

Florida's Brain and Spinal Cord Injury Waiver Program
Interview Summary
June 14, 2016

Interviewees: Gerald Jackson and John Winseki, Florida department of Health, BSCIP

Other Participants: Samantha Saxe (CO DHCPF) and Margaret Trinity (Bailit Health)

1. Please tell us about the history of Florida's Brain and Spinal Cord Injury (BSCIP) program, and the authorities that enable the program (waiver, state plan amendment).

Florida's BSCIP is a statewide program administered by the state Department of Health. The program is mandated by state law (Chapter 381, Florida Statutes). Florida statute requires the BSCIP program to provide an annual report to the legislature, which summarizes activities supported by the Brain Injury and Spinal Cord Injury Program Trust Fund. The program is funded, in part, through a percentage of traffic related fines, surcharges for driving or boating under the influence, fees on temporary license tags, and a percentage of fees from the motorcycle specialty tag.¹ In FY2012-13, these fines provided 69.4 percent of funding for the BSCIP Trust Fund. Medicaid Waiver Federal reimbursements provided 27.9 percent of funds, with the balance from other agency funding and other sources.

The program has two components: a general program which served 1,954 eligible individuals in FY2012-13, the most recent year for which an annual report was available online; and a TBI/SCI Home and Community-Based Medicaid Waiver program, which itself has three components: 1) a general waiver, 2) a Consumer Directed care Plus Program, and 3) a Nursing Home Transition Initiative.²

- The **General Waiver** program served 287 individuals in FY2012-13, offering the following community reintegration services: "assistive technologies, attendant care, behavioral programming, community support coordination, companion services, consumable medical supplies, environmental access adaptations, life skills training, personal adjustment and care, and rehabilitation engineer evaluations." Gerald Jackson serves as the administrator for the general program.

¹ More information about Florida's BSCI program may be found [here](#).

² Florida Health, Brain & Spinal Cord Injury Program, Annual Performance Report, FY 2012-13, March 1, 2014. Click [here](#) to access.

- Community reintegration consulting services are provided through the **Consumer Directed Care Plus program**, which served 25 individuals in FY 2012-13.
- The **Nursing Home Transition Initiative** offers community reintegration services under the TBI component of program and offers as well, including: “assistive technologies, attendant care, behavioral programming, community support coordination, companion services, consumable medical supplies, life skills training, personal care, rehabilitation engineer evaluations, transition case management, and transition environmental access.” The initiative served 68 individuals in FY 2012-13.

None of these programs offers acupuncture, chiropractic or massage services.

In addition to these services, the program funds education, prevention and research. The program supports research on brain and spinal cord injuries at the University of Florida and the University of Miami. Other services are offered via the Brain Injury Association of Florida and the Florida Disabled Outdoors Association, also under contract to the Department of Health.

The state employs a central registry referral process, which requires hospitals, physicians and social agencies to refer all new traumatic moderate-to-severe brain or spinal cord injuries to the central registry. Individuals who meet eligibility criteria and require services may refer themselves to the BSCIP central registry; a BSCIP case manager contacts individual within 10 business days.

The BSCIP supports two comprehensive statewide resource centers, which maintain up-to-date information on brain and SCI, assistive technology, and resources.

While the BSCIP program does not offer acupuncture or massage therapy services, a separate cystic fibrosis (CF) program does. The CF program offers some similar services to that offered under the BSCIP program – chore or homemaker services – laundry, meal preparation, nutritional services, respiratory therapy. The CF program also offers skilled nursing, transportation, nutritional supplements and dental services.

- John stated that there are no provider capacity concerns with the offering of acupuncture and massage services under the CF program. Acupuncture services under CF program are limited to 4 hours per month; provider rates for these services are negotiated.

The BSCIP program assists the client to identify resources available, and to coordinate services when their private insurance runs out. He noted that Medicaid is the payer of last resort. Gerald stated that enrollment in the brain injury program is higher than in the SCI program.

These programs were established back in 1978, and began with a focus on vocational rehabilitation. Legislation requires that every facility or physician that has a client with brain or spinal cord injury, has to contact the Department of Health by means of central registry. The facility has to make contact with central registry within 5 days within observing individual or spinal cord injury, so that state can begin tracking and determining eligibility.

Only moderate to severely injured individual are eligible and must demonstrate that they can benefit from the program. There is no financial eligibility criteria for the program. But they are the payer of last resort, other resources, payers are utilized first. John stated that in most recent fiscal year, 2,693 individuals applied to the BSCIP program 2693, of which 92 had a dual diagnosis.

For regular population, TBIs and SCIs, a lot of personal care services (bathing, dressing, toileting, companion care) are covered under the program, as well as some environmental modifications, and life skills training – socialization, computer, attention skills. Support coordinators coordinate these services. The program has a line item for assisted technologies (lifts, shower chair, wheel chair). The program covers some nursing care for bowel prep only. Wound care is not covered.

Facilities may be designated to serve the BSCIP program, and must comply with standards established by the state in order to retain their designation. Designated facilities are located throughout the state to ensure access. Designated facilities must meet a minimum number of new admissions in order to main staff expertise.

