

# STATE SPINAL CORD INJURY PROGRAMS

EXPANSION OPPORTUNITIES REPORT  
FOR THE COLORADO DEPARTMENT  
OF HEALTH CARE POLICY AND  
FINANCING

bailit  
health

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## Introduction

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This report provides an environmental scan of programs and initiatives within Colorado Medicaid to identify opportunities for possible coordination regarding the future expansion of acupuncture, chiropractic care, and/or massage therapy.

For this report, Bailit Health conducted four phone interviews with Department staff. A summary of these interviews may be found in Appendix A.

The Department's areas of interest are threefold:

1. Programs or initiatives that could support expansion of acupuncture, chiropractic and massage therapy;
2. Start and end date for each program; and
3. Risks or implications associated with each program or initiative.

Colorado currently has six home and community-based waiver programs for adults. These programs are described in more detail on the Department's website and in the state's 2013 *Waiver Simplification Concept Report*.<sup>1</sup> They are briefly listed here for reference purposes.

- The **Persons with Brain Injury** (BI) waiver program provides services for individuals aged 16 to 64 with brain injury.
- The **Community Mental Health Supports** (CMHS) waiver provides a home or community alternative to nursing facility for individuals aged 18 and older who have been diagnosed with a major mental illness.
- The **Persons who are Elderly, Blind and Disabled** (EBD) waiver provides a home or community alternative to nursing facility for individuals 65 and older who have a functional impairment, or individuals aged 18 through 64 who are blind or physically disabled.
- The **Persons with Spinal Cord Injury** (SCI) waiver program provides services to individuals 18 and older with a spinal cord injury.
- The **Supported Living Services** (SLS) waiver provides services to persons 18 and older with developmental disabilities in the person's home or community.
- The **Developmental Disabilities** (DD) waiver program provides services to individuals 18 and older with developmental disabilities so that they can continue to live at home or in a qualified SLS setting.

In addition to these six adult waiver programs, the state maintains five waivers for children.

The Colorado Medicaid SCI waiver program is the only adult Home and Community-Based Services (HCBS) waiver program that covers acupuncture and chiropractic care – and only one of two HCBS adult waiver programs to cover massage therapy, the other being the SLS waiver program.

Colorado’s six adult home and community-based waiver programs have expiration dates in the next few years as indicated below. Each of these waivers is being considered as part of the state’s waiver simplification process.

- The **Persons with Brain Injury** (BI) waiver program is set to expire June 30, 2019.
- The **Community Mental Health Supports** (CMHS) waiver will expire June 30, 2017.
- The **Persons who are Elderly, Blind and Disabled** (EBD) waiver expires June 30, 2018.
- The **Persons with Spinal Cord Injury** (SCI) waiver program expires June 2020.
- The **Supported Living Services** (SLS) waiver expires June 2019.
- The **Developmental Disabilities** (DD) waiver program expires June 30, 2019.

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## Potential Expansion Opportunities for Acupuncture, Chiropractic Care, and Massage Therapy

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### 1. Rehabilitation Services

Bailit Health spoke with Alex Weichselbaum who oversees the state’s rehabilitation services program, which is authorized by the Colorado State Plan and includes physical and occupational therapy. An important clarification offered in this interview is that the State Plan governs what modalities or treatments are allowed by virtue of whether a particular procedure code is ‘open’ or ‘closed’ for billing. While the billing code for massage therapy is ‘open,’ and has been since 2004 under the State Plan, it is a service that can only be billed by physicians, or physical or occupational therapists, and is only a covered benefit if it is a service intended to prepare a muscle group for therapeutic activity. A state plan amendment would be required in order to allow coverage of massage services – and for that matter, acupuncture services – by a licensed massage therapist or acupuncturist. Alex shared his view that CMS may be averse to covering acupuncture in state plans because it is not a widely accepted medical practice. Without solid evidence as to efficacy and cost savings, adding coverage for these services via a state plan amendment would be a difficult undertaking that does not appear to have much support based on our limited discussions.

### 2. Colorado’s Waiver Simplification Efforts and the Community First Choice Option

The Department is undergoing a concerted waiver simplification effort; the state’s 2013 *Waiver Simplification* report provides an overview of efforts to streamline the 12 waivers that enable the state’s community long-term services and supports programs. Sarah Hoerle provided an overview of this effort and how it fits with the state’s Community First Choice initiative. During our interview with Sarah Hoerle, she described the state’s efforts to make in-home support services (IHSS) that are currently available under the EBD waiver

program also available under the CMHS waiver program and the Supported Living Services (SLS) waiver, which is under the auspices of the Division of Intellectual and Developmental Disabilities (DIDD); however, the state lacks a legislative mandate to do so. This would have enabled a seamless integration of the EBD and CMHS waiver programs as it is the only service that is not currently offered under both programs. The Department is still hopeful that combining these two waiver programs might be feasible in the future so as to make easier for clients to navigate and less of a burden on administrative staff to manage.

Colorado is considering implementing CMS' Community First Choice Option, which allows "States to provide home and community-based attendant services and supports to eligible Medicaid enrollees under their State Plan."<sup>ii</sup> First established under the Affordable Care Act of 2010, this State plan option became available to states in October 2011 and provides a 6 percentage point increase in Federal matching payments to States for service expenditures related to this option.

During our interview with Sarah Hoerle, she explained that under the CFC initiative, the state aims to consolidate some services across waiver programs, and to shift others services from waiver programs to state plan benefits under the authority of 1915(k). The Community First Choice Advisory Council has recommended shifting non-medical transportation, residential services, behavioral health, mental health, independent living skills training, and community transition services into the CFC option. The Department has hired a contractor to examine which services are the best candidates to transition to state plan benefits, taking into account the potential fiscal impact of such shifts.

