

TBI/ABI HCBS Waiver Programs and Other Options for Long-term Services and Supports (LTSS)

Introduction

This paper provides an overview of Traumatic Brain Injury/Acquired Brain Injury (TBI/ABI) Medicaid Home and Community-Based (HCBS) waiver programs and other State options for long-term services and supports (LTSS) for individuals with brain injury who are Medicaid eligible.

Kansas is the first State to implement a TBI HCBS Medicaid waiver, initially approved in the mid 1980s, and other States soon followed. As of September 2018, 21 States administer brain injury HCBS waiver programs. A few States administer more than one brain injury waiver. North Carolina is the latest State to be approved (2018) and Missouri's application is pending approval by the Centers for Medicare and Medicaid Services (CMS).

The 1915(c) HCBS Waiver program was added as a Medicaid optional service in 1981 to offset the institutional bias of the federal Medicaid program with regard to providing LTSS to individuals with disabilities or for older adults needing institutional or nursing facility level of care.

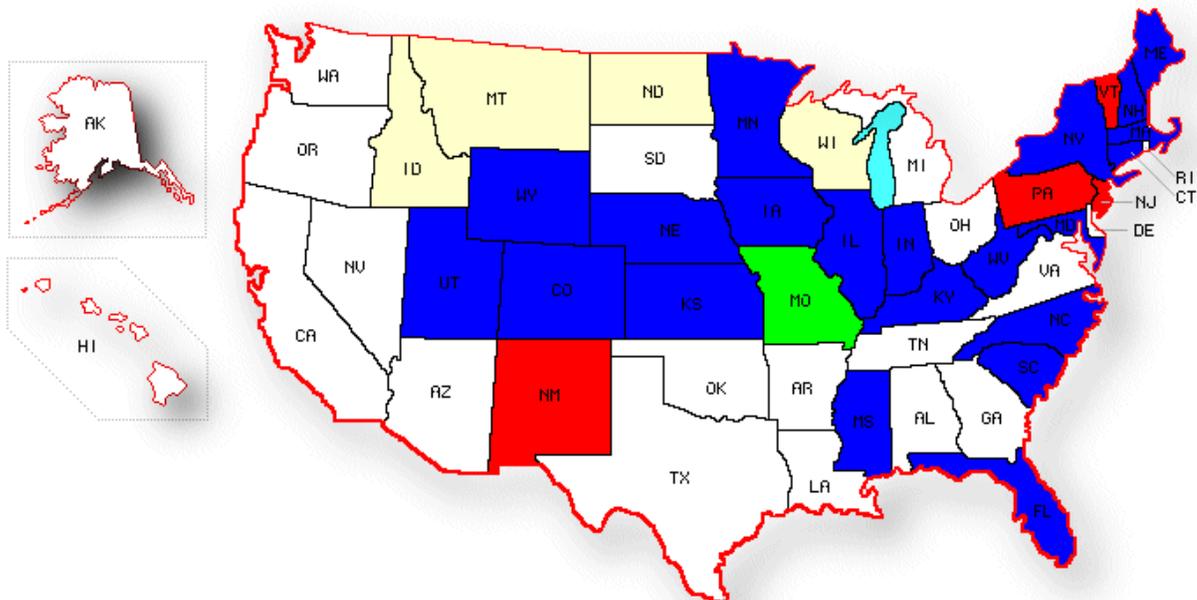
More recently, States have been afforded additional options and incentives to offer community-based services in lieu of institutional level of care. This is in keeping with the U.S. Supreme Court's 1999 landmark decision in *Olmstead v. L.C.* that ruled individuals with disabilities have a right to state-funded community living rather than in institutions.

A few States have combined their previous brain injury HCBS waiver with other State Medicaid HCBS waiver programs or in a 1115 Medicaid demonstration waiver. At least one State provides services to individuals with TBI under their 1915(k) plan, although the State does not serve based on diagnosis, but based on level of care and need.

TBI/ABI Medicaid HCBS programs vary considerably in terms of numbers served. Services offered generally include: adult day care, personal assistance, behavioral programming, case management, cognitive rehabilitation, durable medical equipment, homemaker chore services, home accessibility modifications, therapies, respite, prevocational services, supported employment, and personal emergency response systems.

Blue – TBI/ABI Medicaid HCBS Waiver Program
Red – 1115 Demonstration Waiver includes TBI/ABI

Buff – Previous TBI/ABI HCBS Waiver
Green – Pending Approval



Medicaid Program: Overview

Title XIX of the Social Security Act of 1965 established the Medicaid program, which is a joint federal-State health care program to provide health and related medical services to individuals with low income. State participation is voluntary, although all States and the District of Columbia participate in the federal program. Each State designs and administers its own program with regard to (1) eligibility standards; (2) type, amount, duration, and scope of services; and (3) the rate for payment for services. The federal program establishes broad parameters related to mandated and optional eligibility requirements and benefits.

The federal government determines annually the match rate that each State receives for the Medicaid program, known as the Federal Medical Assistance Percentage (FMAP). It is determined by a formula that compares the State's average per capita income level with the national average. The Affordable Care Act (ACA) allowed States to enact Medicaid Expansion program to cover people with income up to 133% of the poverty line qualify for coverage, including adults without dependent children. The federal government paid 100% of costs for three years.

Traditionally, States have administered the program as a "fee-for-service" model reimbursing providers according to an established rate. However, States are moving to a capitated coordinate care model or managed care model for long-term care, in part to constrain costs. States are adopting a value-based payment (VBP) models to reward high quality and cost-effective care to beneficiaries.

The designated State Medicaid agency submits a State Plan to the federal agency, Centers for Medicare and Medicaid Services (CMS), for approval. The State Plan describes how the State administers its Medicaid program, including groups of individuals to be covered, services to be provided, methodologies for providers to be reimbursed and the administrative requirements that States must meet to participate. States frequently send a State Plan Amendment, referred to as a SPA, to CMS for review and approval. Some States require legislative approval before making changes to their State Plan affecting services and eligibility criteria.

