Medicaid Comprehensive Rehabilitation Traumatic Brain Injury Memorandum of Understanding Program

Program Overview

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TBI MOU Review

- **Referrals**
  - Hospitals; Acute Rehab Facilities (hospital/rehab based); Residential/Transitional Rehab Centers, Nursing Homes
  - Family members (should be a parent/guardian to stay in compliance with HIPPA laws)
  - A collaboration between a hospital discharge planner or an acute rehab facility’s case manager, the selected Medicaid contracted TBI Provider and MDCH
  - Once a referral is made, MDCH will review all required, submitted documentation and consult with the preferred Medicaid Contracted Rehab Provider. The admission coordinator of the rehab facility will assess the client for program eligibility.
Introduction: The MOU Program has been in operation since the late 1980s.

- The Program is unique in that primary insurance companies do not provide post-acute transitional rehabilitation to their beneficiaries.
- There are only 2-3 states nationwide that have a similar transitional program such as the MOU Program.
- Since Michigan does not have a Waiver Program specific for the traumatic brain injured beneficiary, other funding programs are being utilized to try and provide services to the clients faster and more efficiently than in the past (NFT funding, MI Choice Waiver Program, Home Help).
Nursing Home Referrals

- In January of 2008, Michigan nursing homes began referring their TBI residents for rehab services due to being cited by CMS during their Medicare/Medicaid surveys due to these clients being generally too young for the nursing home population.

- Today, due to hospitals refusing to hold clients until Medicaid is approved, or because clients are in an extended coma, these clients are being transitioned to nursing homes.

- These clients tend to fall thru the cracks once this happens; it’s hard to track them once they leave the hospital.
Medicaid Contract TBI Rehab Providers

- A provider can offer inpatient and/or outpatient TBI rehabilitation services in a “transitional” (AFC) setting and may request enrollment into the TBI rehabilitation program.
- The provider signs a two year contract with MDCH.
- Must be:
  - licensed as an Adult Foster Care Home (AFC) under Act 218 of the Public Acts of 1979 (Inpatient only).
  - Certified by the Rehabilitation Accreditation Commission (CARF) for inpatient and/or outpatient or certified by the Commission on Outpatient Rehabilitation (CORF) as a TBI rehabilitation program for inpatient or outpatient therapies for three (3) years.
- Though not mandated, MDCH prefers licensed rehab staff be Certified Brain Injury Specialist (CBIS)
Pre-Admission Criteria

- Currently Medicaid Eligible – Medicaid should be applied for during the acute hospital stage if the injury will prevent the client from working for a minimum of one year. While Medicaid is “pending”, MDCH/providers can work on meeting the other criteria to enter program.
- Beneficiary must be 18 years of age, a U.S. citizen, and medically stable.
- Brain injury must be “traumatic” in nature (assault/blunt force trauma, MVA, fall, blow to the brain).
Pre-admission criteria (cont.)

- Must be between Rancho 5-6. (See Los Amigos Rancho Scale Form)
- Must be bowel/bladder trained
- TBI must have occurred within last 15 months of referral or have a significant measurable change within the last three months of referral (ex. Bone flap replacement, new onset seizures 2nd to TBI)
- Inpatient: Must be able to participate in 21 hours of intense rehab therapies per week. (PT, OT, SLP, Psychologist/Psychiatry, Social Worker)
- Outpatient: must participate in nine hours of PT/OT/SLP per week, at a contracted facility (can be done at inpatient facility or a contracted facility closer to the discharge site)
  * vocation, education, recreational services and room and board fees are not reimbursable,

- Outpatient rehab must occur within the original six months of the MOU start of care date.
- Physician approved Plan of Care is required; must be submitted to MDCH prior to admission to the rehab facility.
- Care must be rendered in a Medicaid approved, CARF accredited, residential or outpatient program (see Medicaid Contract Provider list)
Definition of Brain Injury

When determining if a brain injury is “traumatic” in nature or is an acute injury, the following definitions are used:

- **Traumatic Brain Injury** – any injury that results in brain cell death and loss of function; an injury to the head arising from blunt or penetrating trauma or from acceleration-deceleration forces such as from a fall, car crash or shaken."

