

HCBS/Head Injury Medicaid Waiver
Transitional Living Services Training Manual



State of Kansas
Department of Social and Rehabilitation Services
Division of Health Care Policy ✧ Community Supports & Services

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Training Modules

Module I. The HCBS/Head Injury Waiver Program

- Q & A about the HI Waiver
- Responsibilities when Self-Directing PCAs
- Rehabilitation Therapies

Module II. Living with a Brain Injury

- Statistics
- Understanding Brain Injury
- Behavior and Cognition
 - Definitions
 - Drugs and Alcohol
- Frequently Used Prescription Drugs for People who have Brain Injuries
 - Effects of Food, Alcohol, and Caffeine on Medications

Module III. Independent Living & Working with People who have Disabilities

- Independent Living History & Philosophy
- Interacting with People who have Disabilities

Module IV. Eligibility

- Eligibility Criteria
 - Client Obligation
- Medicaid
 - Working Healthy

Module V. Related Programs and Services

- SSI and SSDI
- Social Security Representative Payee
- Vocational Rehabilitation
- Food Stamp Program (Vision Card)
- Medicare

- Guardianship/Conservatorship
- Power of Attorney

Module VI. Implementing Transitional Living Services

- What are Transitional Living Service?
- The TLS Specialist as Teacher
- Making Accommodations
- Incorporating Assistive Technology
- Communicating with the Case Manager
 - Documentation
- Adult Protective Services

Module VII. Developing Transitional Living Plans

- Skills Assessments
- Developing Goals
 - What are goals?
 - Writing outcome-based, measurable goals
 - The measurement of goals
- Task Analysis
 - Using task analysis with People who have Brain Injuries
- Teaching Strategies
 - Definitions/Terms
 - Prompting
- Life After the Waiver

Module VIII. Life After the Waiver

Moduel IX. Resources

- Contact Information
- Education Web Sites

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(Appendices not available on-line in PDF version)

## **Appendix I. Sample Forms**

## **Appendix II. Glossary**

## **Appendix III. Supplemental Reading**

## Credits

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## ***Module I. The HCBS/Head Injury Waiver Program***

### **The HCBS/Head Injury Waiver Program Questions & Answers**

#### **Who is SRS?**

Social and Rehabilitation Services (SRS) is the state agency in Kansas that provides its citizens with social programs or contracts social programs and services out to private providers.

#### **Who is CMS?**

CMS (the Centers for Medicare and Medicaid Services) is an agency of the federal government (a division of the U.S. Department of Health and Human Services) that provides funding to states for Medicaid and Medicare healthcare programs. CMS used to be known as the Health Care Financing Administration (HCFA). Currently, to fund the Medicaid services offered in Kansas, CMS provides 60% of the money and the State of Kansas “matches” the remaining 40% of the funding.

#### **What is a “waiver”?**

States have the opportunity to develop programs and services for special needs populations that are cost-effective alternatives to institutional care arrangements funded under Title XIX of the Social Security Act (entitled “Grants to States for Medical Assistance Programs,” i.e., Medicaid). States may obtain approval from CMS for the authority to operate Home and Community Based Services (HCBS) by “waiving” certain Title XIX requirements.

The HCBS/Head Injury (HI) waiver is one of six Medicaid waivers that the state of Kansas currently offers eligible individuals. The other five include the Physically Disabled (PD) waiver, the Frail Elderly (FE) waiver, the Mental Retardation/Developmentally Disabled (MR/DD) waiver, and two waivers exclusively for children: the Technology Assisted (TA) waiver and the Severe and Emotionally Disturbed (SED) waiver. However, the MR/DD waiver serves both adults and children age five and older. The HI and PD waivers can serve adults and children age 16 and older.

#### **What is the Head Injury waiver?**

The Head Injury waiver is technically called the HCBS/Head Injury Medicaid waiver. The waiver provides certain services if an individual is found eligible and can be served by the waiver. The services include personal services, assistive services, rehabilitation services, and transitional living skills training. (These services are explained in depth in this manual.)