Medicaid Eligibility

States must cover "categorically needy" individuals, including children, aged, blind or disabled individuals, and pregnant women, and families or caretakers with dependents who meet certain criteria, such as receiving cash assistance. States also have the option of providing Medicaid coverage for certain other "categorically related" groups of persons. Most State cover recipients of SSI, *but not all States use SSI criteria* and use more restrictive requirements than those of the SSI program. States may cover:

- Individuals who would be eligible if institutionalized, but who are receiving care under home and community based services waivers.
- individuals eligible under a special income level (the amount is set by each State—up to 300% of the SSI federal benefits rate).
- Certain aged, blind, or disabled adults who have incomes above those requiring mandatory coverage, but below the federal poverty level.
- "Medically needy" persons.

In order to be eligible for Medicaid, individuals need to satisfy federal and State requirements regarding residency, immigration status, and documentation of U.S. citizenship. As low income adults without dependent children were ineligible for Medicaid coverage, the 2010 Affordable Care Act (ACA) gave States the option to expand Medicaid eligibility to include adults with incomes of up to 133 percent of the federal poverty level in order to provide health care coverage (Medicaid expansion) to uninsured individuals. However, individuals who may be covered under ACA Medicaid expansion will not necessarily receive the same services as offered in the State Plan or waiver programs.

Coverage/Benefits

The federal Medicaid program mandates certain benefits that have to be offered, including, inpatient hospital services; outpatient hospital services; Early and Periodic Screening, Diagnostic and Treatment Services (EPSDT); nursing facility services; home health services; physician services; rural health clinic services;

laboratory and X-ray services; and transportation to medical care. States may offer additional services or benefits, known as optional services, and these include diagnostic services; case management; prescription drugs and prosthetic devices; clinic services; intermediate care facilities for individuals with intellectual disabilities (ICF-IID), optometrist services and eyeglasses; rehabilitation; therapy services, transportation services; inpatient psychiatric hospital services for individuals under the age of 21; home and community-based waiver programs; and personal care services.

Long-Term Services and Supports Options

Medicaid is the primary payer of long-term services and supports (LTSS). The U.S. Supreme Court's 1999 landmark decision in *Olmstead v. L.C.* resulted in increased Medicaid options to assist States in offering community-based services in lieu of institutional services. These options and incentives includes the Money Follows the Person (MFP) Demonstration program, which expired in 2017. Legislation has since been introduced to reauthorize the program. The ACA authorized the Balancing Incentive Program (BIP) to provide financial incentives to increase non-institutional LTSS. BIP provided a 2% increased FMAP for States that spent less than half of their total LTSS dollars on community LTSS in 2009 and States that spent less than 25% received 5% enhanced FMAP. The program has also since ended. States have the following options for LTSS:

1915 (c) Home and Community-Based Services Waivers

The Home and Community-Based Services (HCBS) waiver program was established under section 1915(c) of the Social Security Act of 1981. The purpose of this provision is to offer a broad range of home- and community-based services to people who may otherwise be institutionalized. This option allows States to waive certain Medicaid program requirements, including:

- **Statewideness:** Allows States to target waivers to areas of the State where the need is greatest, or where certain types of providers are available.
- **Comparability of services:** Allows States to offer waiver services to only certain groups of people who are at risk of institutionalization, such as brain injury.
- **Income and resource rules applicable in the community:** Allows States to provide Medicaid to people who would otherwise be eligible only in an institutional setting, often due to the income and resources of a spouse or parent. States can also use spousal impoverishment rules to determine financial eligibility for waiver services.

States must demonstrate cost neutrality. This may be determined by the aggregate numbers served by the program or by individual costs. State HCBS Waiver programs must:

- Demonstrate that waiver services won't cost more than providing these services in an institution.
- 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.

To be eligible for a waiver program, a person must meet the State's Medicaid and waiver eligibility criteria and require an institutional level of care (nursing level of care) as assessed by the State. Services provided by the waiver are to be above and beyond the services otherwise offered by the State Medicaid program.

TBI/ABI HCBS Waiver Programs

TBI/ABI HCBS waiver programs vary considerably across the country in terms of numbers served and how the State has defined the level of care requirement. Twenty-one States administer TBI/ABI waiver programs with three States administering more than one TBI/ABI waiver (CT, KY, MA). Most States have designed their waiver programs around typical LTSS services. However, a handful of States have designed their waiver services to focus primarily on short-term rehabilitation and community reintegration.

Most States base their level of care waiver requirements and project cost savings based on care provided in a nursing facility. Some States define the level of care based on Intermediate Care Facility for Individuals with

Intellectual Disabilities (ICF-IID), neurobehavioral hospital, rehabilitation hospital, or specialized nursing facility as the type of institution for which the person would need if not for the HCBS waiver. In many States which do not offer a waiver program, the nursing facility rate is much lower than other settings, which makes it difficult for the State to demonstrate costs savings by providing the array services needed within a community setting.

As States are responsible for assessing level of care, functional assessment tools and evaluation varies with each State and even with regard to each waiver program that the State administers (i.e. IDD, physical disabilities, aging, or autism). Understanding how functional assessments are performed is critical in determining needs and eligibility for HCBS waiver programs. These assessments may be performed by personnel from a State agency or through contracted agencies. Once a person is assessed and determined to be eligible, a comprehensive service plan (personal care plan) will be developed generally by an interdisciplinary team, service coordinator/case manager, other support programs/resources/providers, the individuals with a TBI, and any others that the individual with a TBI may choose.

Most services covered under TBI/ABI HCBS Waiver programs include adult day care, personal assistant, case management, cognitive rehabilitation, homemaker, home and vehicle modifications, durable medical equipment, therapies, behavioral programming, family counseling, respite, prevocational services, supported employment, and personal emergency response systems. Waiver participants must have full access to State Plan services. Waivers cannot cover room and board, however. In many States, a non-Medicaid agency may be responsible for administering the program aspects of the waiver program, while the Medicaid agency is responsible for submitting the waiver and general oversight.

