



# West Virginia Traumatic Brain Injury (TBI) Waiver HANDBOOK

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## Program Overview

The Traumatic Brain Injury (TBI) Waiver Program is a home and community-based program that provides care in the home. To be eligible for this program, participants must require the same level of care as someone living in a nursing home. By participating in the TBI Waiver Program, you are choosing to receive services at home, provide a safe working environment for TBIW program staff and agency staff, and engage in community activities described later in this handbook and need at least two services offered by the TBI Waiver program to avoid nursing home placement. Personal Attendant services that must be used monthly either through a Traditional Service provider or self-direction. The other service required is case management services. The services provided are intended to assist you in maintaining as much independence as possible in your day-to-day life and to give you the freedom to choose when and how you receive assistance you need. The goals and objectives of this program are focused on providing services that are person-centered, that promote choice, independence, self-direction, respect, dignity, and community integration.

The Bureau for Medical Services (BMS) contracts with a Utilization Management Contractor (UMC) which:

- Implements the administrative functions related to the operations of the waiver,
- Assesses medical eligibility for program applicants,
- Conducts annual re-evaluations for waiver participants, and
- Authorizes TBI services.

Currently, the contracted UMC is KEPRO.

Medical and financial eligibility must be evaluated and determined every year.

**Person-Centered Planning:** The services you receive are based on your needs, preferences, and personal goals. Service planning should always involve you, your family, friends, and others chosen by you. Your Case Manager will also be a part of your planning team. During the planning meetings, you will be asked to identify supports which will assist you in achieving your goals. Your supports will be a combination of paid and non-paid services:

- Paid services will be provided through the TBI waiver program and any other Medicaid programs for which you are eligible
- Non-paid services and supports may be provided by family, friends or others who have helped you in the past.

It is important for you to feel that all the people involved in your life are listening to you, that you have a choice in selecting your services and that you are being treated with respect and dignity. If at any time you experience a problem, concern, or complaint about your planning meeting or TBI Waiver services, you may contact Kepro at 866-385-8920 or at [wvtbiwaiver@kepro.com](mailto:wvtbiwaiver@kepro.com)

If there is a disagreement with services listed on your Service Plan being developed, you can follow the agency's grievance process. You will receive services listed on the Service Plan that you disagree with throughout the grievance process.

**Person-Centered Planning:** Person-centered planning (PCP) is a way to help you plan your services and supports to live a full life in the community. The person-centered plan is your plan, written in your words, and says what your goals, preferences and interests are. You have the final say in what goes into your plan. You have the right to have help from someone you choose when you are talking with people about what you want in your plan.

The person-centered (PC) service plan process has four steps:

- Assessment
- PC service planning meeting
- Writing your PC service plan
- Reviewing your PC service plan

**Assessment-**An assessment identifies your abilities, functional needs, preferences, supports, determine needed services or resources, and provide a sound base for developing your person-centered service plan. This means finding out the supports and services you need, how much you need, and how long you need them. Your assessment should include information about your mental and physical health, your support needs like cooking, shopping, or banking, what you like to do, where you would like to live, who you would like to provide your services, and anything else you think is important. The assessment information will help you and your team write a plan for your services and supports.

**Person-centered service planning meetings-**This meeting is with you and about you. You can invite anyone you want. In the meeting you should talk about the types of services you want, where you want them, and who you want to provide them. Your choices should include service and living options within the community that may include people with and without disability. You can request meetings to change or update your person-centered service plan at any time.

**Writing your PC service plan-** Your plan should have the following things:

- Where you choose to live and receive services.
- Your strengths, preferences, and needs.
- The supports you need both paid and un-paid. Paid services will be provided through the TBI waiver program, as outlined in policy, and any other Medicaid services for which you are eligible. Un-paid services and supports may be provided by family, friends or others who have helped you in the past.
- Things you want to accomplish (goals) and how you will know you achieved them (outcomes).
- Any risks you might encounter and plans to deal with them.
- A 24-hour Emergency Back Up plan if there are emergencies where the regular plan falls through.

- The name(s) of the person(s) responsible for making sure your plan is followed.
- Your plan should be written in language that you understand.
- After you understand and agree to what is included in the plan, you and the other people who participated in making the plan sign it. Everyone gets a copy of the plan.

**Reviewing your PC service plan**-Your plan should be reviewed at least every six months. If you need to change your supports or services, or your situation changes, you can ask for a meeting to review your plan at any time and a meeting must be held.

The place where you receive your services should not restrict your ability to come and go as you choose. Here are some questions to guide you in thinking about your services and setting:

- Am I comfortable with the planning process? Is it scheduled for a place and time that is convenient for me and the people I want to include such as family members, friends, and/or my Representative?
- Did I receive the help I needed to fully participate in the planning process? Are my wishes and preferences seriously considered and included in my plan?
- Is it ok for me to refuse services I do not want?
- Do I have choices of where I want to live, how I want to spend my day, and who will support me?
- Does the plan help me set my own schedule, get transportation to go out if I need it, and help me do things in the community that I want to do, like attend religious services, volunteer, or participate in leisure activities like visiting friends or swimming?
- Do the people who support me talk to me respectfully? Do they knock before they come into my home?
- Do they talk to me in a language I understand?
- If I have a complaint or a concern, do I know who to call or write?

If at any time you have experienced a problem, concern, or complaint about your planning meeting or TBI Waiver services, you may contact Kepro at 866-385-8920 or at [wvtbiwaiver@kepro.com](mailto:wvtbiwaiver@kepro.com).

**Electronic Visit Verification (EVV)**-This is an electronic monitoring system used to verify your personal attendant worker and case managers visits to your home. This information includes the Type of services provided to you in your home, who received the services, the date, location, and the person who is providing the services. This also includes the beginning and end times that your services are completed. You, as a member, will need to verify the services were provided the day of the services.

**Conflict Free Case Management:** Conflict -free case management (CFCM) requires that **assessment and coordination of services are separate from the delivery of services**. You have a choice of Case Management and Personal Attendant agencies who will provide you services. What conflict free case management services means to you if your selected agency is providing you case management services then that same agency is not allowed to provide you with personal attendant services because that would be a conflict of services. Selecting two different agencies eliminates any conflict. This is being done to continually promote your individual choice and independence.

## **Your Rights and Responsibilities**

As a person on the TBI Waiver Program, you have certain rights and responsibilities. **Your Rights:**

- To choose to participate in this program and right to choose providers,
- Address dissatisfaction with services through the grievance process,
- To withdraw from the program at any time,
- To be treated with respect and dignity and be free from harm,
- To be provided considerate and respectful care from providers,
- Freedom from abuse, neglect, and exploitation,
- Take part in decisions about service delivery process and person-centered planning,
- To be free from restraints/restrictive interventions or seclusion,
- To file a grievance if you have a problem with your services, and
- To a fair hearing if you are denied services or your services are reduced.

