

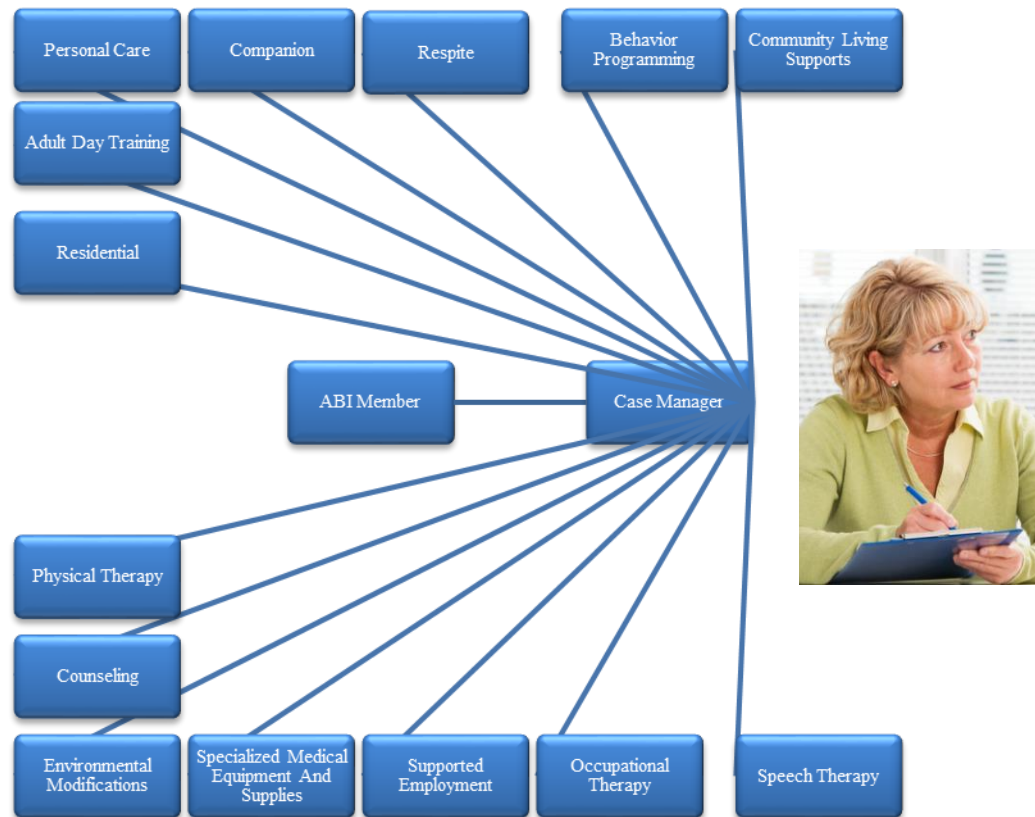
Case Management for the Acquired Brain Injury Medicaid Waiver Programs

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



Case Management

- The individual who manages the overall development and monitoring of a participant's person-centered service plan.



Case Management

- Is **conflict-free** (Case Manager can not have a business interest with provider agencies)
- Includes **initiation, coordination, implementation, & monitoring** of the assessment, evaluation, intake & eligibility process for the ABI Medicaid Waiver programs;
- Assists an ABI participant in the **identification, coordination, & facilitation** of the person centered team process & team meetings.
- Assists an ABI participant & the person centered team in **developing a person-centered plan** of care & updates as necessary based on changes in the participant's desires, support needs or medical condition;



Person Centered Plan of Care

Includes monitoring of the delivery of services & the effectiveness of the Person Centered Plan of Care, which shall:

- Be initially developed with the ABI participant & 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.);**
- Includes the ABI person centered plan of care being sent to the department or its designee prior to the implementation of the effective date the change occurs with the ABI participant;
- Include direct observation of the delivery of services.



Assessment (Map 351)

- All medical diagnoses must be included
- Brain injury diagnosis needs to be as specific as possible
- General TBI & ABI diagnoses 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 orders for Occupational Therapy, Speech Therapy, & Physical Therapy in a specified amount & duration to guide an ABI participant in the use of therapeutic, creative, & self-care activities to assist the ABI participant in obtaining the highest possible level of functioning.