Considerations for Pursuing a TBI/ABI Waiver

The first step in pursuing a waiver is to understand your State's Medicaid Program – eligibility and State Plan services, including current waiver programs. Medicaid waivers are exceptions to the State's Plan Medicaid services and must be above and beyond what is currently provided. Other areas to consider include:

- Current facilities where individuals with brain injury are receiving LTSS and to what extent. A State may want to conduct a survey to determine how many people are residing in institutional settings and the associated costs for that care.
- Purpose of the waiver.
- Which of the Medicaid requirements will be waived (i.e. statewideness, comparability of services, freedom of choice).
- How will the waiver be administered and operated and by whom. Who will provide oversight to ensure quality of care -- systems to effectively monitor the adequacy of service plans, the qualifications of providers, and the health and welfare of beneficiaries. In some States, it rests with the Medicaid agency and in other States, responsibilities are split with another agency responsible for service delivery for the population to be served.
- Participant access and eligibility.
 - Functional assessment tools used by the State to determine level of care -- does the level of care assessment tool distinguish between being able to perform tasks independently with or without cues or prompting in order to perform activities of daily living (ACLs) and Instrumental Activities of Daily Living (IADLs).
- What is the scope of services or limitations, delivery methods and rate.
- What additional services are needed beyond the State Medicaid Plan to provide the level of supports to enable an individual to live in the community (e.g., housing).
- Who are the providers that will be needed to carry out the community services -- what type of providers, their qualifications (credentials/licensure), and expertise.
- Financial information to demonstrate cost neutrality.
- State match needed for the waiver. Will this be a new State appropriation or will funds from an existing State TBI program be used for the State match requirement.
- Can services be covered under an existing waiver that may be amended.
- Does your State require legislative approval to submit a waiver application.

1915(k) Community First Choice Option State Plan

Section 2401 of the ACA established a new State option to provide home and community-based attendant services and supports, known as Community First Choice Option (CFC), at a 6 percentage point increase in FMAP. To be eligible, individuals should be determined to need an institutional level of care. The State cannot target populations or disabilities, areas of the State or cap the number served.

States electing this option must make available home and community-based attendant services and supports to assist in accomplishing ADLs, IADLs, and health related tasks through hands-on assistance, supervision, and/or cueing. States may also provide transition costs such as rent and utility deposits, first month's rent and utilities, purchasing bedding, basic kitchen supplies, and other necessities required for transition from an institution; and the provision of services that increase independence or substitute for human assistance to the extent that expenditures would have been made for the human assistance, such as nonmedical transportation services or purchasing a microwave.

States are required to use a person centered service plan that is based on an assessment of functional need and allows for the provision of services to be self-directed under either an agency provider model, a self-directed model with service budget, or other service delivery model defined by the State and approved by the Secretary. States may offer more than one service delivery model. States which have been approved are: California, Maryland, Montana, Oregon, and Texas.

1915(i) HCBS State Plan Option

The ACA expanded financial eligibility for 1915(i) services, first established by the Deficit Reduction Act of 2005 (DRA), and created a new optional Medicaid eligibility group that allows people not otherwise eligible to access full Medicaid benefits in addition to State Plan HCBS. This provision allows States to target 1915(i) services to specific populations (i.e., based on diagnosis, age, disability or coverage group), and expands the services States may cover under this option. This option does not require cost neutrality to the federal government nor require individuals to meet an institutional level of care in order to qualify for HCBS. It allows States to offer services and supports to individuals before they need institutional care. Many States have used this option to cover behavioral health services for individuals with substance use or mental health conditions.

Health Home Services State Plan Option

The ACA provided States with a new State Plan option to provide health home services, such as care coordination and case management, for Medicaid beneficiaries with chronic conditions. States receive a temporary 90 percent enhanced FMAP for participation. This approach is for persons who are Medicaid eligible who have two or more chronic conditions; have one chronic condition and are at risk for a second; or have one serious and persistent mental health condition. States can target health home services geographically. Services include comprehensive care management; care coordination; health promotion; comprehensive transitional care/follow-up; patient & family support; and referral to community & social support services.

CMS Settings Rule and Regulations

CMS issued a final rule on January 14, 2014, to enhance quality in HCBS programs and to add protections for individuals receiving services. The rule establishes requirements for HCBS program settings operated in accordance with 1915(c) HCBS Waiver programs, 1915(i) HCBS State Plan Option, and 1915(k) Community First Choice State Plan Option, and:

- 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, and
- provides CMS with additional compliance options for HCBS programs.

The rule addresses an outcome-oriented definition of HCBS settings, rather than one based solely on a setting's location, geography, or physical characteristics. In accordance with the rule, States will need to

evaluate the settings currently in their 1915(c) waivers and 1915(i) State plan programs and, if there are settings that do not meet the final regulation's HCBS requirements, work with CMS to develop a plan to bring their program into compliance. The rule called for the public to have an opportunity to provide input on a State's transition plan developed to ensure that the HCBS settings are in compliance.

In this final rule, CMS specifies that service planning must be developed through a person-centered planning process that addresses health and long-term services and support needs in a manner that reflects individual preferences and goals. In summary, CMS supports LTSS that are:

- **Person-driven:** The system affords older people, people with disabilities and/or chronic illness the opportunity to decide where and with whom they live, to have control over the services they receive and who provides the services, to work and earn money, and to include friends and supports to help them participate in community life.
- **Inclusive:** The system encourages and supports people to live where they want to live with access to a full array of quality services and supports in the community.
- **Effective and accountable:** The system offers high quality services that improve quality of life. Accountability and responsibility is shared between public and private partners and includes personal accountability and planning for long-term care needs, including greater use and awareness of private sources of funding.
- **Sustainable and efficient:** The system achieves economy and efficiency by coordinating and managing a package of services paid that are appropriate for the beneficiary and paid for by the appropriate party.
- **Coordinated and transparent:** The system coordinates services from various funding streams to provide a coordinated, seamless package of supports, and makes effective use of health information technology to provide transparent information to consumers, providers and payers.
- **Culturally competent:** The system provides accessible information and services that take into account people's cultural and linguistic needs.

Finally, the rule calls for conflict-free case management that must be independent of service provision. An agency or provider cannot provide both case management activities and direct services.

References

- Centers for Medicare and Medicaid Services (CMS) website: www.cms.gov
- "How is the Affordable Care Act Leading to Changes in Medicaid Long-Term Services and Supports (LTSS) Today? State Adoption of Six LTSS Options". Policy Brief. Kaiser Commission on Medicaid and the Uninsured, April 2013.
- Eiken S., Spredl K., Gold L., Kasten J., Burwell B., Saucier PI, Medicaid Expenditures for Long-Term Services and Supports in FFY 2012, April 28, 2014.
- Federal Register, "Medicaid Program; State Plan Home and Community-Based Services, 5-Year Period for Waivers, Provider Payment Reassignment, and Home and Community-Based Setting Requirements for Community First Choice and Home and Community-Based Services (HCBS) Waivers," January 16, 2014, Volume 79 No.11
- Oversight of Quality of Care in Medicaid Home and Community-based services Waiver Programs. U.S. Department of Health and Human Services. Inspector General. June 2012.

