Introduction

The Traumatic Brain Injury (TBI) Trust Fund Board was established in 1998 by citizens and the Kentucky General Assembly to provide assistance to children and adults with brain injury across the Commonwealth of Kentucky (KRS 211.470 to 478.) The Traumatic Brain Injury Trust Fund shall serve as a funding source of last resort for residents of the Commonwealth of Kentucky. The Traumatic Brain Injury Trust Fund is created as a separate revolving fund. The Trust Fund monies shall be distributed to provide services to individuals suffering with conditions that qualify for assistance and to establish and maintain a state medical registry. The Trust Fund may receive the proceeds from grants, contributions, appropriations, and any other monies that may be made available for the purposes of the fund. This Standard Operating Procedure Manual provides instructions for the operationalization of the Traumatic Brain Injury Trust Fund Program.

The regulatory language associated with the facilitation of the TBI Trust Fund Program may be found in the following Kentucky Revised Statute (KRS): 211.470 to 478, Kentucky Administrative Regulations (KAR): 908 KAR 4:030 Traumatic Brain Injury Trust Fund Operations and 910 KAR 3:020. The language outlined in the Kentucky Revised Statute and the Kentucky Administrative Regulations supersedes the language outlined in the TBI Trust Fund Program Standard Operating Procedures Manual.

Purpose

The Cabinet for Health and Family Services under KRS 189A.050 (3) (d) 2 requires the cabinet to promulgate an administration regulation to provide direct services to individuals with brain injuries. KRS 194A.050(1) requires the Secretary of the Cabinet of Health and Family Services to promulgate administrative regulations necessary under applicable state laws to protect, develop, and maintain the health, personal dignity, integrity, and sufficiency of the individual citizens of the Commonwealth of Kentucky.
Traumatic Brain Injury Trust Fund Program Overview

The TBI Trust Fund Program was created pursuant to Kentucky Revised Statute 211.470 to 478. Its purpose is to be a funding source of last resort for individuals who have sustained a traumatic brain injury. Traumatic Brain Injury means a partial or total disability caused by injury to the central nervous system from physical trauma, damage to the central nervous system from anoxia, hypoxic episodes, allergic conditions, toxic substances, or other acute medical clinical incidents resulting in impaired cognitive abilities or impaired physical functioning. It does not include strokes that can be treated in nursing facilities providing routine rehabilitation services, spinal cord injuries; progressive dementias and other mentally impairing conditions; depression and psychiatric disorders, mental retardation and birth defects; neurological degenerative metabolic and other medical conditions of a chronic, degenerative nature. The TBI Board was created for administering the trust fund.

The TBI Trust Fund Board mission is to provide leadership, in partnership with others, to prevent disability, to strengthen individuals in their community and to foster independence of people whose lives have been affected by a traumatic brain injury. The ongoing task of the TBI Trust Fund Board is to carry forth the legislative mandates in order to assure that Kentuckians with brain injury and their families are provided effective services and supports to promote independence and personal productivity.
Traumatic Brain Injury Trust Fund Board

The Traumatic Brain Injury Trust Fund Board was created for the following purpose:

(1) Administer the trust fund
(2) Formulate policies and procedures for determining individual’s eligibility for assistance from the trust fund.
(3) Establish a confidential medical registry for traumatic brain injury and spinal cord injuries occurring in the Commonwealth of Kentucky, or to residents of the Commonwealth of Kentucky.
(4) Investigate the needs of brain injury individuals and identify gaps in current services
(5) Assist the Cabinet in developing programs for brain-injured individuals.
(6) Monitor and evaluate services provided by the trust fund.
(7) Provide the Governor, the General Assembly, and the Legislative Research Commission an annual report by January 1 of each year summarizing the activities of the TBI Board and the trust fund.
TRAUMATIC BRAIN INJURY (TBI) TRUST FUND
Traumatic Brain Injury Trust Fund Board
Membership, Qualifications

Effective Date: December 30, 2009

Membership

The Board shall be composed of nine (9) members:

(1) Secretary of the Cabinet for Health and Family Services or the Secretary’s designee
(2) Executive Director of the Brain Injury Association of Kentucky or the Executive Director’s designee
(3) State Medical Epidemiologist
(4) And the following members to be appointed by the Governor:

   (a) One (1) member shall be a Neurosurgeon
   (b) One (1) member shall be a Neuropsychologist or Psychiatrist
   (c) One (1) member shall be a Rehabilitation Specialist
   (d) One (1) member shall be Social Worker experienced in working with brain-injured individuals
   (e) Two (2) members shall be family members of or individuals with a brain injury.

