



Michigan's Brain Injury Waiver An 1115 Demonstration Program

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Part 1

- Program Overview
- Provider Qualifications
- Participant Eligibility and Enrollment

Program Description

- ▶ Planned Start Date: January 1, 2017
- ▶ \$2.5 Million budget for the first year
- ▶ May serve up to 100 individuals per year
- ▶ Focus on specialized rehabilitation and supportive services
- ▶ After acute care
- ▶ Setting Options:
 - ▶ Transitional residential
 - ▶ Outpatient
 - ▶ Home and community based
- ▶ Anticipate a 5 year waiver approval, ending 12/31/2021

Provider Qualifications

- ▶ All providers will have specialization in treating individuals with brain injuries
- ▶ Criminal History Screenings required for all providers
- ▶ Providers must be accredited:
 - ▶ Commission on Accreditation of Rehab Facilities (CARF)
 - ▶ Comprehensive Outpatient Rehab Facilities (CORF)
 - ▶ American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF) for Rehab Agency or Outpatient PT program
 - ▶ Certified Brain Injury Specialists (CBIS)

Participant Eligibility

- ▶ Age 21 and over
- ▶ Medicaid eligible
 - ▶ Expanded eligibility rules
 - ▶ Income up to 300% of SSI
 - ▶ Spousal impoverishment rules apply
 - ▶ No cost sharing requirements
- ▶ 18 months or less since brain injury
- ▶ Has a qualifying brain injury
- ▶ Will benefit from program services
- ▶ Up to 24 months of program services

Prioritization for Enrollment

- Individuals approaching their 21st birthday who are currently receiving brain injury specific services through EPSDT and need to transition to the BIW.
- Individuals with traumatic brain injuries are a priority over individuals with an acquired brain injury.
- Applicants approaching the 18 months post injury date receive priority over individuals with a more recent injury.

Participant Enrollment Process

- ▶ The individual or provider will submit an enrollment package to MDHHS
- ▶ MDHHS will review the enrollment package for completeness and determine program eligibility
- ▶ Individuals will be notified in writing by MDHHS of program enrollment approval. Notification may be electronic.
- ▶ Providers applying on behalf of the individual will be notified of approved enrollments
- ▶ The individual will select from qualified providers according to their preferences and service needs

Enrollment in other Medicaid Programs

- ▶ Individuals in the following Medicaid Programs are **excluded** from enrollment in the Brain Injury Waiver:
 - ▶ Hospice Services
 - ▶ Pregnancy-related services
 - ▶ Physical, Occupational, and Speech language pathology therapy services
- ▶ Individuals enrolled in the following Medicaid Programs **may concurrently** participate in the Brain Injury Waiver:
 - ▶ Healthy Michigan Plan
 - ▶ MI Choice Waiver
 - ▶ Home Help Program

Part 2

- Hypotheses
- Program Services
- Service Delivery Model

Hypotheses

- ▶ **Hypothesis 1:** Individuals participating in the BIW program will demonstrate successful rehabilitation outcomes.
 - ▶ 75% of participants who complete rehab services will demonstrate improvement in functional ability
 - ▶ 75% of participants will achieve at least 75% of their individual rehab goals
- ▶ **Hypothesis 2:** BIW participants will demonstrate increased independence and community participation.
 - ▶ 75% of participants will report increase independence
 - ▶ 75% of participants will report increased community participation
- ▶ **Hypothesis 3:** Total annual Medicaid costs for BIW participants will be less than the costs of services had the participants received institutional care.
 - ▶ Aggregate annual Medicaid costs will be less than without the waiver
- ▶ **Hypothesis 4:** BIW participants will report increases in quality of life during their enrollment in the BIW.
 - ▶ Participants will report increases in quality of life during enrollment in the Brain Injury Waiver

Brain Injury Waiver Services

- ▶ Targeted BIW Case Management
- ▶ Environmental Accessibility Adaptations (Home Modifications)
- ▶ Community Transition Services
- ▶ Supported Employment
- ▶ 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

Services NOT Covered in Brain Injury Waiver

- ▶ Medicaid state plan services (doctor visits, testing, hospitalizations, nursing facility admissions, etc.)
- ▶ Room and Board (rent, mortgage payments, meals, food)
- ▶ Services covered by other programs, insurers, or payers
- ▶ Personal Care (assistance with bathing, dressing, eating, etc.), unless it is a component of a Brain Injury Waiver service, such as a Day Treatment Program
- ▶ Transportation, unless it is a component of a Brain Injury Waiver service, such as Brain Injury Home and Community-based Rehabilitation services (i.e. teaching how to use public transportation)

(This is not an all-inclusive listing and is subject to change)

Brain Injury Waiver Service Delivery

- ▶ Case managers will use the Mayo-Portland Adaptability Inventory (MPAI) assessment
 - ▶ The individual is fully engaged in the assessment process
 - ▶ The plan of care addresses issues identified in the assessment
- ▶ All services will be delivered according to the individual's person-centered plan.
 - ▶ The individual chooses who participates in the person-centered planning meeting
 - ▶ The plan is based upon the expressed needs and desires of the individual
 - ▶ The plan is updated at least every six months
 - ▶ The plan is not limited to Brain Injury Waiver services
 - ▶ Assessments occur every 90 days after the initial (or previous) assessment, or more frequently if indicated

Part 3

- Budget Neutrality
- Provider Enrollment and Reimbursement
- Next Steps

Finance and Budget Neutrality

- ▶ The initial budget for the Brain Injury Waiver is \$2.5 Million
- ▶ MDHHS assumed that individuals would be served in a nursing facility (70%), nursing facility ventilator unit (10%) or a Hospital (20%) if the Brain Injury Waiver were not available to demonstrate budget neutrality
- ▶ The cost of the nursing facility and hospital admissions for individuals would be about \$13.3 million in the first year
- ▶ Once individuals begin enrolling in the BIW, and therefore avoiding admissions to the nursing facility and hospital, MDHHS projects a savings of \$3.4 million on this population in the first year.
- ▶ Program savings over the course of the 5-year demonstration are estimated at \$23.4 Million

Provider Enrollment & Reimbursement

- ▶ Providers will be required to enroll in CHAMPS (the Community Health Automated Medicaid Payment System) as Medicaid providers with a Brain Injury Specialization
- ▶ All services will be prior authorized based upon the individual's person-centered plan
- ▶ Providers will submit claims to CHAMPS for processing using approved service codes and rates
- ▶ Providers will be reimbursed on a fee for service basis

Next Steps

- ▶ Revise draft based upon comments
- ▶ Summarize all comments, questions, and answers obtained through public hearings and comment period
 - ▶ Include on Website
 - ▶ Include in Brain Injury Waiver Application
- ▶ Obtain Governor Signature on Final application
- ▶ Submit Application to Centers for Medicare and Medicaid Services
- ▶ Work with Centers for Medicare and Medicaid Services for approval
- ▶ Complete required Information Technology changes
- ▶ Start program January 1, 2017

Information and Resources

- ▶ Email additional Question or Comments to MSAPolicy@Michigan.gov
 - ▶ Include “**Section 1115 Brain Injury Waiver**” in subject line
 - ▶ All comments due by **August 26, 2016**
- ▶ View waiver application and other information at the following website:
 - ▶ www.Michigan.gov/MDHHS
 - ▶ Click on “Assistance Programs”
 - ▶ Click on “Health Care Coverage”
 - ▶ Click on “Michigan Brain Injury (BI) Waiver”