

<b>Division of Medicaid State of Mississippi Provider Policy Manual</b>	<b>New:</b> <b>Revised: X</b> <b>Current:</b>	<b>Date:</b> <b>Date: 07/01/09</b>
<b>Section: HCBS/Traumatic Brain Injury/Spinal Cord Injury Waiver</b>	<b>Section: 69.02</b> <b>Pages: 2</b> <b>Cross Reference:</b>	
<b>Subject: Eligibility</b>		

The Traumatic Brain Injury/Spinal Cord Injury Waiver (TBI/SCI) provides services to beneficiaries who, but for the provision of such services, would require the level of care found in a nursing facility. This waiver is jointly administered by the Division of Medicaid and the Mississippi Department of Rehabilitation Services through an interagency agreement.

Eligibility is limited to individuals with the following disease(s) or condition(s):

- **Traumatic Brain Injury**

Traumatic brain injury is defined as an insult to the skull, brain, or its covering resulting from external trauma, which produces an altered state of consciousness or anatomic, motor, sensory, or cognitive/behavioral deficits.

- **Spinal Cord Injury**

Spinal cord injury is defined as a traumatic injury to the spinal cord or cauda equina with evidence of motor deficit, sensory deficit, and/or bowel and bladder dysfunction. The lesions must have significant involvement with two of the above three deficits.

**The extent of injury must be certified by the physician. Brain or spinal cord injury that is due to a degenerative or congenital condition, or that results (intentionally or unintentionally) from medical intervention, is excluded.**

In addition, individuals must be certified as medically stable by their physician. Medical stability is defined as the absence of the following:

- An active, life threatening condition (e.g., sepsis, respiratory, or other condition requiring systematic therapeutic measures)
- Intravenous drip to control or support blood pressure
- Intracranial pressure or arterial monitoring

### **Medicaid Beneficiary Eligibility**

Individuals must also qualify for full Medicaid benefits in one of the following Categories of Eligibility (COE):

- SSI – COE-001
- Low Income Families and Children Program – COE-085
- Disabled Child Living at home program – COE-019
- Working Disabled – COE-025
- Children Under Age 19 Under 100% of poverty – COE-091

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- Disabled Adult Child – COE-094
  - Protected Foster Care Adolescents – COE-007
  - CWS Foster Children and Adoption Assistance Children – COE-026
  - IV-E Foster Children and Adoption Assistance Children – COE-003
  - **OR** an aged, blind, or disabled individual who meets all factors of eligibility can qualify if income is under 300% of the SSI limit for an individual. If income exceeds the 300% limit, the individual must pay the amount that is over the limit each month to the Division of Medicaid under an Income Trust, provided the individual is otherwise eligible. COE – 066 denotes eligibility in the TBI/SCI Waiver.

It is the responsibility of all waiver providers to check the beneficiary's eligibility status. The eligibility status must be checked at least monthly, or when deemed necessary.

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<b>Section: HCBS/Traumatic Brain Injury/Spinal Cord Injury Waiver</b>	<b>Section: 69.05</b> <b>Pages: 2</b> <b>Cross Reference: Long Term Care/Pre-admission Screening (PAS), 64.0</b>	
<b>Subject: Prior Approval/Physician Certification</b>		

Prior approval must be obtained from the Division of Medicaid before a beneficiary can receive services through the Home and Community-Based Waiver Program. To obtain approval, the following forms must be submitted to the HCBS Division of the Bureau of Long Term Care:

- Traumatic Brain Injury/Spinal Cord Injury Verification Form
- Pre-Admission Screening (PAS) Tool
- Plan of Care Form
- Admitted and Discharged Form

### **Traumatic Brain Injury/Spinal Cord Injury Verification Form**

The Traumatic Brain/Spinal Cord Injury Verification Form must be completed by the physician. **Brain or spinal cord injury that is due to a degenerative or congenital condition, or that results (intentionally or unintentionally) from medical intervention, is excluded.**

### **Pre-Admission Screening (PAS) Tool**

Clinical eligibility for waiver services will be determined through the utilization of a comprehensive pre-admission screening tool which encompasses the following areas: activities of daily living, instrumental activities of daily living, sensory deficits, cognitive deficits, client behaviors, medical conditions, and medical services. Pre-admission screening data will be entered into a scoring algorithm which will generate a numerical score. The score will be compared to a set numerical threshold which determines eligibility. Those scores equal to or above the set numerical threshold will be deemed clinically eligible. **The PAS will generate a Summary and Physician Certification page that must be signed by the physician.**

After the applicant has made an Informed Choice, understands the criteria for the waiver, and meets clinical eligibility, as determined by the PAS score, the application along with the Plan of Care (POC), which includes all of the service needs of the applicant, will be forwarded electronically to the Division of Medicaid, Division of LTC/HCBS.

Refer to Provider Policy Manual Section 64.0 for Long Term Care/Pre-Admission (PAS) policy.

### **Plan of Care**

The Plan of Care form, in conjunction with the PAS contains objectives, types of services to be furnished, and frequency of services.

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### **Admitted and Discharged Form**

The Admitted and Discharged form is used to admit and discharge beneficiary into and from the Home and Community-Based Services waiver program. It must be completed at the time of the initial certification into the program, at each recertification, and any time there is a change in the beneficiary's status.

**At the time of initial certification, the DOM Pre-Admission Screening (PAS) Tool, the Plan of Care form, and the Admitted and Discharged form must be completed jointly by the TBI/SCI counselor AND registered nurse. Forms completed as part of recertification may be completed by the counselor OR the registered nurse.**

DOM HCBS staff will review/process all documents. If approved, an enrollment date will be established, appropriate forms will be forwarded to the fiscal agent, and the beneficiary will be locked into the waiver program. DOM HCBS staff will indicate program approval/denial, retain a copy of all forms, and forward originals to the TBI/SCI counselor/registered nurse to retain as part of the case record.

**A beneficiary may be enrolled in only one DOM HCBS waiver program at a time. Any request to add or increase services listed on the approved plan of care requires prior approval.**