

Resources and Services Directory for Head Injury and Other Conditions

Section 2: Accessing and Paying for TBI and Related Services

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O K L A H O M A S T A T E D E P A R T M E N T O F H E A L T H

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Accessing and Paying for TBI and Related Services

(Contact information subject to change.)

Access

Access to services involves referral by a physician/other professional or self referral, the ability to get to the centers, programs or offices that provide services, and the ability to pay for the services by one or more methods. The majority of brain-injured persons enter the care system via emergency medical services or the emergency/trauma department; these assured services are often not paid by people without insurance or with limited resources. In Oklahoma, the Trauma Care Assistance Revolving Fund helps compensate the hospitals for the costs of caring for these individuals. Referral and coordination of brain injury services has improved with increased awareness, information, and maturity of the brain injury services system.

Several state and local agencies that serve as points of entry for particular services include the Oklahoma Department of Education/Special Education; Oklahoma Department of Health, Vocational Rehabilitation and employment one-stop centers, tribal health centers, etc.; these agencies are described within specific sections of the directory. Individuals and families wanting to access services need to know the services available, referral sources, and the types of services that are appropriate for their particular case.

Payment Methods

Each phase of brain injury service delivery - emergent, acute, rehabilitative and ongoing care - contributes to the high costs. Commercial insurance and Medicare are the principal payers of hospital charges for brain injury. Many insured individuals with serious to severe injury find that costs exceed coverage and that personal funds are not adequate for the services needed, so they become dependent upon government sources for further care.

Medicare and Medicaid

Medicare is a Federal Health Insurance Program for people 65 years of age and older, some people with disabilities under age 65, and people with end-stage renal disease. It provides acute care coverage for persons 65 years and older and for some people who are covered by Social Security Disability (SSDI) benefits. Medicare has two parts: Part A is hospital insurance and Part B is medical insurance. Most people do not have to pay for Part A and the majority of people pay monthly for Part B.

In Part A, Medicare coverage is limited to services considered “reasonable and necessary” for the diagnosis and treatment of illness or injury. Services include inpatient hospital stays, critical access hospitals, skilled nursing facility care, home health care services, and hospice care.

In Part B, Medicare helps pay for physician services, hospital outpatient services, ambulatory surgery, and diagnostic and laboratory tests. Coverage is also provided for limited outpatient physical, occupational and speech therapy services and medical equipment and supplies.

Medicaid is a joint federal and state entitlement program that provides funding for medical benefits to low-income individuals who have inadequate or no health insurance coverage.

Medicaid guarantees coverage for basic health and long-term care services based on income and/or resources. Created as Title XIX of the Social Security Act in 1965, Medicaid is administered at the federal level by the Centers of Medicare and Medicaid Services (CMS) within the Department of Health and Human Services (HHS). CMS establishes and monitors certain requirements concerning funding, eligibility standards, and quality and scope of medical services. States have the flexibility to determine some aspects of their own programs, such as setting provider reimbursement rates and the broadening of the eligibility requirements and benefits offered within certain federal parameters. The Oklahoma Health Care Authority (OHCA) is responsible for administering Medicaid Services in the state of Oklahoma (405/522-7300; www.okhca.org).

Eligibility. In exchange for federal financial participation, states agree to cover certain groups of individuals referred to as “mandatory groups” and offer a minimum set of services referred to as “mandatory benefits.” States also can receive federal matching payments to cover additional optional groups of individuals and provide additional optional services. Federal matching payments through Medicaid often allow states to partially finance the cost of services that states have traditionally provided at their expense or to pay for services that otherwise might be written off by providers as bad debt or charity.

According to Oklahoma State Statutes Title 63 Sec. 5009, the OHCA contracts with the Oklahoma Department of Human Services (OKDHS) for the determination of Medicaid eligibility. All applications for Oklahoma Medicaid enrollment are processed and approved or denied by OKDHS. Applications and renewals are reviewed by each county of residence OKDHS office for financial and/or medical requirements. After eligibility has been certified or extended, the records are sent to OHCA to coordinate medical services and process payments for services utilized.

Title XIX of the Social Security Act requires that in order to receive federal matching funds, certain basic services must be offered to the categorically needy population in any state program. Each state has a plan that describes the groups of individuals who can receive Medicaid services and the services that the state will make available to them.

