



KDADS STANDARD POLICY

Policy Name:	Brain Injury Eligibility and Waitlist Management	Policy Number:	E2019-154
Commission:	Aging & Disability and Community Services and Programs Commission	Date Established:	12.2.2019
Applicability:	Brain Injury (BI) waiver	Date Last Revised:	12.2.2019
Contact:	KDADS BI Program Manager	Date Effective:	12.2.2019
Policy Location:	https://kdads.ks.gov/commissions/home-community-based-services-(hcbs)/hcbs-policies	Date Posted:	12.9.2019
Status/Date:	Final Policy/12.2.2019	Number of Pages:	1 of 6
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)

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I. Policy

A. BI Waiver Eligibility Determination

1. The Aging and Disability Resource Center (ADRC) shall complete the functional eligibility assessment for the BI waiver.
 - a. Functional Eligibility assessors shall meet the qualifications specified in the current, approved, 1915 (c) HCBS BI waiver.
2. For individuals from the age of four (4) up to and including sixty-four (64) years old, a functional assessment and medical documentation of brain injury shall be submitted before the BI Program Manager determines program eligibility for the BI waiver.
 - a. Medical documentation of brain injury shall be completed by a qualified medical professional
 - b. If medical documentation of brain injury is not available, the individual applying for waiver services shall submit a Brain Injury Program Eligibility Attestation Form completed by a qualified medical professional.
 - i. A Brain Injury Program Eligibility Attestation Form can be requested from ADRCs, MCOs, or KDADS-HCBS Brain Injury Program Manager.
3. Individuals from the age of zero (0) up to, and including, three (3) years old—**before the 4th birthday** shall **ONLY** be required to present a medical 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 HCBS Brain Injury Program Manager through a designated state management information system.
 - b. Individuals from the age of zero (0) up to, and including, three (3) years old—**before the 4th birthday** shall **NOT** be required to take a 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 eligibility.
6. Failure to provide the medical documentation of brain injury described in 2(a)and(b) within ninety (90) days after the functional assessment is completed, KDADS-HCBS Brain Injury Program Manager shall determine the application to be ineligible for the BI waiver.
 - a. Individuals determined as ineligible due to lack of medical documentation of brain injury can reapply for the waiver by submitting the documentation to KDADS-HCBS Brain Injury Program Manager.

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7. According to the brain injury waiver, individuals who receive HCBS brain injury program services must continue to demonstrate habilitative/rehabilitative progress throughout their duration on the program. Failure to demonstrate rehabilitative progress may result in a transition from the BI waiver.

II. Procedures

A. BI Eligibility Criteria

1. Be 0 up to and including sixty-four (64) years old;
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. Participants between the ages of 4 to 64—over the age of four up to and including sixty-four years old—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 Contenance areas; OR
 - c. a minimum score of 24 in the Behavior/Emotional and Cognition areas
7. Participants ages 0 up to, and including, three (3) years old qualify **ONLY** based 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.
 - a. An assessment may exceed five days at the request of the individual or to meet specific needs of the individual.
 - 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.

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- b. If an individual is assessed and found functionally eligible, the ADRC shall complete two copies of the Level of Care (LOC) Outcome Form and obtain the individual's, legal guardian's, or the activated Durable Power of Attorney for Health Care (DPOAHC) assignee's signature.
 - c. The ADRC shall upload a copy of the signed form into the designated state management information system and shall provide the individual with a copy of the signed form.
3. The ADRC shall complete sections I and II of the 3160 indicating eligibility or ineligibility and shall upload the 3160 into the designated state management information system.
4. 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:
 - 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. ES-3160 Notification of KanCare HCBS Services Form (completed sections I and II)
 - d. Signed Release of Information (ROI) Form
5. 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's Administrative Case Manager (ACM) shall assist the individual by requesting and forwarding the required medical documentation or the Attestation Form completed by a Qualified Medical Professional to the BI Program Manager.
 - a. In the event the individual does not have an ACM, the ADRC shall assist the individual in obtaining ACM services.
6. Upon receipt, the BI Program Manager shall complete a review of the functional assessment and supporting documentation to determine waiver program eligibility.
7. KDADS shall send a Notice of Action (NOA) of waiver program eligibility determination to the individual; and shall send a copy of the 3160 to KDHE, known MCO, and the ADRC within five (5) business days from receipt of all documentation.

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 submitted supporting documentation 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 days, the BI Program Manager shall send a request for the ADRC to complete a functional assessment.

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D. Reassessments

1. The ADRC shall conduct annual reassessments of individuals on the BI waiver.
 - a. A functional reassessment is considered current for 365 days after the assessment has been completed.
 - b. The ADRC shall NOT perform a functional reassessment for an individual on the waiting list 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

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.

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).

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

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

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).

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.

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Authority

Waiver Authority

Current/Approved 1915(c) HCBS BI Waiver

Related Information

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