



KDADS STANDARD POLICY

Department for Aging
and Disability Services

Policy Name:	Brain Injury Rehabilitation Facility (BIRF) Eligibility and Program Policy	Policy Number:	E2021-010
Commission:	Aging & Disability and Community Services and Programs Commission	Date Established:	01/20/2021
Applicability:	Brain Injury Rehabilitation Facility (BIRF)	Date Last Revised:	01/20/2021
Contact:	KDADS BI Program Manager	Date Effective:	02/02/2021
Policy Location:	https://kdads.ks.gov/commissions/home-community-based-services-(hcbs)/hcbs-policies	Date Posted:	02/02/2021
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Purpose

This policy is to provide clarification on the eligibility requirements for Brain Injury Rehabilitation Facilities (BIRF) in the State of Kansas. The policy will include details about the responsibilities of the agencies/parties involved and the eligibility process for the BIRF program.

Summary

This policy establishes the process and procedures for determining eligibility for admission into a Brain Injury Rehabilitation Facilities (BIRF) in the State of Kansas.

Entities/Individuals Impacted

- Administrative Case Managers (ACM)
- Aging and Disability Resource Centers (ADRC)
- Kansas Department for Aging and Disability Services (KDADS)
- Kansas Department for Health and Environment (KDHE)
- Managed Care Organizations (MCO)
- Waiver Participants and Service Providers

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I. Policy

A. Brain Injury Rehabilitation Facility (BIRF) Eligibility Policy

1. Brain Injury Rehabilitation Facility (BIRF) services are available to individuals who have experienced a brain injury and meet KDADS Home and Community Based Services (HCBS) Brain Injury (BI) waiver program requirements.
 - (a) Individuals seeking admission in a BIRF must meet the age requirement of age 16 (sixteen) up to, and including 64 (six-four) years.
 - (b) Referral to a BIRF may be from any of the following:
 - i. Individual's Treating Physician
 - ii. Managed Care Organization
 - iii. Licensed social worker
2. The BIRF-qualifying brain injury must have occurred within the past six (6) months prior to the requested BIRF admission.
 - (a) Exceptions may be made for individuals that have a BIRF-qualifying brain injury that occurred more than six (6) months before the date of application
 - i. Such individuals must have a proof showing a medically necessary inpatient care.
 - ii. The individual's MCO (if one has been selected) must approve of the exception request before submitting to the KDADS BI Program manager for approval.
 - iii. Exceptions are subject to approval by the KDADS BI Program manager.
3. BIRF admission and services shall only be available to individuals who have met the following criteria:
 - (a) Current Functional Eligibility for the BI waiver;
 - (b) BIRF Admission Requirement Documentation Packet;
 - i. Documentation showing the medical necessity for inpatient care for brain injury rehabilitation.
 - (c) Financial Eligibility and Presumptive Medical Disability Determination or have an application for financial eligibility with the Kansas Department of Health and Environment (KDHE);

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- i. The BIRF shall have sole financial responsibility for services provided to individuals admitted with pending Medicaid eligibility determination who are not subsequently found eligible for Medicaid.
 - ii. Services provided by a BIRF cannot be funded through Medicaid HCBS-funding.
- (d) Documentation showing an individual’s choice for admission to BIRF as opposed to the HCBS program.
- 4. KDADS, in collaboration with the MCO, shall be the operating agency for the BIRF program in the State of Kansas, and shall provide oversight for the following BIRF processes in compliance with state regulations, policy and procedure requirements set out in this policy:
 - (a) Admission, continued-stay, temporary stay, out-of-state services, discharge and/or transitions
- 5. This policy does not exempt BIRFs from mandatory reporting requirements in accordance with established statutes and regulations and policy.

II. Procedure

A. Eligibility Determination Process

1. KDADS HCBS BI Program manager shall make BIRF eligibility determination upon receipt of the following document:
 - (a) BIRF Referral Packet:
 - i. Completed and Signed KDADS BIRF referral form; the form may be requested from the HCBS BI Program manager
 - ii. Documentation showing the medical necessity for inpatient care for brain injury rehabilitation and that the qualifying BI occurred within six (6) months prior to the requested BIRF admission.
 - iii. BIRF Intake Screening Form
 - iv. Proof of a pending financial eligibility determination with KDHE
 - v. Current Medicaid recipients require proof of prior authorization from their Managed Care Organization (MCO).
 - vi. Activated Durable Power of Attorney for Health Care (DPOA for HC) or Legal Guardianship documentation (when applicable).

