

STATE SPINAL CORD INJURY PROGRAMS

A RESEARCH REPORT FOR THE
COLORADO DEPARTMENT OF
HEALTH CARE POLICY AND
FINANCING

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Introduction

Colorado recently received a five year renewal from the Centers for Medicare and Medicaid Services (CMS) of its waiver for Persons with a Spinal Cord Injury (SCI). Initially a pilot program, the SCI waiver program is geographically limited to the Denver Metro Area and serves approximately 120 participants per year. The program serves individuals aged 18 and older who have a spinal cord injury, offering day services, Complementary and Integrative Health services (acupuncture, massage therapy, chiropractic care), Consumer-Directed Attendant Supports and Services (CDASS), In-Home Support Services (IHSS), personalized emergency response system (PERS), home modifications, homemaker services, non-medical transportation, personal care, and respite care.ⁱ

The Colorado Department of Health Care Policy and Financing (the Department) is evaluating the efficacy of the Complementary and Integrative Health services offered within SCI waiver program, which will conclude with findings and recommendations in January of 2020. The Colorado Medicaid SCI waiver program is one of six Home and Community-Based Waiver (HCBS) programs that the state has in place for adults, but the only HCBS waiver program that offers acupuncture and chiropractic care – and one of only two HCBS waiver programs to offer massage therapy.^{ii, iii} The Department is interested in the impact these three services – acupuncture, massage, and chiropractic services - have on the functional health status and quality of life of SCI waiver program participants, as well as its impact on the cost of care for the individuals receiving them. Further, the Department is interested in potential opportunities to offer these services more broadly to other Medicaid beneficiaries.

In 2020, the Colorado state legislature will determine whether to continue or expand the SCI waiver program based upon the findings of an independent evaluation of the program. The evaluation will measure health outcomes, quality of life, and cost-effectiveness for participants receiving these services in the SCI waiver program.

This report is one of a series of three SCI waiver-related reports that the Department has contracted with Bailit Health to complete. This report provides an overview of: 1) other states' Medicaid offerings related to acupuncture, chiropractic care and massage therapy – particularly within the context of other states' SCI programs - and the authorities that permit these offerings; and 2) the extent to which other states may be offering complementary, alternative or non-traditional therapies in their Medicaid programs. A separate research report examines evidence related to the efficacy of alternative treatments and therapies for long term physical disabilities, with a focus of the delivery of acupuncture, chiropractic care and massage therapy for individuals with spinal cord injuries.

State Offerings: Acupuncture, Chiropractic Care and Massage Therapy

Bailit Health conducted a review of states with existing or planned acupuncture, chiropractic care, and massage therapy in their Medicaid State Plan or Home and Community Based Services (HCBS) Waiver programs, and the authorities/limitations for these services. Consistent information on state offerings for these services was difficult to obtain. Interestingly, the most thorough documentation exists for chiropractic care services, perhaps reflecting the optional inclusion of chiropractic services in state Medicaid programs following the addition of these services as a Medicare benefit in 1972.^{iv} Relatively few Medicaid programs offer acupuncture or massage therapy as covered services, although some do within the context of waiver programs that provide services to specific subpopulations among individuals with long term disabilities.

a. Overview of state offerings: acupuncture

State provision of acupuncture services within their Medicaid programs appears infrequent. Two examples of states that do offer acupuncture services to Medicaid recipients are Florida and California. In California, MediCal offers limited coverage for acupuncture services under its 2014 State Plan Amendment.^v The amendment specifies that acupuncture and chiropractic services are covered as an optional benefit for pregnant women as well as to children (through the Early Periodic Screening, Diagnosis and Treatment (EPSDT) program). MediCal will pay for up to two visits for acupuncture or chiropractic services per month, but no more than two services total in a given month from among acupuncture, chiropractic and the following additional services: audiology, occupational therapy, podiatry, psychology, and speech therapy.^{vi}

