

KDADS STANDARD POLICY

Policy Name:	Traumatic Brain Injury Program Eligibility	Policy Number:	E2016-098
Division:	Home and Community Based Services (HCBS)	Date Established:	07/24/2015
Applicability:	HCBS for Traumatic Brain Injury (TBI) Traumatic Brain Injury Rehabilitation Facility (TBIRF)	Date Last Revised:	9/19/2016
Contact:	KDADS TBI Program Manager	Date Effective:	10/01/2016
Policy Location:	Community Services & Programs Commission	Date Posted:	09/20/2016
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Formal Revision History:			

Purpose

This policy is to provide clarification on the eligibility requirements for the Home and Community Based Services-Traumatic Brain Injury (HCBS-TBI) and Traumatic Brain Injury Rehabilitation Facility (TBIRF) program. The policy will include details about the responsibilities of the agencies/parties involved and the eligibility process for the HCBS-TBI and TBIRF program.

Summary

The policy was created to develop a process that will ensure efficiency and timely determination for individuals requesting services through the HCBS-TBI and TBIRF program. Failure to follow the established process can result in a negative impact to the individual and hinder the individual's opportunity for access to services.

Entities/Individuals Impacted

- Kansas Department for Aging and Disability Services (KDADS)
- Managed Care Organizations (MCO)
- Kansas Department for Health and Environment (KDHE)
- Aging and Disability Resource Centers (ADRCs)
- Community Developmental Disability Organizations (CDDOs)
- Community Mental Health Centers (CMHCs)
- HCBS Program Participants and Agency-Directed providers for TBI waiver

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I. Policy

A. TBI Waiver Eligibility Determination

1. The Home and Community Based Services-Traumatic Brain Injury (HCBS-TBI) program is a rehabilitative program. The program provides services designed to assist the individual with relearning or regaining functional skills lost as a result of a traumatic brain injury (TBI) and is time-limited based on the individual's progress. Individuals requesting HCBS-TBI services must meet functional, program, and Medicaid financial eligibility requirements to qualify for the program. The process for program eligibility determination follows:
 - a. Functional eligibility is determined by the Aging and Disability Resource Center (ADRC). The ADRC will complete an assessment to verify the needs of the individual meet or exceed the Level of Care (LOC) threshold for the TBI program.
 - b. The functional eligibility assessment may be completed prior to the provision of all required TBI supporting documentation. However, the completed functional assessment and all required supporting documentation must be submitted in order to arrive at an overall eligibility determination for TBI waiver services.
 - c. Program eligibility is determined by the Kansas Department for Aging and Disability Services (KDADS).
 - d. Failure to provide the required supporting documentation of a TBI within ninety (90) days after the functional eligibility determination is completed may result in an overall determination of being ineligible for the TBI waiver.
 - e. Financial eligibility is determined by the Kansas Department of Health and Environment (KDHE).
 - f. KDHE will review the medical assistance application and assets/resources materials to determine eligibility.
2. Individuals receiving HCBS-TBI services must provide documentation from a Qualified Medical Professional to support a diagnosis of TBI. Individuals lacking the required medical documentation supporting a TBI diagnosis must submit the "Traumatic Brain Injury Program Eligibility Attestation" form. The attestation form must be completed by a Qualified Medical Professional.
3. If an individual has a primary diagnosis of TBI, an assessment by the CDDO or CHMC is not required to gain access to TBI waiver services.
4. Individuals must be expected to benefit from the comprehensive rehabilitation therapy program. The individual's rehabilitative goals should focus on relearning or regaining functional skills that will enable that individual to remain safely in a home or community setting.

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- Individuals utilizing HCBS-TBI program services must continue to demonstrate rehabilitative progress throughout his or her duration on the program. Failure to demonstrate rehabilitative progress can result in a transition from the TBI program.

B. Transition

- Individuals no longer meeting program eligibility requirements, not making rehabilitative progress, or who choose to end receipt of TBI waiver-specific services will be eligible for transition to the HCBS program the individual has been determined to be eligible for and that best meet the individual's needs. If found functionally eligible for another HCBS program the individual shall bypass any waitlists for that program.
- If an individual no longer meets the eligibility requirements of any HCBS waivers, they will not be transitioned from the TBI waiver to a different waiver, but will instead be terminated from the HCBS program. They may, however, continue to be eligible for Medicaid.