Who can be a case manager?

- A registered nurse;
- A licensed practical nurse;
- 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.
- An independent case manager; or
- Employed by a free-standing case management agency;
- Completed case management training prior to providing case management services



Provider Choice

- Shall provide an ABI participant & legal representative with a listing of each available ABI provider in the service area;
- Shall maintain documentation signed by an ABI participant 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, person centered plan of care & other documents within the first thirty (30) days of the service to the chosen ABI service provider & as information is updated;



Crisis Prevention & Response Plan

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



ABI Case Manager Visits

907 KAR 3:090 Acute Waiver Regulation

Supervised Residential

- Shall conduct two (2) face-to-face meetings with an ABI participant within a calendar month occurring at a covered service site, with at least one (1) of the two (2) monthly visits at the participant's supervised residential care provider site.

Non-Residential

- Shall conduct two (2) face-to-face meetings with an ABI participant within a calendar month occurring at a covered service site, with one (1) visit quarterly at the ABI participant's residence;



ABI-LTC Case Manager Visits

907 KAR 3:210 Long Term Care Waiver
Regulation

Supervised Residential & Non-Residential

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



Case Management Documentation

Be documented by a detailed staff note which shall include:

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



Case Management Documentation

Every quarter, complete a quarterly summary which shall include:

- Documentation of monthly contact with each chosen ABI provider ;
- Evidence of monitoring of the delivery of services approved in the participant's person-centered service plan and of the effectiveness of the person-centered service plan ;
 - Quarterly Summaries should address every Goal and Objective on the participant's person-centered service plan.



Mayo-Portland & Adaptability Inventory-4

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

The image shows a sample of the Mayo-Portland Adaptability Inventory-4 form. The form is titled "Mayo-Portland Adaptability Inventory-4" and lists the authors as "Muriel D. Laska, PhD, ABPP & James F. Masiac, PhD, ABPP" and "Vertaald door Aine Bouvier, MD & Jannette Mann, PhD". It includes fields for "Afdeling" (Department), "Zakelijke eenheid" (Business unit), and "Datum" (Date). The form is divided into two main sections: "Deel I. Vaardigheden" (Part I. Skills) and "Deel II. Attitudes" (Part II. Attitudes). Each section contains a list of 15 numbered items, each with a 5-point Likert scale (0-4) for rating. The items cover various aspects of a participant's skills and attitudes, such as problem-solving, communication, and self-management. At the bottom of the form, there are instructions for how to use the form and a section for the user's name and date.

Human Rights and Behavior Programs

- Some people have very challenging and dangerous behaviors after a brain injury.
- These problems can often be resolved with positive behavior programming, counseling, education, medication or other treatment.
- Well designed behavioral programs can help people succeed, poorly designed programs do not.



Least Restrictive Treatment

- Some behaviors are so severe or dangerous that they require more intensive and restrictive approaches to reduce their occurrence.
- The least restrictive procedure should always be used first unless it placed the individual or others at risk, for ex. ignoring dangerous behavior.



Human Rights

- The **Human Rights Committee** is a group of individuals established to protect the rights and welfare of a participant.
- A **Human Rights Restriction** is the denial of a basic right or freedom to which all humans are entitled.
- Including the right to:
 - life
 - physical safety
 - civil and political rights
 - freedom of expression
 - equality before the law
 - social and cultural justice
 - participate in culture
 - food and water
 - work
 - education



