

Case Management for the Acquired Brain Injury Medicaid Waiver Programs

Presented by:
Acquired Brain Injury Branch
KY Department for Medicaid Services



ABI Case Management

- Includes initiation, coordination, implementation, & monitoring of the assessment, evaluation, intake & eligibility process for the ABI Medicaid Waiver programs;
- Assists an ABI recipient in the identification, coordination, & facilitation of the interdisciplinary team process & interdisciplinary team meetings.
- Assists an ABI recipient & the interdisciplinary team in developing an individualized plan of care (Map 109) & updates as necessary based on changes in the recipient's medical condition & supports;

ABI Individualized Plan of Care (Map 109)

Includes monitoring of the delivery of services & the effectiveness of the ABI Plan of Care (Map 109), which shall:

- Be initially developed with the ABI recipient & legal representative if appointed prior to the level of care determination.
- Be updated within the first thirty (30) days of service **&/or as changes or recertification occurs (i.e. adding unsupervised hours, etc.);**
- Include the ABI plan of care (Map 109) being sent to the department or its designee prior to the implementation of the effective date the change occurs with the ABI recipient;
- Include direct observation of the delivery of services outlined in the plan of care (Map 109).

Assessment (Map 351)

- All medical diagnosis need to be included
- Brain injury diagnosis need to be as specific as possible
- General TBI & ABI diagnosis are no longer accepted by CAREWISE
- Provide additional information when possible
- There may be cases where the care-giver can provide valuable information regarding level of assistance required & descriptions of behavior
- Reassessment needs to be current & provide a synopsis of progression or regression.

Physician Ordered Services

- When getting the MAP 10 signed by the physician, it is the Case Manager's responsibility to obtain physician ordered Occupational Therapy, Speech Therapy, & Physical Therapy in a specified amount & duration to guide an ABI recipient in the use of therapeutic, creative, & self-care activities to assist the ABI recipient in obtaining the highest possible level of functioning.

ABI Case Management

Assists an ABI recipient in obtaining a needed service outside those available by the ABI waiver; be provided by a case manager who:

- Is a registered nurse;
- Is a licensed practical nurse;
- Is an individual who has a bachelor's or master's degree in a human services field who meets all applicable requirements of his or her particular field including a degree in psychology, sociology, social work, rehabilitation counseling, or occupational therapy.
- Is an independent case manager; or
- Is employed by a free-standing case management agency;
- Has completed case management training prior to providing case management services

ABI Case Manager

- Shall provide an ABI recipient & legal representative with a listing of each available ABI provider in the service area;
- Shall maintain documentation signed by an ABI recipient or legal representative of informed choice of an ABI provider & of any changes to the selection of an ABI provider & the reason for the change;
- Shall provide a distribution of the crisis prevention & response plan, transition plan, plan of care (Map 109), & other documents within the first thirty (30) days of the service to the chosen ABI service provider & as information is updated;

ABI Case Manager

Shall work in conjunction with an ABI provider selected by an ABI recipient to develop a crisis prevention & response plan which shall be:

- Individual specific; &
- Updated as a change occurs & at each recertification;
- Shall provide twenty-four (24) hour telephone access to an ABI recipient & chosen ABI provider; This should not involve two or more additional phone calls to make contact with a human voice; &
- Shall assist an ABI recipient in planning resource use & assuring protection of resources;

ABI Case Manager

KAR 907 3:090 Acute waiver

- Shall conduct two (2) face-to-face meetings with an ABI recipient within a calendar month occurring at a covered service site no more than fourteen (14) days apart, with one (1) visit quarterly at the ABI recipient's residence;

ABI Case Manager

907 KAR 3:210 Long Term Care

- Shall conduct one (1) face-to-face meeting with an ABI recipient within a calendar month occurring at a covered service site, with one (1) visit quarterly occurring at the ABI recipient's residence;

ABI Case Management

Be documented by a detailed staff note which shall include:

- Details of the face to face visit;
- A summary of the recipient's health, safety & welfare;
- Progress toward outcomes identified in the approved plan of care (Map 109);
- The date of the service;
- Beginning & ending time; &
- The signature & title of the individual providing the service

Mayo-Portland & Adaptability Inventory-4

- Complete & submit a Mayo-Portland & Adaptability Inventory-4 to the department for each ABI recipient:
- Within thirty (30) days of the recipient's admission into the ABI program; Annually thereafter; & upon discharge.

ABI Case Management & the *Human Rights Committee*

A case management provider shall establish a Human Rights Committee which shall include:

- Individual with a brain injury or a family member of an individual with a brain injury;
- Individual not affiliated with the ABI provider who is familiar with human rights issues;
- The case manager if they so choose to attend; &
- The majority of the members not be from the provider requesting the review.

ABI Case Manager & the *Human Rights Committee*

- Review & approve each plan of care (Map 109) with human rights restrictions at a minimum of every six (6) months; &
- Review & approve, in conjunction with the ABI recipient's team, behavior intervention plans that include highly restrictive procedures or contain human rights restrictions

ABI Case Management & the *Behavior Intervention Committee*

A case management provider shall establish a behavior intervention committee of at least 3-4 members which shall include:

- One (1) individual who has expertise in behavior intervention, such as a Licensed Behavior Analyst, or BCBA & is not the behavior specialist who wrote the behavior intervention plan;
- The case manager if they so choose to attend;
- At least one or two individuals with clinical training that can verify a plan is “good practice”;
- Be separate from the human rights committee; &
- Review & approve, prior to implementation & at a minimum of every six (6) months in conjunction with the ABI recipient’s team, an intervention plan that contains human rights restrictions

MAP-24C

An ABI Case Management provider shall notify the local DCBS office, ABIB & the Department of Medicaid using an ABI Recipient's Admission Discharge DCBS Notification form (MAP 24C) if the ABI recipient is:

- Admitted to the ABI waiver program;
- Terminated from the ABI waiver program;
- Temporarily discharged;
- Admitted to a nursing facility; or
- Changing the primary provider.

Involuntary termination

Involuntary termination of a service to an ABI recipient by an ABI provider requires simultaneous notice to the department, the ABI recipient or legal representative & the *case manager* at least thirty (30) days prior to the effective date of the action, which shall include;

- A statement of the intended action;
- The basis for the intended action;
- The authority by which the action is taken; &
- The ABI recipient's right to appeal the intended action through the provider's appeal or grievance process;

Involuntary Termination

The *case manager* in conjunction with the provider shall:

- Provide the ABI recipient with the name, address & telephone number of each current ABI provider in the state;
- Provide assistance to the ABI recipient in making contact with another ABI provider;
- Arrange transportation for a requested visit to an ABI provider site;

Involuntary Termination

- Provide a copy of the pertinent information to the ABI recipient or legal representative;
- Ensure the health, safety & welfare of the ABI recipient until an appropriate placement is secured; &
- Provide assistance to ensure a safe & effective transition

FOR ASSISTANCE

Call the Acquired Brain Injury Branch at
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