Florida previously offered both acupuncture and massage services as part of a three year pilot of complementary and alternative medicine (CAM) services under its Medicaid program in the early 2000s. An evaluation of Florida's experience with the Medicaid CAM services pilot found significant improvements in both physical and mental health, while decreasing Medicaid costs. Under this legislatively mandated pilot, primary care providers served as gatekeepers to the program, which was available to Medicaid recipients residing in three counties who were diagnosed with one of four chronic pain conditions: fibromyalgia, chronic back pain, chronic neck pain, or chronic fatigue.^{vii,viii}

While the CAM pilot in Florida was not continued under the state plan, today, both acupuncture and massage services are offered under the state's waiver program serving individuals with Cystic Fibrosis.

b. Overview of state offerings: chiropractic care

Kaiser Family Foundation reports that 27 state Medicaid programs cover chiropractic services through their state plan (29 do not).^{ix} While these are 2012 figures, they have stayed remarkably consistent over the past decade. The report provides information regarding limitations, copays and provider reimbursement for state Medicaid programs that offer chiropractic services.

- Most states limit chiropractic benefits to manual manipulation of the spine to treat a subluxation demonstrated by x-ray (note: not all states allow chiropractors to bill for the x-ray).
- Seventeen states require a small copay per chiropractic visit, ranging from approximately \$1 to \$4 per visit; and many states place an annual limit on visits, ranging from 6 to 30 visits per year.

- The predominant reimbursement methodology used by states for chiropractor services is fee for service. For example, Mississippi reimburses providers on a fee for service basis using a percentage of the allowable Medicare payment as a ceiling.

c. Overview of state offerings: massage therapy

A number of states offer massage therapy services under the authority of specific waiver programs. Florida, for example, provides restorative massage services under its Project AIDS Care waiver program.^x New York offers massage therapy under its palliative care waiver program.^{xi} And Utah offers massage therapy services under its HCBS waiver program.^{xii} More systematic information on other states’ offering of massage therapy services is not available.

d. Authorities and limitations for states offering these services

While many states offer chiropractic services as a covered benefit under their state plan, the few states that offer massage therapy and acupuncture services appear to do so under the authority of specific waiver programs. Some states, such as Colorado, may include coverage for these services under their state plan if they are provided by a physician, physical therapist, or occupational therapist. However, Colorado does not provide coverage for these services when provided by a licensed massage therapist or licensed acupuncturist outside of the SCI waiver- as a result, provision of these services as a covered state plan benefit is relatively rare.

Findings from the field: Florida, Mississippi and South Carolina Spinal Cord Injury Waiver Programs

Bailit Health conducted phone interviews in June and July 2016 with leadership of the Medicaid spinal cord injury waiver programs in Florida, Mississippi and South Carolina. Summaries of these interviews may be found in Appendix A.

i. Florida’s Brain and Spinal Cord Injury Program

Florida’s Brain and Spinal Cord Injury Program (BSCIP) is a legislatively mandated, statewide program administered by the state’s Department of Health. The program is supported by the state’s BSCIP Trust Fund and served nearly 2,000 individuals in FY2012-13, the most recent year for which an annual report was available online. The Trust Fund is financed, in part, by revenues from a variety of state levies, including 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.^{xiii} 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. Only facilities and vendors designated by the Department of Health may receive reimbursement from the Trust Fund.

Individuals may receive BSCIP services if they are referred to the program's central registry, have sustained a traumatic brain injury (TBI) or SCI, are medically stable, and are able to achieve community reintegration; the program is available to legal residents of Florida. Services offered under the BSCIP program include assistive devices, transitional living, diagnostics, home modifications, medical supplies, occupational and physical therapy, speech therapy, and transportation.^{xiv}

The BSCIP program refers patients who are financially eligible to Florida's TBI/SCI 1915(c) Home and Community-Based Medicaid Waiver program, which served 287 individuals in FY2012-13. The waiver program offers a range of community reintegration services, including "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."^{xv} A small number of waiver members also receive community reintegration consulting services through the Consumer Directed Care Plus program, which served 25 individuals in FY 2012-13. Neither of these programs offers acupuncture, chiropractic or massage services, however, the state's cystic fibrosis waiver program does.