2. What waiver authorities support these programs?

Gerald stated that the Medicaid waiver components of the BSCIP are authorized by a 1915c waiver - a home and community based waiver. Is this one waiver that serves all three populations or is SCI and TBI, and then CF – is their access to expanded services – the CF waiver came over to them after the Medicaid waiver had been in place.

Gerald stated that the BSCIP program does cover vehicle modifications.

3. Does the state's SCI program have a medical director or any clinical oversight?

Brain and SCI program has an advisory council that consists of medical physicians and survivors. Members of the advisory council have input not oversight.

Mississippi State Spinal Cord Injury Program
Interview Summary
June 10, 2016

Interviewees: Allison Lowther, Misty Jenkins and Shella Head

Other participants: Samantha Saxe (CO DHCPF); and Margaret Trinity and Beth Waldman (Bailit Health)

1. Please tell us about the history of your state's spinal cord injury (SCI) program, and the authorities that enable the program (waiver, state plan amendment).

Shella Head described Mississippi's statewide Traumatic Brain Injury/Spinal Cord Injury waiver program, which is administered jointly by the Division of Medicaid and the Mississippi Department of Rehabilitation Services.

There are no age restrictions for the TBI/SCI program; individuals must have diagnosis of traumatic brain or spinal cord injury and be medically stable. Individuals must be determined clinically eligible through the comprehensive Long Term Services and Supports (LTSS) assessment tool.

2. If authorized by waiver, what type and when will it be renewed? Is the state considering a change in the authorizing vehicle for the SCI program?

The Mississippi TBI/SCI program is authorized by a 1915(c) Home and Community-Based Services waiver that was renewed in 2015. Allison stated that the Department seeks input from consumers as part of waiver renewal process.

Approximately 950 clients are served under the waiver program, with a fairly even division of clients with TBI vs. SCI (perhaps a few more SCI clients than TBI).

3. Are there any additional state revenues or taxes that support financing of the program?

Established by the 1996 Mississippi Legislature, the TBI/SCI Trust Fund provides direct services to clients with brain injuries and spinal cord injuries. The Fund also awards grants to local organizations to support education and prevention programs. For example, the Mississippi Department of Rehabilitation Services, TBI/SCI Trust Fund program requested proposals in 2014 for prevention and educational activities aimed at preventing spinal cord injuries and traumatic brain injuries in three focus areas: 1) motor vehicle accidents; 2) falls; and 3) ATV accidents.

The Trust Fund has a \$35,000 lifetime cap on services and is payer of last resort.

There is a \$35,000 lifetime cap on individual Trust Fund services (excluding Transitional Attendant Care and Respite Care). The Trust Fund Program is the payer of last resort; therefore, an individual must seek assistance from all available resources prior to receiving Trust Fund assistance. Services provided under the Trust Fund include Transitional Attendant Care, Specialized Medical Equipment, home and vehicle modifications, and respite care (up to 288 hours per year).

Mississippi's TBI/SCI Trust Fund is financed via a \$25 surcharge for violation of DUI law, and \$5.45 surcharge from all moving vehicle violations.

4. What services are provided under your state's SCI waiver program?

Covered services under the program include the following: case management, transition assistance services, personal care attendant services, specialized medical equipment and supplies, environmental accessibility adaptations (home modifications), and respite services. Individuals who qualify for state services have access to chiropractic services, although they were unable to provide data on utilization for chiropractic services as this information would have to be pulled from Medicaid claims data. Vehicle modifications are covered under trust fund.

5. Does the state's SCI waiver program have a medical director?

The SCI program does not have its own medical director, however, nurses provided significant input to program. In addition, the TBI/SCI trust fund program has an advisory council, and the council is required to have physicians among its membership.

6. Do nurses have involvement in service plan development, i.e. identify recommended duration and amount of services under waiver program?

Yes, the nurses examine the results of the LTSS assessment tool and develop a plan of care; they have quite a bit of discretion with plan of care. Every new person added to the program is visited by a case manager and RN in the client's home to conduct assessment. Every year applications are recertified, and each individual's financial eligibility is redetermined. The Department will be shifting from the LTSS assessment tool to a different home care assessment tool.

MS was recipient of balancing assessment grant from CMS, which requires that state move toward a core standardized reassessment program with a single consistent assessment tool for all programs. Currently several of the Medicaid

programs are using one assessment tool to have a more consistent and thorough, recognized tool as core standardized assessment. They had been using tool that they developed with a consultant.

Have created a centralized system where all Medicaid waivers are in same computer system, to facilitate linking patient with best program. Each month they speak with client - counselor asks a series of questions - have you had any changes to your Medicaid eligibility? Also do a visual with the client every three months.

7. What coordination exists between the state's SCI program and other state Medicaid programs (especially for the provision of alternative therapies)?

Each of the program's case managers are required to coordinate state plan services that clients are eligible to receive, for example, transportation, home health, PT, OT. Stella stated that many participants in the waiver program started on trust fund and then moved into waiver program.