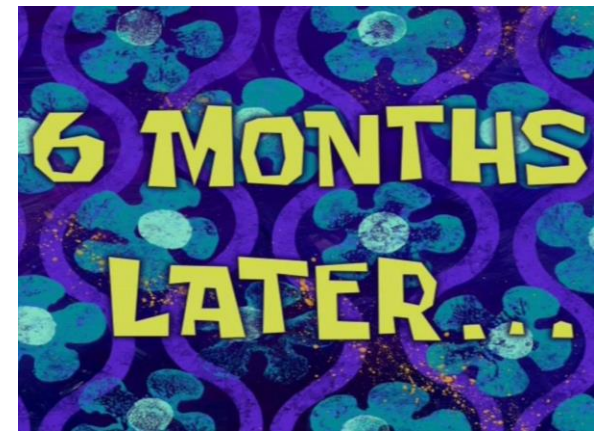
The Human Rights Committee

- When the human rights of a participant need to be restricted, the case management provider will establish a Human Rights Committee.
- The committee will consist of the following:
 1. An individual with a brain injury or a family member of an individual with a brain injury.
 2. An individual not affiliated with the ABI provider.
 3. An individual who has knowledge and experience in human rights issues.



Case Manager & The Human Rights Committee

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



Behavior Intervention Committee (BIC)

- The **Behavior Intervention Committee (BIC)** is a group of individuals established to evaluate the technical adequacy of a proposed behavior intervention for an ABI participant.
- The committee will:
 1. Include an individual who has expertise in behavior intervention and is not the behavior specialist who wrote the behavior intervention plan
 2. Be separate from the human rights committee; and
 3. Review and approve, prior to implementation and at a minimum of every six (6) months in conjunction with the participant's team, an intervention plan that includes highly restrictive procedures or contain human rights restrictions



Involuntary Termination

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



An involuntary termination need to include the following:

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

Assisting the Participant during an Involuntary Termination

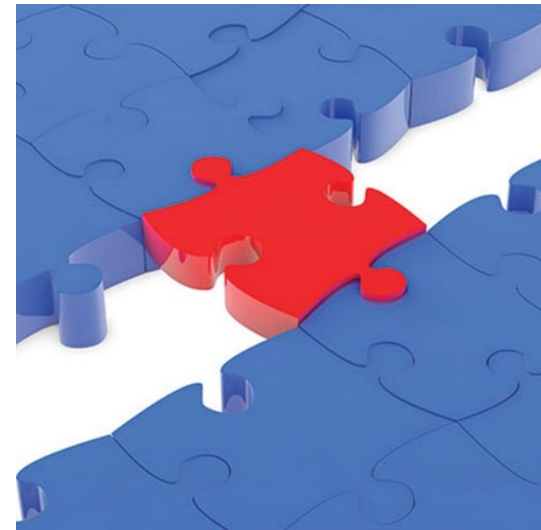
The *case manager* in conjunction with the provider shall:

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



Assisting the Participant during an Involuntary Termination continued..

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



Unsupervised Time Safety Plans

- Participants in Supervised Residential may include the provision of up to five (5) unsupervised hours per day per participant if the provider develops an individualized plan for the participant to promote increased independence.
- A Unsupervised Time Safety Plan must include:
 - Contain provisions necessary to ensure the participant's health, safety, and welfare
 - Be approved by the participant's treatment team, with the approval documented by the provider
 - Contain periodic reviews and updates based on changes, if any, in the participant's status



Unsupervised Time Safety Plan Guidelines

- Any unsupervised time for any ABI or ABI LTC participant **must be pre-planned**, part of the individual's personal schedule.
- Any unsupervised time for any ABI or ABI LTC participant must be **documented in an individual Safety Plan** that has been **developed by the participant's Person Centered Team**, and has been **approved by the team** prior to implementation.
- Unsupervised time is **not for agency convenience**.
- Unsupervised time is part of the Person Centered Plan, **based on the individual's input and team approval**.



Unsupervised Time Safety Plan Guidelines Continued..

- **No one individual can approve unsupervised time;** not the individual, guardian, Case Manager, or Residential Provider. Individual's living in staffed residential programs have been identified as being in need of Residential 1 services. Thus, any use of unsupervised time up to 5 hours must be team approved with a Safety Plan developed and in place prior to any unsupervised time being allowed.
- **Requests for unsupervised time for an individual can be made to the Case Mgr.,** but cannot be approved by the Case Mgr. without team input, Safety Plan development, Safety Plan approval, and scheduling.



Have Questions? - Need Help?

Call the Acquired Brain Injury Branch at

502-564-5198

Fax: 502-564-0249

