



STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

JENNIFER M. GRANHOLM
GOVERNOR

JANET OLSZEWSKI
DIRECTOR

October 10, 2008

Dear Tribal Chair:

Re: Notification of Intent to Submit the Traumatic Brain Injury 1915 (c) Home and Community Based Waiver Application

The Michigan Department of Community Health (MDCH) is notifying you of its intent to submit a 1915 (c) waiver application to the Centers for Medicare and Medicaid Services (CMS) to provide home and community based services for qualifying individuals who have experienced traumatic brain injuries. If approved, this waiver would allow the state to provide a specific array of services to individuals meeting established criteria, and who, but for the provision of such services, would require care in a facility setting.

It is intended that this waiver program will offer rehabilitation and support services that address the specific needs of individuals who have traumatic brain injuries. The attached document outlines the services that will be provided under the waiver program and provides a brief description of how the program will operate.

A copy of the draft waiver application is posted on the MDCH website at www.michigan.gov/mdch, then click the "Health Care Coverage" link on the home page. You may submit general comments regarding this waiver application to msapolicy@michigan.gov. If you would like to discuss the waiver application in its entirety, please contact Mary Anne Tribble, Medicaid liaison to the Michigan tribes. Mary Anne can be reached at 517-241-7185, or via e-mail at tribblema@michigan.gov.

Sincerely,

A handwritten signature in black ink that reads "Paul Reinhart".

Paul Reinhart, Director
Medical Services Administration

cc: Cynthia Garraway, Region V, CMS
Michigan Tribal Health Directors
Kathleen Annette, MD, Director of Indian Health Service, Bemidji Area
Sharon Teeple, Inter-Tribal Council of Michigan
Mary Anne Tribble, MDCH

**Michigan Department of Community Health
Medical Services Administration**

June 2008

**Traumatic Brain Injury Waiver Proposal
Concept Paper**

Overview

Nearly five years ago, the Michigan Department of Community Health (MDCH) formed a group to begin the process of evaluating the potential for a program specifically geared toward the needs of persons who have suffered a traumatic brain injury (TBI). Members of the group included staff from the Medicaid program, advocates and consumers from the TBI community, TBI providers, representatives from the mental health community, and other state departments that served persons with a TBI. After extensive discussion and research, the workgroup reached the conclusions that persons with a TBI are underserved by the existing patchwork system of services and that the lack of a cohesive and comprehensive program ultimately cost both consumers and the state.

The workgroup suggested the development of a Home and Community Based Services Waiver in the state Medicaid program under authority of §1915(c) of the Social Security Act. Unlike the other waiver programs available in the state, this program would focus services and supports specific to the needs of the TBI population. The provider network would be constructed based on their experience and expertise in addressing the unique circumstances of persons with a TBI.

TBI in Michigan

The Michigan Public Health Institute has estimated that over 10,000 Michigan residents will suffer a traumatic brain injury each year resulting in 1,600 deaths and 9,000 hospitalizations. The number of Michigan Medicaid beneficiaries receiving services for TBI-related injuries is increasing at the rate of 2,800 per year and will reach 43,000 by FY 2009. Fee for Service claims alone are expected to top \$28 million annually by that time. It is against this backdrop that Michigan prepares its Traumatic Brain Injury waiver proposal.

Michigan is committed to providing the highest quality care to its residents who have suffered a traumatic brain injury who, but for the provision of these waiver services, would be served within a nursing facility or another institutional setting. Currently, post-acute care is handled by a collage of service providers that include Medicaid state plan services, the MI Choice waiver, Community Mental Health programs, the Home Help program, and a variety of other programs. None is singularly equipped to address the complex needs of the TBI population.

This absence of an organized system of care means many persons with a TBI do not receive the therapy and rehabilitation that is necessary to maximize their recovery potential. They never realize the independence they might otherwise achieve. The resulting costs to the state are significant. These beneficiaries utilize a far greater amount of expensive services to fill in the void. Increased hospitalizations, emergency department visits, and nursing facility placements are just some of the economic aftershocks of inadequate initial care.

