 2014: CMS issued new Home and Community-Based Settings rule
    - DCH seeing if there can be a transition period between the new rules and old laws/rules regarding provider owned settings, etc
    - Other meeting on statewide transition plans on August 12th at Capitol View
- Case management will be a waiver service
- Self-direction will not be offered (as of now)

- Why does primary diagnosis have to be TBI? Some people have TBI that is not primary and should be considered. This is a common issue with brain injury. MDCH has taken cases on individual basis and made exceptions. Would like to include 16 year olds in this program. Now we must focus on what was in existence and make possible changes down the road. Example, right now Medicaid does not cover cognitive treatment.
- Medicaid is paying for services for TBI now, how money is allocated differently is what needs to be discussed regarding budget.
- Individuals will be transferred into MI Choice if they qualify when TBI is finished.
- Clarification on numbers: Average of 15-20 participants per year. So far this year, only 2 people. Currently no slot limit for TBI program. Waiver program will have slot limit.
- Two points: MOU program is TBI only and this cuts out a lot of referrals. The 100 slots mean if person leaves program, slot opens up, unlike other programs.
- LOCD doors need to be looked at for this waiver
- As a caregiver where do you find resources?
    - This is a need that should be addressed
- Insurance issues with cognitive diagnosis and resources provided
- Plan to legislate House Bill, not on this year's agenda but maybe next year.
- Texas has legislative action and some of the best health plans in the country
    - Requires cognitive remediation as part of their benefit package – use them as model
- Early rehab period is beneficial, but we now know more about the function of rehab and getting cognition, etc. back is less if not offered the intensive rehab right away
- Paradigm has examples and data regarding intensive rehab and recovery time
    - Front loads the money into rehab and saves money in the long run – even the home and community costs are lessened
    - Takes on clients for 2 years – all intensive rehab
- Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation is mandatory for waiver to have expertise. Staff must be appropriately trained. Difficult to keep direct care staff. To have separate training for TBI other than CARF will be very difficult.
- We should consider HCBS programs to now be CARF accredited instead of just reahab portion. Some states have moved this direction, California is an example. HCBS should be option in intensive phase, not intensive phase to be ONLY in rehab. There are examples of people needing intensive services but can receive in home. Provider will still need to be CARF accredited to provide services in home.

Future Meeting Topics

Services and Provider Qualifications

Eligibility, Rights and Responsibilities, Assessment Tool

Finance and Reimbursement

Performance Measures and Critical Incidents

Miscellaneous

Issues to Discuss

- Eligibility requirements - 15 month time period and two year cut-off
- Primary diagnosis TBI – reconsider individuals who do not have primary diagnosis of TBI
- Medicaid eligibility process
- Conflict-free poses issue that case manager needs to be closely involved in individual's plan. TBI is different and should be viewed more in depth and discussed with CMS. Need expertise for case managers.
- Guardianship issues
- Pursue ABI vs. TBI
- Change in allocation of money
- Look at LOCD doors
- Need to make TBI resources more visible to public
- CARF accreditation for HCBS programs
- HCBS ruling

Next Steps

- Future meeting dates posted on website
- Get new data from Dr. Chu at Paradigm