

Bureau for Medical Services
**Traumatic Brain Injury
Waiver (TBIW) Program**

CHAPTER 512

September 2015



Agenda

- **Introductions**
- **Program Overview**
 - What's New
 - Age of Eligibility
 - Definition of Traumatic Brain Injury
 - Pre-Admission Screening (PAS) Eligibility Criteria Expanded
 - Establishing Financial Eligibility
 - Medical Necessity Evaluation Request (MNER)
 - Expanded List of Who can Sign the MNER
 - Services Provided
 - Monthly Cap on Non-Medical Transportation
 - Dual Service Provision-Home Health Services

Agenda (Cont.)

- **TBI Waiver Handbook - What's New and Why**
 - Complaint Process
 - Abuse/Neglect/Exploitation Training Initially and Annually
 - Grievance Process and Forms
- **Questions and Answers**

PROGRAM OVERVIEW

WHAT'S NEW

Age of Eligibility

- Effective now:
 - Children as young as 3 years old will be able to apply for Traumatic Brain Injury (TBI) Waiver services

Definition of TBI for Program Eligibility

- Non-degenerative, non-congenital insult to the brain caused by an external physical force resulting in total or partial functional disability and/or psychosocial impairment or an injury caused by anoxia due to near drowning

PAS Eligibility Criteria Has Been Expanded

- Additional items on the Pre-Admission Screening (PAS) now count toward determining medical eligibility:
 - Vision, hearing, and communication if scored at a Level 3 or higher
 - Individual has skilled needs in one or more areas:
 - Physical therapy
 - Speech therapy
 - Occupational therapy
 - Individual needs prompting/supervision in the administering of his/her own medications
 - Clinical and psychological data-behaviors
 - Disoriented
 - Seriously impaired judgment
 - Cannot communicate basic needs
 - Physically dangerous to self and others if unsupervised

Rancho Los Amigos Pediatric Level of Consciousness Scale

- The Rancho Los Amigos Pediatric Level of Consciousness will be used for children applying for the program
 - There is a pre-school version and a school-aged version
- Adults 18 and older will continue to be assessed using the Rancho Los Amigos Levels of Cognitive Functioning

Financial Eligibility-Pre-Medical Eligibility-Initial

Before APS Healthcare can complete your medical eligibility application, we must have proof that you are financially eligible

- When you submit your completed Medical Necessity Evaluation Request Form (MNER), APS Healthcare will send you a Notice of Receipt of MNER, the Service Delivery Model Selection and Provider Selection forms with instructions on how to complete them
- You will also receive the yellow DHS-2 form with instructions that you will need to take to your local Department of Health and Human Resources (DHHR) office
- Once APS Healthcare receives the yellow DHS-2 form indicating you are financially eligible for the TBI waiver, an assessment for medical eligibility will be completed

Expanded List of Who Can Sign the MNER

- Your treating physician (M.D. or D.O.)
- Neuropsychologist
- Physician's Assistant (PA)
- Nurse Practitioner (NP)
- These same medical providers can sign your MNER for your annual re-evaluation
- The form must include your TBI and other diagnoses
- Forms should be faxed to APS Healthcare at **1-866-607-9903**

Services Provided

- Case management
- Personal attendant
- Non-Medical Transportation

Services No Longer Provided

- Participant-directed goods and services
- Cognitive rehabilitation therapy
- You can apply for assistance through the “Funds for You” and state Medicaid plans such as speech, physical and occupational therapies for services and supports

Monthly Cap on Non-Medical Transportation

- 300 miles per month
- Must be reflected in the Person-Centered Service Plan

Transportation Services-NEMT

- Non-Emergency Medical Transportation (NEMT) is available to people who have Medicaid and need assistance in order to keep scheduled medical appointments and treatments
- In order to be eligible for NEMT you must:
 - Be a Medicaid member
 - Have an appointment for a Medicaid approved medical treatment from a Medicaid provider
- For more information, to request gas mileage reimbursement or schedule a trip, please call the Medicaid NEMT broker, MTM at 1-844-549-8353, Monday-Friday 7 a.m. to 6 p.m. at least five business days before your appointment