Of interest, Florida's BSCIP Trust Fund supports education, prevention and research related to brain and SCI injuries - including funding for research on brain and spinal cord injuries at the University of Florida and the University of Miami. Other Trust Fund supported services are offered via the Brain Injury Association of Florida and the Florida Disabled Outdoors Association, 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 the individual within 10 business days.

Five regional offices serve the statewide BSCIP program. The BSCIP administers the Florida Spinal Cord Injury Resource Center (FSCIR), which offers up-to-date information on brain and SCI, assistive technology, and resources - for patients, their families, health care professionals, and the public. Services provided by the FSCIR include a 'new injury' packet, counseling, peer mentoring, a website, a hotline, and newsletter. In addition, the FSCIR maintains the BSCIP's central registry and must submit an annual report to the state legislature.^{xvi}

ii. Mississippi's Traumatic Brain Injury/Spinal Cord Injury Program

Mississippi's statewide Traumatic Brain Injury/Spinal Cord Injury (TBI/SCI) waiver program 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. Mississippi determines clinical eligibility through the comprehensive Long Term Services and Supports (LTSS) assessment tool.

The Mississippi TBI/SCI program is authorized by a 1915(c) Home and Community-Based Services waiver that was renewed in 2015. Approximately 950 clients are served under the waiver program, with a fairly even division of clients with a traumatic brain injury and those with a spinal cord injury. Mississippi's TBI/SCI waiver program provides the following services: case management, attendant care, durable medical equipment and medical supplies such as assistive devices, transition assistance, personal care attendant services, environmental accessibility adaptations (home modifications), and respite care services. Individuals who qualify for state services have access to chiropractic services through the Medicaid state plan, although the state was unable to provide data on utilization for these services.

Similar to Florida, Mississippi's program is supported, in part, by a state trust fund, the TBI/SCI Trust Fund, which provides direct services to clients with brain injuries and spinal cord injuries. The TBI/SCI Trust Fund has a \$35,000 lifetime cap on services for which an individual may receive funding, and serves as a payer of last resort. 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). The Trust Fund is financed via a \$25 surcharge for violation of DUI law, and \$5.45 surcharge from all moving vehicle violations.^{xvii}

The TBI/SCI Trust Fund also awards grants to local organizations to support education and prevention programs. For example, the 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.

iii. South Carolina's Head and Spinal Cord Injury (HASCI) Waiver Program

In 1993, the South Carolina Legislature created the Head and Spinal Cord Injury (HASCI) Division within the state's Department of Disabilities and Special Needs (SCDDSN). The HASCI administers the state's SCI waiver program, which was first authorized in 1995 under a 1915(c) Home and Community-Based waiver. Referred to as the HASCI waiver program, this program currently serves 809 enrollees statewide and offers a comprehensive array of services, including attendant care, behavior support, environmental and private vehicle modifications, incontinence supplies, and physical therapy. Benefits available under the HASCI waiver program do not include acupuncture, chiropractic and massage therapy services.

Of note, South Carolina's HASCI waiver program offers a generous benefit for environmental and vehicle modifications, and experiences high utilization for these services. Individuals must undergo a prior approval process for these benefits, which cover up to \$30,000 per vehicular modification, and \$20,000 per environmental modification.

Similar to the trust fund programs established by Mississippi and Florida, South Carolina offers a state revenue supported package of services to individuals with spinal cord injuries who are not eligible for the HASCI waiver program.

SCDDSN is a 'standalone' state agency that operates separately from the Medicaid program, which is administered by the South Carolina Department of Human Services (SCDHS); SCDHS contracts with SCDDSN for administration of the HASCI waiver program.

