

TBIW Side by Side of Responsibilities

Case Manager	Resource Consultant	Personal Care Services Program RN
Financial Eligibility-pre-Medical Eligibility Sect. 512.7		
Make an initial contact (phone or face to face) with the applicant and/ or their legal representative within 5 business days of receipt of the Agency Assignment Letter from the UMC to offer assistance in determining financial eligibility process.		
If requested by the applicant, assist with the yellow DHS-2 submission for financial eligibility determination.		
Results of Initial Medical Evaluation Sect. 512.9.2.1		
Funded Slot Available:		
Submit the TBIW DHS-2 (White) to the county DHHR office within sixty calendar days from the date of the CM agency or the applicant receives the notification of applicant medical eligibility.		
Notify KEPRO when the TBIW DHS-2 (White) has been submitted to the county DHHR office.		
Request Program Enrollment from KEPRO by completing the Enrollment Request Form.		
Complete the initial visit to develop the person-centered assessment within 7 calendar days from the receipt of the Enrollment Confirmation Notice. The Service Plan must be completed within 7 calendars from the person-centered assessment.		

<p>Submit the completed Service Plan, Assessment, budget and Request for Service Authorization form to KEPRO within 5 calendar days from the Service Plan meeting.</p>	
<p>Send copies of Service Plan, Assessment and approved budget to the participant within 7 business days after receiving approval from the UMC. The PPL RC obtains a copies of this documentation from the participant or legal representative (if applicable).</p>	<p>Complete the Personal Options Enrollment meeting within 14 calendar days from the receipt of participant's prior authorization notice from the UMC. This includes educating participant and their representatives (if applicable) regarding roles, responsibilities; discussing spending tax and program paperwork; completing spending plan; completing worker orientation and paperwork.</p>
	<p>Review participant's paperwork and their worker's paperwork and certifications before submitting for processing.</p>
	<p>Assist with Employer Identification complications.</p>
	<p>Develop initial Spending Plan and submit to PPL Admin for approval by the participant's active date. This date is the 1st date both the participant and their Personal Attendant are ready to start services.</p>
	<p>Send copies of approved Spending Plan to CM within 5 calendar days of completion.</p>
<p>Monitor the participant's health and welfare.</p>	<p>Monitor the participant's health and welfare.</p>
<p>Verify via telephone or face to face, within 7 calendar days that Personal Attendant services have begun.</p>	
<p>Complete and document monthly phone calls with the participant and/or their representative (if applicable). If calls can't be completed, a home visit must be completed.</p>	<p>Complete and document monthly phone calls with the member and/or their representative. If calls can't be completed, a home visit must be completed.</p>
<p>Complete in person, a 6-month Assessment and Service Plan with the participant and their representative (if applicable).</p>	<p>Complete and document 6 month visit with the participant and their representative (if applicable) and CM if possible.</p>

Update the Assessment and Service Plan if needed due to changes in the participants needs and provide supportive documentation.	Update Spending Plan when needed.
	Assist the participant with their budget, worker timesheet, and worker payment issues.
	Train, monitor, and collect worker's Personal Attendant worksheets monthly.
Assist the participant with completing and submitting MNER for annual medical re-evaluation.	Assist with PPL claim denials if applicable.
Assure that the participant financial eligibility remains current. (The participant is required to do this annually at their local DHHR office).	Assist with information and assistance for resources and educational materials
	Assist workers with certification renewal (CPR/FA, Criminal Background Check, training). Provide program materials and resources to participant and their workers (i.e. resources to complete annual training)
	Prepare documents and information for Medicaid Fraud Unit and assist member in gathering documents for Medicaid Fair Hearing
Report hospitalizations, nursing home placements and member not accessing PA services to KEPRO and PPL RC	Report hospitalizations, nursing home placements and participant not accessing PA services to CM and PPL Admin
Report participant's death, incidents, abuse, neglect, fraud, and exploitation to KEPRO, APS/CPS, and PPL RC.	If PPL RC is made aware of participant's death, incidents, abuse, neglect, fraud, and exploitation, PPL RC informs the CM, PPL Admin. If the CM has not made a report, PPL RC reports participant's incidents, abuse, neglect, fraud, and exploitation to KEPRO and APS/CPS
Assist the participant with completing and submitting transfer request	

<p>Submit Discontinuation of Service Request to KEPRO if:</p> <ul style="list-style-type: none"> - no PA services for 180 continuous days - unsafe environment - participant is non-compliant with the Service Plan - participant no longer desires services - participant no longer requires services <p>Submit Case Management Agency monthly report and monthly incident report to KEPRO by the 6th business day of every month.</p>		
<p>Dual provision of TBIW and Personal Care Services</p>		
<p>Document on Service Plan participant has direct care needs that cannot be met by the TBIW and Personal Care Services is reflected as a need.</p>		<ul style="list-style-type: none"> -Use current PAS completed by the TBIW UMC for the dual service request and submit the request to the UMC web portal. -Develop the PC Plan of Care
<p>A service planning meeting between the CM and the PC RN must be held in the participant's residence and documented.</p>	<p>RC attends the service planning meeting.</p>	<p>PC RN attends the service planning meeting.</p>
<p>CM is responsible for the coordination of the two services.</p>		