Information Required when Scheduling NEMT:

- Person's name
- Medicaid ID number
- Home address
- Phone number
- Where the member is to be picked up
- Name, address and phone number of health care provider
- Date and time of your appointment
- General reason for the appointment
- Any special needs such as a wheelchair accessible vehicle, assistance during the trip or someone to ride with you

Service Provision-Home Health Services

- You may receive services from a home health agency while enrolled in the TBIW program
- These services cannot duplicate your TBIW services
- Home health agency services provided to the person on the TBIW must be coordinated by your TBIW case management agency
- These services may only include skilled nursing care or therapy services for post-hospitalization stays or acute episodes of chronic conditions
- The need for home health services must be documented in your service plan

QUESTIONS

TBI WAIVER HANDBOOK

Person-Centered Planning

- An approach which focuses on **YOU** and your needs by putting you in charge of defining the direction for your life
- The services that you receive are based on **YOU**, your needs, preferences and personal goals
- Planning for your services should always involve you and your family, friends and others that you choose to be involved
- Your case manager will be part of your planning team as well

Person-Centered Planning (Cont.)

- During your planning meetings, you will be asked to identify the people and services you want to assist you as you work toward your goals and outcomes
 - These will be a mix of paid and non-paid services
 - Paid services will be provided through the TBI Waiver Program and other Medicaid programs, if you are eligible
 - Non-paid services and supports may be provided by family/friends or others who have helped you in the past

Some Questions to Help You Prepare to get the Most out of Your Service Planning Meetings;

- What do you want for the future?
- What kind of help will you need?
- Who will support you best?
- Who knows what is best for you?
 - Is it you or someone else?
- Can you ask for what you really want?

Person-Centered Planning (Cont.)

- On page 15 of the TBI Waiver Handbook is a worksheet to help you keep your information updated
- This information may be helpful for you, your family and friends and your service providers
- You can also use this information to help you prepare for your person-centered service planning meetings

Complaint Process

- If at anytime you are dissatisfied with your services or care in the TBIW program, you may contact APS Healthcare
- Your complaint can be made either verbally by calling 866-385-9030 or in writing by email to wvtbiwaiver@apshealthcare.com or faxed to 866-607-9903
- Your provider agencies also have complaint policies and a complaint process. You can ask your Case Manager or Resource Consultant about using Personal Options for assistance.

Abuse/Neglect/Exploitation

- The Bureau for Medical Services wants to make sure you are safe from abuse, neglect and exploitation. Because this is so important APS Healthcare will
 - Provide training to you and/or your legal representative at the initial medical assessment and at your annual re-assessment
 - Give you information and handouts to help you recognize the signs of abuse, neglect, and exploitation
 - Give you information so you know how to report suspected abuse, neglect, and exploitation
 - Ask you and/or your legal representative to sign documentation that we have provided the training and handouts

Grievance Process

- If you are dissatisfied with the services you are receiving from a provider agency, you have a right to file a grievance with the provider-this is called a level one grievance
- APS Healthcare will explain the grievance process to you at the time of your initial application/re-evaluation
- You will receive a copy of the grievance form at the initial application and during re-evaluation
 - The case manager or personal attendant supervisor will also be able to give you this form
- Your Case Management or Personal Attendant Service provider will only conduct a grievance procedure for the services that they provide to you

- You may by-pass the level one grievance with a provider and file a level two grievance with APS Healthcare if you choose
- The grievance process is not to be used to address decisions regarding medical or financial eligibility, a reduction in services or case closure
- The grievance process is not meant to address employer/employee relations issues such as: hourly wage, hours worked, receiving paychecks, etc.
- Decisions regarding medical/financial eligibility or a reduction of service must be addressed through the Medicaid Fair Hearing process

For More Information

Where Can You Find a Copy of the TBI Waiver Manual?

www.dhhr.wv.gov/bms/Programs/WaiverPrograms/TBIW/

Where Can You Find a Copy of the TBI Waiver Handbook?

www.dhhr.wv.gov/bms/Programs/WaiverPrograms/TBIW/

QUESTIONS

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