Building State Service Delivery for Individuals with Brain Injury

Identifying funding streams and resources

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Objectives

• To discuss incentives for state government to offer services for individuals with brain injury
• To provide overview of funding services and resources to support service delivery
• To provide tips for pursuing funding
Why is Traumatic Brain Injury (TBI) a State Government Concern?

• Leading cause of death and disability
• Can lead to short- or long-term problems that may affect all aspects of a person’s life
• Impacts access to care for individuals with lower incomes and those without health insurance
TBI Affects

• Short- or long-term problems that may affect the ability to work, attend school, navigate home and community, maintain relationships with others, activities of daily living (ADLs)

• High risk groups:
  – Older adults and young children due to falls
  – Young adults (15-44 yrs. of age) leading cause of hospitalizations due to motor vehicle crashes
Overall impact may result in:

- Unemployment and income loss
- Homelessness
- Incarceration
- Institutional and nursing home placement
State incentives for funding

- Costs savings
  - Inappropriate placements
  - Out-of-state placements
- Olmstead Decision
  - Community alternatives
  - Lawsuits
- Data, State Planning
- Strong advocacy
Type of Services Needed

Rehab Therapies

Academic Accommodations

Job

Home & Community Support

Service Coordination I & R
Building Blocks to Service Delivery

- Advisory Board, Assessing Needs
- State Agency, Infrastructure
- Funding Streams, Resources
Advisory Boards/Councils

May be established by:

• Legislation, often in concert with a funding stream, to oversee or advise on use of funds
• Executive Order
• Appointed by state agency
• Other, such as a charter or nonprofit corporation

Purpose:

• Planning, program oversight, public awareness, policy recommendations
• Federal TBI Act state grant requirement
State Infrastructure

- State agency responsible for program administration
- Staff and other resources
- Willing to seek funding, coordinate policies to support seamless system
- Data and informational systems to collect information on individuals served and outcomes
Funding Streams

• State revenue
• Dedicated funding (a.k.a. trust funds)
• Medicaid
• Other state and federal programs
• Federal grants
• Combination
State Revenue

1) Program may be established in state legislation or through annual appropriation

2) Flexibility to:
   • Design systems to fit the agency
     - e.g., Contracts, provider agreements, grants
   • Set eligibility; population served
   • Define services
   • Define provider qualifications
Trust Fund Programs

- Requires legislation
- Designates a funding source (e.g., traffic related fines and drivers license surcharges)
- Non-reverting account, accumulates across state fiscal years
- Defines use of funds, eligibility
- Designates state agency to administer
- Often creates an advisory board/council
- May require an annual report
Medicaid

• Title XIX of the Social Security Act, Medicaid was enacted in 1965, along with the Medicare program

• Joint federal-state health care program for health and related medical services to individuals with low income

• Federal match
Medicaid’s Role for Certain Populations

• 83% of poor children
• 48% of children with special health care needs
• 45% of nonelderly adults with disabilities, including individuals with brain injury
Eligibility and Services

• Mandated and optional eligibility:
  – All states must cover certain categories.
  – The Affordable Care Act (ACA) allowed Medicaid Expansion to cover low income working adults without dependent children.

• Mandated and optional services
Mandated Services

- Inpatient hospital services
- Outpatient hospital services
- EPSDT: Early and Periodic Screening, Diagnostic and Treatment Services
- Nursing facility Services
- Home health services
Mandated Services

- Physician services
- Rural health clinic services
- Federally qualified health center services
- Laboratory and X-ray services
- Non-emergency transportation to services
Optional Services

- Prescription drugs
- Clinic services
- Physical therapy
- Occupational therapy
- Speech, hearing and language disorder services
- Respiratory care services
- Other diagnostic, screening and rehabilitative services
Optional Services

- Home and Community-based Services
- Case management
- Private duty nursing
- Personal care
- Health homes for chronic conditions
Medicaid State Plan

Designated state Medicaid agency submits State Plan which defines:

• eligibility standards;
• type, amount, duration, and scope of services; and
• the rate for payment for services
HCBS Services and Waivers

• State Plan Mandatory and Optional benefits
  – Home health care
  – Personal care
  – Rehabilitative services
• State Plan HCBS benefit
• HCBS Waivers
HCBS Services and Waivers

- **1915(c) 1915(i)**
  - Home and Community-based Services

- **1915(j)**
  - Self-Directed Personal Assistant Services

- **1915(k)**
  - Community First Choice Waiver

- **Section 1115**
  - Medicaid Demonstration Waiver

- **Section 1332**
  - State Innovation Waiver
1915 (c) HCBS Waiver

States can waive certain Medicaid requirements, including:

• Statewideness
• Comparability of services
• Income and resources rules to applicable to community
1915 (c) HCBS Waiver

Must:

• Be cost neutral
• Ensure the protection of people’s health and welfare
• Provide adequate and reasonable provider standards to meet the needs of the target population
• Ensure that services follow an individualized and person-centered plan of care
1915(c) Brain Injury HCBS