### **Your Responsibilities:**

- You must notify your Personal Attendant Agency if you will not need services on a particular day. For example, if you are in the hospital or out of town, give the agency a 24-hour notice when possible.
- Notify all service providers of any changes in Medicaid coverage.
- If you need to make changes to your schedule, you must contact the Personal Attendant Agency. You should not call the personal attendant directly.
- You must notify your agencies of any change in residence or phone number.
- Comply with the Person-Centered Service Plan and Responsibility Agreement, (if applicable).
- Notify the Case Management and the Resource Consultant, (if applicable), of any change of medical status or personal attendant care needs.
- You must agree to home visits (e.g., Case Manager, Personal Attendant, state, or state-contracted staff). Most visits will be scheduled with notice; however, some visits to monitor your personal attendant may be unannounced.
- Verify services are provided.
- Communicate any problems with services to the Case Management agency or the Resource Consultant, (if applicable).
- Report any suspected Fraud to the Case Management, personal attendant agencies, or the Medicaid Fraud Unit at (304) 558-1858.
- Report any incidents of abuse, neglect or exploitation to the Case Management, personal attendant agencies, or the Resource Consultant, (if applicable), and/or APS/CPS at 1-800-352-6513.
- Report any suspected illegal activity to local police department or appropriate authority as well as the provider agencies.
- Cooperate with all scheduled in-home visits.



- Notify the Case Manager and resource consultant, (if applicable), of any changes in legal representation and/or guardianship and provide copies of the appropriate documentation.
- Not ask personal attendant professionals to provide services that are excluded by policy or not on the Service Plan.
- Utilize family, friends, neighbors, and community agencies that can provide transportation before utilizing TBIW non-medical transportation services.
- Notify Resource Consultants within 24 hours when an employee is terminated, if using Personal Options.
- You must participate in the yearly and six-month Service Plan meetings.
- You must participate in the yearly TBI Waiver medical eligibility visit by the UMC contractor.
- You are responsible for making sure your home is a safe place for people to work. You cannot expose them to any kind of illegal activity or other actions that would keep him or her from providing safe quality services to you.
- You are responsible for treating your personal attendant and other agency staff with respect.
- To confirm your staff's visit through the electronic visit verification process.

### **Limitations**

TBIW services are made available with the following limitations:

- All members must live in West Virginia and be available for required the services.
- The services provided must conform with the stated goals and objectives on the member's Person-Centered Service Plan.
- TBIW members cannot be a paid care giver in another waiver program or the Medicaid Personal Care Services program.

## Covered Services

**Case Management:** The Case Management Agency you choose will provide you with a Case Manager who will assist by:

- Arranging waiver and other services to meet your needs and preferences,
- Visiting you each month to see if your current services are being provided and meeting your needs or if your needs have changed,
- Helping you with your yearly medical and financial eligibility determinations,
- Working with you to develop a Person-Centered Service Plan that addresses all of your goals,
- Advocating for you to protect your rights, and
- Helping you with the Fair Hearing process, if needed.

**Personal Attendant Services:** The Personal Attendant Agency you choose will ensure your personal attendant has the training he/she needs and that he/she passes a criminal background check.

**Personal Attendant Service tasks include:**

- Assisting and/or supervising with activities of daily living such as bathing, dressing, grooming, toileting, transferring, and mobility,
- Assisting with essential errands and community activities,
- Reporting significant changes in your condition to the Personal Attendant Service Agency or Personal Options Resource Coordinator, if applicable, and your Case Manager,
- Prompting for self-administration of medications, and
- Completing light housekeeping.

**Personal Attendant duties do NOT include:**

- Caring for or changing sterile dressings,
- Irrigating a colostomy,
- Administering tube feedings,
- Gastric lavage or gavage,
- Taking care of tracheotomy tube,
- Suctioning,
- Giving injections, including insulin,
- Performing catheterizations, apply external (condom type) catheter,
- Administering medications prescribed or over the counter, except for Epi-Pen
- Making judgments or giving advice on medical or nursing questions,
- Applying heat or cold,
- Nail trimming if the person is a diabetic.

Personal Attendant services are not intended to replace supports/services that a child would require from the school system during school day/year or educational hours provided during home schooling.

**Non-Medical Transportation:** Personal attendants who take you to community activities or who perform essential errands for or with you can be reimbursed for transportation. Transportation must occur in your local home community unless otherwise stated in your Person-Centered Service Plan and must be to the closest location to your home. There is a 300-mile limit per month available with this service. Non-Medical Transportation with the personal attendant should only be used as a last resort. Family and friends should be utilized first when needing transportation to community activities and/or essential errands.

**Community activities** that are in your local community and neighborhood and allow you to interact with others include, but are not limited to:

- Going to a local restaurant for a meal,
- Shopping at a local department or specialty store,
- Checking out books or CDs at the local library, and
- Getting a haircut at the local beauty salon or barber shop.

There is a limit of 30 hours a month for Community Activities.

**Essential errands** are activities that are essential for you to live as independently as possible and remain in your home include, but are not limited to:

- Grocery shopping,
- Banking,
- Paying bills, (utility bills, phone bills, etc.),
- Post Office to pick up bills or pay bills,
- Picking up prescriptions, and
- Assistance with DHHR for benefits or financial eligibility.

Informal supports, such as your family, friends or other available resources must be used before your Personal Attendant provides transportation. Non-medical transportation must be for the sole benefit of the person receiving TBI waiver services.

Non-Emergency Medical Transportation is available through the State Plan for transportation to and from medical appointments and should be utilized.

**Personal Emergency Response Unit:** You are eligible for a personal emergency response unit as a covered service under the Traumatic Brain Injury Waiver Program. This is an “Alert” unit you will have to use in case of an Emergency, that is connected to your local emergency response service. This is available if you would like to utilize this service and have selected the Traditional Model Service Delivery Option. Your safety, health and welfare are very important.

## Service Delivery Options

You have a choice in how you receive your services through the TBI Waiver Program. There are two options for service delivery: Traditional Agency Services and Personal Options, Participant-Directed Service Model. You have the right to transfer between the service options at any time.

### Traditional Agency Services:

- You will receive Case Management, Personal Attendant Services, Non-Medical Transportation and Personal Emergency Response System from traditional Medicaid approved agency/agencies that you choose.
- The provider agency has the responsibility to secure, hire, discipline, manage, set work schedules and wages for staff.
- The provider agency is responsible for making sure staff have required credentials and training.
- Staff are identified as employees or contractors of the provider agency.