Qualifications

(1) Meet the composition criteria stated above
(2) Complete an Commonwealth of Kentucky Boards and Commission application
(3) Submit a resume and/or CV,
(4) Appointed by the Governor
(5) Actively attend and participate in committee and general membership
Effective Date: December 30, 2009

Terms

(1) Potential members shall be submitted to the Board for screening prior to submission of names by the Chairperson to the Governor.
(2) Appointments shall be four (4) years.
(3) Two (2) consecutive four (4) year terms are acceptable however; reappointment cannot be considered for four (4) years after completion of those terms.
(4) Members shall continue to serve until successor is appointed.
(5) Members appointed after term has begun shall serve the rest of term and until a successor is appointed.
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Effective Date: December 30, 2009

### Orientation

Appointed members shall be provided orientation at least one (1) week prior to general membership meeting.
Compensation

Board Members shall not be compensated for serving, but shall be reimbursed for ordinary travel expenses, including meals and lodging incurred in the performance of their duties.
Removal

(1) The Board may recommend to the Governor the removal of any member for substantiated gross neglect of duty or conviction of a felony

(2) The Board may recommend to the Governor the removal of any member for failure to attend three consecutive regular meetings without prior notice to the Chairperson.
# Officers

1. A Chairperson shall be elected by a majority vote.
   - (a) Chairperson shall be presiding officer of the Board
   - (b) Chairperson shall preside over all Board meetings
   - (c) Chairperson shall coordinate the functions and activities of the Board
   - (d) Chairperson shall be elected or reelected for each fiscal year

2. A Vice Chairperson shall be elected by a majority vote.
   - (a) Vice Chairperson shall serve in the absence of the Chairperson

3. The Board may establish any organizational structure it determines is necessary to accomplish its function and duties, including the hiring of any necessary support personnel.

4. The Chairperson may assign members to sub-committees or work groups and they shall report to the full Board at each general membership meeting.

### Duties and Powers

1. Approve the purposes, overall programmatic direction, and structure of the organization
2. Elect officers
3. Approve membership requirements
4. Approve annual budget
5. Approve annual reports
6. Carry out all other duties in furtherance of the purposes of the Board
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<td>(1) Allowed in the following cases only, unless exceptions are allowed by the Chairperson</td>
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<td>(a) Customer members are unable to attend due to situations involving treatment of their disability, or the disability of the family member being represented</td>
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<td>(b) When written or any other means of notification and reason thereof is received by the Chairperson of the proxy vote prior to the meeting date</td>
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Meetings

(1) Meetings shall be held at least twice a year, but may be held more frequently, as deemed necessary, subject to call by the Chairperson or by request of majority of members

(2) A majority of the full authorized membership shall constitute quorum

(3) Decisions will be made by a majority of the Board
**TRAUMATIC BRAIN INJURY (TBI) TRUST FUND**

Traumatic Brain Injury Trust Fund Board Administration

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**Effective Date:** December 30, 2009

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**Administration**

1. The administration costs of the Board shall be limited to three percent (3%) of the proceeds of the Trust Fund.

2. The fiscal year of the Board shall be July 1st through June 30th.
Ethical Conduct

(1) Members shall abide by professional and ethical rules of conduct appropriate to public officials, as promulgated by the executive branch code of ethics.

(2) No member shall take action upon a complaint that is not first submitted to the Chairperson and the Board for consideration.

(3) Whenever a member has reason to believe that the actions of any members including himself/herself may be in violation of State conflict of interest laws, or Board policy, he/she shall immediately notify the Chairperson.

(4) No member shall knowingly vote on any matters which may result directly or indirectly in financial advancement for himself/herself or any member of his family including in-laws.

(5) No member shall cast a vote on any matter that would provide direct financial benefit to himself/herself, or otherwise give the appearance of a conflict of interest.

(6) Members shall recuse themselves from any discussion of the design of requests for proposals, and of any discussion of grants or contracts for which such member’s department, agencies, programs, or organization of which they are an officer are grantee or applicants.

(7) Members shall sign a Code of Ethics Statement of Agreement.
Organizational Staff

Trust Fund Program may establish any organizational structure it determines necessary to accomplish its function and duties which includes the hiring of support personnel.