Federally Mandated Services include:

- Early Periodic Screening, Diagnosis and Treatment (EPSDT) under age 21 years.
- Family planning services and supplies
- Inpatient hospital
- Laboratory and X-ray
- Emergency transportation
- Nurse midwife
- Nurse practitioner
- Nursing facility/home health (age 21+)
- Outpatient hospital
- Physician
- Prenatal, delivery and postpartum care
- Rural health clinic and federally qualified health center
- Non-emergency transportation

State Optional Covered Services include:

Case management	Optometrist
Chiropractor	Personal care
Clinic	Physical therapy
Dental	Podiatrist
Diagnostics	Prescribed drugs
Emergency hospital	Preventive services
Inpatient hospital (age 65+) (institutions for mental disease)	Private duty nursing
Inpatient psychiatric under 21 years	Prosthetic devices
Intermediate Care Facility for the Mentally Retarded	Psychologist
Nurse anesthetist	Rehabilitative
Nursing facility under 21 years	Respiratory care
Occupational therapy	Speech/hearing/language disorders
	Tuberculosis related

Sometimes you may have to spend down your personal resources before you qualify. Applications for Medicaid are obtained at the county offices in Oklahoma.

Home and Community-Based Services Waivers give states the flexibility to develop and implement creative alternatives to placing Medicaid-eligible individuals in institutions such as long-term care hospitals, nursing facilities, or intermediate care facilities for person with mental retardation. The OKDHS is responsible for and administers five Home and Community-Based Services waivers. The two waivers that may relate to persons with TBI are:

- The Community Waiver serves Medicaid beneficiaries with mental retardation and certain persons with “related conditions.” It covers children and adults, with a minimum age of three years; and
- The ADvantage waiver serves the frail elderly (65 years and older) and adults 21 years of age or older with physical disabilities who would otherwise qualify for placement in a nursing facility.

Social Security Act

The Social Security Act passed in 1935 was “an act to provide for the general welfare by establishing a system of Federal old-age benefits, and by enabling the several States to make more adequate provision for aged persons, blind persons, dependent and crippled children, maternal and child welfare, public health, and the administration of their unemployment –compensation laws; to establish a Social Security Board; to raise revenue; and for other purposes.”

Social Security Administration

Handles retirement and Survivors Disability SSI Benefits
General information 800/772-1213

Social Security Disability Insurance (SSDI)

Social Security Disability Insurance is wage replacement income for those who pay FICA taxes when they have a disability meeting Social Security disability rules. SSDI provides a variety of payments to family members when a primary wage earner becomes disabled or dies. SSDI is funded with Social Security taxes paid by workers, employers, and self-employed persons.

FICA taxes are withheld from an individual's salary to fund Social Security and Medicare programs. This federal government insurance provides basic protection against the loss of income due to disability. Benefits may be provided to both the worker with disability and to family members, including children. The number of work credits needed to qualify for SSDI depends on the age of disability onset. There is usually a five-month waiting period after the person has met the requirements for disability. The amount of SSDI payment is based on the person's lifetime average earnings covered by social security and on other government payment received. SSDI provides a monthly payment to eligible persons with disability defined as:

A physical or mental impairment which prevents an individual from performing any substantial gainful activity and which is expected to last at least one year or result in death. Substantial gainful activity is not necessarily the kind of work the individual performed prior to the disability.

Supplemental Security Income (SSI)

This federal government insurance provides monthly payments to people who are older, disabled or blind and who meet specific income or resources requirements. SSI eligibility considers the individuals' income and property (homes are not excluded). People who receive SSI may be eligible to apply for Medicaid and food stamps.

Workers Compensation Commission

Workers compensation law is administered by the Oklahoma Workers' Compensation Commission. The law was written to protect workers by providing compensation for the loss of earning capacity resulting from accidental injury, disease, or death during employment. The law provides medical and vocational rehabilitation services and other benefits. An employee claim may be filed by any worker who believes an injury should be covered under the law.

For information contact:

Department of Labor
405/521-6100

State Insurance Department

The State Insurance Department serves individuals who need help in filing an appeal or complaint regarding an insurance payer. The agency is responsible for: 1) ensuring that all policies and contracts issued by private insurers are within state insurance law guidelines; 2) educate consumers about insurance; and 3) investigate complaints against insurance brokers, agents, and companies.

State Insurance Commissioner's Office
1-800-522-0071 or (405) 521-2828
www.ok.gov/oid