

**JOINT LEGISLATIVE OVERSIGHT COMMITTEE  
ON HEALTH AND HUMAN SERVICES**

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**Development of a TBI Home &  
Community Based Waiver in  
North Carolina**

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**November 17, 2014**

# Prevalence:



- The Centers for Disease Control & Prevention (CDC) estimates that 2% of the population have a TBI
  - In NC this equates to 190,000 people
- The CDC also estimates that of that 190,000 approximately 1/3 will require long term care
  - In NC this equates to **63,333** people
- We also know that 76,708 NC citizens sustained a TBI\* in 2012.

\*NC Disease Event Tracking & Epidemiologic Collection Tool (NC DETECT), analysis conducted by the Injury & Violence Prevention Branch, NC Division of Public Health.

# Estimated Cost: Comparing NC to New York



- New York is one of the states that serves the most people under their TBI program
- Rationale: The New York State TBI waiver serves 3939 participants. North Carolina has roughly  $\frac{1}{2}$  the population of New York State: 9.84 million (NC) / 19.65 million (NY).

## DMA Costs – Services

# Beneficiaries	1969
Average annual cost/beneficiaries	\$85,000
Total Costs	\$167,365,000

# Estimated Cost: Comparing NC to Minnesota



- Minnesota has a robust TBI Waiver that includes SNF and Neurobehavioral Hospital Level of Care
- Rationale: The MN TBI waiver serves 2008 participants. North Carolina has roughly 1.8 times the population of Minnesota: 9.84 million (NC) / 5.4 million (MN).

## DMA Costs – Services

# Beneficiaries	3614
Average annual cost/beneficiaries	\$85,000
Total Costs	\$307,190,000

# Estimated Cost: Comparing NC to Maryland



- Maryland has a robust TBI Waiver that includes SNF and Chronic and Rehabilitation Hospital Level of Care
- Rationale: The MD TBI waiver serves 122 participants. North Carolina has roughly 1.6 times the population of Minnesota: 9.84 million (NC) / 5.93 million (MD)

## DMA Costs – Services

# Beneficiaries	195
Average annual cost/beneficiaries	\$85,000
Total Costs	\$16,575,000

# Recommendations if NC Pursues a TBI Waiver



- A State appropriation will be required, as DHHS does not have any current sources of funding for the State match.
- Based upon analysis comparing NC to other states with more robust programs, DHHS recommends that the TBI Waiver begin with a smaller number of beneficiaries with TBI and allow a phased responsive program to expand over time.

# TBI Waiver Purpose:



- The waiver will be designed to provide community alternatives for individuals with TBI who are currently in:
  - Skilled Nursing Facilities,
  - Chronic Hospitals, or
  - Specialty Rehabilitation Hospitals, or
  - Those who are in the community and at risk for placement in these facilities
- The objective of the waiver is to integrate and maintain the individual in the community utilizing services that are specifically targeted for individuals with TBI

# Potential Target Population:



Medicaid beneficiaries who:

- Reside in the State of North Carolina;
- Must have traumatic brain injury which occurred on or after their 22nd birthday;
- Meet placement criteria for nursing facilities, chronic hospital or specialty rehabilitation hospital;
- Are not more appropriately serviced by any other 1915(c) waiver
- Exhibit medical, emotional, behavioral and cognitive deficits



# Veterans and a TBI Waiver:



- **Active Duty Service Members are served under Tricare. Veterans are generally served through the Veterans Administration.**
  - **Any Veteran who meets the Medicaid eligibility requirements for the waiver could be served**
  - **The TBI Waiver itself will bring more TBI specific providers to the State**
    - **The Veterans Administration can now contract with private providers to increase access to specific direct care for our Veterans**

# Estimated Cost:

## 5 year Project with 122 total participants



### DMA Costs - Services

	SFY2015	SFY2016	SFY2017	SFY2018	SFY2019
# Beneficiaries	74	76	98	110	122
Average annual cost/recipient	\$85,000	\$85,000	\$85,000	\$85,000	\$85,000
Total Costs	\$6,290,000	\$6,460,000	\$8,330,000	\$9,350,000	\$10,370,000
Federal Share	\$4,143,852	\$4,279,104	\$5,517,792	\$6,193,440	\$6,869,088
State Appropriation	\$2,146,148	\$2,180,896	\$2,812,208	\$3,156,560	\$3,500,912
FMAP	0.6588	0.6624	0.6624	0.6624	0.6624

### DHHS Costs – Staff (3)

	SFY2015	SFY2016	SFY2017	SFY2018	SFY2019
Total Costs	\$256,305	\$256,305	\$256,305	\$256,305	\$256,305
Federal Share	\$168,854	\$169,776	\$169,776	\$169,776	\$169,776
State Appropriation	\$87,451	\$86,529	\$86,529	\$86,529	\$86,529
FMAP	0.6588	0.6624	0.6624	0.6624	0.6624

# Proposed TBI Waiver Assumptions:



- A maximum of 122 people will be served. The full amount will not be served in the first year.
- The maximum annual cost will be less than the average institutional cost. On average, there is an annual cost of \$85,000 per recipient.
- The staff position is assumed at a 50/50 administrative match.
- The Federal Medical Assistance Percentages (FMAPs) applied above (for services) are at the normal shares.