Procedure:

(1) Serve as lead staff to the Traumatic Brain Injury Trust Fund
(2) Coordinate services, resources, and options for those individuals and family members affected with TBI that do not qualify for other services
(3) Provide training and community education to individuals, agencies, community groups or other interested parties of brain injury
(4) Performs, analyzes, and make recommendations regarding major policy, procedures, legislation, programs, services, and research issues involving the Traumatic Brain Injury Trust Fund and TBI services and those individuals with brain injuries
(5) Coordinates, oversees, and performs technical assistance and information and referral services
(6) Seeks and writes grants and other funding sources
(7) Coordinates and collaborates with other entities involved with brain injury services
(8) This policy shall be reviewed and revised as necessary.
Benefit Management Program

The Benefit Management Program is an entity incorporated to do business in the Commonwealth of Kentucky that contract with the Cabinet for Health and Family Services, Department for Aging and Independent Living (DAIL) at the recommendation of the Trust Fund Board to operate the Traumatic Brain Injury Trust Fund Program.

Procedure:

(1) The Board shall direct the department to issue a request for proposal (RFP) in accordance with KRS45A.080 seeking an entity to provide the Benefit Management Program. The RFP shall identify the criteria of designation as a Benefit Management Program and shall request submission of documents supporting the entity’s claim to meet these criteria.

(2) The department shall review each proposal properly submitted in accordance with the RFP issued.

(3) The department shall recommend to the Board an entity to operate the program under contract with DAIL.

(4) The department shall recommend an entity based upon consideration of:

(a) The experience of the entity in the provision of services to individuals with traumatic brain injury.
(b) The priority of services to individuals with traumatic brain injury within the entity’s overall operation.
(c) The expertise of the entity’s staff in provision of services to individuals with traumatic brain injury.
(d) The experience in the provision of case management services.
(e) The capacity of the entity to provide case management services to individuals with traumatic brain injury throughout the state.
(f) The experience in and the capacity of the entity to develop community resources for individuals with traumatic brain injury throughout the state.
(g) The capacity of the entity to distribute benefits from the fund to recipients.
(h) The capacity to manage applicant, recipient, benefit, and program evaluation data.
(i) The fiscal policies and practices and the financial stability of the entity.
(j) The accessibility of the entity to individuals with traumatic brain injury throughout the state.
(k) The entity’s proposed cost to operate the program.
(l) The entity’s proposed procedures for evaluating the program.
The Department shall contract with the entity approved by the Board contingent on the availability of funds, unless the department determines one of the following:

(a) Failure by Department, Board, and/or entity to adhere to the procedures and requirements of the Request for Proposal (RFP)
(b) A Board member violated the Code of Ethics

The contract between DAIL and the entity approved by the Board shall be in accordance with KRS 45A.075
Responsibilities

(1) The Program shall:

(a) Establish a toll free telephone number for the purpose of enabling individuals with traumatic brain injury to apply for benefits from the fund
(b) Engage in public information activities for the purpose of informing individuals with traumatic brain injury about the availability of case management services and benefits from the fund and other sources
(c) Provide case management services to applicants and recipients statewide, including the provision of assistance in accessing a needed support or service, regardless of funding source
(d) Accept applications for benefits from the fund
(e) Distribute benefits to recipients based upon an approved service plan
(f) Establish a service plan review committee for the purpose of reviewing proposed service plans for approval or denial
(g) Assist in the development of local resources for individuals with traumatic brain injury
(h) Submit a list of approved or denied service plans in a quarterly reports to the department

(2) The provider of the service shall accept the rate approved as payment in full, and shall not require additional payment of the recipient

(3) The provider of an approved service shall submit an invoice of payment to the Benefit Management Program

(a) The invoice shall be submitted to the program ninety (90) days from service delivery
(b) The Benefit Management Program, Board or recipient shall not reimburse an invoice or request for payment submitted to the program after ninety-(90) days of the date of service delivery.
(c) Loss of reimbursement for services rendered is not the financial responsibility of the Board or the recipient.
Program Applicant

An Applicant means a person, who applies for a benefit, participates in the development of and agrees to a service plan for the use of the benefit, and for whom a completed service plan is submitted to the Benefit Management Program.