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National Association of State Head Injury Administrators

State ABI/TBI Medicaid HCBS Waiver Programs

State	Waiver	Services	Level of Care	Numbers Served/ Capacity
Colorado	CO Persons with Brain Injury Approval Date: 7/1/1995 Effective Date: 7/1/2013 Expiration Date: 7/1/2018 Renewed Expiration Date: 6/30/2023	Adult day health, day treatment, personal care, respite, behavioral programming and education, consumer directed attendant support, environmental mods, independent living skills training, mental health counseling, non-medical transportation, PERS, specialized medical equipment and supplies/assistive devices, substance abuse counseling, supported living program, transitional living program for individuals w/brain injury. Ages 16 - no max age.	Hospital Nursing Facility	Total Estimated Unduplicated Participants: 338 yr. 5
Connecticut (2 waivers)	1) CT ABI Waiver (0302.R04.00) Initially Approval Date: 01/01/1999 Effective Date: 01/01/2017 Expiration Date: 12/31/2021	Case management, homemaker, personal care, prevocational, respite, supported employment, ABI group day, chore, cognitive behavioral programs, community living support, companion, environmental accessibility adaptation, home delivered meals, independent living skill training, personal emergency response systems (PERS), specialized medical equipment and supplies, substance abuse programs, transitional living, transportation, vehicle modifications for individuals with brain injury ages 18 - no max age.	Hospital Nursing Facility ICF-IID	Total Estimated Unduplicated Participants: 434 454 – yr. 1 406 yr. 5
	2) CT ABI Waiver II (1085.R00.00) Date Initially Approved: 11/26/2014 Implementation Date: 12/01/2014 Expiration Date: 11/30/2019	ABI group day care, adult day health, case management, homemaker; personal care, prevocational, respite, supported employment, ABI recovery assistant (I and II), chore, cognitive behavioral programs, community living support services (CLSS), companion, environmental accessibility adaptation, home delivered meals, independent living skill training, personal emergency response systems (PERS), specialized medical equipment and supplies, substance abuse programs, transportation, and	Hospital Nursing Facility ICF-IID	Unduplicated Participants: 405 (yr. 5)

		vehicle modifications. The State reserves capacity to cover consumers transitioning off of the Money Follows the Person Demonstration (MFP) and onto the ABI Waiver II from November 2014 through November 30,2019 (54 for each year, 2-5). Ages 18 -- 64.		
Florida	<p>FL Traumatic Brain and Spinal Cord Injury Waiver</p> <p>Initial Approval Date: 07/01/1998</p> <p>Effective Date: 07/01/2017</p> <p>Expiration Date: 06/30/2022</p>	Residential habilitation, assistive technology, attendant care, behavior programming, community support coordination, consumable medical supplies, OT, personal adjustment counseling, personal care, PT, transition case management, companion care, emergency alert response system-installation, emergency alert response system-monitoring/maintenance, environmental accessibility adaptations, life skills training, rehab engineering evaluation, transitional environmental accessibility adaptations for individuals with BI ages 18 no max age.	Nursing Facility	Total Estimated Unduplicated Participants: 468
Illinois	<p>IL HCBS Waiver for Persons w/Brain Injury</p> <p>Initial Approval Date: 07/01/1999</p> <p>Effective Date: 07/01/2012</p> <p>Approval Date: 6/13/2018</p> <p>Expiration Date: 06/30/2022</p>	Adult day care, day habilitation, homemaker, personal assistant, prevocational, respite, supported employment, home health aide, intermittent nursing, OT, PT, speech therapist, cognitive behavioral therapies, environmental accessibility adaptations, home delivered meals, in-home shift nursing, PERS, specialized medical equipment for individuals w/brain injury ages 0 - no max age.	Nursing Facility – Persons with Brain Injury	Total Estimated Unduplicated Participants: 4623
Indiana	<p>IN Traumatic Brain Injury</p> <p>Approval Date: 01/01/2000</p> <p>Effective Date: 01/01/2013</p> <p>Expiration Date: 01/01/2018</p> <p>Renewed: Effective Date: 1/01/2018</p> <p>Expiration Date: 12/31/2022</p>	Adult day, attendant care, case management, homemaker, residential based hab, respite, structured day program, supported employment, adult family care, behavior management/behavior program and counseling, community transition, environmental mods, health care coordination, home delivered meals, nutritional supplements, PERS, pest control, specialized medical equipment and supplies, transportation, vehicle mods for individuals w/brain injury ages 0 - no max age.	Nursing Facility ICF-IID	Total Estimated Unduplicated Participants: 200
Iowa	<p>IA Home and Community-Based – Brain</p>	Adult day care, case management, consumer directed attendant care-skilled, prevocational services,	Nursing Facility ICF-IID	Total Estimated Unduplicated Yr. 5, 10/01/2018-