- State staff identified a subset of services that, under the CFC initiative, *must* shift from waiver program status to state plan status including: personal care, homemaker, health maintenance and personal emergency response system. *Under consideration* for shift from waiver services to state plan services are behavioral services, mental health, non-medical transportation, and transition services.
  - The Department aims to have a final report from their contractor that has recommendations of services that could be shifted from the waiver programs to the CFC option by June 30<sup>th</sup>. If shifted, these services, which are currently available to a limited population via 1915(c) waiver programs, would be available to many more individuals as a state plan covered benefit. For example, some waiver programs have a wait list for specific services offered under the waiver – so shifting some of these services to state plan would open these services to people on wait list.

Following the transition of some services from waiver to state plan status, a limited set of services would remain in the waiver programs, including respite care, alternative care facilities and residential services. In addition, the supported living program and transitional living program would remain services under the Brain Injury waiver program due to the expense associated with these services for which there is currently a wait list. It is assumed that the Complementary and Integrative Health services under the SCI waiver would remain under the SCI waiver program as opposed to transitioning to the State Plan via CFC.

### 3. Changes to the DD and SLS Waiver Programs

Tyler Deines and his colleagues described an extensive effort to redesign the DD and SLS waiver programs, an effort that began in 2013. A comprehensive report of recommendations for redesigning the services offered under these two waiver programs was submitted to the Department in 2015. A state-established work group recommended a broader “purpose-based” definition of “health and wellness professional” services for these two programs, a category, which, to date, has included only massage, hippotherapy and movement therapy under the SLS waiver program. The workgroup recommended that a broader definition might include, for example, services to support individuals in maintaining healthy weight or in supporting general health.

The Department is now working on narrowing the definition of health and wellness professional services to both reflect the priorities established by the work group, and to facilitate the process of determining provider qualifications for services captured in this definition and setting provider rates. State staff commented that acupuncture, chiropractic services, and massage therapy would fit under the definition put forth by the work group. In addition, state staff recalled hearing participants in stakeholder meetings discuss their interest in having these services offered more broadly.

The anticipated changes to the DD and SLS waiver programs are on a fast track, with state staff planning to submit a waiver application that consolidates the two programs by summer 2017. Such a plan would entail continuing the current SLS and DD waivers through, at minimum, July 2019, when the waivers that authorize these programs expire.

#### *4. Work of Pharmacy Unit in Combatting Opioid Prescription Misuse*

Dr. Kelli Metz described the work of the Pharmacy Unit over the past several years in making the public and providers aware of opioid use, misuse and abuse, and the dangers of opioid abuse. Dr. Metz developed a [webpage](#) that addresses many issues including pain evaluation, guidelines for pain treatment and opioid tapering, opioids and pregnancy, alternatives to opioids, naloxone administration, patient education, and offers information and resource links to substance abuse/misuse programs. Dr. Metz explained that DHCPF is following an initiative established in 2013 by the Governor’s Task Force in its efforts to reduce the misuse of prescription opioids. The webpage notes that “through this policy we are attempting to reduce client utilization of short-acting opioids and maintain or improve client levels of stability and functionality.”

As described on the webpage established by the Unit, to support this campaign, DHCPF established limits on milligrams of morphine equivalents (MME) and pill quantities. In 2014, the Unit established a quantity limit on short-acting opioids of 4 tablets per day maximum, equating to 120 tablets per 30 days. Effective February, 2016, the Pharmacy Unit placed a limit of no more than 300 milligrams of morphine equivalence (MME) per day. While this is a relatively high limit, the Pharmacy Unit intends to slowly taper members MME utilization to a limit that is supported by the [QUAD-Regulator Joint Policy for Prescribing and Dispensing Opioids](#) has plans to further limit dispensing of morphine or morphine equivalents to 250 or 200 milligrams per day later this year. From listening to providers, and how patients are tapering, she anticipates

that future efforts to further taper morphine will be successful. Dr. Metz noted that a limit of 120 MME per day, is the “gold standard.”

In many respects, the concerted efforts of the Pharmacy Unit to educate the public and providers about opioid prescription use and misuse offer an opportunity for further coordination with the SCI waiver program and its offering of acupuncture, massage, and chiropractic services, specifically as alternative options to manage pain. There may be future opportunities for coordination or mutual areas of investigation between the pharmacy unit and the SCI waiver program.

## Conclusion

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Colorado’s SCI waiver program is a small waiver program, concentrated in the Denver metro area. While the evidence discussed in our Best Practices Report provides some solid – but limited - support for the efficacy of these services in treating SCI injuries and symptoms associated with these injuries including chronic pain and bladder complications, evidence of their cost effectiveness is not available in the scientific literature. Nor did our research uncover information regarding recommended treatment duration and scope of these services for SCI patients.

Several staff members reported hearing strong interest in these services – from both consumer advocates and particularly from patients who reside outside the Denver area. State staff mentioned that if these three services were shown to decrease hospitalizations and costs, that there might be broader support for offering them to additional populations. One staff member stated that “There are definitely consumers and advocates who would like access to these services but reside outside the five county Denver metro area.”

Nevertheless, our exploration of expansion opportunities within the state’s existing programs identified the consolidation of the DD and SLS waivers into a single waiver program as a potential area of opportunity for expansion of acupuncture, chiropractic and massage services, particularly if these services are explicitly named in the definition of “health and wellness professional” services. One consideration in providing these services more broadly beyond the Denver metro area is the availability of credentialed providers to meet a potential untapped need.

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<sup>i</sup> Concept Paper for Waiver Simplification in Colorado, Mission Analytics Group, November 21, 2013. Click [here](#) to access.

<sup>ii</sup> Click [here](#) for more information regarding the Community First Choice option.