Complementary, Alternative and Non-Traditional Therapies in State Medicaid Programs

A 2002 study of 46 state Medicaid programs found that 36 Medicaid programs provided coverage for at least one alternative therapy through their state plan. By far the most commonly reimbursed therapies were chiropractic, other services provided by multiple states included biofeedback (10 states), acupuncture (7 states), hypnotherapy and naturopathy (5 states).^{xviii} Our research did not identify studies that examined cost savings relative to these programs, and, unfortunately, a more recent study of alternative therapies in state Medicaid programs does not appear to exist.

Conclusion

State Medicaid offerings of acupuncture and massage therapy services appear limited, and are not well documented. Likewise the provision of other complementary, alternative or non-traditional therapies within state Medicaid programs is not well documented – a systematic review of state offerings for such services is nearly 15 years old and surely out of date. In contrast, the provision of chiropractic services in state Medicaid programs is more prevalent, and also well documented by the Kaiser Family Foundation. The efficacy of these services is investigated in a separate report, and opportunities for expanding these services in Colorado are discussed in a separate deliverable.

Interviews with counterpart spinal cord injury waiver programs in Florida and Mississippi reveal that Colorado is ahead of the curve in systematically offering acupuncture, chiropractic and massage services under its spinal cord injury waiver program. Florida and Mississippi offer lessons, however, in the potential for trust funds to offer complementary funding for services, prevention, education, and research related to spinal cord injuries.

ⁱConcept Paper for Waiver Simplification in Colorado, Mission Analytics Group, November 21, 2013. Click [here](#) to access.

ⁱⁱIbid.

ⁱⁱⁱ For more information about Colorado's Home and Community-Based (HCBS) Medicaid waivers for adults, [click](#) here. The other HCBS waiver program offering massage is the Supported Living Services Waiver (HCBS-SLS) program.

^{iv} Cleary-Guida, Maria, et al. "A Regional Survey of Health Insurance Coverage for Complementary and Alternative Medicine: Current Status and Future Ramifications," *The Journal of Alternative and Complementary Medicine* 2001; 7:3, p. 269-73. Click [here](#) to access.

^v "Acupuncture services. Covered to prevent modify, or alleviate the perception of severe, persistent chronic pain resulting from a generally recognized medical condition. Acupuncture services are covered under this state plan only for the following beneficiaries: 1. Pregnant women, if acupuncture services re part of their pregnancy-related services or for services that might complicate their pregnancy. 2. Individuals who are eligible for EPSDT. ...Outpatient acupuncture services are limited to a maximum of two services in any one calendar month." Click [here](#) to access.

^{vi} MediCal reimburses \$16.72 per chiropractic visit for those populations eligible for this service. Click [here](#) for more information. MediCal reimburses \$5.79 for initial 15 minutes of acupuncture, one or more needles, with or without electrical stimulation; and \$5.79 for each additional 15 minutes of personal contact with patient, with re-insertion of needle(s). Click [here](#) for more information.

^{vii} Health Management Associates, *Integrative Therapies Pilot Project: A Holistic Approach to Chronic Pain Management in Medicaid, The Florida Medicaid Experience*, undated. Click [here](#) to access.

^{viii} Beychok, Tina, "Florida Spearheads Innovative Medicaid Program," *Acupuncture Today*, February 2008. Click [here](#) to access.

^{ix} Kaiser Family Foundation, *State Health Facts, Medicaid Benefits Data Collection, Chiropractor Benefits, 2012*. Click [here](#) to access.

^x www.medicaid.gov/Medicaid-CHIP-Program-Information/By-State/Waiver-Descript-Factsheet/FL-Waiver-Factsheet.html

^{xi} Click [here](#) to access information regarding New York's palliative care waiver program.

^{xii} Click [here](#) to access information regarding Utah's HCBS waiver program.

^{xiii} More information about Florida's BSCI program may be found [here](#).

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

^{xv} *Ibid.*

^{xvi} Click [here](#) for more information about Florida's Spinal Cord Injury Resource Center.

^{xvii} Click [here](#) for an overview of state TBI trust funds.

^{xviii} Steyer TE, Freed GL, Lantz PM. "Medicaid reimbursement for alternative therapies," *Alternate Therapies Health Medicine* 2002; 8(6):84-8.