### Personal Options, Participant-Directed Program:

- Participant-Direction is a service delivery system where you will have a greater choice and control over the services you receive and the individuals who provide them.
- Participant-Direction increases choice and control but also increases responsibility.

You can exercise employer authority and budget authority:

**Employer Authority:** Control over the individuals who provide you services.

**Budget Authority:** Control over how the participant-directed portion of your budget is spent.

- You are the employer. You have the responsibility of hiring, disciplining, managing, setting work schedules and wages for your service staff.
- You choose services within the Participant-Directed Program. The services are Personal Attendant Services and Non-Medical Transportation.
- You will direct your own services with or without the assistance of a legal or non-legal representative.
- You will still have Case Management services through an agency you selected.

A Fiscal/Employer Agent (F/EA) will provide financial management and resource consulting for people who choose Personal Options. The F/EA will assist you with all the payroll and tax services including

processing timesheets, invoices and withholding State and Federal Taxes. Currently, the F/EA is Public Partnerships (PPL), LLC.

## **How to Express Program Concerns or Complaints**

### **Grievances:**

If you are dissatisfied with the services you receive from a provider agency, you have the right to file a grievance. You will be given a Participant Grievance Form at the time of your initial application or re-evaluation for medical eligibility. On the grievance form, you will describe the concerns that you have with your services as well as what would remedy these concerns.

If you use Traditional Agency Services, send the completed Participant Grievance Form to the provider agency with whom you are filing the grievance. If you use Personal Options, contact Public Partnerships (PPL) to begin the grievance process for a Level One grievance. Contact Kepro for a Level Two grievance.

The Provider Agency or PPL will meet with you in person or by phone call to discuss the issue(s). The Provider Agency or PPL will notify you of the decision or action in response to your complaint. The Level One grievance does not come to Kepro first. You may go to a Level Two grievance without going through a Level One first.

### **Level One Grievance: TBI Waiver Provider Agency**

The provider has 10 business days from the date they receive a Grievance Form to hold a meeting with you and/or your representative, either in person or by phone. The agency has five days from the date of the meeting to respond in writing to the grievance. If you are not satisfied with the agency's decision, you may request that the grievance be submitted to Kepro for a Level Two review and decision.

### **Level Two Grievance: Kepro**

KEPRO has 10 business days from receipt of the Participant Grievance Form to contact you, or your representative, and the provider agency to review the Level One decision. Level Two decisions will be based on Medicaid policy and/or health and safety issues. Kepro will provide notice of their decision in writing to you and the Bureau for Medical Services.

The grievance process is intended to resolve complaints not subject to the Medicaid Fair Hearing process such as a person's allegations of provider noncompliance with waiver policy and/or non-implementation of your Service Plan.

The grievance process is not utilized to address decisions regarding medical or financial eligibility, a change in service(s) or case closure. These issues must be addressed through the Medicaid Fair Hearing process.

## Complaints:

Kepro can receive complaints either verbally or in writing. Complaints can be made to Kepro by telephone at this number 866-385-8920, or emailed at [wvtbiwaiver@kepro.com](mailto:wvtbiwaiver@kepro.com)

## Medicaid Fair Hearings

A Fair Hearing may be requested if:

- Denied medical eligibility.
- You are denied the services of your choice or providers of your choice.
- Your services are denied, suspended, reduced, or terminated.

A Pre-Hearing Conference may be requested if:

- You desire to try and resolve matters at a lower level to avoid a Medicaid Fair Hearing,
- You must make a written request on the Hearing Request Form or by contacting the Board of Review (BOR) at 304-558-0955 or by email at [dhhroigbore@wv.gov](mailto:dhhroigbore@wv.gov) or Kepro at 866-385-8920 or by email at [wvtbiwaiver@kepro.com](mailto:wvtbiwaiver@kepro.com) , and
- You have filed a Medicaid Fair Hearing request.

A Pre-Hearing Conference is intended to be an informal dispute and resolution process, not a legal proceeding. The purpose of the conference is to review and consider any new or existing medical information that may be relevant in determining either an individual's medical eligibility for the TBI Waiver Program or an individual's TBI Waiver covered service(s) and denial(s).

## Transfers and Case Closures

**Transfer:** At any time, you have the right to request a transfer:

- To a different service delivery option (Traditional Services or Personal Options),
- To a different Case Management Provider Agency, and
- To a different Personal Attendant Service Agency.

If you are interested in transferring, you may contact your Case Manager, Personal Attendant, PPL or Kepro. You can change one or more agencies. Transfers are processed by Kepro. The transfer should take no longer than 45 calendar days from the date your completed Participant Request to Transfer Form is received by Kepro.

**Case Closure:** Your TBI Waiver services may stop at any time due to the following reasons:

- You choose to stop your services.
- You move out of state.
- You are no longer medically eligible for services.
- You are no longer financially eligible for services.
- You have not received any services for 180 continuous days.
- Your home is determined to be an unsafe environment\* for staff to work.

- Your needs can no longer be safely met with waiver services.
- You are persistently non-compliant with your Person-Centered Service Plan, e.g., not utilizing your Personal Attendant services monthly and/or responsibility agreement, (if applicable).

\*Due to the notice of an unsafe environment closure, you forfeit the right for service continuation during the Fair Hearing process.

### **Additional State Medicaid Plan Coverage**

In addition to the covered services offered under the TBI Waiver Program, you may be eligible for other State Medicaid Plan services. Your Case Manager can help you in accessing additional Medicaid services.

The West Virginia Medicaid Program pays for medically necessary covered health services. The fact that a provider prescribes, recommends, or approves medical care does not make the care medically necessary or a covered service. For all WV Medicaid State Plan services, all eligibility requirements must be met, and a prior authorization may be required.

Examples of State Plan Services include behavioral health clinic and rehabilitation; chiropractic; dental; durable medical equipment; home health; hospice; occupational, physical and speech therapies; pharmacy; podiatry; non-emergency medical transportation; and vision services. For a comprehensive listing of all Medicaid State plans go to: <https://dhhr.wv.gov/bms/Pages/Manuals.aspx>

Services are available when your TBI Waiver services do not meet all your health care needs. You may be eligible for Personal Care Services and/or Home Health. Your Case Manager will assist you in applying for Personal Care and/or Home Health services. Personal Care services cannot duplicate services provided by your Personal Attendant.

If you would like more in depth information about the TBI waiver, you may request a copy of the TBI Waiver Policy manual from your Case Manager or go to <https://dhhr.wv.gov/bms/Programs/WaiverPrograms/TBIW/Pages/default.aspx> .