# Proposed TBI Waiver Assumptions:



- For each year, the majority of individuals will be served at the Skilled Nursing Level of Care.
- A smaller group will be served at the Chronic Hospitalization or Rehabilitation level of Care.
- The assumption is that the individuals receiving the Chronic Hospitalization or Rehabilitation Level of Care will transition over to the Skilled Nursing Level of Care. See the chart below for information:

	Individuals	Hospital LOC	Nursing LOC
Year 1	74	10	64
Year 2	86	12	74
Year 3	98	13	85
Year 4	110	15	95
Year 5	122	17	105

# State TBI Funds and Waiver Funds



- State TBI Funds and TBI Waiver Funds will both be used to support individuals with TBI in their community.
- An individual could transition from State TBI Funds to the TBI Waiver if s/he meets the waiver criteria. In this scenario state funding would then be available for another individual.
- An individual could also transition from the TBI Waiver to State TBI Funds if s/he no longer meets the criteria for the TBI Waiver.

# Proposed Services Array:



**The following services are in conjunction with any Medicaid State Plan services for which the individual was eligible.**

- **Extended Clinical Services** - physical therapy, occupational therapy, speech/language therapy, neurobehavioral and cognitive behavioral interventions, cognitive rehabilitation, mental health and substance abuse services, & similar services performed by credentialed professionals at a level higher or not otherwise covered under the State Plan.

# Proposed Service Array:



- **Assistive Technology Equipment and Supplies**
  - Items & systems to increase, maintain, or improve functional capabilities
  - includes adaptive equipment, aides for daily living, environmental control, positioning systems, alert systems, repair of equipment & caregiver training
- **Day Programs**
  - individual or group service that provides assistance to with acquisition, retention, regaining or improvement in self-help, socialization & adaptive skills provided in a non-residential setting.

# Proposed Service Array:



- **Respite Care (in-home or facility)**
  - periodic support and relief to the primary caregiver(s) from the responsibility and stress of caring for the beneficiary including overnight, weekend care, or emergency care
- **In-Home Supports**
  - personal care/assistance, medication administration, chore services, night supervision, companion services and homemaker services



# Proposed Service Array:



- **Residential Supports**

- personal care/assistance, medication administration, chore services, night supervision, companion services and homemaker services.

- **Home Modifications**

- physical modifications to a private residence that are necessary to ensure the health, welfare, and safety of the beneficiary or to enhance the beneficiary's level of independence.

# Proposed Service Array:



- **Medical Day**
  - medically supervised, health-related services provided in an ambulatory setting to medically involved adults who, due to their degree of impairment, need health maintenance and restorative services supportive to their community living.
- **Neurobehavioral Programming**
  - assists the individual to change behavior, replacing maladaptive, badly adjusted, or self-destructing behaviors by learning new, more beneficial behaviors.

# Proposed Service Array:



- **Family and Caregiver Training**
  - training to families and the natural support network in order to train on intervention/strategies & the use of specialized equipment and supplies.
- **Vehicle Modifications**
  - Alterations to a vehicle to accommodate a person.

# Proposed Service Array:



- **Transportation**
  - transportation to community activities and/or other waiver services when transportation is not included in another service rate.
- **Supported Employment**
  - assistance with choosing, acquiring, and maintaining a job when competitive employment has not been achieved and /or has been interrupted or intermittent. This includes pre job training, coaching, and long term follow along.

# Proposed Service Array:



- **Supported Living**
  - individualized services and support to enable individuals to reside in a home that is under the control and responsibility of the individual. Includes direct assistance as needed with activities of daily living, household chores essential to the health and safety of the individual/s, budget management, attending appointments, and interpersonal and social skills building to enable the individual to live in a home in the community.

# Proposed Service Array:



- **Personal Care**
  - includes support, supervision and engaging participation with eating, bathing, dressing, personal hygiene and other activities of daily living and may include cueing support.
- **Resource Facilitation**
  - A partnership with the individual to be served to assist with information regarding community access and partnership building to allow the individual to make appropriate choices for a full life.

# Secondary Benefits of a TBI Waiver:



- New and knowledgeable TBI specific providers will come to NC
- Increase the scope of practice of current NC providers
- The Veterans Administration will have a more robust provider network with which to contract for TBI specific services

## **DHHS Recommendations if State Submits Waiver:**



- **Initially serving 122 to 200 individuals and allowing the population served to expand over time.**
- **Initially serve adults. During future evaluation we will determine if it is appropriate to expand the Target Population to include injuries sustained prior to the 22nd birthday.**
- **Develop a trained and competent provider network that is able to support the TBI population as the waiver expands.**



# **DHHS Recommendations if State Submits Waiver:**



- **Assess the TBI waiver at regular intervals to ensure it is meeting the needs of participants, is cost neutral, and sustainable.**
- **In order for a TBI Waiver to be pursued, a State appropriation would need to be made available to fund the state match.**
  - **The present TBI State specialty funds will continue to be used for those who do not qualify for Medicaid but demonstrate need**
  - **The combination of a TBI specific Waiver and specialty TBI State funds will increase the service capacity for this underserved population**

# Points for Further Discussion:



- Continue to work with Stakeholder groups and in conjunction with the North Carolina Brain Injury Advisory Council for feedback and to ensure the waiver will meet the needs of the TBI community.
- Work with states with successful TBI programs to identify learning lessons and opportunities.
- Determine ways to ensure cost neutrality, contain costs, and establish an upper limit to the waiver benefit.

# Points for Further Discussion:



- Investigate starting the TBI Waiver as a phased program and expanding the waiver to the entirety of the state after evaluating the program and making changes based on lessons learned.
- Develop a working relationship between the Veterans Administration and the LME/MCOs to ease the transition burden for our Veterans from program to program.
  - Resource Facilitation can be the conduit
- Choose or develop an appropriate assessment tool.

# Proposed Timeline for Waiver Implementation:

