

HOPE NETWORK
NEURO REHABILITATION

April 22, 2015

Dear Representative Lyons,

During your remarks yesterday, you inquired as to what other states are doing for TBI services.

First allow me to outline what **Michigan** covers for specialized brain injury rehabilitation through the Medicaid program. Since about 1989, Michigan has had a **Medicaid Traumatic Brain Injury Memorandum of Understanding (MOU) Program** that is currently funded at \$500,000 per year and typically serves **between 12 -25 individuals per year**. At least 149 referrals to the program have been denied. This data was provided to me on April 22, 2015 by the administrator of the program. I have included in this packet some information provided on the Michigan.gov website related to this program.

I have attached a report from the **National Association of State Head Injury Administrators** listing all states that, as of June 2014, have *TBI/ABI Waiver Programs and Other Options for Long-Term Services and Supports*. These programs typically cover substantially more services and substantially more individuals than the Michigan program. **Illinois is covering 4,623 unduplicated individuals** under their plan. The full list of states with this program include:

- Colorado
- Connecticut
- Florida
- Iowa
- Illinois
- Indiana
- Kansas
- Kentucky
- Maine
- Maryland
- Massachusetts
- Minnesota
- Mississippi
- Nebraska
- New Hampshire
- New York
- Pennsylvania
- South Carolina
- Utah
- West Virginia
- Wyoming

In addition, **Texas** has passed House Bill 1919 that **requires commercial health benefit plans to cover post-acute rehabilitation** as well as medical rehabilitation. Information on their coverage is also included in this packet.

I hope this information is helpful in answering your questions related to what care other states are providing for persons who sustain brain injuries. I can only speculate on your question regarding why you are not hearing an outcry from the population not covered under Auto No-fault in Michigan. My best guess is that the populations' caregivers are vocal on this issue, but that they are not only exhausted from caring for their loved ones, but also are marginalized from the community making them unable to organize in a way that allows you to hear them. I hope in some small way this letter helps to change that reality.

Sincerely,



Margaret Kroese, MSSW

WE BELIEVE IN COMEBACKS.

GRAND RAPIDS | EAST LANSING | KALAMAZOO | COLDWATER

Since about 1989, Michigan has had a **Medicaid Traumatic Brain Injury Memorandum of Understanding (MOU) Program** that is currently funded at \$500,000 per year and typically serves **between 12 -25 individuals per year.**

Medicaid Traumatic Brain Injury Memorandum of Understanding (MOU) Program



Medicaid will cover short-term, post-acute, comprehensive, intensive, goal-directed rehabilitation services for persons 18 or older with a brain injury.

A specialized program of integrated services is not otherwise available outside of an institutional rehabilitation setting. When the beneficiary presents a documented need for continued specialized rehabilitation services and the complexity of the case indicates the need for a comprehensive, multidisciplinary team approach then services may be authorized in a Medicaid approved residential or outpatient rehabilitation program.

The Hospital Acute Care Case Manager and DHS Case Worker will need to submit to the MDCH Medical Service Administration, medical records and other personal history documents to determine needs and eligibility. To qualify for this program, the beneficiary must:

- Have suffered a brain injury that was traumatic in nature within the past 15 months
- Be able to complete 21 hours of intense therapy per week
- Be at a Rancho Level 5-6
- Need stand-by assist only
- Be Medicaid eligible as determined DHS
- Have exhausted all other available resources

The Medicaid TBI MOU Program will not reimburse for room and board payment while in the MOU Program. If the beneficiary is receiving Supplemental Security Income (SSI), the beneficiary is responsible for room and board payments.

Rehabilitation must be medically necessary and ordered by a Michigan licensed physician. Additional functional criteria must be met as well. For information regarding the Medicaid Traumatic Brain Injury Memorandum of Understanding Program, call (517) 373-9764.

**Texas
Law
Health
Benefit
Plan
Coverage
for
Treatment and Services
after Brain Injury**



Brain injury often produces cognitive, physical and emotional/behavioral impairments that interfere with independence, safety, productivity, and social relationships.

Following the injury, in addition to rehabilitation provided in the medical setting, there typically is a need for post-acute rehabilitation.

Texas law requires health insurance companies to provide benefits for post-acute rehabilitation as well as medical rehabilitation.





giving states a voice

National Association of State Head Injury Administrators

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 administered by 21 States, as well as other incentives for States to offer community long-term services and supports (LTSS) for individuals with TBI.

In 1991, Kansas became the first State to implement a HCBS Medicaid waiver for individuals with TBI. Other States soon followed. Some States have since combined their brain injury HCBS waiver with Medicaid waiver programs for individuals with other disabilities or with long-term care waivers.

The TBI/ABI HCBS Medicaid Waiver programs vary considerably across the country in terms of numbers served and how the States determine eligibility. Typical services offered by waiver programs include: adult day care, personal assistant, cognitive rehabilitation, homemaker, home accessibility modifications, durable medical equipment, therapies, respite, prevocational

services, supported employment, and personal emergency response systems.

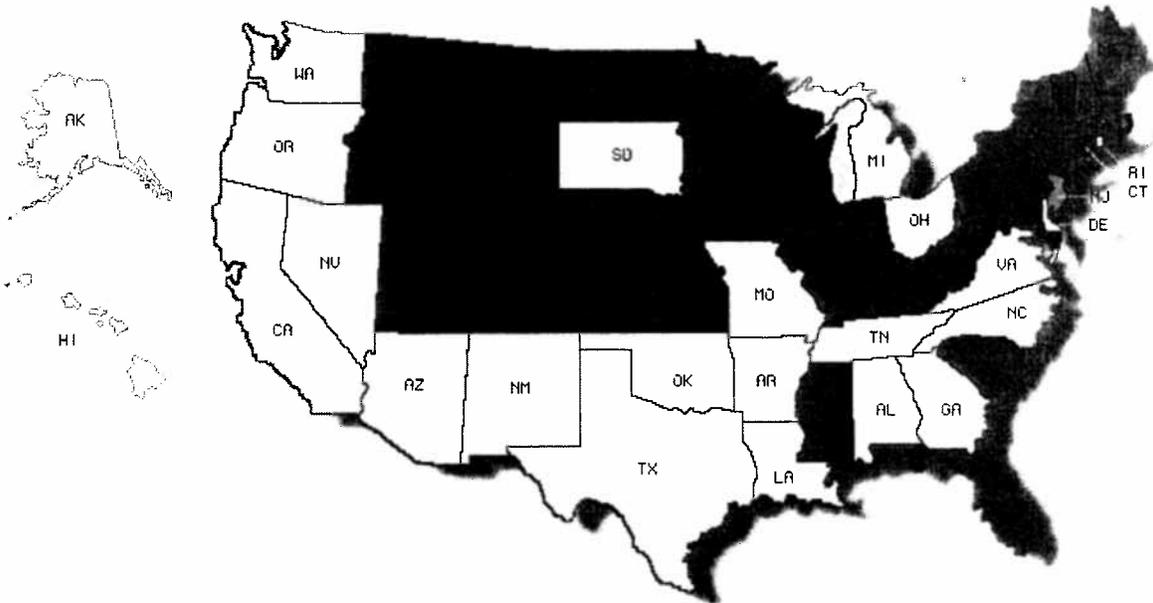
The HCBS Waiver program was added as a Medicaid optional service in 1981 to offset the institutional bias of the federal Medicaid program with regard to providing LTSS to individuals with disabilities or for older adults needing institutional or nursing facility level of care. More recently, States have been provided additional options and incentives for offering community-based services in lieu of institutional or nursing facility level of care.

A few States are moving to managed long-term care programs and/or pursuing other options for addressing community-based services for individuals in need of institutional level of care. It is unknown at this time how these initiatives will impact community LTSS for individuals with brain injury. However, understanding these options may be useful to ensure that individuals with brain injury are included and that their needs are considered and addressed.

Map Key:

Red – TBI/ABI Medicaid HCBS Waiver Program
Grey – In transition, moving to combined waiver (NJ)

Blue – Combined former TBI/ABI HCBS Waiver with another or other waiver program(s)



Overview of the Medicaid Program

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 some broad parameters related to mandated and optional eligibility requirements and services or 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. However, the Affordable Care Act (ACA) Medicaid Expansion allows for the federal government to pay 100% of costs for three years with regard to those covered through the expansion.

Traditionally, States have administered the program as a "fee for service" program reimbursing providers according to an established rate. However, States are moving towards a managed care delivery system for some benefits or eligibility categories or integrated care through a single delivery system, such as health homes for individuals who are Medicaid eligible with chronic conditions.

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 that 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, which usually includes recipients of SSI, *but not all States use that criteria*, and families with dependent children receiving cash assistance, as well as other mandatory low-income groups such as pregnant women, infants, and children with incomes less than specified percent of the federal poverty level and certain low-income Medicare beneficiaries. States also have the option of providing Medicaid coverage for certain other "categorically related" groups of persons. Examples include:

- 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. In most States, low income adults without dependent children were and are ineligible for Medicaid coverage, which is why the ACA expanded 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.

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 and therapy services, and transportation services.

With regard to long-term care services, mandated services include nursing facility for services for individuals who are 21 of age and older and home health care (for individuals entitled to nursing facility care). Optional long-term care services include ICF-IID; inpatient psychiatric hospital services for individuals under the age of 21; targeted case management; home and community-based waiver programs; and personal care services. Medicaid is the largest payer of LTSS. In federal fiscal year (FFY) 2012 Medicaid spent \$140 billion on LTSS, which represented 34.1 percent of all Medicaid spending. Almost half (49.5%) of LTSS was spent on HCBS.

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 was to correct a perceived bias toward institutional care in the Medicaid program. Under a waiver program, States offer a broad range of home- and community-based services to people who may otherwise be institutionalized. States can waive certain Medicaid program requirements under HCBS Waivers, including:

- **Statewide**ness: 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 in that the waiver program does not cost more than institutional care, which may be determined by the aggregate numbers served by the program or by individual costs. State HCBS Waiver programs must:

- Demonstrate that providing 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 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.

CMS Rule and Regulations

The 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;
- 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 a more outcome-oriented definition of home and community-based 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 home and community 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 home and community-based settings requirements, work with CMS to develop a plan to bring their program into compliance. The rule calls 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 for participants in Medicaid HCBS programs under section 1915(c) and 1915(i) of the Act 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. The rules require that the person-centered planning process is directed by the individual with long-term support needs, and may include a representative whom the individual has freely chosen and others chosen by the individual to contribute to the process. The rule describes the minimum requirements for person-centered plans developed through this process, including that the process results in a person-centered plan with individually identified goals and preferences.

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. Currently, 21 States administer waiver programs with two States administering two separate HCBS waivers for TBI/ABI (MA and KY). Most States have designed their waiver programs to meet the needs for long-term services and supports (LTSS). However, a handful of States have designed their waiver services to focus primarily on 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 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 other words, if not for the waiver program, the person would be placed into a more costly, institutional setting. 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. intellectual/developmental disabilities, physical disabilities, aging, 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 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, 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. 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 TBI/ABI Waiver

When considering a brain injury Medicaid HCBS Waiver program and other LTSS options, the first step is to understand the State's Medicaid Program – eligibility and State Plan services, including current waiver programs. As Medicaid waivers are exceptions to State Plan requirements with regard to the provision of Medicaid services, understanding the State Plan is critical. Other areas to assess 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.
- 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.
- 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. What is the scope of services, or limitations, delivery methods and rate.
- 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.

If the proposed program or service fits under an existing waiver, you may be able to amend the existing waiver to include the program or service. (The waiver application form explains the process.) The proposed program or service cannot duplicate a service already covered by an approved waiver or State Plan. CMS waiver approval may take anywhere from several months to over a year. In some States, the State legislature must approve the submission of a waiver program.

Other LTSS Options

The Affordable Care Act (ACA) added new and expanded options to improve access and the delivery of Medicaid LTSS. These options and incentives include:

- **Increased federal funding and expanded eligibility for the Money Follows the Person demonstration.** Initially enacted as part of the Deficit Reduction Act (DRA) in 2006, the program was extended under the ACA. The MFP offers States enhanced federal Medicaid matching funds for qualified services for twelve months for each Medicaid beneficiary who transitions to a community setting.
- **State demonstration grants for dual eligible beneficiaries.** The ACA created the CMS Center for Medicare & Medicaid Innovation to test new payment and service delivery models that fully integrate care for dual eligible beneficiaries (receiving both Medicare and Medicaid). Grants have been awarded to States to test a capitated and/or managed fee-for-service (FFS) financial alignment model for dual eligible beneficiaries.
- **Health Home Services.** 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 federal medical assistance percentage (FMAP) for participation.
- **Balancing Incentive Program (BIP).** The Balancing Incentive Program (BIP) provides financial incentives to States that implement certain structural reforms to increase access to community-based LTSS as an alternative to institutional care.
- **Expansion of the §1915(i) HCBS State Plan Option.** The DRA gave States new authority through § 1915(i) of the Social Security Act (SSA) to provide HCBS as an optional Medicaid State Plan benefit in lieu of a waiver or demonstration project. The ACA expanded financial eligibility for § 1915(i) services; created a new optional Medicaid eligibility group that allows people not otherwise eligible to access full Medicaid benefits in addition to State Plan HCBS; allows States to target § 1915(i) services to specific populations (based on diagnosis, age, disability or coverage group), and expands the services States may cover under this option.
- **Community First Choice (CFC) State Plan Option.** The ACA established the Community First Choice State Plan Option (1915(k) to allow States to provide statewide home and community-based attendant supports and services to individuals who would otherwise require an institutional level of care. An enhanced FMAP is available as an incentive to the States. The new option is designed to assist individuals with activities of daily living, instrumental activities of daily living, and health-related tasks and with acquiring, maintaining, and enhancing their own skills to accomplish these tasks.

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.

This document was produced by Susan L. Vaughn, Director of Public Policy. For further information about NASHIA contact Lorraine Wargo, RN, Executive Director, at execdirector@nashia.org or phone 802-498-3349. You may also contact Susan L. Vaughn with regard to brain injury programs at publicpolicy@nashia.org. Visit NASHIA's website for additional information on TBI and public services: www.nashia.org.

June 2014

State ABI/TBI Medicaid HCBS Waiver Programs

State	Waiver	Services	Level of Care	Numbers Served
Colorado	CO Persons with Brain Injury Approval Date: 7/1/1995 Effective Date: 7/1/2013 Expiration Date: 7/1/2018	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
Connecticut	CT ABI Waiver Approval Date: 01/01/1999 Effective Date: 01/01/2012 Expiration Date: 12/31/2016	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, PERS, specialized medical equipment and supplies, substance abuse programs, transitional living, transportation, vehicle mods for individuals with brain injury ages 18 - no max age.	Hospital Nursing Facility ICF-IID	Total Estimated Unduplicated Participants: 434
Florida	FL Traumatic Brain and Spinal Cord Injury Waiver Approval Date: 07/01/1998 Effective Date: 07/01/2012 Expiration Date: 06/30/2017	Residential hab, 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: 375
Iowa	IA Home and Community-Based – Brain Injury Approval Date: 10/01/1996 Effective Date: 10/01/2009	Adult day care, case management, consumer directed attendant care-skilled, prevocational services, 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	Nursing Facility ICF-IID	Total Estimated Unduplicated Participants: 1376

	Expiration Date: 09/30/2014	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.		
Illinois	IL HCBS Waiver for Persons w/Brain Injury Approval Date: 07/01/1999 Effective Date: 07/01/2012 Expiration Date: 06/30/2017	Adult day care, day hab, 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	IN Traumatic Brain Injury Approval Date: 01/01/2000 Effective Date: 01/01/2013 Expiration Date: 12/31/2017	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
Kansas	KS TBI Approval Date: 07/01/1986 Effective Date” 07/01/2009 Expiration Date: 06/30/2014	Personal services, OT extended, PT extended, speech/language extended, FMS, assistive services, 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.	Traumatic Brain Injury Rehabilitation Facility (Hospital Defined)	Total Estimated Unduplicated Participants: 804
Kentucky	1) KY Acquired Brain Injury, Approval Date: 01/01/1999 Effective Date: 01/01/2012 Expiration Date: 12/31/2016	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 level I, supervised residential care level II, supervised residential care	Nursing Facility	Total Estimated Unduplicated Participants: 300

	<p>2) KY Acquired Brain Injury, Long Term Care</p> <p>Approval Date 10/01/2007</p> <p>Effective Date 07/01/2011</p> <p>Expiration Date 06/30/2016</p>	<p>level III for individuals w/brain injury ages 18 - no max age.</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 level I, supervised residential care level II, supervised residential care level III for individuals w/BI ages 18 - no max age.</p>	<p>Nursing Facility</p>	<p>Total Estimated Unduplicated Participants: 400</p>
<p>Maine</p>	<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: 06/30/2019</p>	<p>Care coordination, career planning, home support-1/4 hr.-level I, home support-per diem level II, community/work reintegration-group 97537 HQ U9, self care/home management reintegration group 97535 HQ U9, self care/home management reintegration-individual 97535 U9, assistive technology, community/work reintegration-individual 97537, employment specialist services, home support-remote support, home support-per diem level III increased neurobehavioral, non-medical transportation, work ordered day club house, work support-individual for individuals w/SED ages 18 - no max age.</p>	<p>Skilled Nursing Facility for individuals with a brain injury (Nursing Facility Defined)</p> <p>ICF-IID</p>	<p>Total Estimated Unduplicated Participants: 250</p>
<p>Maryland</p>	<p>MD TBI</p> <p>Approval Date: 03/01/2003</p> <p>Effective Date: 07/01/2011</p> <p>Expiration Date: 06/30/2016</p>	<p>Day hab, individual support services, medical day care, residential hab, supported employment for individuals with brain injury age 22 - on max age.</p>	<p>Rehabilitative/chronic/specialty for traumatic brain injury programs (Hospital Defined)</p> <p>Nursing Facility</p>	<p>Total Estimated Unduplicated Participants: 112</p>
<p>Massachusetts</p>	<p>1) MA Acquired Brain Injury Non-Residential Habilitation (40702.R01.00)</p> <p>Approval Date: 03/19/2010</p> <p>Effective Date: 05/01/2013</p>	<p>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.</p>	<p>Chronic and Rehabilitation Hospital Level of Care (Hospital defined)</p> <p>Nursing Facility</p>	<p>Total Estimated Unduplicated Participants: 100</p>

	<p>Expiration Date: 04/30/2018</p> <hr/> <p>2) MA Acquired Brain Injury w/Residential Habilitation</p> <p>Approval Date: 03/19/2010</p> <p>Effective Date: 05/01/2013</p> <p>Expiration Date: 04/30/2018</p>	<p>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 age.</p>	<p>Chronic and Rehabilitation Hospital Level of Care (Hospital Defined)</p> <p>Nursing Facility</p>	<p>Total Estimated Unduplicated Participants: 451</p>
Minnesota	<p>MN - Traumatic Brain Injury (TBI)</p> <p>Approval Date: 04/01/1992</p> <p>Effective Date: 04/01/2011</p> <p>Expiration Date: 03/31/2016</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, 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>Neurobehavioral hospital (Hospital defined)</p> <p>Specialized nursing facility with services to support people with brain injury who have significant cognitive and behavioral needs. (Nursing Facility defined)</p>	<p>Total Estimated Unduplicated Participants: 2008</p>
Mississippi	<p>MS TBI/Spinal Cord Injury</p> <p>Approval Date: 07/01/2001</p> <p>Effective Date: 07/01/2009</p> <p>Expiration Date: 06/30/2014</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>	<p>Nursing Facility</p>	<p>Total Estimated Unduplicated Participants: 3600</p>

Nebraska	NE TBI Approval Date: 05/01/2000 Effective Date: 10/01/2013 Expiration Date: 09/30/2018	Assisted living service for individuals w/brain injury ages 18-64.	Nursing Facility	Total Estimated Unduplicated Participants: 40
New Hampshire	NH BDS Acquired Brain Disorder Services Approval Date: 11/01/1993 Effective Date: 11/01/2011 Expiration Date: 10/31/2016	Day services, respite, service coordination, supported employment, assistive technology support, community support, crisis response, environmental and vehicle mod, participant directed and managed services, residential hab/personal care, specialty services for individuals w/brain injury ages 22 - no max age.	Nursing Facility	Total Estimated Unduplicated Participants: 270
New York	NY Traumatic Brain Injury Approval Date: 04/01/1995 Effective Date: 04/01/2008 Expiration Date: 03/31/2013 *Pending documents	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: 3939 (based on previous waiver)
Pennsylvania	PA COMMCARE Waiver Approval Date: 04/01/2002 Effective Date: 07/01/2010 Expiration Date: 06/30/2015	Education, personal assistance, prevocational, respite, service coordination, structured day habilitation services, supported employment, home health, FMS, accessibility adaptations/equipment/technology/m edical supplies, adult daily living, community integration, community transition, non-medical transportation, PERS, residential hab, therapeutic and counseling for individuals w/brain injury ages 21 - no max age.	Nursing Facility	Total Estimated Unduplicated Participants: 729
South Carolina	SC Head and Spinal Cord Injury Waiver Approval Date: 07/01/1995	Attendant care/personal assistance, residential hab, respite care, waiver case management, incontinence supplies, OT, PT, prescribed drugs, speech and hearing services, behavioral support, career	Nursing Facility ICF-IID	Total Estimated Unduplicated Participants: 1395

	<p>Effective Date: 07/01/2013</p> <p>Expiration Date: 06/30/2018</p>	<p>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.</p>		
Utah	<p>UT Acquired Brain Injury</p> <p>Approval Date: 07/01/1996</p> <p>Effective Date: 07/01/2009</p> <p>Expiration Date: 06/30/2014</p>	<p>ABH waiver support coordination, day supports, homemaker, residential hab, respite, supported employment, OT extended State plan, PT extended State plan, speech-language extended State plan, consumer preparation, FMS, behavioral consultation I, behavioral consultation II, behavioral consultation III, chore, cognitive retraining, companion, environmental adaptations-home, environmental adaptations-vehicle, extended living supports, living start-up costs, 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.</p>	Nursing Facility	Total Estimated Unduplicated Participants: 130
West Virginia	<p>WV Traumatic Brain Injury (TBI) Waiver</p> <p>Approval Date: 12/23/2011</p> <p>Effective Date: 02/01/2012</p> <p>Expiration Date: 01/31/2015</p>	<p>Case management, cognitive rehabilitation therapy, participant-directed goods and services, personal attendant to individuals with BI ages 22 - no max age.</p>	Nursing Facility	Total Estimated Unduplicated Participants: 125
Wyoming	<p>WY Acquired Brain Injury</p> <p>Approval Date: 07/01/2001</p> <p>Effective Date: 07/01/2009</p> <p>Expiration Date: 06/30/2014</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,</p>	ICF-IID	Total Estimated Unduplicated Participants: 215

		individually-directed goods and services, skilled nursing, specialized equipment, unpaid caregiver training and education for individuals with brain injury ages 21-64.		
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June 2014