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- (b) Completed Functional Eligibility with the following documents submitted in the delegated state management information system of record:
 - i. Medical documentation of brain injury signed by a Qualified Medical Professional or Brain Injury Program Eligibility Attestation Form signed by a Qualified Medical Professional
 - ii. Signed Level of Care (LOC) Outcome Form
 - iii. ES-3160 Notification of KanCare HCBS Services Form (completed sections I and II)
 - iv. Signed KDADS Release of Information (ROI) Form
2. KDADS HCBS BI Program manager shall make BIRF eligibility determination per the following procedure:
 - (a) BIRF Referral Packet shall be sent to KDADS HCBS BI Program manager through any of the following methods:
 - i. Designated email address
 - ii. Designated fax number
 - iii. Designated state management information system
3. Within five (5) business days of receiving all required documentation, KDADS BI Program Manager shall complete a review of the documentation, and forward the following using electronic methods:
 - (a) A Notice of Action (NOA) with eligibility determination to the individual, the MCO and the BIRF;
 - (b) Completed BIRF Referral Form to the BIRF;
 - (c) 3160 with eligibility determination to KDHE, MCO, and individual's designated ADRC.
4. Upon the KDADS BI Program Manager determination of eligibility for a BIRF admission, the MCO and the BIRF shall coordinate and facilitate the individual's admission.
5. Within two business days of an individual's admission into a BIRF, the BIRF shall send a copy of the Form MS-2126 Notification of Facility Admission/Discharge to the BI Program Manager and KDHE.

B. Program/Continued-Stay in a BIRF

1. When an individual is accepted into a BIRF, a person-centered planning team must be formed.
 - (a) The team shall, at a minimum, comprise of the following:

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- i. The individual, their legal representative, or activated Durable Power of Attorney for Health Care (DPOA for HC); or anyone designated by the individual.
 - ii. The BIRF
 - iii. The MCO

2. A minimum of four hours per day of treatment in a BIRF must be devoted to the active treatment of an individual in the BIRF.
 - (a) Active treatment shall include, but not be limited to the following:
 - i. Physical Therapy, Occupational Therapy, Speech Therapy, Behavioral and Cognitive Therapy, Independent/Transitional Living Skills, Activities of Daily Living-ADLs, Instrumental Activities of Daily Living-IADLs, Social Skills, etc.
 - ii. These services must be listed in the individual’s person-centered plan.

3. Every individual in a BIRF must maintain a current HCBS BI functional eligibility assessment
 - (a) An assessment shall be completed at least every 365 days by the designated ADRC.

4. At least every 90 days, every individual in a BIRF must have a review of their BIRF continued-stay, services received, and options/choices with their person-centered planning team.
 - (a) A review report must be generated and sent to the KDADS HCBS BI Program Manager, and the KDADS HCBS Institution Transition Specialist using the designated means for reporting.
 - i. The MCO shall be responsible for generating and sending this report.
 - (b) The individual’s plans must be reviewed sooner if/when there is a significant change in an individual’s BIRF services.

5. Community integration opportunities:
 - (a) The BIRF, alongside the person-centered planning team, shall collaborate in identifying opportunities for individuals in the BIRF to engage in community activities that may include, but shall not be limited to:
 - i. increased time out of the BIRF;
 - ii. opportunities to practice transitional living skills or to seek opportunities within the community; and
 - iii. activities that support the individual’s choice, habilitative and rehabilitation goals, in the least restrictive environment.