- **Acquired Brain Injury** – a non-traumatic injury derived from either an internal or external source (e.g. stroke, brain tumors, infection, poisoning, hypoxia (hanging, diabetic coma), brain infarct, encephalopathy (swelling/edema) or substance abuse overdose.

- A copy of the initial injury’s CT/MRI report of the brain is submitted to MDCH to determine if meet program eligibility.
Attachment A of the Medicaid Provider Contract Agreement further require:

- A physician signed POC that includes diagnosis, treatment plan/goals, the amount, frequency and duration of the identified therapy needs. The POC must be reviewed and updated at least every 90 days.
- Client must demonstrate the ability to follow verbal, non-verbal or written directions and must be able to actively participate in therapy 21 hours per week (nine hours per week if outpatient)
- Must be awake and alert for at least 10 hours per day
- Able to perform personal hygiene and grooming with standby cueing assistance, be mobile with or without assistive devices.
- Must be able to perform a complete neuropsych evaluation that determines client is at a rancho level 5-6, and must be completed within the past three months of referral. The evaluation should include but is not limited to the following: cognitive and behavioral functioning of the individual; anticipated measurable goals; expected benefits and outcomes; duration of time to attain the specific goals.
- The psychologist must document future needs/recommendations.

Ex. If psychologist recommends OPT, the MOU is usually denied.
Admission Guideline

• All admissions must be prior authorized by MDCH.

• Prior to receiving prior authorization, specific hospital documentation must be submitted. Once these documents are reviewed the MDCH staff will notify the referral source of acceptance/denial into program. (See “Referral Information Sheet)
The following documentations are required for MOU review:

- Initial hospital ER records (H&P, labs, CT/MRI report of the brain, neuro consults/surgical reports)
- Initial PT/OT/SLP and SW evaluations and a current summary report of what the client can/cannot do (ADL/IADL)
- All neurological assessments/evaluations which have been performed following the initial injury.
- Neuro-psychological evaluation report less than three month old.
Documents required are also used to collect data for future program needs. Often when Medicaid Eligibility is held up at the DHS office, it is usually due to need for “more documentation”. MDCH can locate the assigned DHS worker and fax the required documents that are needed to push the decision along. Once all documents are received, they are reviewed by the MDCH Specialist and a decision is made. Often the case is discussed with the appropriate rehab admission coordinator and a joint decision is made.
MOU Approval

- Once a client has been accepted into the program, a contract with the TBI Provider is granted for a two (2) month period.
- A case management team (including MDCH staff) meeting is held prior to the end of the contract. If the beneficiary continues to make progress, the contract will be renewed for another 1-2 months. Discharge planning is discussed at each of these meetings.
- A Beneficiary may stay in the program for a maximum of six (6) months.
- If a beneficiary does not make progress or has met all program goals, final discharge planning takes place.
- If the beneficiary is non-compliant with the program, they will be asked to leave. If a beneficiary leaves AMA the will not be allowed back into the program *
- If the beneficiary is caught using drugs or drinking while in the program they will be immediately discharged

* These decisions are at the discretion of MDCH staff and the rehab treatment team.
Selecting a Rehab Center

- All attempts are made to find a rehabilitation center closest to the family/guardian as the family is an integral part of the treatment.
- Occasionally the rehab facility selected by the family may not have a Medicaid bed available. The beneficiary has the option to be admitted to the program through another facility with the option of transferring to the desired facility when a bed becomes available.

Ex: Client injured in a MVA in Grand Rapids and is transferred from Mary Free Bed to Hope Network in Grand Rapids. Client’s family live in Wexford County. Client was at Hope Network for three months after meeting inpatient goals. Outpatient was ordered by the physician. Client was transitioned to Lighthouse Rehab Center in Traverse City for three months of continued therapy under the MOU OPT program.
Transition from MOU Program

- Once the MOU Program is completed (in program six months or has met goals sooner than six months), the beneficiary may continue to receive OPT thru straight Medicaid for up to 36 visits per therapy without a physician’s order.

- The beneficiary will be discharged home with family or to an AFC home. If further services are needed, MI Choice Waiver services may be considered.