



KDADS STANDARD POLICY

Policy Name:	Brain Injury Eligibility and Waitlist Management	Policy Number:	2024-010
Commission:	Long Term Services and Supports	Date Established:	03/24/2024
Applicability:	Brain Injury (BI) waiver	Date Last Revised:	01/29/2024
Contact:	KDADS BI Program Manager Kansas Department for Aging and Disability	Date Effective:	03/24/2024
Policy Location:	Services Website	Date Posted:	03/24/2024
Status/Date:	Final 03/27/2024	Number of Pages:	1 of 7
Revision History			

Purpose

This policy is to establish the eligibility requirements for the Home and Community Based Services (HCBS) Brain Injury (BI) waiver.

Summary

This policy establishes the process and procedures for determining program eligibility for the BI waiver.

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)

I. Policy

A. BI Waiver Eligibility Determination

1. The Aging and Disability Resource Center (ADRC) shall meet the qualifications specified in the current approved, 1915 (c) HCBS BI waiver.
 - a) Functional Eligibility assessors shall meet the qualifications specified in the current, approved, 1915 (c) HCBS BI waiver.
2. Individuals four (4) years of age up to and including sixty-four (64) years of age shall submit a functional assessment and medical diagnostic documentation of brain injury before the BI Program Manager/Program Specialist determines Program Eligibility for the BI waiver.

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- a) Medical diagnostic documentation of brain injury shall be completed by a qualified medical professional
 - b) If medical diagnostic documentation of brain injury is not available, the individual applying for waiver services shall submit a Brain Injury Program Attestation Form completed by a qualified medical professional.
 - i. A Brain Injury Program Eligibility Attestation Form can be requested from ADRCs, MCOs, KDADS Brain Injury Program Manager/Program Specialist, KDADS Brain Injury Program website, and the KMAP Provider website.
3. Individuals from birth up to and including three (3) years of age, before their 4th birthday, shall ONLY be required to provide a medical diagnostic documentation of brain injury described in 2 (a) or (b) of this section to a Functional Eligibility Assessor.
- a) The document shall be presented to the assessor who shall submit it to the HCBS Brain Injury Program Manager through a designated state management information system.
 - b) Individuals from birth up to and including three (3) years of age, before their 4th birthday, are only required to complete the demographic section of the MFEI, not the functional assessment.
4. Kansas Department for Aging and Disability Services (KDADS) determines Brain Injury Waiver Program Eligibility.
5. Kansas Department for Health and Environment (KDHE) determines Financial and Disability eligibility.
6. Failure to provide the medical diagnostic documentation of a qualifying brain injury, as defined below, described in 2 (a) and (b) within fourteen (14) calendar days of the completed functional assessment will result in a denial.
- a) Individuals determined ineligible due to lacking a qualifying acquired or traumatic brain injury medical documentation may request a second program eligibility review by submitting the documentation to the ADRC, or the KDADS-HCBS Brain Injury Program Manager/Program Specialist as outlined in the denial Notice of Action. The Functional Assessment outcome is good for one (1) year after the date of the Function Assessment.
 - b) At the completion of the Program Eligibility Review, those meeting the eligibility criteria will be approved and forwarded to KDHE for Financial and Disability Review.

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7. As specified in the HCBS Brain Injury Waiver, individuals who receive HCBS brain injury program services must participate in one (1) or more of the offered therapies at least once per month and continue to demonstrate habilitative/rehabilitative progress throughout their duration on the program. Failure to participate in therapies, or to demonstrate rehabilitative progress may result in a transition from, or closure of, the BI waiver.

II. Procedures

A. BI Eligibility Criteria

1. Be the age of birth up to and including sixty-four (64) years of age;
2. Be a resident of the state of Kansas;
3. Be financially eligible for Medicaid;
4. Have active habilitation/rehabilitation needs or a brain injury related need for therapies; and
5. Have a documented medical diagnosis of a Traumatic or Acquired Brain Injury (TBI or ABI).
 - a) Brain Injuries due to a chromosomal or congenital diagnosis do not qualify for the BI waiver.
6. Individuals four (4) years of age up to and including sixty-four (64) years of age must meet the level of care required for hospital or TBIRF placement based on the approved functional eligibility instrument.
 - a) total level of care score of 25 or higher; OR
 - b) a minimum score of 26 in the Cognition, ADL, IADL and Continence areas; OR
 - c) a minimum score of 24 in the Behavior/Emotional and Cognition areas.
7. Individuals from birth up to and including three (3) years of age, before their 4th birthday, qualify based **ONLY** upon the medical documentation signed by a physician indicating a diagnosis of a brain injury not due to a chromosomal or congenital cause.