Procedure:

(1) An Applicant shall

(a) Be a legal State of Kentucky resident

(b) Meet the definition requirements of a traumatic brain injury in accordance to KRS 211.470 (3); and KRS 211.472(2)(a) and (c)

(c) Provide medical documentation validating brain injury

1. A signed document from the applicant’s physician stating that the applicant has a brain injury; or

2. A copy of a medical record which documents that the applicant has a brain injury

(d) Document all other public or private funding sources and/or have health insurance benefits do not cover or fund services identified in the Trust Fund

(e) Not be a resident of an institution or hospital unless the resident is within two (2) weeks of discharge, the benefits facilitate a discharge to the community, and funding is available.

(2) A designated representative may submit an application on behalf of applicants if unable to complete themselves.
Service Plan Review Committee

The Service Plan Review Committee means a committee composed of persons with traumatic brain injuries or their family members and professionals in the field of brain injury that has the responsibility to review each applicant’s proposed service plan for the purpose of approving or denying approval of the requested benefit.

Procedure:

The Service Plan Review Committee shall include a minimum

1. One (1) person with a brain injury or the guardian or the advocate of a person with a brain injury
2. One (1) professional with expertise in the field of traumatic brain injury
3. Membership cannot include two (2) individuals from the same agency or family serve conservative terms
4. Membership on the service-plan review committee shall be limited to twelve (12) consecutive months.

The Service Plan Review Committee responsibilities

1. Verify trust fund is payor of last resort
2. Verify eligibility of an applicant
3. Review applicants’ service plans in documented chronological order in which received
4. Determine applicants’ eligibility for benefits.
5. Determine the benefit requested from the fund meets requirements.
6. Ensure a case manager appropriately coordinates requested services.
7. Approve or deny the service plan
8. Amend or make recommendations to the proposed service plan
9. Approve the rates of reimbursement for the delivery of services according to approved service plan
10. Approve service plans for a period not to exceed twelve (12) months.
11. Distribute a benefit to a recipient up to $15,000 per twelve (12) months and $60,000 per lifetime.
12. Submit a list of approved and denied service plans to the Benefit Management Program.
13. Make recommendations about other available resources.
State Medical Registry

A state medical registry shall be established and maintained for traumatic brain and spinal cord injuries in the Commonwealth of Kentucky.

Procedure:

Traumatic Brain Injury Trust Fund moneys will be used to contract with an entity to develop and maintain statistical data concerning traumatic brain and spinal cord injuries.

(1) The TBI Trust Fund Program will request a proposal (RFP) seeking an entity to provide the state registry. The RFP shall identify the criteria for designation of this contract and shall request submission of documents supporting the entity’s claim to meet those criteria.
Program Services

The Traumatic Brain Injury Trust Fund shall provide services to recipients. Services means benefits from the fund that enhance a recipient’s ability to live in the community.

Services include:

1. Non-crisis Behavioral programming
2. Case Management
3. Community residential services, which may include
   a. Dressing
   b. Oral hygiene
   c. Hair care
   d. Grooming
   e. Bathing
   f. Housekeeping
   g. Laundry
   h. Meal preparation
   i. Shopping
   j. Room and board
   k. Twenty-four (24) hour supervision
4. Companion services
5. Environmental modification
6. Occupational Therapy provided by an Occupational Therapist
7. Prevocational service, which shall include at least the following:
   a. Assisting a recipient to understand the meaning, value, and demands of work
   b. Assisting a recipient to learn or reestablish skills, attitudes, and behaviors necessary for employment
   c. Assisting a recipient to improve functional capacities
8. Psychological and mental health services, which shall include at least the following:
   a. Training to improve interpersonal skills
   b. Social skills
   c. Problem-solving skills
(d) Training to remediate a cognitive problem resulting from the brain injury
(e) Treatment for a substance abuse problem related to the brain injury
(f) Psychological assessment
(g) Neuropsychological evaluation

(9) Respite Care in

(a) The recipient’s own home
(b) Another personal residence
(c) Another setting if approved by the program

(10) Specialized medical equipment and supplies
(11) Speech and language therapy provided by a Speech-Language Pathologist which shall include at least the following

(a) Articulation therapy
(b) Augmentative communication strategies and devices
(c) Cognitive retraining strategies

(12) Structured day program, which shall include at least the following:

(a) Direct Supervision of the recipient
(b) Specific training to allow recipient to improve functioning and to reintegrate into the community
(c) Social skills training
(d) Sensory skills development
(e) Motor skills development
(f) Teaching concepts and skills necessary for the increased independence of the recipient
(g) Adaptive behavioral responses
(h) Community reintegration

(13) Supported employment
(14) Personal care assistance services
(15) Wrap-around services, which shall include at least the following:

(a) Assistance with transportation for a recipient for various appointments, such as to and from a medical appointment, therapy appointment, or counseling appointment
(b) Other destinations in the community as specified in the recipient’s service plan
(c) Dental services by a licensed professional
(d) Vision services by an Optometrist, Ophthalmologist or Optician
(e) A one (1) time expenditure of funds for the payment of health insurance expenses, for a period not to exceed three (3) months
(f) Vehicle modification for accessibility

Services do not include:

(1) Attorney fees
(2) Court costs
(3) Fines
(4) Cost of incarceration
(5) Court ordered monetary judgments
(6) Medications
(7) Institutionalization
(8) Hospitalization
Program Funding

The Traumatic Brain Injury Trust Fund will receive monies from two (2) sources of designated resources.

Funding Entities:

(1) The Traumatic Brain Injury Trust Fund shall be paid five and one-half percent (5.5%) of each court cost, up to two million seven hundred fifty thousand dollars ($2,750,000).

(2) The Traumatic Brain Injury Trust Fund shall be credited fifty percent (50%) of the sixteen percent (16%) of revenue collected from the fees imposed in all cases convicted of violation of KRS 189A.010 9(a), (b), (c), or (d).
Program Budget

The Traumatic Brain Injury Trust Fund program entities shall provide a financial budget for each fiscal year for Board of Directors approval. The Board of Directors will specify the percentages of each category, the total amount of the budget, and have the ability to amend the budget as appropriate.

The Budget categories shall include:

(1) Administrative/Indirect Costs:

(a) Cost must be directly attributable to the program's operations, reasonable and consistent with similar organization
(b) Cost shall not exceed 10% of the total budget
(c) Categories utilized to demonstrate costs including hourly rates and how the rate was formulated

1. Salary and Fringe
2. Name (if known)
3. Title
4. Full Time/Part Time
5. Duties and Responsibilities in relation to the program goals and objectives

(d) Office supplies and postage
(e) Facility cost (space, utilities, telephone)
(f) Equipment and maintenance
(g) Training
(h) Independent Auditor
(i) Stipends and Travel (only for Service Plan Review Committee)

(2) Direct Costs:

(a) Case Management

1. Salary and Fringe
2. Name (If known)
3. Title
4. Full time/Part time
5. Duties and Responsibilities in relation to program goals and objective
6. Travel (recipient contact only)
7. Recipient contact (direct and telephonic)

(3) Benefits

(a) Provider Claims
Program Referral Process

The Traumatic Brain Injury Trust Fund requires a referral be made by, or on behalf of, an eligible person to obtain a benefit of services.

The applicant or designated representative shall:

(1) Contact the Benefit Management Program by

   (a) Telephone
   (b) In person
   (c) In writing
   (d) Facsimile
   (e) Email

(2) Upon receipt of referral, the program shall notify the recipient or referral source of the documentation needed to determine eligibility
Program Case Management

Case Management shall be provided to all eligible recipients. Case Managers shall have the following qualifications:

1. Licensed in Kentucky with two (2) or more years experience working in the brain injury field
2. Registered Nurse;
3. A practical nurse or
4. An individual who has a bachelor's or higher degree in the human services field and who meets applicable requirements of the individual's particular field including a degree in
   a. Psychology;
   b. Sociology;
   c. Social Work or
   d. Rehabilitation Counseling
5. Annually have six (6) hours of continuing education within the field of traumatic brain injury

Case Managers shall:

1. Contact recipient no later than three (3) business days
2. Document all contacts with recipient in the recipient’s case record including time in and out and mileage, if applicable
   a. Face to Face contact at least every other month
   b. Face to Face at place of residence at least annually
   c. Phone contact during any month face to face contact does not occur
3. Document in the case record each contact made with the recipient including the visit’s time in and out and mileage, if applicable. Assess the applicant’s eligibility for benefit
4. Identify the applicant’s needs for services and supports
5. Identify potential resources to meet the applicant’s need for services and supports
6. Assist the applicant in obtaining needed services and supports regardless of funding source
7. Assist in the identification of local resources for individuals with traumatic brain injury
(8) Determine that the fund is payor of last resort
(9) Coordinate, arrange, and document identified service needs of the applicant
(10) Develop an individualized service plan
(11) Submit the proposed service plan to Service Plan Review Committee
(12) Provide copy of service plan to applicant
(13) Assist with modifications of service plan if requested by applicant
(14) Assist with implementation of service plan upon approval by Committee
(15) Monitor service plan benefit delivery
(16) Follow up with applicant on benefits provided under service plan
Service Plan for Benefits

A Service Plan for Benefits shall be submitted for all requested benefits from the Traumatic Brain Injury Trust Fund.

