

HCBS/TBI Waiver Case Progress Review Form

I. Basic Information

Individual's Review Number: _____

DOB: _____

Start Date on TBI Waiver: _____

Date of most recent TBI-UAI & Addendum: _____

Most recent TBI-UAI LTC score: _____

Original TBI-UAI LTC score: _____

Most recent TBI Addendum score: _____

Original TBI Addendum score: _____

Date of Injury: _____ (if more than one TBI, please list other dates as well)

Living Arrangement (location—rural or urban, supports in home, etc.):

PLEASE DO NOT INCLUDE THE INDIVIDUAL'S NAME OR ANY IDENTIFYING INFORMATION IN YOUR COMMENTS (including your agency, names of providers, school's or facilities the individual attends, etc.). THIS FORM WILL BE GIVEN TO A COMMITTEE FOR REVIEW AND THE INFORMATION MUST BE CONFIDENTIAL AND BIAS FREE.

II. Current services

Please provide a list of the current services the individual is receiving, including frequency (i.e., times per month they receive a particular therapy, TLS, etc.)

1)

2)

3)

4)

5)

III. Previous services

Please provide a list of the services (including frequency) that the individual was receiving approximately one year ago.

1)

2)

3)

4)

5)

IV. Past and present goals

Please list goals that the individual has accomplished since being on the HCBS/TBI waiver:

- 1)
- 2)
- 3)
- 4)
- 5)

Please list the individual's current goals:

- 1)
- 2)
- 3)
- 4)
- 5)

Please note any other measurable progress the individual is making:

III. Future of services

Please advise the review committee how soon you anticipate this individual to no longer need HCBS/TBI waiver services:

IV. Additional information

Please add any additional information the review committee may need to be aware of in order to determine whether or not this individual continues to need HCBS/TBI waiver services (may attach additional sheet of paper if necessary):