• Almost half of the states administer brain injury waiver programs
• Most states base eligibility on nursing facility level of care
• Some waivers are targeted to individuals with ABI
• Vary considerably with regard to numbers served
Brain Injury HCBS Waiver

- Adult day care
- Personal assistant
- Case management
- Cognitive rehabilitation
- Homemaker
- Home and vehicle modifications
- Durable medical equipment
Brain Injury HCBS Waiver

- Therapies
- Behavioral programming
- Counseling
- Respite
- Prevocational services
- Supported employment
- Personal emergency response systems
1915(i) HCBS State Plan Option

- Target the HCBS benefit to one or more specific populations
- Establish separate additional needs-based criteria for individual HCBS
- Establish a new Medicaid eligibility group for people who get State Plan HCBS
- Define the HCBS included in the benefit, including state-defined and CMS-approved "other services" applicable to the population
- Option to allow any or all HCBS to be self-directed.
- ND includes individuals with brain injury
1915(i) HCBS State Plan Option

Typical services:

- home-based services, day services, and supported employment (I/DD); case management, home-based, and other mental/behavioral health services (mental illness); and home-based services, day services, case management, and round-the-clock services
1915(j) Self-directed Personal Assistance Services (State Plan)

• Hire legally liable relatives (such as parents or spouses)
• Manage a cash disbursement
• Purchase goods, supports, services, or supplies that increase their independence or substitute for human help (to the extent they'd otherwise have to pay for human help)
• Use a discretionary amount of their budget to purchase items not otherwise listed in the budget or reserved for permissible purchases
1915(k) Community First Choice Option State Plan

- 6% increase in matching federal dollars (FMAP) for HCBS provided under State Plan
- No time limit or expiration date
- Statewide eligibility
- Applied in 5 states; OR covers individuals with TBI
HCBS Settings Rule

• Defines person-centered planning requirements
• Provides states with the option to combine multiple target populations into one waiver to facilitate and streamline administration of HCBS waivers
• Clarifies the timing of amendments and public input requirements when states propose modifications to HCBS waiver programs and service rates
• Provides CMS with additional compliance options for HCBS programs
Conflict-Free Case management

Conflict of Interest Definition: *a real or seeming incompatibility between the private interests and the official responsibilities of a person in trust. In other words, a conflict of interest is when a person has competing influences that could affect a decision or action* (CMS).
Section 1115 Waivers

• Allow broad changes to Medicaid policy, that can apply to large geographic regions and populations
• No longer a goal to expand coverage (2017)
• Allows waiver proposals to condition Medicaid on meeting a work requirement (2018)
• Used to address opioid epidemic as well as broader behavioral health initiatives
Section 1332 State Innovation Waiver

• Now known as “State Relief and Empowerment Waiver”
• New rules prioritize private coverage over public coverage
• “Coverage” is re-defined to include plans that do not comply with ACA rules, including short-term, limited duration plans and association health plans
Other State and Federal Programs

• Other disability waiver programs (I/DD, physical disabilities, private duty nursing)
• Special Health Care Needs (Title V)
• Vocational Rehabilitation
• Behavioral Health
• Medicaid administrative case management/State Plan services
Federal Grants

- Money Follows the Person Demonstration Grants
- Administration for Community Living (ACL) TBI State Partnership Program grants
- Other ACL opportunities (e.g., respite coalition grants, older Americans act)
NASHIA and Resources

• TBI TARC:

• NCAPPS:
  https://ncapps.acl.gov/home.html

• National Disability Employment TAC

• NASHIA: www.nashia.org
Summary

- Half of the states have implemented separate Medicaid HCBS, with three states administering more than one brain injury waiver program.
- Almost half of the states have enacted trust fund programs.
- A few states have the benefit of state revenue appropriation specifically for a TBI/ABI program that offers services, supports and service coordination (e.g., AK, MA, MO, ND, NC, and VA).
Summary

• 1 state provides services thru the state’s Medicaid 1915(k) plan (OR)
• 1 state received approval for the 1915(i) HCBS State Plan that includes individuals with brain injury, in addition to individuals with behavioral health needs (ND)
• 27 states receive federal ACL TBI Partnership Program grants
Summary

• At least 4 states (IA, MA, MO and VT) use or have used MFP program to transition people with brain injury from nursing homes to community-based programs

• States work with existing state programs to expand and improve services through training, screening, and identifying resources that are available to individuals with brain injury
Tips and Considerations

• Is data available to help determine the extent of TBI and the needs of individuals?
• Are there ways to assess how many individuals with brain injury may be in institutional settings (e.g., nursing homes, correctional facilities)?
• Is there a state agency which would be amenable to developing and administering services and programs for brain injury?
• Is there infrastructure to support new programs?
Tips and Considerations

• Are there existing state and community programs that would be willing to expand to accommodate individuals with brain injury?
• Are there state efforts to change or expand Medicaid LTSS which could provide the opportunity to ensure that TBI is included?
• Are there champions and advocates to assist?
• Are there opportunities to form coalitions to assist?