The service plan shall include:

1. Name of applicant
2. Address of applicant
3. Telephone of applicant
4. Social Security number of applicant
5. Medical documentation of applicant’s brain injury
6. Requested benefit from the fund
7. Documentation of applicant’s lack of a payor source for requested service
8. An explanation of circumstances leading to the need to request funding
9. Attempts to find other funding such as:
   (a) An agency denial or documentation of non-covered service by insurance or other entity
   (b) Department of Medicaid Services denial
   (c) Community Action Programs denial
10. Relationship of receipt of the benefit to the applicant’s ability to live in the community, consistent with the recipient’s overall service goals
11. Applicant’s own identification of needed services and supports
12. Establishment of long term planning goals of how applicant shall maintain stability after the benefit has been received
13. Mechanism for distribution of benefit from the funds
14. Signature of Program’s Director or Director’s designee and the applicant or the applicant’s guardian or conservator indicating agreement with the terms of the service plan
Individualized Service Plan

An Individualized Service Plan shall be developed by the Case Manager for each recipient of the Benefit Management Program.

The individualized service plan shall include:

(1) Name of applicant
(2) Address of applicant
(3) Telephone of applicant
(4) Social Security number of applicant
(5) Medical documentation of applicant’s brain injury
(6) Relate to assessed problem
(7) Identify goals to address the assessed problem
(8) Identify scope, duration, and unit of service required to address goals
(9) Identify a source of service utilized
(10) Include a plan for reassessment of the identified problem
(11) Signed by the recipient or recipient’s representative and case manager with a copy provided to the recipient
Program Benefit Distribution

(1) The Program shall distribute benefits from the Traumatic Brain Injury Trust Fund for services rendered to the following:

   (a) A service provider
   (b) Contractor
   (c) Retailer of services

(2) The payment mechanism shall be specified in the service plan

(3) A recipient shall be liable to the service provider for the payment of a service or other benefit delivered to the recipient under an approved service plan

(4) The service provider or recipient shall provide to the Benefit Management Program on a monthly basis documentation of the delivery of service or benefit to a recipient

(5) A service shall be reimbursed or paid if it is delivered in accordance with a recipient’s approved service plan

(6) An expenditure or service not in an approved service plan shall not be paid.
**Provider Responsibilities**

Upon notification of an approved service plan, the provider shall:

1. Accept the rate approved as payment in full
2. Not require additional payment from a recipient
3. Submit an invoice for payment to the program entity ninety (90) days from date of service
4. Request a payment submitted after ninety (90) days of the date of service delivery shall not be
   
   (a) Reimbursed by the Program
   (b) Billed to the Board
   (c) Billed to the recipient
The Service Plan may be modified or changed by the recipient or case manager under the following circumstances:

1. A change in service provider if there is no increased in cost of service
2. A recipient may make a permitted change by informing case manager by
   - Telephone
   - Email
   - Facsimile
   - In writing
3. A case manager may approve a service provider change in a service plan without review by the service plan review committee
Service Plan Approvals or Denials

The Service Plan Review Committee shall approve or deny service plans.

1. Benefit Management Program will be notified by committee of approved or denied service plans.
2. Case Manager who submitted service plan on behalf of applicant shall be notified by Program of approval or denial.
3. A recipient shall receive a copy of an approved or denied service plan from the case manager.
Service Plan Terminations

A Service Plan may be terminated under the following circumstances:

The recipient fails to access the approved benefits outlined by the service plan within thirty calendar (30) days of notification of approval of the service plan without good cause. **Service Plan Termination Appeal**

(1) A recipient or his legal representative shall have the burden of providing documentation of good cause as to the reason services cannot be accessed with the thirty calendar (30) days including but not limited to the following:

   (a) A statement signed by the recipient or legal representative
   (b) A copy of letters to providers
   (c) A copy of letters from providers
   (d) A copy of documentation from physician or other health care professional

Upon receipt of documentations and proof of good cause, the program shall grant one (1) sixty-(60) day extension.
Program Waiting List

The Program may establish a waiting list for benefits if it is determined that no further funding is available during the fiscal year. The waiting list will be implemented as follows:

(1) An applicant or recipient shall be placed on the waiting list upon receipt of referral.
(2) The waiting list shall be in chronological order of date and time of receipt of referral for assistance from the fund.
(3) A written notification of the date and placement on the waiting list shall be mailed to the individual or legal representative.