	<p>Injury</p> <p>Approval Date: 10/01/1996</p> <p>Effective Date: 10/01/2009</p> <p>Expiration Date: 09/30/2014</p> <p>Renewed:</p> <p>Effective Date: 10/01/2014</p> <p>Expiration Date: 9/20/2019</p> <p>Concurrent with: Iowa High Quality Healthcare Initiative (Submitted)</p>	<p>respite, supported employment, FMS-consumer choices option, behavioral programming, consumer directed attendant care-unskilled, family counseling and training, home and vehicle mods, independent support broker-consumer choices option, individual directed goods and services-consumer choices option, Interim medical monitoring treatment, PERS, self-directed community support and employment, self directed personal care-consumer choices option, specialized medical equipment, supported community living, transportation for individuals w/BI ages 0 - no max age.</p> <p>Amendments change the provider qualifications, scope of services, duration, limitation and reimbursement methodologies for the home- and community-based services (HCBS) prevocational and supported employment services within this Waiver.</p> <p>Replaces the Targeted Case Management Comprehensive Functional Assessment Tool with the interRAI Home Care standardized assessment tool or other department designated tool for level of care determinations , annual redeterminations and service planning.</p> <p>Operated by the Bureau of Long Term Care, Iowa Medicaid Enterprise, MCOs are generally to be responsible for delivering covered benefits, including physical health, behavioral health and LTSS in a highly coordinated manner.</p> <p>Participants who have not made an MCO selection, or who are otherwise ineligible for managed care enrollment as defined in the Iowa High Quality Healthcare Initiative §1915(b) waiver, will continue to receive services through the fee-for-service delivery system. As such, the State will continue to contract with the following entities to perform certain waiver functions.</p>		<p>9/30/2019 -- 1755</p> <p>Thirty slots reserved based on the anticipated movement of individuals moving from out-of-State nursing facilities (NF) or skilled nursing facilities (SNF) and Intermediate Care Facilities for Persons with Intellectual Disabilities (ICF/ID) and movement within the State to community based settings funded through the BI waiver.</p> <p>The state will set aside fifteen slots each year for individuals who are receiving residential community based neurobehavioral rehabilitation services to enable them to transition to home with the support of the services available through the BI Waiver once their treatment with the CNRS provider is completed.</p>
Kansas	KS TBI Initial Approval	Personal services, OT extended, PT extended, speech/language extended, FMS, assistive services,	TBI Rehabilitation Facility (Hospital Defined)	Total Estimated Unduplicated Participants: 723 (yrs.

	<p>Date: 07/01/1986</p> <p>Effective Date" 07/01/2014</p> <p>Expiration Date: 06/30/2019</p>	<p>behavior therapy, cognitive rehabilitation, home-delivered meals, medication reminder services, PERS and installation, sleep cycle support, transitional living skills for individuals with brain injury ages 16-64, and show the capacity for progress in rehabilitation and independent living skills.</p> <p>The waiver program places an emphasis on intensive rehabilitation therapy services as well as an opportunity for participant-driven services and independent living. Through the program, persons with TBI can access needed services in the residence (non-congregate) of their choice while having the ability to exercise more control in creating a lifestyle that is of their choosing.</p> <p>The Kansas TBI waiver is designed to be a rehabilitation program rather than one with a focus on maintenance, with an emphasis on the development of new skills and/or re-learning of lost skills. Individuals who receive services through this waiver may continue to do so up to four years until it is determined that they are no longer making progress in rehabilitation and improved living skills.</p> <p>TBI program services will be provided as part of a comprehensive package of services provided by KanCare health plans (Managed Care Organizations), and will be paid as part of a capitated rate. The contracted assessor screens for reasonable indicators of program eligibility and conducts a functional assessment to determine if the participant meets program level of care threshold. The program manager is responsible for ensuring the documentation supports the injury is traumatically-acquired in accordance with program requirements. The Managed Care Organizations (MCOs) are responsible for conducting the needs assessment in order to determine the level of service needs and develop the Plan of Care (POC).</p> <p>The managed care health plans are responsible for developing a person-</p>		1-5)
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		<p>centric plan of care than includes both behavioral, physical and HCBS TBI services. The services available through the TBI program are:</p> <ul style="list-style-type: none"> - Transitional Living Skills - Personal Services - Assistive Services (assistive technology and home modifications) - Personal Emergency Response System and Installation - Enhanced Care Services - Physical Therapy - Occupational Therapy - Speech/Language Therapy - Cognitive Rehabilitation - Behavior Therapy - Financial Management Services - Home-Delivered Meals Service - Medication Reminder Services 		
Kentucky (2 waivers)	<p>1) KY Acquired Brain Injury 0333.R04.00</p> <p>Initial Approval Date: 01/01/1999</p> <p>Effective Date: 01/01/2017 (5 yr.)</p> <p>Expiration Date:</p>	<p>Adult day training, case management, respite, supported employment, behavioral services, counseling, group counseling, OT, specialized medical equipment, speech therapy, community guide, FMS, goods and services, assessment/reassessment, community living supports, environmental and minor home mods, supervised residential care for individuals w/brain injury ages 18 - no max age.</p>	Nursing Facility	Total Estimated Unduplicated Participants: 383 (yr. 5)
	<p>2) KY Acquired Brain Injury, Long Term Care</p> <p>Initial Approval Date 10/01/2007</p> <p>Effective Date 07/01/2017</p> <p>Expiration Date 12/31/2021</p>	<p>Adult day health, adult day training, case management, respite, supported employment, behavioral services, counseling, group counseling, nursing supports, OT, PT, specialized medical equipment, speech therapy, community guide, FMS, goods and services, assessment/reassessment, community living supports, environmental and minor home mods, family training, supervised residential care for individuals w/BI ages 18 - no max age.</p>	Nursing Facility	Total Estimated Unduplicated Participants: 400
Maine	<p>ME HCBS for Member with BI</p> <p>Approval Date: 05/06/2014</p> <p>Effective Date: 07/01/2014</p> <p>Expiration Date:</p>	<p>Care coordination, career planning, home support-1/4 hr.-level I, home support-per diem level II, community/work reintegration-group, self care/home management reintegration group; self care/home management reintegration individual; assistive technology; community/work reintegration-individual; employment specialist</p>	Skilled Nursing Facility for individuals with a brain injury ICF/IDD	Total Estimated Unduplicated Participants: 250

