NEW YORK STATE
MEDICAID PROGRAM

HOME AND COMMUNITY BASED SERVICES FOR PERSONS WITH TRAUMATIC BRAIN INJURIES WAIVER MANUAL

POLICY GUIDELINES

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Section I - Requirements for Participation in Medicaid

Home and Community Based Services for Persons with Traumatic Brain Injuries (HCBS/TBI) Waiver services may be provided by not-for-profit or proprietary health and human services agencies such as certified home health agencies, nursing facilities, hospitals or diagnostic and treatment centers, or by individuals.

Providers of waiver services must meet the standards established for each waiver service, apply to, and be approved by the Department of Health for participation in the waiver and enroll in the Medicaid Program.

Providers may be approved to provide a single waiver service or multiple waiver services.

Section II - HCBS/TBI Waiver Services

The HCBS/TBI Waiver is a federally approved initiative permitting New York State to make available under Medicaid thirteen services, not included in the State Medicaid Plan, for persons with traumatic brain injuries (TBIs) that meet specified eligibility criteria. The HCBS/TBI Waiver is one component of a comprehensive strategy developed by the State to:

- repatriate individuals with TBIs who reside in nursing facilities, in or out-of state; and
- offer an alternative for others living in the community who are at significant risk of placement in a nursing facility.

Target Population

An individual participating in the HCBS/TBI Waiver must:

- have a diagnosis of TBI or a related diagnosis;
- be eligible for Medicaid;
- be certified as disabled;
- be between the ages of 18 and 65;
- be assessed as needing care in a nursing facility;
- be able to be served with the funds and services available under the waiver and the State Medicaid Plan; and
- choose to participate in the waiver.

The waiver primarily serves individuals with TBIs who have been injured after the age of 22. Individuals injured between the ages of 18 and 22 may participate in the waiver if they cannot be enrolled in the Home and Community-Based Services Waiver for Persons with Developmental Disabilities (OMRDD Waiver).

The Service Plan

An individualized written *Service Plan* must be developed for each waiver participant:

- The written plan must describe the participant's strengths, abilities and preferences and must include an assessment of the individual to determine the services needed to prevent institutionalization.

- The written plan must identify the waiver service(s) to be furnished; the amount, frequency and duration of each service; and the provider who will furnish each service.

- The plan must also describe supports provided by informal caregivers, such as family or neighbors, as well as services provided under the State Medicaid Plan and other federal and state funding sources.

Waiver services are used only when all other sources of support and services have been fully explored and utilized. **No** waiver service will be reimbursed if not included in the written Service Plan.

The process for developing the Service Plan includes, at a minimum, the potential waiver participant and a service coordinator selected by the participant. The participant may choose to have family, friends or advocates participate in the process.

All Service Plans must be reviewed by a Regional Resource Development Specialist (RRDS) and by a centralized Waiver Management Unit in the New York State Department of Health (DOH).

The Service Plan must be reviewed at least every six months.

> The Service Plan *must also be reviewed* when there are significant changes in the waiver participant's physical, cognitive, or behavioral status, when expected outcomes are not realized, or when there is a change in the availability of informal supports or formal services.

Section III - Definitions

For the purpose of the Medicaid program, certain terms are defined as follows:

Community Integration Counseling

Services provided in the waiver participant's residence or in the community to assist the participant to more effectively manage the stresses and difficulties associated with living in the community.

Environmental Modifications

Physical adaptations to the waiver participant's residence and primary vehicle to ensure the participant's health, safety and welfare.

Home and Community-Support Services

Services provided in the waiver participant's residence and in the community to maintain the participant's health, safety, and welfare. These services may include assistance, training, and supervision with activities of daily living, heavy household tasks, companion services and socialization.

Independent Living Skills Training and Development

Services provided in the waiver participant's residence or in the community and directed at the development and maintenance of the participant's community living skills and community integration. The services may include:

- assessment, training, and supervision of, or assistance to, an individual with self-care,
- medication management,
- task completion,
- communication skills,
- interpersonal skills,
- socialization,
- sensory/motor skills,
- mobility,
- community transportation skills,
- reduction/elimination of maladaptive behaviors,
- problem solving skills,
- money management, and,
- ability to maintain a household.

Intensive Behavioral Programs

Services provided in the waiver participant's residence or in the community to eliminate/reduce a participant's severe maladaptive behavior(s).

Respite Care

Services provided primarily in the waiver participant's residence, to provide short-term relief for caregivers of participants who are unable to care for themselves.

Service Coordination

An intervention which provides primary assistance to the waiver participant in gaining access to needed waiver and State Medicaid Plan services, as well as other local, state and federally funded educational, vocational, social, medical and any other services.

Special Medical Equipment and Supplies

Devices, controls, or appliances to increase the waiver participant's ability to perform activities of daily living or to perceive, control or communicate with the environment. May include durable and non-durable medical equipment not available under the State Medicaid Plan.

Structured Day Programs

Services provided in a congregate, non-residential setting to improve or maintain the waiver participant's skills and ability to live in a non-institutional setting. The services may include tasks identified in Independent Living Skills Training and Development.

Substance Abuse Programs

Interventions provided in a non-residential setting or in the community to reduce/eliminate the use of alcohol and/or drugs by the waiver participant. The services may include technical assistance to existing community support systems, such as Alcoholics Anonymous, to enable the existing systems to appropriately meet the needs of waiver participants.

Therapeutic Foster Care

Services provided in a supervised residential setting to improve and support the waiver participant's ability to live in the community. The services may include:

- assessment, training, and supervision of, and assistance with an individual's self-care,
- medication management,
- communication skills,

- interpersonal skills,
- socialization,
- sensory/motor skills,
- mobility,
- community transportation skills,
- problem solving skills,
- money management, and,
- ability to maintain a household.

Transitional Living Programs

Services of limited duration, provided in a temporary residence with up to 24 hour support and supervision, to improve the waiver participant's ability to be as independent as possible in the community.

Transportation

Services to enable the waiver participant to access non-medical community services and resources.