#### **Who can be served by the HCBS/HI waiver?**

A person must meet these requirements:

- 1) Have acquired a non-degenerative traumatic brain injury (TBI) that resulted in residual

deficits and disabilities

- 2) Be between the ages of 16 and 55
- 3) Be found financially eligible for Medicaid by SRS
- 4) Meet the criteria for admission to a Head Injury Rehabilitation Facility

**So it's called the Head Injury waiver, but you have to have a "Traumatic Brain Injury" to receive services under the waiver?**

The terms "head injury" and "brain injury" are often used interchangeably. When the waiver was written in 1991, the most acceptable term to use was "head injury." In fact, Kansas had the first head injury waiver of it's kind in the U.S. Now, however, many people prefer to use the term "brain injury." Generally, either of these terms is acceptable. The out-dated terminology "brain damaged" is *not* considered acceptable.

**What services are available to those on the HCBS/HI waiver?**

The services available to these individuals are:

Personal services- Assistance in completing tasks of daily living which individuals would do themselves if they did not have a disability. These could include dressing, shopping, cooking, bathing, and other everyday tasks.

Assistive services- Medical equipment, home modifications and assistive technology devices which help the individual to remain in his or her home and increase his or her quality of life and level of independence.

Transitional living services- Services provided by the TLS Specialist which help the individual with a brain injury to learn the skills necessary to be independent. Training in daily living skills may include cooking, bathing, grooming, social skills, and managing medical needs. These services may be provided (based on screening and assessment) up to four hours a day, seven days a week. A person must be receiving transitional living services to remain on the HCBS/HI waiver.

Rehabilitation therapies- Services designed to rehabilitate or restore the individual to an optimal level of physical and mental functioning; these include physical, occupational, cognitive, behavioral, speech, and drug/alcohol therapies.

**How long can a person use transitional living services?**

As long as the person is on the waiver. If TLS are discontinued, the person is no longer eligible for waiver services.

**What happens when someone no longer needs transitional living services?**

The person will no longer receive services under the HCBS/HI Medicaid waiver. The individual may be eligible for other services, such as the HCBS/Physically Disabled (PD) Medicaid waiver – if they have a physical disability in addition to their brain injury, and meet the eligibility requirements for the PD waiver. An area Center for Independent Living may also be able to provide Independent Living Services.

### **Can family members provide services?**

Family members cannot provide transitional living services. However, they may be able to provide personal attendant care services depending on their relationship to the person. If the person is self-directing their personal attendant care, they may hire a relative as long as it is not their spouse. In rare instances, a spouse can qualify to provide attendant care if the situation qualifies for an exception to the spousal rule. Parents are also excluded from providing personal attendant care to their minor child. Exceptions to the family reimbursement restrictions are set out in Kansas Administrative Regulation (K.A.R.) 30-5-307.

### **What equipment can be purchased with waiver funds?**

Items that are necessary to promote independence, which are not covered by regular Medicaid, or other formal or informal resources (such as Vocational Rehabilitation or the educational system) may be purchased under the HCBS/HI waiver. This is done through Assistive Services. Unlike some Medicaid waivers, the Head Injury waiver does not require the individual to show a cost savings through personal attendant care services to receive adaptive equipment.

The maximum lifetime expenditure on Assistive Services is \$7,500 across the Head Injury, Physically Disabled, and Frail Elderly waivers. Therefore, those individuals who have received Assistive Services on other Medicaid waiver must deduct the amount of the previous assistive service(s) from their lifetime maximum of \$7,500 to determine the amount which may be available to the person under the HCBS/HI waiver. Exceptions to the lifetime cap may be approved by the Administrative Review Team.

### **Responsibilities when Self-Directing Personal Care Attendants**

Self-directed care is an option for attendant care services in the HCBS/HI waiver program. It allows the individual in need of attendant care services to live in the least restrictive environment and direct the attendant care services that have been determined by the person and the Case Manager to be essential Activities of Daily Living (ADLs include activities such as bathing, dressing, toileting, transferring, ambulating, and eating) or Instrumental Activities of Daily Living (IADLs are activities such as meal preparation, shopping, medication monitoring and treatments, laundry and housekeeping, money management, telephone use and transportation).

The person must exercise responsibility for making choices about attendant care services, understand the impact of the choices made and assume responsibility for the results of their choices. By choosing self-direction, the person assumes the responsibility of hiring, training, monitoring and terminating their personal care attendants. The person must also ensure that the PCAs work time follows the approved plan of care (POC).

