Questions and Answers from TBI Waiver Manual Training held April 10, 2012

1. There is not a nursing assessment form included in the list of TBI Program forms listed on the APS Healthcare website. Will it be forthcoming soon?

Answer: The TBI Waiver program does not have a requirement for a nursing assessment.

2. Can family members other than the spouse be trained to provide personal attendant services to the member?

Answer: Medicaid prohibits the spouse of a TBI Waiver member from providing Waiver services for purpose of reimbursement. Personal Attendant Service staff and Personal Options direct care staff must be at least 18 years of age and have completed the competency based training (Section 512.3.5) before providing services to a TBI Waiver member. Only qualified staff can provide this support.

3. What is the reimbursement rate for case management and personal attendant services?

An**swer: The reimbursement rates for the covered services of case management and personal attendant services are:**
Case Management= $8.50 per fifteen minute unit. Annual Service limit 192 units
Personal Attendant = $3.75 per fifteen minute unit. Limits, individualized budget

4. Does the nurse have the responsibility of signing the personal assistant time sheets?

Answer: The TBI Waiver Manual does not instruct the agency on the supervisory functions for Personal Attendant Services.

5. Will APS Healthcare provide specific curriculum guidelines for TBI personal attendant training?

Answer: A training curriculum will be developed for the four (4) hours of training focusing on enhancing direct care service delivery knowledge and skills for people with traumatic brain injuries. The training curriculum will be developed in collaboration with APS Healthcare and WVU- CED. The specific training APS Healthcare and the CED put together will be an option for the providers, but not the required curriculum.

6. At what point in the process will the case management and personal attendant agencies know how many hours of service that a member is approved for?

Answer: The prior authorization request form and supporting documentation is faxed to APS Healthcare. APS Healthcare has five (5) business days to conduct the care review. Providers will receive a Prior Authorization Notice via email with the Prior Auth information.

7. What are the different levels of care and the number of hours of service assigned to each?

Answer: The TBI Waiver program does not have levels of care. The Service Plan will detail all services (service type, provider of service, frequency) the member is receiving, including any informal support.

8. Does a recipient of TBI waiver services; have to have a Legal Guardian?

Answer: No, there is not a requirement that an applicant and/or member receiving covered services from the TBI Waiver Program have a legal guardian. Eligibility criterion is located in section 512.8 of the TBI Waiver Services Manual.

9. Are Veterans given any preference in the process?

Answer: No one group of individuals is given preference for this Medicaid Waiver Program. APS Healthcare will accept any Medical Necessity Evaluation Request Form (MNER) on any individual. APS Healthcare will review the MNER to verify eligibility criteria of the applicant. The applicant and referent will be informed if the application will be closed and the reason why.