

Comments for Chapter 512 TBI Waiver Policy Manual

Effective Date

1/1/19

<u>Date Comment Received</u>	<u>Comment</u>	<u>Status Result</u> <u>C=Change</u> <u>NC=No Change</u> <u>D=Duplicate Comment</u>	<u>Action for Change Status</u>	<u>Reasoning for No Change Status and FAQ's</u>
11/1/18	In manual section 512.16 Case Management Services. It says ADW Case Management must not be billed during the same calendar month as the TMH pre-transition Case Management Services. This will need to be removed from the manual as during the transition period in the new manual section, a person may go home within a month that TMH pre-transition has already been billed especially if it is the beginning of the month. The provider agency has a short amount of time to go in and do their assessments etc. to get services started. This will not allow for that to happen within the timelines if it continues to be required.	C	The sentence under the Section 512.16 stating that transition services must not be billed during the same calendar month as the TMH Pre-transition CM was removed.	
12/4/18	1. Page 5 , Section Transition Services Available, 1. Pre-Transition Case Management (Section 512.19.1) To develop a Waiver Participant Service Plan and ensure that the needed community services and supports are	1.-C	Added the word "Interim" Service Plan	

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	<p>in place on the first day of the participants return to the community; -----Recommendation: it could be very helpful to the CM provider if the definition references the Interim Service Plan, since the CM will be using that document. Current language does not reference Interim Service Plan.</p> <p>2. Page 50, 501.20. Pre-Transition Case Management Definition----- Recommendation: Same as above</p> <p>3. Page 47, 512.19.1 Pre-Transition Case Management, after the service definition and purpose of pre-transition case management, 2nd bullet point- Conduct the person-centered assessment as required by waiver policy , 3rd bullet point Complete the required waiver service plan,----- ----Recommendation: to reference the Interim Service plan.</p> <p>4. Page 51, Limits after number 6, The pre-transition case management service may be billed up to 24 units (a unit is 15 minutes) only one-time following transition to the community. This service is not available once the resident transitions to the community</p>	<p>2.-C</p> <p>3.-C</p> <p>4.-C</p>	<p>Added the word "Interim" Service Plan</p> <p>Added the word "interim" Service Plan to bullet number 3. The 2nd bullet does not refer to the Service Plan.</p> <p>Added the following sentence: The CMA will receive authorization for this service via the Pre-Transition Case Management</p>	
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	<p>and enrolls in the waiver.----- Recommendation: due to the confusing nature of this instruction, the manual may want to reference that the CMA will receive authorization for this service via the Pre-Transition Case Management Services Authorization letter that will be sent from TMH Transition Manager to the CMA provider. That letter can provide an example on how and when to bill for this service (once it's nailed down). I foresee numerous question by CM providers and their billing person, when the agency attempts to bill for this service the first or second time.</p>		<p>Services Authorization letter that will be sent from TMH Transition Manager, or the designee, to the CMA provider.</p>	
12/4/18	<p>In regards to the Take Me Home Transition Program, both manuals do not address the role of the Case Manager to provide the Transition Coordinator documentation of the monthly contact up to six months post transition.</p>	NC		<p>If the CM determines a need by the participant that requires TMH services during their monthly contact, then the CM will call the Transition Coordinator.</p>

