

## TRAUMATIC BRAIN INJURY (TBI) CASE MANAGEMENT MONTHLY REPORT

The report must be submitted to APS Healthcare, Inc. by every Case Management Agency by the 6<sup>th</sup> business day of every month. It can be submitted in the following ways:

By Mail: APS Healthcare, Inc.

100 Capitol Street, Suite 600 Charleston, WV 25301

By Fax: 1.866.607.9903

## To Complete this Form:

- 1. Complete the top section of the form with the current month, year, provider name, phone number, agency address, and the name of the person submitting the form.
- 2. If you have had no new members open for the reporting month, no members transferred to or from your agency during the reporting month or no closures from the TBI Waiver Program for the reporting month mark No Activity this month.
- 3. If you have had new members open, members transfer or members close from the TBI Waiver Program for the reporting month, you will need to fill out the member information section of each of these.
- 4. New TBI Member Enrollments these are individuals opened by your agency that are new to the TBI program. The Enrollment Date is the Anchor date on the Member Enrollment Confirmation Letter you received from APS Healthcare, Inc. for each member.
- 5. Transfers Received From If you received a transfer from another agency during the month, complete the agency's name you received the transfer from and the date you received the transfer.
- 6. Transferred To If you had a member transfer from your agency to another agency complete agency's name they transferred to and the date they were transferred.
- 7. Closures These are individuals that have closed from the TBI program. List the reason they were closed these reasons must be consistent with policy and accurate. Ex. 180 days without service, unsafe environment, and member no longer desire services, death, moved out of state, loss of financial eligibility, loss of medical eligibility.
- 8. Comment Section list any additional information APS Healthcare may need to know.

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