

TBI Waiver Guidance Document: Assessment, Service Plan and Provider Quality Review

TBI Waiver policy requires each program member to have a service plan that is person-centered with individually identified goals and preferences.

Assessment

Assessment is the first step in service plan development. Based on assessment results, the member and team identify needed services and support and addresses those on the member's Service Plan. All completed assessments must be reviewed with the member and considered in the development of the Person-Centered Service Plan.

The following person-centered assessments are required for the purpose of initial and annual service plan development.

Title of Assessment	Assessment Purpose	When completed
Person-Centered Assessment	Comprehensive tool, which is used to identify the member's abilities, needs, preferences, and supports; determine needed services or resources; and provide a sound basis for developing the Person-Centered Service Plan.	Initial and annually
Good day/Bad day Morning Rituals	Person Centered Discovery Tools designed to have a conversation with the member to find out their routines and what is important to him/her.	Initial and annually
Member Controlled Setting Assessment	A tool used to determine if the member resides in a setting with the characteristics of a member-controlled setting that meets the standards outline in Chapter 512	Initial and annually

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Service Planning

The case manager is responsible for development of the Person-Centered Service Plan in collaboration with the member. All Service Plans must be developed using a person-centered planning process that addresses health and welfare and long-term services and support needs in a manner that reflects individual preferences and goals.

Participation in the development of the Initial Person-Centered Service Plan is mandatory for the member and case manager.

Participation in the six-month Person-Centered Service Plan and Annual Person-Centered Service Plan development is mandatory for the member, the case manager, and the personal attendant provider agency. The member may choose to have whomever else they wish to participate in the process such as personal attendant professional, family members, other service providers, informal supports, resource consultant (if applicable) etc.

Quality Monitoring of Service Plans

Acentra Health conducts quality reviews annually with all providers with an enrolled member. The items on the Quality Review tool are reflective of current policy. The findings of the quality review of the members' service plans are reported to BMS and to CMS in the format of Performance Measures. The following chart represents a cross walk of the program assessment/service planning policy and corresponding sections on the review tool. This chart represents how Acentra Health scores compliance with the review tool items related to Service Plan requirements. Providers can use this chart when conducting internal reviews, training with case managers, or responding to a Plan of Correction resulting from a Provider Quality Review.

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Item on the Quality Review Tool	Where Information Is Located on Assessment	Where to Include Information on Service Plan
1A - Detail of all services are in the member's Service Plan including Service Type, Provider of Service and Frequency	Needs and Risks identified in the Assessment	All identified needs and risk from the Assessment must be reflected on the Service Plan. Summary Page with listed Service Codes must be filled in and completed
1B - Informal Supports that provide assistance are documented in the member's Service Plan	Item #8- Current Supports & Resources Utilized	Informal Supports Section
1C - Social needs are addressed in the member's Service Plan	Item #5-Social Needs Assessment	Identified Needs from Person Centered Assessment Social Needs (Family, Friends)
1D - Emotional needs are addressed in the member's Service Plan	Item #6-Emotional Needs Assessment	Identified Needs from Person Centered Assessment Emotional Needs
1E - Educational needs are addressed in the member's Service Plan	Item #7 -Educational Information	IEP/504 Plan School Information
1F - Medical needs are addressed in the member's Service Plan	Item #3 -Medical Needs Assessment; Medical Equipment Needs Item # 9 Medical -Risk Assessment	Identified Needs and Risks from Person Centered Assessment Medical Needs Medical Risk
1G - Service Plan contains reference to any other services regardless of source of payment.	Item # 10- Additional Identified Needs	Additional Services
1H - Crisis/backup plan for the following events: Disruption in Personal Attendant Services, natural disasters and weather conditions was completed	N/A	My Emergency Back up Plan for Personal Attendant Availability, Access to Emergency Assistance, Disaster Emergency Plan, Critical Health, Supportive Services and Equipment Maintenance if applicable, and Transportation must be completed.