## Important Phone Numbers and Resources

### **Bureau for Medical Services**

Home and Community Based Services

TBI Waiver Program Manager

350 Capitol Street, Room 251

Charleston, WV 25301-3706

Phone: 304-352-4940

Fax: 304-558-4398

Website: [www.dhhr.wv.gov/bms](http://www.dhhr.wv.gov/bms)

### **Kepro, Inc.**

TBI Waiver Program Staff

1007 Bullitt Street, Suite 200

Charleston, WV 25301

Phone: 866-385-8920

Fax: 866-607-9903

Website: <http://wvaso.kepro.com/programs/waiver-programs/traumatic-brain-injury-waiver/>

### **West Virginia Protective Services Hotline (abuse/neglect/exploitation)**

<https://dhhr.wv.gov/bcf/Pages/default.aspx>

In an emergency, call 911

1-800-352-6513

### **West Virginia Center for Excellence in Disabilities**

WV Traumatic Brain Injury Services

Phone: 877-724-8244



Website: <http://tbi.cedwvu.org/>

Traumatic Brain Injury Services are available through a state funded program and provides resource coordination to individuals of all ages with a TBI, family members, caregivers, and service providers. The statewide program consists of a TBI Coordinator and six regional TBI Social Workers who use a person-centered approach to help individuals reaches their personal goals.

**Services Offered:**

- Resource Coordination,
- Person-Centered Planning,
- Positive Behavior Support Assistance,
- Funds for YOU Application Assistance, and
- Training and Education for Individuals, Family Members and Caregivers.

**Brain Injury Association of America (BIAA)**

Information Line: 800-444-6443

Toll-Free: 800-444-6443

Phone: 703-761-0750

Fax: 703-761-0755

Website: [www.biausa.org](http://www.biausa.org)

BIAA does not currently have an affiliate in West Virginia.

**West Virginia Division of Rehabilitation Services (DRS)**

Phone: 800-642-8207

Website: [www.wvdrs.org](http://www.wvdrs.org)

DRS provides an array of services to:

- Help eligible individuals improve their ability to succeed in employment,
- Assist clients with evaluating their skills, interests, and abilities to obtain vocational success, and
- Work one-on-one with clients to develop a plan for employment.

**Non-Emergency Medical Transportation provided by MODIVCARE**

Non-Emergency Medical Transportation (NEMT)

Phone: 844-549-8353, Monday-Friday 7:00 a.m. to 6:00 p.m.

Call five business days before your appointment. Let the operator know if you have any special needs such as a wheelchair accessible vehicle, assistance during the trip or someone to ride with you.

**Legal/Advocacy Services**

If you or your legal representative would like to check with legal counsel, the following provide free legal services to eligible people.

**Legal Aid of West Virginia**

Phone: 866-255-4370

Website: [www.lawv.net/](http://www.lawv.net/)

**Disability Rights WV**

Phone: 800-950-5250

Website: <https://www.drofww.org/>

**Mountain State Justice**

Phone: 800-319-7132

Website: <https://mountainstatejustice.org/>

## **Public Education Services and Assistance**

**West Virginia Department of Education, Office of Special Programs**

Phone: 304-558-2681

Website <http://wvde.state.wv.us/osp/>

**West Virginia Parent Training and Information**

Phone: 800-281-1436

Website: <http://www.wvpti-inc.org/>

**Disability Rights WV**

Phone: 800-950-5250

Website: <https://www.drofww.org/>

## My Service Providers

Case Manager Name: \_\_\_\_\_

Agency Name/Phone: \_\_\_\_\_

Personal Attendant Name: \_\_\_\_\_

Agency Name/Phone #: \_\_\_\_\_

Important things to tell my Case Manager:

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Important things to tell my Personal Attendant:

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### Important Things for My Person-Centered Service Planning Meeting

Who I want to attend my service planning meetings: \_\_\_\_\_

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What I am good at, my gifts: \_\_\_\_\_

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What I like/do not like: \_\_\_\_\_

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Where I spend my time (places, activities, etc.): \_\_\_\_\_

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My vision of my future (hopes, dreams, goals): \_\_\_\_\_

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Other: \_\_\_\_\_

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## How to Report Abuse and Neglect

Any individual may report *known* or *suspected* cases of abuse, neglect or emergency situations including anyone who wishes to make a report on his or her own behalf. There are also certain groups who are required by law to report; they are known as mandatory reporters. Additionally, West Virginia Law (WV Code 49-2-803) mandates that “any person over the age of eighteen who receives a disclosure from a credible witness or observes any sexual abuse or sexual assault of a child, shall immediately, and not more than forty-eight hours after receiving that disclosure or observing the sexual abuse or sexual assault, report the circumstances or cause a report to be made to the Department of Health and Human Resources or the State Police or other law-enforcement agency having jurisdiction to investigate the report.”

**Reports of abuse and/or neglect may be made anonymously to your county Department of Health and Human Resources office or by calling 800-352-6513, 7 days a week, 24 hours a day.**

Any person, who in good faith, makes a report of abuse, neglect, or emergency situations, will be free from any civil or criminal liability that might arise because of making such a report. The person who makes a report is not required to provide his or her name.

## Terms You Should Know

**Abuse:** Harm or the threat to harm with physical pain, injury, or the imprisonment of any TBI Waiver participant.

**Caregiver:** An adult who has or shares actual physical charge or care of a TBI Waiver participant on a full-time or temporary basis. A caregiver can be a healthcare provider, family member, personal attendant or any person who accepts a supervisory role for TBI Waiver participant.

**Emergency Situation:** A situation or set of circumstances that presents an actual risk of death or serious injury to a TBI Waiver participant.

**Neglect:** The failure to provide the necessities of life to a TBI Waiver participant with the intent to force, threaten, or physically harm the participant, and/or the unlawful use of, or wasting of, his or her money, property, or other assets.

## Types of Abuse and Neglect

**Financial Exploitation:** The illegal use or wasting of a TBI Waiver participant’s money, property, or other assets by any person, or by anyone who allows this to happen. Financial exploitation places TBI Waiver participant at impending risk of neglect by not having basic needs met.

**Neglect By Others:** The failure to provide the necessities of life to a TBI Waiver participant with the intent to force, threaten or do physical harm. Neglect by others also includes financial exploitation.

**Physical Abuse:** Harm or the threat to harm with physical pain or injury, or the imprisonment of any TBI Waiver participant.

**Self-Neglect:** The TBI Waiver participant is unable to meet his or her own basic daily living needs.

**Sexual Abuse:** The intent to force or threaten a TBI Waiver participant into having sexual contact with the caregiver or another person. A caregiver could be involved as the sexual partner or could allow the conditions that result in the sexual threat or force.

**Verbal/Emotional Abuse:** The threat to cause physical pain or injury to a TBI Waiver participant, including withholding of food, water and/or medical treatment. This category also includes the threat of imprisonment, including isolation. Verbal threats must be considered by the TBI Waiver participant or others to be real. Non-threatening teasing is not considered verbal abuse.

