

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**



TBI SPP
Traumatic Brain Injury
State Partnership Program



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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

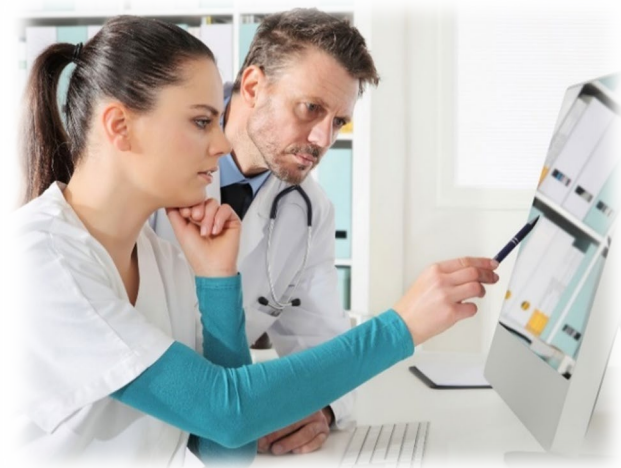
Purpose:

- 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).*



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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:**
<https://www.hsri.org/project/traumatic-brain-injury-technical-assistance-and-resource-center>
- **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?