B. BI Waiver Eligibility Determination

1. Within five (5) business days of receiving a referral for a functional assessment, the ADRC shall contact the individual and/or the individual's legal guardian and complete an assessment.

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- a) The time between when the assessment is referred and when the assessment is performed may exceed five (5) business days at the request of the individual or to meet specific needs of the individual. The request of the individual or specific needs of the individual should be documented.
 - b) Where an assessment cannot be completed within five (5) business days after referral, the ADRC shall notify KDADS BI Program Manager.
2. The ADRC shall complete the functional assessment face-to-face.
 - a) At, or prior to, the time of the functional assessment, the assessor shall request medical documentation of brain injury from the individual.
3. A completed functional eligibility assessment shall include the following documents uploaded and submitted to the BI Program Manager through the designated state management information system by the ADRC:
 - a) Medical documentation of brain injury signed by a Qualified Medical Professional or Brain Injury Program Eligibility Attestation Form signed by a Qualified Medical Professional;
 - b) Signed Level of Care (LOC) Outcome Form;
 - c) Signed Release of Information (ROI) Form;
 - d) ES-3160 Notification of KanCare HCBS Services Form (section I and II completed);
 - e) Completed Provisional Plan of Care Form showing the BI waiver-related therapy and services the individual is seeking.
4. In the event the medical documentation of brain injury is not provided prior to or at the time of the functional eligibility assessment, the individual may be offered Administrative Case Management (ACM) to assist the individual in requesting the Attestation Form be completed by a Qualified Medical Professional, or to help obtain qualifying medical diagnostic records.
 - a) In the event the individual chooses not to use ACM, the ADRC shall inform the individual of the 14-calendar-day timeline for submitting the diagnostic documentation to the ADRC to avoid an initial Program Eligibility review denial.
 - b) The ADRC shall inform the individual that if the initial Program Eligibility review is denied, a second Program Eligibility review may be initiated when the individual submits the diagnostic documentation to either the ADRC or the KDADS Program Manager.

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- c) The ADRC shall inform the individual that the last phase of eligibility is the Financial and Disability review completed by KDHE/KanCare after KDADS has determined that Program Eligibility is satisfied. This review on average can take up to 45 calendar days or more, depending on the complexity of the review.
5. Upon notification from the BI KAMIS Workload Report, the BI Program Manager/Program Specialist shall complete the initial review of the functional assessment and supporting documentation uploaded in the current MFEI. If medical diagnostic documentation/BI Attestation form is not available, the review will remain in pending status until the 14th calendar date has passed. At that time the Program Eligibility will be determined.
 - a) KDADS shall send a Notice of Action (NOA) of BI waiver program eligibility determination regarding the outcome of the review to the individual and shall send a copy of the 3160 and PPOC to KDHE, within two (2) business days from the date of the Program Eligibility review.

C. Waitlist Management

If there is a waitlist for the BI waiver, the BI Program Manager shall follow the below process.

1. After the HCBS BI Program Manager has reviewed the functional eligibility assessment and supporting documentation and made an eligibility determination. Only individuals who have been found functionally eligible and Program Eligible may be added to the waitlist.
2. If a waiver offer is sent to an individual on the waitlist, and the individual's functional eligibility assessment is older than 365 calendar days, the BI Program Manager shall send a request for the ADRC to complete a functional assessment.

D. Reassessments

1. The ADRC shall conduct annual reassessments of individuals on the BI waiver.
 - a) Individuals who have not completed the functional eligibility assessment within 365 days from the date of the requested reinstatement shall be required to be re-assessed.
 - b) The ADRC shall NOT perform a functional reassessment for an individual on the waitlist unless a referral is received from the BI Program Manager.

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

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Brain Injury – an injury to the brain caused by an external physical force, stroke, anoxic event, and other non-chromosomal or non-congenital malformation that has been diagnosed and documented by a qualified medical professional.

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 agent or personnel designated by the State.

IADL (Instrumental Activities of Daily Living) - more complex tasks that people do on a daily basis in order to maintain their independence and manage their daily lives. IADLs include activities such as managing finances, paying bills, grocery shopping, preparing meals, and using the phone or other forms of communication. These activities are important for maintaining a sense of autonomy and control over one's life, and are often used as a measure of a person's functional status and ability to live independently.

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

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).

Traumatic Brain Injury Rehabilitation Facility (TBIRF) – 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.

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

Authority

Waiver Authority

Approved 1915(c) HCBS BI Waiver

Related Information

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