## **How to Keep My TBI Waiver Services**

### **1. What do I need to do to keep my services?**

- Keep all your papers (or letters) together from the West Virginia Department of Health and Human Resources (DHHR).
- Attend all scheduled meetings with DHHR.
- Call your Case Manager or your Resource Consultant if you get a letter that you do not understand.
- Keep all meetings with the Assessment Coordinator from Kepro to determine ongoing medical eligibility for the TBI Waiver Program.
- You may ask others to be with you at your meeting with the Assessment Coordinator from Kepro. It could be a family member, your Medical Power of Attorney (guardian or other legal representative), your Case Manager or your Resource Consultant. It is good to have another person at your meeting to help you.
- Report any changes in your income or finances to DHHR.
- Provide a safe environment for your TBI Direct Care Worker to work.
  - Do not yell or cuss your TBIW Personal Attendant.
  - Do not touch your TBIW Personal Attendant inappropriately or talk about touching your TBIW Personal Attendant Worker inappropriately.
  - Keep your home clear of debris and clutter and allow your TBIW Personal Attendant to clean your area as described in your Plan of Care.
  - Keep animals that are dangerous to or could harm your TBIW Personal Attendant or any TBI staff confined during service hours and visits.
  - People who do not live in the home should not be in the home during service time if they pose a problem to the TBI staff doing services—this includes anyone with a history of harassing or touching or threatening the TBI staff.

- Do not threaten your TBIW Personal Attendant.
- Do not participate in any criminal activity during TBI service time or allow it to occur in your home during TBI service time.
- Confirm all services received in the home through the Electronic Verification Visit (EVV) system.

**NOTE:**

- If a safe environment is not maintained for your Personal Attendant staff, you may be at risk for losing your TBI Waiver services.
- If you request a transfer to another agency, after having your TBI Waiver services suspended due to an unsafe environment, your information regarding the unsafe environment will be shared with the selected agencies
- If you are being investigated for or are in the process of being closed by an agency for non-compliance or unsafe environment you cannot transfer to another agency.

**2. What should I do if I do not receive my Medicaid card?**

- Call your Case Manager for assistance.
- Call your local DHHR office to ask why you did not receive your Medicaid card.

## **Dealing with Problems and Staying Safe**

**1. What do I do when my Personal Attendant is not following my Person-Centered Plan or the rules of the program?**

Call your Case Manager and the Personal Attendant Agency to let them know about the problem. If your Case Manager is not there, leave a message and ask them to return your call as soon as possible.

If it is important, tell the person who answers the phone that you need something right away, or

- In the Personal Options Program, discuss the issue(s) with your employee. Your Resource Consultant can help with your issue.

**2. What if my worker says something I do not like or makes me feel uncomfortable?**

- If you can, first talk about it with the Personal Attendant or employee in a positive way.
- If not, call your Case Manager or Resource Consultant to tell them about the problem so they can help you. They cannot make it better if they do not know about it.

**3. What do I do when my Personal Attendant or employee brings personal problems to work and it gets in the way of my care? Or if they are talking on the phone, playing games or texting?**

- You may politely ask the Personal Attendant or employee if he or she could concentrate on your care.
- If you prefer, you may ask your Case Manager or Resource Consultant to help you with the problem.

**4. What do I do when my Personal Attendant or employee brings her/his children, other family members or friends to my home?**

- The Personal Attendant or employee is not allowed to bring anyone to your home. This is HIPPA violation and should be reported immediately to your Case Manager or Resource Consultant.

**5. What do I do when my Personal Attendant or employee cannot take me to my appointment?**

- Tell family or friends who may help.
- Call the Personal Attendant agency or Resource Consultant. Ask for resources for transportation to the appointment.
- Ask about a substitute Personal Attendant.
- Ask about other transportation services.

**6. What do I do when my Personal Attendant or employee wants to sell me something?**

- This is a professional relationship. If a Personal Attendant or employee tries to sell you something, you should never feel forced to buy anything from her/him. If you are asked to buy anything from your Personal Attendant or employee, you should report it to your Case Manager or Resource Consultant immediately.

**7. What do I do when my Personal Attendant or employee wants to use my cash, debit card, or food stamp card to go to the store for me or pay bills?**

- Your Personal Attendant or employee should not have the right to use your credit/debit cards or cash if you are not there.
- You should either have a trusted person take care of your errands instead of the Personal Attendant or employee (to the grocery store, bank, to pay bills, to the pharmacy, etc.).
- You can go with your Personal Attendant or employee on essential errands.
- Ask for receipts.
- Do not give anyone blank checks or a PIN number to your credit/debit cards.
- If you do not have a trusted person to make your payments, contact your Case Manager. Talk with her/him about how to make sure your money is handled correctly.

**8. What do I do when my Personal Attendant does not respect my personal beliefs, culture or the way I live?**

- Call your Case Manager or Resource Consultant to talk about it.
- Everyone involved in your care should be professional. They should respect your culture and beliefs and be sensitive to your needs.

**9. What do I do when I am unhappy with my agency? What if they are unable to send a Personal Attendant, are not returning phone calls or not taking care of my needs?**

- You can call your Case Manager or Resource Consultant to ask for help in solving your problem.
- You can file a complaint through Kepro at 866-385-8920.
- You can ask for a transfer to another agency or the Personal Options program (self-directed services), which your Case Manager or Kepro can help you with.
- You can file a grievance, again your Case Manager can help you. If it is not worked out, you have the right to file a complaint with Kepro.

**10. What do I do if I think someone has taken something from me such as money, credit card, food stamp card, jewelry, clothes, or other things?**

- Call your Case Manager or Resource Consultant.
- Call the police to make a report.
- Call your bank (for checks, debit cards, credit cards, or other money funds).
- Call Protective Services Hotline at 800-352-6513.
- Make a list of everyone who comes into your home and give it to your Case Manager or Resource Consultant.
- Find safe places for your valuables (such as a box or closet or cabinet that locks).
- Call your pharmacy or your doctor to report missing medicines. You may need to get medicines to take the place of the ones that are missing. Letting them know may keep it from happening again.

**11. What do I do when I need help, and no one is helping me?**

- First, ask for help when you need it. Let the Personal Attendant agency know that your needs are not being met and you need help.
- If you feel like you are not getting help when you need it, call your Case Manager or Resource Consultant. Make sure that the agency knows that you need help. If you think this is neglect, call the Protective Services Hotline at 800-352-6513.

**12. What happens if my Personal Attendant leaves during her/his work shift without permission?**

- Call the Personal Attendant agency and your Case Manager or Resource Consultant right away to let them know what happened.
- Do not sign any paperwork (time sheet or worksheet) or confirm any visit through the Electronic Visit Verification system, until you talk to your Case Manager or Resource Consultant.