	06/30/2019 r	services; home support-remote; Home Support-Per Diem Level III; increased neurobehavioral; non-medical transportation; work ordered; day club house; and work support-individual. Ages 18 - no max age.		
Maryland	MD TBI Initial Approval Date: 03/01/2003 Effective Date: 07/01/2011 Expiration Date: 06/30/2016	Day habilitation, individual support services, medical day care, residential habilitation, supported employment for individuals with brain injury age 22 - on max age.	Rehabilitative/ chronic/specialty for traumatic brain injury programs (Hospital Defined) Nursing Facility	Total Estimated Unduplicated Participants: 112 (yr. 5)
Massachusetts (3 waivers)	1) MA ABI Non-Residential Habilitation (40702.R01.00) Approval Date: 03/19/2010 Effective Date: 05/01/2013 Expiration Date: 04/30/2018	Homemaker, personal care, respite, supported employment, adult companion, chore, day services, home accessibility adaptations, individual support and community hab, OT, PT, specialized medical equipment, speech therapy, transitional assistance, transportation for individuals w/brain injury ages 22 - no max age.	Chronic and Rehabilitation Hospital Level of Care (Hospital defined) Nursing Facility	Total Estimated Unduplicated Participants: 100
	2) MA ABI w/Residential Habilitation Approval Date: 03/19/2010 Effective Date: 05/01/2013 Expiration Date: 04/30/2018 Renewed: Effective: 05/01/2018 Expiration Date: 4/30/2023	Residential hab, supported employment, assisted living services, day services, OT, PT, shared living 24 hr. supports, specialized medical equipment, speech therapy, transitional assistance-RH, transportation for individual with brain injury ages 22 - no max. MassHealth contracts with a Level of Care entity to perform initial waiver eligibility assessments and annual redeterminations of clinical eligibility for the waiver. The Level of Care entity will verify MassHealth eligibility for participants. The Registered Nurses who are responsible for performing level of care re-evaluations will be staff of the Level of Care entity as previously described. MassHealth contracts with an Administrative Service Organization (ASO). The ASO solicits direct service providers, assists these providers in executing MassHealth	Chronic and Rehabilitation Hospital Level of Care (Hospital Defined) Nursing Facility	Total Estimated Unduplicated Participants: Year 1: 596 Year 2: 636 Year 3: 676 Year 4: 706 Year 5: 736

		<p>provider agreements, verifies vendor qualifications and conducts vendor and quality monitoring activities. The ASO assumes or subcontracts billing agent responsibilities, and conducts customer service activities for both direct service providers and waiver participants.</p> <p>The ASO engages in multiple third party administrator activities including the following:</p> <ul style="list-style-type: none"> - Recruiting and facilitating enrollment of waiver service providers in MassHealth so that waiver services and service locations are available and accessible to waiver participants. - Establishing and using MassHealth-approved enrollment criteria for ensuring that waiver service providers are qualified to provide the appropriate waiver services. - Assisting waiver service providers, as needed, with various aspects of waiver service claims processing and other related transactions. - Identifying quality issues and concerns for MassHealth and DDS. - Undertaking training activities as appropriate for providers and their staff. 		
	<p>3) MA TBI (0359.R03.00)</p> <p>Approval Date: 07/01/2001</p> <p>Implementation Date: 07/01/2014</p> <p>Expiration Date: 06/30/2019</p>	<p>Homemaker, individual support and community habilitation, personal care, residential habilitation, respite, supported employment, adult companion, chore, day services, home accessibility adaptations, shared living-24 hr supports, specialized medical equipment, transitional assistance, transportation for individuals w/TBI ages 18 - no max age.</p>	<p>Chronic and Rehabilitation Hospital Level of Care (Hospital Defined)</p> <p>Nursing Facility</p>	<p>Unduplicated Participants for each year is 100.</p>
Minnesota	<p>MN - Traumatic Brain Injury (TBI)</p> <p>Initial Approval Date: 04/01/1992</p> <p>Amendment: Proposed</p>	<p>Adult day care, caregiver living expenses, case management, homemaker, prevocational services, respite, supported employment, extended home health care, extended personal care assistance, extended private duty nursing, 24 hr. emergency assistance, adult companion, adult day care bath, adult foster care, behavioral support,</p>	<p>Neurobehavioral hospital (Hospital defined)</p> <p>Specialized nursing facility with services to support people with brain injury who have significant cognitive and</p>	<p>Total Estimated Unduplicated Participants:</p> <p>Year 1: 1545 Year 2: 1558 Year 3: 1571 Year 4: 1586 Year 5: 1600</p>

	<p>Effective Date: 03/09/2018</p> <p>Renewed. Approved Effective Date: -4/01/2016</p> <p>Expiration Date: 05/31/2020</p> <p>This waiver operates concurrently with Minnesota's case management waiver, CMS control number MN-03.M01.</p>	<p>child foster care, chore, consumer directed community supports-self direction support activities, consumer directed community supports-environmental mods and provisions, consumer directed community supports-personal assistance, consumer directed community supports-treatment and training, customized living-24-hr, customized living, environmental accessibility adaptations, family training and counseling, home delivered meals, housing access coordination, independent living skills therapies, /independent living skills training, night supervision, residential care, specialized supplies and equipment, structured day program, transitional, transportation for individuals with BI ages 0-64.</p>	<p>behavioral needs. (Nursing Facility defined)</p>	
Mississippi	<p>MS TBI/Spinal Cord Injury</p> <p>Approval Date: 07/01/2001</p> <p>Effective Date: 07/01/2015</p> <p>Expiration Date: 06/30/2020</p>	<p>Attendant care, case management, respite, environmental accessibility adaptations, specialized medical equipment and supplies, transition assistance services for physically disabled ages 0-64.</p>	Nursing Facility	Total Estimated Unduplicated Participants: 3600 (yr.5)
Missouri	<p>MO Brain Injury Waiver</p> <p>Submitted – Awaiting approval</p>			
Nebraska	<p>NE TBI</p> <p>Approval Date: 05/01/2000</p> <p>Effective Date: 10/01/2013</p> <p>Expiration Date: 09/30/2018</p>	<p>Assisted living service for individuals w/brain injury ages 18-64.</p>	Nursing Facility	Total Estimated Unduplicated Participants: 40
New Hampshire	<p>NH BDS Acquired Brain Disorder Services</p> <p>Initial Approval Date: 11/01/1993</p> <p>Effective Date:</p>	<p>Day services, respite, service coordination, supported employment, assistive technology support, community support, crisis response, environmental and vehicle mod, participant directed and managed services, residential habilitation/ personal care, specialty services for individuals w/brain injury ages 22 - no max age.</p>	Nursing Facility	<p>Total Estimated Unduplicated 307 (yr. 5)</p> <p>287, yr. 1 292, yr. 2 297, yr. 3 302, yr. 4 307, yr. 5</p>