Elements of the Waiver Program

The Michigan TBI Waiver Program is to be structured as an Organized Health Care Delivery System (OHCDS) in which an independent contractor acts as an agent for the state and enrolls providers into a health system specializing in TBI. The agent is responsible to assure provider qualifications and enrollment as state Medicaid providers. Likewise, the agent will assure that the health and welfare of our participants are assured through the plan of care.

Proposed Population

The waiver program is aimed at Medicaid beneficiaries age 16 and older who meet the nursing facility level of care as determined by the Michigan Level of Care Determination tool. Additionally, the participant must have suffered a qualifying traumatic brain injury within 15 months of admission into the program.

Financial eligibility mirrors that of the MI Choice waiver with income eligibility up to 300% of the Supplemental Security Income (SSI) Federal Benefit Rate.

Proposed Services

The Michigan TBI Waiver Program will basically offer three groups of services. The initial group is represented by Transitional Residential Rehabilitation (TRR) Services, which are often required for persons recovering from a TBI immediately upon release from an acute care facility. Services are generally provided in a congregate setting and are geared toward aggressive rehabilitation of the participant. Experience with TBI indicates that this type of treatment given at this juncture post-injury is crucial in determining the longer-term prospects of the participant. There is usually a limited duration to these services, normally less than four months. Providers of TRR Services will be Commission on Accreditation of Rehabilitation Facilities (CARF) accredited and have the expertise and experience to treat this highly specialized and complex population. Twenty waiver slots are identified for this service to ensure there is available capacity for persons transitioning from acute care facilities.

As participants move into a more independent community living arrangement, they frequently require continuing rehabilitation and therapy. The TBI waiver will provide home-based therapies, such as physical, occupational, speech and language pathology therapies that are specifically geared toward treating TBI. For persons requiring a more concentrated regimen, day program services will be available. The waiver will also offer vocational rehabilitation for participants who might one day be able to rejoin the workforce.

The third group of services are those that are routinely needed to support persons with activities of daily living (ADL) and instrumental activities of daily living (IADL) deficits in a home environment. The Home and Community Based Services (HCBS) portion of the waiver program will provide TBI focused services with providers experienced in serving this population. These services would include personal care, home delivered meals, personal emergency response systems, environmental accessibility adaptations, training for unpaid caregivers, etc. Not all Michigan TBI Program participants must enter through the TRR program. Many participants will not require the intensive rehabilitation, but can benefit immediately from the home and community-based supports.

The MI Choice Waiver Progression

Michigan data indicate that at about 24 months post-injury, many persons with a TBI have progressed sufficiently in their recovery to require only a maintenance level of support to live independently or even with no supports at all. To keep waiver slots available for persons needing TBI-specific services, the waiver will transition participants to Michigan's MI Choice waiver, the State's Home and Community Based Services for the Elderly and Disabled (HCBS/ED) program, after 24 months of HCBS support. Participants who might need more than 24 months of TBI-specific support may request an extension that will be reviewed by MDCH.

Qualification of Providers

Michigan recognizes that treating persons with a TBI is a very specialized form of medicine requiring training and experience not found in other fields. The population poses unique challenges stemming from the combination of physical and cognitive impairments faced by those with a TBI. It is the intent of the TBI Waiver Program to identify providers with such expertise and build a network that will provide the best care possible. Even non-medical personnel will need some level of TBI training.

Quality Improvement Strategy

While the TBI Waiver Program is new to Michigan, the Quality Improvement (QI) strategy is not. The QI proposed in the waiver closely follows the successful strategy used for years in the MI Choice waiver. This will allow the quality assurance functions to meld administratively to yield a somewhat transparent operation while taking advantage of a proven system. Since the proposed waiver is quite small, MDCH feels this is the best way to assure that quality considerations are not shortchanged.

Timelines

MDCH and the TBI provider and stakeholder community have been developing and discussing the proposed waiver for a number of years. Focused preparation of the application is well underway. It is hoped that the review process can be completed and the application submitted to the Centers for Medicare and Medicaid Services (CMS) soon.