**13. What do I do when I feel threatened or am afraid of someone?**

- If you are in immediate danger, call 911 or the police to assist you.
- Call a trusted friend or family member to assist you.



- Call your Case Manager or Resource Consultant to make them aware of what is happening so they can help you. Even if your worker is making you feel afraid or threatened, call anyway. It is important to keep yourself safe.
- If you think you are being abused, neglected, or exploited, call the Protective Services Hotline at 800-352-6513.

#### **14. Is the Personal Attendant or employee my friend?**

No, your Personal Attendant or employee should be friendly; however, the Personal Attendant or employee is not a “friend.” The Personal Attendant or employee is being paid to care for you. These are examples of when a Personal Attendant or employee could be crossing the line:

- Keeping secrets,
- Off duty phone calls or visits,
- Swapping or sharing phone numbers,
- Facebook friends, emails, or Twitter,
- Trying to protect the Personal Attendant or employee and not get her/him into trouble, and
- You or the Personal Attendant or employee thinking that no one else can take care of you.

The Personal Attendant or employee should be polite, protect your privacy and provide the services on your Person-Centered Service Plan.

#### **15. Do I need to read my Personal Attendant Worksheet before I sign it?**

- Yes, read your worksheet closely to make sure that the Personal Attendant has done it correctly. There should not be anything on the form that he or she did not do for you.
- You and/or your Personal Attendant could be found guilty of healthcare fraud if it is found services were paid for that were not performed.
- Your signature on the worksheet says that services were provided, and that the worksheet is correct.
- Your confirmation of the services being provided in the Electronic Verification Visit (EVV) system also states the services were provided and the time spent.
- If you think your Personal Attendant or employee is lying on your worksheet, call your Personal Attendant agency immediately and your Case Manager or Resource Consultant.
- Make sure you read and initial the worksheet **EVERY DAY** to make sure that everything is correct. Sign on the back of the form (or the second page) on the last day of service.
- If you feel pressured or bullied to sign a worksheet that is not correct, contact your Personal Attendant agency and your Case Manager or Resource Consultant to let them know.
- If you need someone to go over your paperwork with you, let your Personal Attendant agency and your Case Manager or Resource Consultant know.

**16. My family member works for an agency as my Personal Attendant. When is she/he my family member, and when is she/he an employee?**

- During work hours (on the clock), she/he is a professional employee of the agency. She/he must follow the rules of the agency and the TBI Waiver Program.
- The Personal Attendant or employee for Personal Options must follow your Person-Centered Service Plan. Your family member or friend serving as your Personal Attendant must do the same things that any other agency Personal Attendant would do for you.
- If you are not sure what your family member can or cannot do, call your Case Manager or Resource Consultant.
- During working hours, she/he must provide the care for **your** needs and **not** his or her own needs. Your plan might include help with bathing, transportation, meal preparation, grocery shopping, going to the pharmacy and doing laundry, etc.
- The family member or friend must work the hours listed on your plan. The Personal Attendant or employee must be there at the times outlined on your plan.
- If the Personal Attendant or employee “does not show” at the home, call the Personal Attendant agency and your Case Manager or your Resource Consultant. Let them know if you would like to have a substitute worker.
- Let your Case Manager or Resource Consultant know immediately if your needs change or you need different hours.
- Transportation services must be provided during working hours as outlined on your plan.

### **Back-up and Emergency Planning**

**1. What do I do when my Personal Attendant or employee does not show, or he/she is sick?**

- Call the Personal Attendant agency. See if there is a substitute Personal Attendant (traditional agency).
- Call your informal support. Make sure your informal support is available.
- There may be times when your Personal Attendant is not available due to emergencies. Plan ahead; make sure your informal support person is available.
- For serious emergencies, call 911.

**2. How do I plan for a natural disaster? (Examples of natural disasters are flooding, high winds, snowstorms, and power outages.)**

- For anyone using oxygen, make sure that you have extra oxygen tanks.
- Plan by making a list of important phone numbers.
- Call your local fire department to let them know you may need help in an emergency. Let the fire department know if you are on oxygen, unable to get out of your home or out of bed.

- If you use oxygen, be sure you have a sign on the door saying that oxygen is used in the home. The sign should include the name of your oxygen provider and the phone number.
- Try to find a safe place before the storm strikes such as an emergency shelter in your area or with a family member or friend.
- Make sure that your informal supports, Case Manager or Resource Consultant know your needs in the event of a disaster. Make sure your trusted neighbors know your needs.
- Have enough water, food, and medicines for at least three days.
- Always have a working flashlight handy.
- Have a portable radio that runs on batteries or a crank.
- Have extra batteries handy.
- Have a charged cell phone for emergencies. If you need resources for this, contact your Case Manager or Resource Consultant.
- You may call your local county health department and ask to be placed on the West Virginia Special Needs Registry System, so that emergency personnel will have your information to help you during a natural disaster.

## **Glossary of Terms**

**Abuse:** The infliction or threat to inflict bodily injury on or the imprisonment of any child or incapacitated adult.

**Activities of Daily Living (ADL):** Activities that a person ordinarily performs during the ordinary course of a day, such as mobility, personal hygiene, bathing, dressing, eating, and skills required for community living.

**Board of Review:** The agency under the West Virginia DHHR and the Office of Inspector General that provides impartial hearings to people and/or applicants who are aggrieved by an adverse action including denial or termination of eligibility.

**Budget Authority:** People choosing *Personal Options/Self-direction*, the Participant-Directed Model for services, have choice in the types and amounts of services, wage rates (allowed by the BMS) and of their employees to meet their needs and are within their annual budget approved by the UMC.

**Community Integration:** The opportunity to live in the community and participate in a meaningful way to obtain valued social roles as other citizens.

**Community Location:** Any community setting open to the public such as libraries, banks, stores, post offices, etc. within a justifiable proximity to the person's geographical area.

**Competency Based Curriculum:** A training program which is designed to give people the skills they need to perform certain tasks and/or activities. The curriculum must have goals, objectives, and an evaluation system to demonstrate competency in training areas.

**Conflict Free Case Management:** Conflict-free case management (CFCM) requires that **assessment and coordination of services are separate from the delivery of services**, with the goal to limit any conscious or unconscious bias a Case Manager or agency may have, and ultimately promote the Member's individual choice and independence.

**Conservator:** A person appointed by the court who is responsible for the estate and financial affairs of a protected person. WV Code §44A-1-4.

**Cueing:** Giving a signal or reminder to do something.

**Cultural Competence:** means services, supports or other assistance that are conducted or provided in a manner that is responsive to the beliefs, interpersonal styles, attitudes, language and behaviors of individuals who are receiving services, and in a manner that has the greatest likelihood of ensuring their maximum participation in the program.