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- (b) Such person-centered collaboration for the individual’s integration into their community must be documented in the individual’s person-centered plan

C. Temporary Stay

1. An individual currently receiving HCBS-BI waiver services may be approved for admission to a BIRF for a temporary stay by KDADS, upon a request by the individual’s MCO.
 - (a) A request for admission to a BIRF for a temporary stay must meet the admission requirement in this policy.
 - (b) A temporary stay shall only be authorized if the individual has experienced a significant decline/impairment in functional ability;
 - i. A Qualified Medical Professional must document such decline/impairment in functional ability;
 - (c) A temporary stay may only be granted if an individual’s restorative and rehabilitative needs cannot be provided or are not available in the individual’s home and community.
 - (d) The maximum temporary stay in a BIRF is the month of admission and the following two months.
 - i. KDADS BI Program Manager may grant an exception to the maximum temporary stay duration upon request.
 - ii. The individual’s person-centered planning team must authorize such a request,
 - iii. KDADS may request additional documentation from a Qualified Medical Professional indicating rehabilitative and restorative progress and medically necessary inpatient care.
 - (e) If KDADS declines a request for exception to the maximum duration for temporary stay,
 - i. the individual alongside the person-centered planning team shall facilitate the individual’s transition to the HCBS BI waiver in order to continue to receive services.
 - (f) At the end of the temporary stay,
 - i. the individual alongside the person-centered planning team shall facilitate the individual’s transition to the HCBS BI waiver in order to continue to receive services.

D. Out-of-State Services

1. BIRF services may be authorized for out-of-state institutions if all in-state options have been explored and exhausted.

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- (a) The out-of-state placement must be requested by the individual's Managed Care Organization (MCO)
 - i. Kansas Medical Assistance Program (KMAP) enrollment of an out-of-state institution is required for MCOs to pay for BIRF services provided.
 - (b) Requests for out-of-state placement shall be submitted and vetted by the KDADS HCBS BI Program Manager; and
 - (c) The BI Program Manager shall present out-of-state placement requests to the state HCBS Director who shall review, approve or deny such application.
 - i. Upon approval or denial or request, the BI Program Manager shall send a Notice of Action to the individual;
 - ii. The Notice of Action shall contain an appeal process in the event of a denied out-of-state placement request.
 - (d) Out-of-state placements processes shall be completed per policy and procedural requirements for BIRF admissions, as stated in this policy.
2. If an individual wants to return from an out-of-state BIRF to the State of Kansas, the MCO shall work with the individual, guardian (if applicable), the BIRF, and KDADS Institutional Transition Specialist to develop a plan to transition to services provided in the state.
 3. Placement in a State Hospital, Skilled Nursing, or Assisted Living shall not be used as an alternative to out-of-state placement.
 4. Out-of-state placements shall follow processes and requirements for the BIRF program and continued-stay as defined in this policy.

E. Discharge and/or Transition to HCBS Waiver Services

1. Every individual, upon admission into a BIRF, shall immediately have a transition plan in progress.
 - (a) Upon admission, the person-centered planning team shall collaborate in developing a transition plan.
 - i. The transition plan shall be person-centered
 - ii. Transition Planning shall be documented in the quarterly report required in this policy.
 - (b) The person-centered planning team, through the individual's MCO, shall coordinate with KDADS HCBS Institutional Transition Specialist and the BI Waiver Program Manager with the individual's transition plan at least thirty (30) days before the planned date of discharge.

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- i. KDADS HCBS Institutional Transition Specialist and the BI Program Manager shall be notified at the onset of and updated throughout, the transition planning process.
- ii. During transition, the MCO shall send a completed Form 3160, and the Provisional Plan of Care to the BI Program Manager.
- iii. The transition from BIRF to the HCBS BI, or any other HCBS waiver program, shall be completed per current/approved HCBS Institution Transition Policy.

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

Brain Injury – an injury to the brain caused by an external physical force, stroke, anoxic event, and other non-chromosomal or non-congenital malformation.

Brain Injury Rehabilitation Facility (BIRF) – a Brain Injury Rehabilitation Facilities are for individuals who have suffered from a 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..

Designated state management information system—as it pertains to this policy and the Brain Injury waiver program, this shall be the Medicaid Functional Eligibility Instrument (MFEI).

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 authorized agents or personnel designated by the State.

Individual – repeatedly used to refer to an applicant for the BI waiver program, or a consumer receiving services on the waiver.

Person-Centered Planning Team – this could be the individual’s treatment team of service planning team wrapped around the individual to support their habilitative/rehabilitative goals, treatment, and choices. This may be referred to using any other term, acronym or qualification.

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Progress – measurable 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 a medical diagnosis by a licensing board in the State of Kansas (such as MD, DO, PA-C, APRN, or Neuropsychologist).

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

Authority

Waiver Authority
Current/Approved 1915(c) HCBS BI Waiver

Related Information

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