C. Traumatic Brain Injury Rehabilitation Facility (TBIRF) Eligibility

- TBI Rehabilitation Facility (TBIRF) services are available to individuals who have experienced a traumatically-acquired brain injury and meet TBI program requirements.
- All services provided by the TBIRF facility shall be subject to the approval of the KDADS TBIRF Program Manager.
- TBIRF services are available to individuals meeting the following criteria:
 - Meet the functional, program, and financial requirements of the TBI waiver.
 - The qualifying TBI occurred within six (6) months of the requested TBIRF admission. Exceptions may be made for individuals who require medically necessary inpatient care. These exceptions are subject to prior approval by the KDADS TBIRF Program manager and the individual's MCO (if one has been selected). Determination will be made by reviewing documentation provided by the discharging acute care hospital or the TBIRF.
 - Choose admission to an institution as opposed to home and community based waiver services.
 - Have a demonstrated time-limited need for medically necessary rehabilitation services that cannot be provided in the individual's home and community.

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4. TBIRF services may be authorized for out-of-state institutions if all in-state options have been explored and exhausted. Out-of-state placement must be authorized by KDADS and the individual's Managed Care Organization (MCO).
 - a. Out-of-state admissions will be limited to six (6) months. Exceptions are subject to prior approval by KDADS. The TBIRF shall provide documentation from a Qualified Medical Professional indicating that the individual continues to make progress but requires additional medically necessary inpatient care. The MCO shall provide documentation that no in-state TBIRF services are available.
 - b. If after a maximum of six (6) months, the individual wants to return to Kansas, the MCO will work with the individual, guardian (if applicable), and TBIRF to develop a plan to transition to services provided in Kansas.
 - c. At the conclusion of six (6) months, the individual may choose to apply for services within the State where the TBIRF is located; however, Kansas funding for their services may be discontinued.
 - d. Placement in a State Hospital, skilled nursing or assisted living shall not be used as an alternative to out-of-state placement.
5. An individual currently receiving HCBS-TBI waiver services can be admitted to a TBIRF for a temporary stay at the discretion of the MCO and KDADS. A temporary stay should only be authorized if the individual has experienced a significant decline/impairment in functional ability as determined by a Qualified Medical Professional, in which restorative and rehabilitative services not available to be provided in the individual's home and community are needed. The maximum temporary stay in a TBIRF is the month of admission and the following two months.
 - a. The need to remain in a TBIRF beyond this timeframe must be authorized by KDADS and the individual's MCO, and determination must be based upon documentation from a Qualified Medical Professional indicating that the individual continues to make progress but requires additional medically necessary inpatient care.
6. Rehabilitative services provided in a TBIRF are subject to medical necessity and must have a prior authorization from KDADS and the individual's MCO (if assigned).
7. The need for continued rehabilitative services beyond six months must be determined medically necessary as determined by a Qualified Medical Professional and is subject to reevaluation and prior authorization by MCOs and KDADS.
8. Services provided by a TBIRF cannot be funded using HCBS-TBI funds.
9. TBIRFs accept sole financial responsibility for services provided to individuals admitted with pending Medicaid eligibility determination who are not subsequently found eligible for Medicaid.

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10. TBIRFs have complete responsibility for submitting required documentation of admission and discharge to KDHE.
11. Individuals exiting a TBIRF shall not be required to provide additional supporting documentation of a TBI as part of their eligibility for the TBI waiver program.

II. Procedures

A. TBI Waiver Eligibility Determination

1. Within five (5) business days of receiving the request for assessment, the ADRC shall contact the individual and/or the individual's legal guardian to complete assessment.
 - a. An assessment may exceed five days at the request of the individual or as a result of the needs of the individual dictate.
2. For individuals meeting or exceeding the LOC threshold for the TBI program, the ADRC shall complete Sections I and II of the 3160 and forward the completed 3160 to KDADS.
3. At intake and at home visit, medical documentation of a TBI shall be requested from the individual. If sufficient medical documentation is not provided, the ADRC shall assist the individual by requesting and forwarding the KDADS medical records or the Attestation Form completed by a Qualified Medical Professional.
4. The ADRC shall submit the functional assessment and supporting documentation of a TBI to KDADS.
 - a. Functional assessment shall be uploaded in the State's system of record (KAMIS).
 - b. Supporting documentation and 3160 shall be uploaded into TBI Program Upload Tool. <http://www.kdads.ks.gov/commissions/csp/hcbs-file-utility>
5. KDADS shall complete a review of the documentation to verify the individual's injury meets the program definition of TBI and the FEI LOC threshold has been met or exceeded.
6. KDADS shall send a Notice of Action (NOA) with eligibility determination to the individual and the 3160 to KDHE within five (5) business days from receipt of all documentation.
7. KDHE shall review the Medicaid application and the individual's assets to determine if the individual meets Medicaid financial eligibility requirements. Additional information may be requested in order to make the determination. The determination is communicated with the issuance of Form 3160.