**Days:** Calendar days unless otherwise specified.

**Dual Services:** When a person is receiving TBIW services and PC services at the same time.

**Duplication of Services:** TBIW services are 1:1 staff to member ratio services. No single Personal Attendant can bill for more than one member during a single 15-minute period. A Personal Attendant and Direct Care Workers from another program cannot bill for the same tasks for the same member. (i.e., environmental tasks shared across multiple Medicaid recipients or funding sources).

**Duration:** As it relates to service planning, the duration is the length of time a service will be provided.

**Electronic Visit Verification (EVV):** An electronic monitoring system used to verify a personal attendant worker and case manager for the following:

- Type of service performed
- Individual receiving the service
- The date of service
- The location of service delivery
- The individual providing the service

**Emergency Plan:** A written plan which details who is responsible for specific activities in the event of an emergency, whether it is a natural, medical, or man-made incident.

**Financial Exploitation:** Illegal or improper use of a person's or incapacitated adult's resources. Examples of financial exploitation include cashing a person's checks without authorization; forging a person's signature; or misusing or stealing a person's money or possessions. Another example is deceiving a person into signing any contract, will or other legal document.

**Fiscal Agent:** The contracted vendor responsible for claims processing and provider relations/enrollment.

**Fiscal/Employer/Agent (F/E/A):** The contracted agent, under Personal Options, which receives, disburses and tracks funds based on a person's approved service plans and budgets; assists people with completing Personal Options enrollment and worker employment forms; conducts criminal background checks of prospective workers; and verifies worker's information (i.e., social security numbers, citizenship or legal alien verification documentation). The F/EA also prepares and distributes payroll including the withholding, filing, and depositing of federal and state income tax withholding and employment taxes and locality taxes; generates reports for state program agencies and people receiving TBI Waiver services; and may arrange and process payment for workers' compensation and health insurance, when appropriate.

**Frequency:** As it relates to service planning, the frequency refers to how often a service is provided

**HCBS Settings Rule:** In January 2014, the federal Centers for Medicare, and Medicaid Services (CMS) issued a new federal rule (CMS-2249-F/CMS-2296-F) impacting sections of Medicaid law under which states may use federal funds to pay for home and community-based services (HCBS). The rule supports enhanced quality in [HCBS programs](#) and adds protections for individuals receiving services. In addition, this rule reflects CMS intent to ensure that **individuals receiving services and supports through Medicaid's HCBS programs have full access to the benefits of community living and can receive services in the most integrated setting.** An Adult Family Care (AFC) setting would not be an approved setting.

**Home and Community Based Services (HCBS):** Services which enable individuals to remain in the community setting rather than being admitted to a Long-Term Care Facility (LTCF).

**Incidental Services:** Secondary activities performed by the personal attendant such as light housekeeping, making, and changing the bed, dishwashing, and laundry for the sole benefit of the person receiving TBI Waiver services.

**Informal Supports (Informal's):** Family, friends, neighbors, or anyone who provides a service to a person and not reimbursed.

**Instrumental Activities of Daily Living (IADL):** Skills necessary to live independently such as abilities used for shopping for groceries, handling finances, performing housekeeping tasks, preparing meals, and taking medications.

**Legal Guardian/Guardian:** A person appointed by the court who is responsible for the personal affairs of a protected person. [[WV Code §44A-1-4\(5\)](#)]

**Legal Representative:** One who stands in the place of and represents the interest of another. For example, Power of Attorney, Medical Power of Attorney or Medical Surrogate.

**Neglect:** “The unreasonable failure by a caregiver to provide the care necessary to assure the physical safety or health of an incapacitated adult” or “the unlawful expenditure or willful dissipation of the funds or other assets owned or paid to or for the benefit of an incapacitated adult” (See WV Code §9-6-1). Neglect would include inadequate medical care by the service provider or inadequate supervision resulting in injury or harm to the incapacitated member. Neglect also includes but is not limited to: a pattern of failure to establish or carry out a member’s individualized program plan or treatment plan that results in negative outcome or places the member in serious jeopardy; a pattern of failure to provide adequate nutrition, clothing, or health care; failure to provide a safe environment resulting in negative outcome; and/or failure to maintain sufficient, appropriately trained staff resulting in negative outcome or serious jeopardy. This may also include medication errors and dietary errors resulting in a need for treatment for the member.

**Legally Responsible Person:** A spouse or a parent of a minor child (under the age of 18) that is legally responsible to provide supports that they are ordinarily obligated to provide.

**Medicaid Fair Hearing:** The formal process by which a person receiving waiver services or applicant may appeal a decision if the individual feels aggrieved by an adverse action that is consistent with state and federal law, including eligibility denials and terminations. This process is conducted by an impartial Board of Review Hearing Officer.

**Minor Child:** A child under the age of 18.

**Misdemeanor:** A less serious criminal offense than a felony which is punishable by a fine or imprisonment in jail for less than a year.

**Neglect:** “Failure to provide the necessities of life to an incapacitated adult” or “the unlawful expenditure or willful dissipation of the funds or other assets owned or paid to or for the benefit of an incapacitated adult. Neglect would include inadequate medical care by the service provider or inadequate supervision resulting in injury or harm to the incapacitated member. Neglect also includes but is not limited to a pattern of failure to establish or carry out a member’s individualized program plan or treatment plan that results in negative outcome or places the member in serious jeopardy; a pattern of failure to provide adequate nutrition, clothing, or health care; failure to provide a safe environment resulting in negative outcome; and/or failure to maintain sufficient, appropriately trained staff resulting in negative outcome or serious jeopardy. This may also include medication errors and dietary errors resulting in a need for treatment for the member.

**Personal Attendant:** The individual who provides the day-to-day care to people on the TBIW including both Traditional and *Personal Options/Self-direction* Models.

**Person-Centered Planning:** A process-oriented approach which focuses on the person and his/her needs by putting him/her in charge of defining the direction for his/her life, not on the systems that may or may not be available.

**Pre-Hearing Conference:** A meeting requested by the applicant or person receiving Medicaid services and/or legal representative (if applicable) to review the information submitted for the medical eligibility determination and the basis for the denial/termination. A Medicaid Fair Hearing pre-hearing conference may be requested any time prior to a Fair Hearing.

**Program Representative:** An individual selected by a person receiving TBIW services using the *Personal Options/Self-direction* Model, to assist them with the responsibilities of self-direction.

**Qualified Residence:** Take Me Home (TMH) Transition Program defines as:

- A person's own home.
- A person's family's home.
- A person's own apartment.