Program Waiting List Removal

An applicant or recipient may be removed from the waiting list if the following criteria are present:

(1) After documented attempt, the Benefit Management Program is unable to locate the individual or legal representative.
(2) The individual secures requested benefit through another resource.
(3) The individual refuses a benefit in an approved service plan.
(4) The individual is deceased.
(5) The individual is discharged from the program.

The Benefit Management Program shall notify the applicant, recipient, or legal representative in writing within ten (10) business days from the removal.

The removal from the waiting list shall not prevent the submission of a new application at a later date for the applicant.
Program Denials

The denial of services and receipt of benefits by the Service Plan Review Committee shall be made in writing within five (5) working days of the decision to the applicant. The denial of services and receipt of benefit may be done in the following circumstances:

1. The applicant or recipient does not meet the eligibility requirements.
2. The applicant or recipient does not have a complete or appropriate service plan request.
3. Requested benefits are intended for a purpose other than the welfare of the applicant.
4. Applicant fails to demonstrate a good faith effort that no other payor source is available to obtain requested benefit.
5. Other resources are available to the applicant to substantially meet a reasonable need for which the benefit is requested.
6. Benefit requested is for the purpose of reimbursing recipient for expenses incurred prior to approval of a service plan.
Program Appeal of Eligibility

An applicant may appeal a decision of ineligibility. The applicant shall provide the following in an appeal:

(1) The applicant may submit additional medical records or documentation to support diagnosis of the injury.
(2) The applicant may submit additional medical opinions about the disability.

Program Appeal of Denial of Benefits

An applicant may appeal a denial of services or benefits from the fund. The following shall take place in an appeal:

(1) The applicant shall notify the program in writing within thirty-(30) days of notification of the denial.
(2) Upon receipt of a written appeal, the program shall encumber funds in the amount requested until final resolution of the appeal.
(3) The program shall acknowledge receipt of a written appeal in writing in three (3) working days of receipt.
(4) The program shall provide an opportunity for an informal dispute resolution for an applicant or his representative
   (a) Within ten (10) business days of receipt of written appeal
   (b) To appear before the Executive Committee of the Traumatic Brain Injury Board of Directors to present facts or concerns about the denial of benefits
(5) The program shall inform the applicant in writing of the decision resulting from the informal dispute resolution within ten (10) working days of the review.

Appeal of Denial to Division of Administrative Hearings of the Office of Communications and Administrative Review

An applicant dissatisfied with the result of the informal dispute resolution may appeal to the Division of Administrative Hearings of the Office of Communications and Administrative Review. An appeal shall be:
(1) In writing
(2) Made within thirty (30) calendar days of receipt of decision by the program
(3) Submitted to the Department of Aging and Independent Living 275 East Main Street, 3E-E, Frankfort, KY 40621
(4) The department shall request the Division of Administrative Hearings of the Office of Communications and Administrative Review to conduct a hearing pursuant to KRS Chapter 13B
## Discharge Criteria

**A recipient shall be discharged from the Brain Injury Trust Fund Program if**

1. Recipient reaches the maximum $60,000 lifetime benefit,
2. A service plan is completed for an approved timeframe and if no other program is needed
3. A requested service plan is denied
4. The recipient is noncompliant with a plan of care
5. The recipient chooses to be terminated from participation in the program
6. Contract cannot be made with the recipient by the program within three (3) months of last case management contact
7. The recipient, caregiver, family or guardian threatens or intimidates a case manager or other program staff
8. Services accessed are referred and provided by another agency for continued service if applicable
9. No case management services are provided within six (6) months
10. Recipient is deceased

Recipients may reapply to the program without submittal of medical records.

All discharges shall be appealable except if recipient has reached lifetime maximum benefits.