

**TRAUMATIC BRAIN INJURY WAIVER (TBIW)
PERSON-CENTERED SERVICE PLAN**

REVIEW DATE: _____



6 Month Service Plan Review

LAST NAME:	FIRST NAME:	MIDDLE INTIAL:	DOB:	MEDICAID NUMBER:	ANCHOR DATE:
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- Service Plan reviewed with no changes noted
- Service Plan reviewed with changes noted - (List Changes/Revisions Below)

Changes/Revisions Noted During Review		
Service Plan Page Number	Changes / Revisions That Were Made	Date Change / Revision Occurred

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Changes/Revisions Noted During Review

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**6 Month Service Plan Review
Signature Page**

To be a valid 6 Month Service Plan Review **all** involved people are to sign and date this document. If a member is unable or unwilling to sign, please provide justification as to why s/he could not sign and verification that s/he was in attendance.

The right to address dissatisfaction with services through the provider agency or Personal Options grievance procedure and information on how to access the West Virginia DHHR Fair Hearing process has been explained to me. **Member/Legal Guardian Initials** _____

By signing, I certify that the reported information is complete and accurate. Assessments were reviewed with the member, legal guardian and were considered in the development of this plan. I understand that payment for the services certified on this form will be from Federal and State funds, and that any false claims, statements, or documents, or concealment of a material fact, may be prosecuted under Medicaid Fraud.

Signatures:

Relationship	Signature	Date
Member/Court Appointed Legal Guardian		

**TRAUMATIC BRAIN INJURY WAIVER (TBIW)
PERSON-CENTERED SERVICE PLAN**

Relationship	Signature	Date
Legal Representative		
Case Manager Agency name/phone number		
Personal Attendant Service Agency		
Other:		
Other:		

Copy of Service Plan was provided to Member/Legal Guardian on:	____ / ____ / ____
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It is the Case Management Agency's responsibility to create and upload the Assessment and Service Planning Documents to the UMC web portal. Servicing Providers are responsible for retrieving all necessary Service Planning documents and authorizations from the UMC web portal.