The specific functions that must be performed by the person, the individual's guardian/conservator, the holder of the person's durable power of attorney, or the individual acting on behalf of the person are as follow:

- Recruit PCAs and back-up PCAs

- Collect basic information for establishing the PCA's files with respect to the identity of the attendant (name, address, phone number, etc.) and background (past work history and any relevant training) in the form of an application for employment;
- Select PCAs, assign hours within the limits of the service authorization, and refer them for payroll registration;
- Maintain continuous PCA coverage in accordance with the authorization for service. This includes assigning replacement workers during vacation, sick leave or other absences of the assigned attendant;
- Dismiss the attendant when necessary and notify the provider/payroll agent of the termination;
- Provide each PCA with orientation sessions and training on the general duties of a PCA and the specific tasks and procedures to be performed. The training that PCAs undergo will not qualify them to serve any other person;
- Transmit information to the PCA(s) in regard to pay, time and leave schedules, and time sheets;
- Maintain a time sheet on each PCA working for the person, verify hours worked, and forward them to the payroll agent;
- Notify their Case Manager of any changes in their medical condition, eligibility or needs which affect the provision of services, such as hospitalization or need for more hours of service;
- Notify all providers if there is a desire to discontinue the option to self-direct.

## **Rehabilitation Therapies**

The primary purpose of Rehabilitation Therapies is to provide in-home services for individuals who have sustained a head injury would otherwise require in a head injury rehabilitation facility. These therapies are designed to prevent, maintain, and/or minimize chronic disabilities while restoring the individual to the optimal level of physical, cognitive, and behavioral functions within the context of the community.

Rehabilitation Therapies offered under the HCBS/HI waiver are only those services not available under general Medicaid funding. According to the Kansas State Plan for Medicaid (general Medicaid funding, separate from HCBS waivers), covered therapies must be rehabilitative, restorative, and provided within a maximum of six months from the date of the first treatment following a physical debilitation resulting from acute physical trauma or physical illness. Services extending into the seventh month are not covered by general Medicaid funds from the State Plan. Since many individuals with head injuries need Rehabilitative Therapies well beyond the six months that general Medicaid provides, these therapies have been included in the HCBS/HI waiver so individuals may maintain skills they have learned through therapy.

Rehabilitation Therapies are designed to improve the skills and adjustment of the person with a head injury, and integrate pre-vocational, educational, and independent living goals in order to return or maintain the individual's most optimum level of functioning and least restrictive level of care. These services may not be subcontracted by providers of TLS or any other service offered under the HCBS/HI waiver. Therapies must be provided by licensed individuals who meet specific requirements.

## **a. Physical Therapy**

A Physical Therapist (PT) works to assist the person with a brain injury to reach their highest level of motor functioning and mobility. This may involve intensive work in a variety of areas including standing, sitting, walking, balance, muscle tone, endurance, strength, and coordination. The PT assesses and treats the areas of strength, range of motion, balance, positioning, walking, or wheelchair mobility. The PT also identifies special equipment that the individual can use and teaches them how to use it. If an individual uses a wheelchair, they may teach them to assemble and use it properly. They may also teach the individual the correct way to get in and out of the wheelchair.

Physical therapy services may be provided by a licensed and registered Physical Therapist or by staff members that are supervised by a licensed PT.

## **b. Speech Therapy**

The Speech-Language Pathologist is responsible for the diagnosis and treatment of communication disorders. Assessment and treatment may include the areas of language (i.e., listening, talking, reading, writing) cognition (i.e., attention, memory, sequencing, planning, time management, problem solving), motor speech skills, and conversational skills. A screening of hearing acuity is also sometimes performed in the initial assessment.

A Speech-Language Pathologist evaluates and treats challenges in the areas of speech production, language expression, comprehension, reading, writing, and even swallowing. The Speech-Language Pathologist may work with the individual to improve such things as attention, memory, abstract reasoning, and decision making. They may also work on social skills such as how to appropriately participate in a conversation.

Speech is the production of sounds that make up words and sentences. When a brain injury affects the areas of the brain responsible for: (1) producing speech, (2) understanding what is said or (3) using words to formulate sentences and convey ideas, then communication can be affected. Depending on the areas of the brain that are injured, the use of cognitive-communication skills to understand or convey information can be problematic. Any of these skills can be impaired or spared, depending on the location and severity of the injury. Cognitive-communication skills are used to learn and function successfully in home, school, work and community life. It often is the inability to use appropriate language skills in learning and social environments that interferes with successful interactions. Decreased communication skills sometimes lead to loss of friends, misunderstandings or poor performance in school or job tasks.