	11/01/2016 Expiration Date: 10/31/2021			
New York	NY Traumatic Brain Injury Initial Approval Date: 04/01/1995 Renewed. Effective Date: 09/01/2017 Expiration Date: 8/31/2022	Service coordination, assistive technology, community integration counseling, community transitional, environmental mods, home and community support, independent living skills and training, positive behavioral interventions and support, respite, structured day program, substance abuse program, transportation for aged and disabled with brain injury 18 yrs. with no max age.	Nursing Facility	Total Estimated Unduplicated Participants: Yr. 1: 3615 Yr. 2: 3940 Yr. 3: 4294 Yr. 4: 4680 Yr. 5: 5132
North Carolina	TBI Waiver (3 -year pilot program in four NC counties) Approval Date: 5/1/18 Effective/Go Live Date: 8/1/18 Expiration Date: 4/30/21	Adult day health, day supports, personal care, residential supports, respite, supported employment, extended State Plan services: OT, PT, SLP, assistive technology, cognitive rehabilitation, community networking, community transition, crisis supports services, home modifications, in home intensive support, life skills training, natural supports education, resource facilitation, specialized consultation, vehicle modifications.	Nursing Facility Specialty Rehabilitation Hospital	49 Year 1 99 Year 2 107 Year 3
South Carolina	SC Head and Spinal Cord Injury Waiver Approval Date: 07/01/1995 Effective Date: 07/01/2013 Expiration Date: 06/30/2018	Attendant care/personal assistance, residential habilitation, respite care, waiver case management, incontinence supplies, OT, PT, prescribed drugs, speech and hearing services, behavioral support, career preparation, day activity, employment services, environmental mods, health education for consumer-directed care, Medicaid waiver nursing, peer guidance for consumer-directed care, PERS, private vehicle mods, psychological services, supplies/ equipment/ assistive technology for individuals with physical and other disabilities ages 0-64.	Nursing Facility ICF-IID	Total Estimated Unduplicated Participants: 1395
Utah	UT Acquired Brain Injury Initial Approval Date: 07/01/1996 Effective Date: 07/01/2014 Expiration Date:	ABH waiver support coordination, day supports, homemaker, residential habilitation, respite, supported employment, OT, PT, speech-language, consumer preparation, behavioral consultation, chore, cognitive retraining, companion, environmental adaptations-home, environmental adaptations-vehicle, extended living supports, living start-up costs,	Nursing Facility	Total Estimated Unduplicated Participants: 115 each yr.

	06/30/2019	personal budget assistance, PERS, professional medication monitoring, specialized medical equipment/supplies/assistive technology-purchase, specialized medical equipment/supplies/assistive technology-monthly fee, supported living, transportation (non-medical) for individuals with brain injury ages 18 - no max age.		
West Virginia	<p>WV Traumatic Brain Injury (TBI) Waiver</p> <p>Initial Approval Date: 12/23/2011</p> <p>Effective Date: 07/01/2015</p> <p>Expiration Date: 06/30/2020</p>	Case management, cognitive rehabilitation therapy, participant-directed goods and services, personal attendant to individuals with BI ages 22 - no max age.	Nursing Facility	<p>Total Estimated Unduplicated Participants: 74 (yr. 1); 59 (yr. 5)</p> <p>The State will reserve capacity in Waiver Year 1, 2, 3, 4 and 5 for people who are enrolled in the Money Follow the Person (MFP) initiative, are medically and financial waiver, and choose to transition to the community.</p>
Wyoming	<p>WY Acquired Brain Injury</p> <p>Approval Date: 07/01/2001</p> <p>Effective Date: 07/01/2014</p> <p>Expiration Date: 06/30/2019</p>	<p>Case management, community integrated employment, day hab, homemaker, personal care, prevocational services-phased out yr. 1, residential hab, respite, supported living, supported living, OT, PT, speech therapy, agency with choice, independent support broker, cognitive retraining, companion services, dietician services, environmental mods, in home support-phased out yr. 1, individually-directed goods and services, skilled nursing, specialized equipment, unpaid caregiver training and education for individuals with brain injury ages 21-64. If turns 65 while on the waiver, may remain on the waiver, but no one 65 or older can apply.</p> <p>Waiver renewal includes 6 new services; behavioral support services, employment discovery and customization, prevocational, supported employment follow along, transportation and adult day services.</p>	ICF-IID	Total Estimated Unduplicated Participants: 240

State 1115 Waivers that Integrated Previous ABI/TBI Medicaid HCBS Waiver Programs

State	Waiver	Services	Level of Care	Numbers Served/ Capacity
<p>New Jersey</p>	<p>NJ TBI Waiver</p> <p>Approval Date: 7/01/1993 (TBI Waiver merged into 1115 Waiver) 07/1/2014</p> <hr/> <p>Medicaid 1115 Demonstration Waiver for Managed LTSS (MLTSS) (combines 4 waiver programs, including TBI)</p> <p>Approved 10/01/2012 through 6/30/2017</p>	<p>Case Management, counseling (behavioral, individual/family and drug/alcohol), community residential services (CRS), therapies (speech, physical, occupational or cognitive provided by CRS providers), behavioral program, environmental/vehicular modifications, structured day program, supported day program, respite care (in-home or at a CRS) and adult companion. For participants residing in a CRS, certain services (personal care, night supervision, chore services, transportation and therapeutic recreation) are packaged as part of the CRS daily supervision rate. For individuals living alone or with families, services are unbundled and offered according to a plan determined by the case manager, the participant and/or their designated representative(s).</p> <hr/> <p>Each enrollee receiving HCBS (under previous HCBS waivers) and who continues to meet the appropriate level of care criteria in place at the time of MLTSS implementation must continue to receive services under the enrollee's pre-existing service plan until a care assessment has been completed by the MCO. Offers HCBS supports through the TBI program, ages 21-24)</p> <p>Participants previously enrolled in one of the following Medicaid Waiver programs were automatically enrolled in MLTSS effective July 1, 2014</p> <ul style="list-style-type: none"> AIDS Community Care Alternatives Program (ACCAP) Community Resources for People with Disabilities (CRPD) Traumatic Brain Injury Waiver (TBI) Global Options for Long Term Care (GO) 	<p>Nursing Facility</p>	<p>3</p>
<p>New Mexico</p>	<p>NM Centennial Care 1115 Demonstration Waiver</p> <p>Approval: Effective Date: 01/01/2014</p> <p>Expiration Date: 12/13/2018 Renewal of Section 1115 Demonstration Waiver Centennial Care – Pending</p>	<p>The 1115(c) Medicaid Waiver, known as Centennial Care, comprehensively integrates the physical and behavioral health needs of those on State Medicaid programs. Healthcare services are offered through four Managed Care Organizations contracted by State of New Mexico.</p> <ul style="list-style-type: none"> • Level of Care assessments for Centennial Care consider degrees of cognitive impairment and include the Self-Directed Community Benefit for individuals with Brain Injury, previously served under Mi Via. <p>Comprehensive long-term care</p>	<p>Institutional Eligibility</p> <p>Nursing Facility</p> <p>A member who meets a nursing facility (NF) level of care (LOC) and who does not reside in a NF will be eligible to receive home and community-based services and may choose to receive such services either through an agency-based or self-directed</p>	