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B. TBIRF Admission

1. Individuals not currently approved for the TBI waiver, they shall follow TBI waiver functional, program, and financial eligibility procedures.
2. The discharging acute Hospital or the TBIRF shall submit to KDADS and to the individual's MCO (if one has been assigned):
 - a. Documentation that demonstrates a time-limited need for medically necessary rehabilitation services that cannot be provided in the individual's home and community;
 - b. Kansas Traumatic Brain Injury Rehabilitation Facility (TBIRF) Referral Form that has been completed by the TBIRF, and the individual or the individual's responsible party; and,
 - c. Documentation that indicates that qualifying TBI occurred within six (6) months of the requested TBIRF admission.
3. Within five (5) business days of receiving all documentation from the TBIRF, KDADS shall complete a review of the documentation, and forward:
 - a. A NOA with eligibility determination to the individual;
 - b. Completed TBIRF Referral Form to the TBIRF and MCO; and,
 - c. If approved, form 3160 to KDHE and the MCO.
4. Prior to admission, and within five (5) business days of receiving all documentation from the TBIRF, the individual's MCO shall notify the TBIRF and KDADS whether the individual meets medical necessity for TBIRF admission.
5. Within two business days of admission, the TBIRF shall send a 2126 to KDHE.

C. TBIRF Discharge

1. At least fourteen (14) days prior to the date of discharge TBIRF staff shall notify the MCO and KDADS of the individual's planned date of discharge.
2. Upon receipt of the notice of discharge, the MCO schedules the discharge planning meeting with the individual and TBIRF staff.

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3. Prior to the individual's discharge, the MCO issues form 3160 notifying KDADS of the individual's desire to apply for, or return to services provided under the TBI waiver.
 - a. The TBIRF notifies KDADS of individuals receiving an FEI within the last 365 days indicating the LOC threshold was met or exceeded. This notice shall be issued within five (5) business days from the date the discharge for individuals meeting this criteria. The KDADS TBI Program Manager shall then send a NOA with the eligibility determination to the individual and (if approved) KDADS shall forward Form 3160 to KDHE.
 - b. If the individual has not been assessed with an FEI within the past 365 days, the TBI Program Manager shall request an updated assessment by sending Form 3160 to the individual's ADRC.
4. Within 48 hours of discharge, the TBIRF will send a 3160 to KDHE.

III. Definitions

Assessment -Face-to face interview and evaluation of an individual by an eligible assessor to determine an individual's eligibility for the program and his//her formal support needs

Eligibility -Refers to the process whereby an individual is determined to be eligible for health care coverage or program eligibility for reimbursement through Medicaid as determined by an authorized agent or personnel designated by the State.

Functional Eligibility Instrument (FEI) - eligibility tool utilized to determine the individual's level of care (LOC) and eligibility for the HCBS programs.

Primary Diagnosis – the most significant diagnosis related to the services rendered - K.A.R. 30-5-58 (qqqq).

Progress – measureable progress related to functional goals identified by the individual and his/her team that is consistent with the individual's return to work, school or other meaningful activities.

Qualified Medical Professional - any individual granted the authority to make medical diagnosis by a licensing board in the State of Kansas (such as: MD, DO, PA-C, APRN or Neuropsychologist).

Services – rehabilitative services sought by an individual available through a specific waiver program.

State-contracted Assessor- authorized agent or personnel, approved by the State, responsible for completing the functional eligibility instruments (FEI) for HCBS participants.

Traumatic Brain Injury - an injury to the brain caused by an external physical force, such as blunt force trauma or accelerating-decelerating forces.

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Traumatic Brain Injury Rehabilitation Facility (TBIRF) - Traumatic Brain Injury Rehabilitation Facilities are for individuals who have suffered from a Traumatic Brain Injury and have the goal of returning to a community setting, but who may need a significant amount of time and rehabilitation to be able to reach their goals and who may also have complex medical needs that complicate their rehabilitation process.

Treating Physician – a physician who has personally evaluated the individual – K.A.R. 30-5-58 (I)

Authority

Waiver Authority

1915(c) HCBS TBI Waiver – KS.4164.R05.01 (TBI) – effective March 1, 2016

Contact Information

HCBS Programs
503 S. Kansas Ave
Topeka, Kansas 66603
Email: HCBS-ks@kdads.ks.gov
Phone: 785-296-0141
Fax: 785-296-0256