**Resource Consultant:** A representative from the Fiscal/Employer Agent's Financial Management Service who assists the person receiving services and/or their legal/non-legal representative who chose this Participant-Directed Option with the responsibilities of self-direction; develops a plan and budget to meet their needs; provides information and resources to help hire, train and manage employees; provides resources to assist the person with locating staff, helping to complete required paperwork for this service option; and helping the person select a representative to assist them, as needed.

**Responsibility Agreement:** A Responsibility Agreement is between the TBIW program member and the provider agency. The agreement must address the specific actions/outcomes that are expected by the member for their services to continue. Some examples of when a responsibility agreement should be developed can include the following: noted pattern of member's noncompliance with program policies such as nonattendance for required Service Planning Meetings, refusal to allow Case Manager to conduct required home visits in member's residence not permitting Personal Attendant staff to perform services or asking personal Attendant staff to perform services not outlined in member's Service Plan.

**Sexual Abuse:** Any of the following acts toward an incapacitated adult or child in which an individual engages in, attempts to engage in, or knowingly procures another person to engage in such act, notwithstanding the fact that the incapacitated individual may have suffered no apparent physical injury because of such conduct:

- Sexual intercourse/intrusion/contact; and
- Any conduct whereby an individual displays his/her sex organs to an incapacitated adult or child for the purpose of gratifying the sexual desire of that individual, of the person making such

display, or of the incapacitated adult or child, or for the purpose of affronting or alarming the incapacitated adult or child.

**Sexual Exploitation:** When an individual, whether for financial gain or not, persuades, induces, entices, or coerces an incapacitated adult or child to display his/her sex organs for the sexual gratification of that individual or third person, or to display his/her sex organs when that individual knows such display is likely to be observed by others who would be affronted or alarmed.

**Social Worker:** An individual who is fully licensed with the ability to practice in West Virginia.

**Spending Plan:** A budgeting tool used in the *Personal Options/Self-direction* Model to help people accurately plan how and when their budget will be used.

**Transfer:** Changing from the provider from which a person is receiving services to another provider or changing service delivery model from Traditional to *Personal Options/Self-direction* or vice versa.

**Utilization Management Contractor (UMC):** The contracted vendor responsible for day-to-day operations and oversight of the TBIW Program including conducting medical eligibility evaluations, determining medical eligibility for applicants and people enrolled in the program, initial and ongoing certification of provider agencies and providing prior authorization for services provided to people enrolled in the West Virginia Medicaid TBIW Program



# Traumatic Brain Injury (TBI) Waiver Program Participant Request to Transfer

**PARTICIPANT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Medicaid Number \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Legal Representative: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (if applicable) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Home cell

**Personal Attendant Services Preferences**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours per day:							

<b>TRADITIONAL AGENCY TRANSFER</b>
I wish to transfer from my current provider: Case Management Agency-(Name) _____  Personal Attendant Service Agency-(Name) _____
<b>PERSONAL OPTIONS TRANSFER</b>
I wish to transfer <b>from Personal Options</b> to a Traditional Agency Model  I wish to transfer <b>from the Traditional Agency</b> Model to Personal Options

I want to transfer because \_\_\_\_\_

I understand that I will be contacted by KEPRO, to explain the transfer process and my freedom of choice options

\_\_\_\_\_  
Participant/Legal Representative Signature

\_\_\_\_\_  
Date

Fax Form To:  
Kepro  
866-607-9903

## Traumatic Brain Injury Waiver Program Participant Grievance

Last Name:	First Name:	Middle Initial:	Medicaid #:
Date:		Address:	Phone:
Legal Representative Name, If applicable:		Address:	Phone:

**Statement of Complaint (Describe your concern with your services)**

**Relief Sought (Describe what would remedy your concern with services)**

The Level One Grievance: For traditional services, the grievance must be sent to the provider agency related to your grievance. For Personal Options, the grievance must be sent to Public Partnerships (PPL). The Provider Agency or PPL will meet with you in person or by phone call to discuss the issue(s). The Provider Agency or PPL will notify you of the decision or action in response to your complaint. The Level One grievance does not come to Kepro, Inc. first. You may submit a Level Two grievance without going through a Level One.

# Traumatic Brain Injury Waiver Program Participant Grievance

## LEVEL ONE GRIEVANCE RESPONSE

Date of Level One Meeting with Agency Director or PPL: \_\_\_ / \_\_\_ / \_\_\_\_\_

\_\_ Person OR

\_\_ Conference Call

Provider Agency or PPL Decision or Action Taken:

Date of Decision: \_\_\_ / \_\_\_ / \_\_\_\_\_

Provider Agency Director or PPL Signature \_\_\_\_\_

Date \_\_\_\_\_

- I am satisfied with the Level One decision
- I am not satisfied with the Level One decision

Participant/Legal Representative Signature \_\_\_\_\_

Date \_\_\_\_\_

## LEVEL TWO GRIEVANCE RESPONSE

The Level Two Grievance: If you are not satisfied with the Level One response by the Provider Agency or PPL, you may proceed to Level Two. Send to: Kepro, 1007 Bullitt Street, Suite 200, Charleston, WV 25301. Level Two decision will be based on Medicaid policy and/or health and safety issues. They will notify you of the decision.

Date of Meeting/Discussion: \_\_\_ / \_\_\_ / \_\_\_\_\_

Date of Decision: \_\_\_ / \_\_\_ / \_\_\_\_\_

Signature \_\_\_\_\_

Date of Notification to Participant/Legal Representative: \_\_\_ / \_\_\_ / \_\_\_\_\_

Decision/Action Taken:

# Traumatic Brain Injury Waiver Program Request for Discontinuation of Service

Date:

\_\_\_\_\_

**SUBMIT ALL REQUESTS TO:**

Mail: Kepro  
1007 Bullitt Street, Suite 200  
Charleston, WV 25301

Fax: 866-607-9903

**Participant Information:**

Name:

\_\_\_\_\_

Legal Representative if applicable:

\_\_\_\_\_

Address:

\_\_\_\_\_

Medicaid Number: ----- Phone: ( ) \_\_\_\_\_

**Reason for Request:**

- No Services have been provided for 180 continuous days.  
Date of last service \_\_/\_\_/\_\_\_\_ (required)
- Unsafe Environment: must attach documentation to support request for closure.
- Participant No Longer Desires Services: must attach a signed written request completed by the program participant and/or legal representative.

Requesting Entity: \_

Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone:( ) \_\_\_\_\_ Fax:( ) \_\_\_\_\_

Signature of Person Making Request, Title, Date

\_\_\_\_\_

Note: If the request is approved by Kepro, Inc., a notification of discontinuation of services will be mailed to the program participant (or legal representative) and a copy to the Case Management Agency, Personal Attendant Agency, and PPL (if applicable).