		benefit, includes care coordination, HCBS services and personal care for 65 and older and adults age 21 and older with disabilities, including individuals with brain injury previously served under the brain injury HCBS waiver, then under the Mi-via HCBS waiver. Service package includes adult day health, assisted living, behavior support, community transition, customized community supports, emergency response, employment supports, environmental modifications, family supports, home health care aide, homemaker/personal care, nutritional counseling, private duty nursing for adults, related goods, respite, skilled maintenance therapy, SLT, PT, OT, specialized medical equipment and supplies, specialized therapies, including cognitive rehabilitation.	model according to the self-direction criteria as outlined in 8.308.12 NMAC. (2) An individual who is not otherwise eligible for Medicaid services but meets certain financial requirements and has a NF LOC determination may be eligible for enrollment through a waiver allocation process, contingent upon funding and enrollment capacity.	
Pennsylvania	<p>PA Community Health Choices, formally CommCare</p> <p>Initially Approval Date: 04/01/2002</p> <p>Proposed Effective Date: 017/01/2018</p> <p>Phasing into managed care regionally over 3 years</p>	<p>This §1915(c) waiver amendment concurrently with a §1915(b) waiver application to implement Community HealthChoices (CHC), managed Long-Term Services and Supports (LTSS) initiative. The 1915(b)/1915(c) waivers will allow the Commonwealth to require Medicaid beneficiaries to receive both LTSS, including nursing facility, hospice, home and community-based services (HCBS), and physical health services through managed care organizations (MCOs). The MCOs were selected by the State through a competitive procurement process.</p> <p>CHC will serve the following:</p> <ul style="list-style-type: none"> • Individuals who are age 21 or older and who are financially and clinically eligible to receive Medicaid LTSS (whether in the community or in a nursing facilities). • Individuals who are age 21 or older and who are fully eligible for both Medicaid and Medicare, regardless of whether they need or receive LTSS (referred to as “Dual Eligibles”) excluding participants who are enrolled in the OBRA waiver or a home and community-based waiver administered by the Office of Developmental Programs. <p>CHC will be implemented in three</p>	Nursing Facility	<p>Total Estimated Unduplicated Participants for managed care waiver, not just TBI:</p> <p>Yr. 1: 930 Yr. 2: 1013 Yr. 3: 15653 Yr. 4: 88813 Yr. 5: 96747</p>

		<p>phases across geographical zones that comprise all 67 counties. CHC will be the sole Medicaid option for Full Dual Eligibles. Other nursing facility clinically-eligible consumers residing in these five zones will have the choice between CHC and the Living Independence for the Elderly (LIFE) program.</p> <p>CHC will serve an estimated 450,000 individuals. CHC-MCOs will be accountable for most Medicaid-covered services, including preventive services, primary and acute care, LTSS (HCBS and nursing facilities), prescription drugs, and dental services. Dual Eligibles will have the option to have their Medicaid and Medicare services coordinated by the same MCO.</p> <p>The CHC waiver is administered by the Pennsylvania Department of Human Services (DHS), Office of Long-Term Living (OLTL) within the Single State Medicaid Agency. OLTL contracts with the CHC-MCOs to provide services and to enforce waiver obligations.</p> <p>CHC will emphasize deinstitutionalization and provide an array of services and supports in community-integrated settings.</p>		
Vermont	<p>The Vermont Global Commitment 1115 Demonstration Waiver was originally approved on September 27, 2005, and implemented on October 1, 2005.</p> <p>Approval Date: 09/27/2005</p> <p>Effective Date: 10/01/2005</p> <p>Expiration Date: 12/31/2006</p>	<p>Includes TBI HCBS waiver-like services including crisis/support services, psychological and counseling supports, case management, community supports, habilitation, respite care, supported employment, environmental, assistive technology and self-directed care.</p> <p>The demonstration has also enabled Vermont to address and eliminate the bias toward institutional care and offer cost-effective, community-based services.</p> <p>Provides a choice of settings for people with traumatic brain injuries who meet program eligibility and level of care requirements.</p>	Hospitals and facilities.	

Terminated ABI/TBI Medicaid HCBS Waiver Programs

Waiver	Services	Level of Care	Numbers Served/ Capacity	
Wisconsin Terminated	WI Brain Injury Waiver Approval Date: 01/01/1995 Effective Date: 01/01/2009 Expiration Date: 03/31/2014 Terminated	Adaptive aids (vehicle related/other); adult day care, adult family home, care management/support and service coordination; communication aids; community-based residential facility; consumer directed supports; consumer education & training; counseling & therapeutic services; daily skills training; day services; financial management/fiscal intermediary services; home delivered meals; home modifications; housing counseling; housing start up; nursing services; personal emergency response system; prevocational services; respite; specialized medical and therapeutic supplies; specialized transportation; supported employment; and supportive home services.	Hospital; nursing facility or be eligible for post-acute rehabilitation institutional care	Unduplicated: 79

Key:

- ABI – Acquired Brain Injury
- Hab -- Habilitation
- HCBS – Home and Community-Based Services
- ICF -- Intermediate Care Facility for Individuals with Intellectual Disabilities
- LTSS – Long-term Services and Supports
- MCO – Managed Care Organization
- OT – Occupational Therapy
- PERS -- Personal Emergency Response Systems
- PT – Physical Therapy
- SLT – Speech Language Therapy
- TBI—Traumatic Brain Injury

Note: Information on State HCBS waiver programs was taken from the CMS website:
http://www.medicare.gov/medicaid-chip-program-information/by-topics/waivers/waivers_faceted.html

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