South Carolina's Brain and Spinal Cord Injury Waiver Program
Interview Summary
July 7, 2016

Interviewees: Melissa Ritter, Beverly Buscemi

Participants: Samantha Saxe (CO DHCPF), Margaret Trinity and Beth Waldman (Bailit Health)

1. Please tell us about the history of your state's spinal cord injury (SCI) program, and the authorities that enable the program (waiver, state plan amendment).

In 1993, the South Carolina Legislature created the Head and Spinal Cord Injury (HASCI) Division within South Carolina's Department of Disabilities and Special Needs (SCDDSN). HASCI administers an SCI waiver program, which was first authorized in 1995 via a 1915© Home and Community-Based waiver; the waiver program is for individuals with spinal cord and brain injuries and offers an array of services. There are currently 809 enrollees served under the waiver program and there is no wait list for services. The state also offers a state revenue supported package of services to individuals who are not eligible for Medicaid waiver program. The state supported services are funded via direct appropriations from general assembly, which is a fairly new initiative. The service package offered under state only packet are essentially the same as those offered under waiver program. In past few years, the Division has received significant funds for purposes of reducing waiting list.

SCDDSN manages the waiver program and is a 'stand alone' state agency that operates separately from the Medicaid program, which is administered by SCDHS. SCDHS contracts with SCDDSN for administration of the SCI waiver program. The department manages four waiver programs on behalf of the state's Medicaid program. Eligibility categories in these waiver programs closely match Medicaid eligibility categories closely. If for some reason a person is not Medicaid eligible, they still are eligible for program. Dr. Buscemi stated that "if we can use Medicaid, great, but we don't want to penalize anyone who is not eligible for Medicaid," as long as they are clinically eligible.

Melissa Ritter stated that the program received \$20 million for purposes of reducing wait list. The General Assembly appropriated funds for the services offered under the SCI program.

2. What is the geographic scope of and enrollment in your state's SCI program – how has that scope changed over time?

South Carolina's SCI waiver program is a statewide program.

3. What services are provided under your state's SCI program? To what extent are these evidence-based therapies?

The SCI waiver program provides a comprehensive array of services, including the following:

- Attendant care/personal assistance
- Behavior support
- Career preparation
- Day activity
- Employment services
- Environmental modifications
- Health education for consumer-directed care
- Incontinence supplies
- Medicaid waiver nursing
- Occupational therapy
- Peer guidance for consumer-directed care
- Personal emergency response system
- Physical therapy
- Prescribed drugs
- Private vehicle modifications
- Psychological services
- Residential habilitation
- Respite care
- Speech and hearing services
- Supplies, equipment and assistive technology

Occupational, physical and speech therapy services are extensions of state plan services, so an individual would need to exhaust their state plan eligibility for these services first before having access to them under waiver program. Dr. Buscemi stated that she had "been in (her) position for seven years, and during that time, there have been no conversations about these services, or requests from advocates....but it is wonderful thinking outside the box."

Dr. Buscemi noted that the waiver program experiences very high utilization for the vehicle modification benefit, for which there is a \$30,000 limit *per modification*. She described an approval process for these modifications. In some instances, the department collaborates with vocational services division in order to share costs for some of the vehicle modification services. Environmental modifications under waiver program are a separate benefit subject to a \$20,000 cap *per modification*, and must undergo a similar assessment or prior approval process.

For personal care services, the program has a limit of up to 49 hours of personal attendant care per week under SCI program; a recently instituted Department of Labor has presented an issue for some individuals under waiver who rely on a single assistant for their full complement of 49 hours personal attendant care services. Specifically, the rate structure prohibits the Department from reimbursing personal care assistants for overtime and so this has created an effective cap of 40 hours per week per assistant. Individuals under the waiver program are also eligible for LPN care of up to 60 hours per week. Individuals can receive a combination of attendant care and nursing up to 72 hours a week. These services are provided based on assessed needs, rather than diagnosis within waiver.

South Carolina also has a post-acute rehabilitation program that is 100 percent state supported for individuals who are either uninsured or underinsured for acute rehabilitation following injury. The program provides these needed services after accident for both burn victims and those suffering an SCI. The state has authorized \$3.1 million for this program. DDSN contracts with four hospitals for these services, and there is a process to make sure it is an appropriate referral.

4. Does South Carolina offer a working adults with disabilities option, with a sliding scale? So that individuals who fall short of financial eligibility may still have access to these services?

Yes, there is a higher threshold for this category of services with an income trust option.

5. Does the state's SCI program have a medical director?

DSN operates 4 waivers on behalf of Medicaid agency (DHHS).

Any changes to eligibility criteria or changes to waiver, DHHS it is their decision. Work pretty collaboratively. DDSN to oversee medical services. In terms of provider capacity issues, it can sometimes be difficult to find nurses because they don't want to do bowel care.

6. Does your SCI program offer acupuncture, chiropractic and/or massage therapy - or any other alternative therapies?

No, the program does not offer these alternative therapies nor has it considered doing so.