Most individuals regain the ability to produce speech sounds and words after brain injury. These skills usually improve with the physical recovery of the person. When there are problems with paralysis, swallowing or other types of motor incoordination, there is a possibility that the individual will not recover the ability to speak or will have poor motor planning (apraxia) or muscle control (dysarthria) which results in unintelligible speech production. Characteristics of

this type of speech may include:

- Slurred production of words
- Drooling
- Difficulty swallowing
- Hoarse or nasal voice quality
- A slowed rate of speech because of motor control difficulty, or increased rate of speech as the result of reduced self-inhibition and poor self-monitoring skill
- Total loss of the ability to use verbal speech from paralysis of the vocal mechanism

This therapy must be provided by a certified Speech Pathologist who is certified by the American Speech and Hearing Association. They must also have eight (8) hours of training or one year experience, and expertise in brain injury rehabilitation.

### **c. Occupational Therapy**

An Occupational Therapist's (OTs) role is to help the individual regain the physical, perceptual, and cognitive skills needed to perform activities of daily living such as self-care, home maintenance, and community skills. The OT evaluates an individual's balance, motor skills, posture, and perceptual and cognitive abilities within the context of functional, everyday activities. Adaptive devices may be recommended by the OT to help the individual achieve the maximum level of independence. OTs often work with other therapists on feeding and swallowing programs. They may also design or obtain special equipment to help the person with specific daily living skills that they cannot do by themselves. Examples of this are large-grip silverware if regular silverware is unsuccessful, or long-handled aids to help them dress themselves.

This service must be provided by an Occupational Therapist (OT) who is licensed to work in the State of Kansas.

### **d. Behavioral Therapy**

Behavioral therapy is a psychological technique based on the premise that specific, observable, maladaptive, badly adjusted, or self-destructing behaviors can be modified by learning new, more appropriate behaviors to replace them. In behavioral therapy, people learn how to change behavior.

Behavioral therapy can be a useful treatment tool in an array of mental illnesses and symptoms of mental illness that involve maladaptive behavior, such as substance abuse, aggressive behavior, anger management, eating disorders, phobias, and anxiety disorders. It is also used to treat organic disorders such as incontinence and insomnia by changing the behaviors that might be contributing to these disorders.

This service can only be provided by a Behavioral Therapist (BT) who is licensed by the Behavior Sciences Regulatory Board. They must also possess a Master's degree in Social Work

or Psychology.

**e. Cognitive Therapy**

Cognitive therapy is a psycho-social therapy that assumes that faulty cognitive, or thought, patterns cause maladaptive behavior and emotional responses. The treatment focuses on changing thoughts in order to adjust psychological and personality problems.

In contrast to other forms of psychotherapy, cognitive therapy is usually more focused on the present, more time-limited, and more problem-solving oriented. Indeed, much of what the person does is solve current problems. In addition, individuals learn specific skills that they can use for the rest of their lives. These skills involve identifying distorted thinking, modifying beliefs, relating to others in different ways, and changing behaviors.

This service can only be provided by a Cognitive Therapist (CT) who is licensed by the Behavior Sciences Regulatory Board. The CT must possess a Master's degree in the behavioral science field who has eight (8) hours of training or one year of experience working with people who have brain injuries.

**f. Drug and Alcohol Therapy**

*Drug addiction is a treatable disorder.* Through treatment that is tailored to individual needs, individuals can learn to control their condition and live normal, productive lives. Like people with diabetes or heart disease, people in treatment for drug addiction learn behavioral changes and often take medications as part of their treatment regimen. Therapy can include counseling, psychotherapy, support groups, or family therapy. Treatment medications offer help in suppressing the withdrawal syndrome and drug craving and in blocking the effects of drugs.

*Alcoholism is a disease and has no cure,* but can be managed with medical treatment and social support groups. This means that even if an alcoholic has been sober for a long time and has regained health, he or she may relapse, and must continue to avoid all alcoholic beverages. The most common and most effective way to combat alcohol abuse is through a systematic support group, with advice and support from a health care professional.

In therapy, individuals address issues of motivation, build skills to resist alcohol and drug use, replace alcohol and/or drug-using activities with constructive and rewarding non alcohol and drug-using activities, and improve problem-solving abilities. To be effective, treatment must address the individual's alcohol and/or drug use and any associated medical, psychological, social, vocational, and legal problems. Matching treatment settings, interventions, and services to each individual's particular problems and needs is critical to his or her ultimate success in returning to productive functioning in the family, workplace, and society.

This service can be provided by Community Mental Health Centers or Drug and Alcohol Abuse Centers. Individuals who provide this service must have a Master's degree in a behavioral