

Plan of Care, Attendant Care Worksheet, & Transition Plan

G-1 Plan of Care

An individual written Plan of Care (POC) should be developed with the individual with the brain injury, their family or representative (if the person so chooses), and a qualified TBI-TCM. The POC must describe medical and other services to be furnished, their frequency, and the type of provider who will provide each service, regardless of funding (i.e., natural or unpaid supports such as support groups, etc.).

- i. Informal supports should always be listed on the paper POC. If there are no informal supports, that information should be stated on the document as well.
- ii. The cost of the entire POC must be equal or greater than the client obligation or the consumer does not meet eligibility requirements (see KEESM 8240).
- iii. The TBI Program Manager must prior authorize Plans of Care that include spousal exceptions for self-directed Personal Services. All documentation regarding a spousal exception should be sent to the TBI Program Manager for review prior to the request for the POC approval.
- iv. The breakdown/frequency of Personal Service hours should appear on both the electronic and paper POCs. The electronic POC (ePOC) should contain this information in the “Notes” screen (Example: 80 fifteen-minute units x \$3.31 x 5 wks.= \$1324.00). The hourly rate may vary from \$8.50-\$13.25 and should be divided by four to determine the rate amount for 15-minute units, not to exceed \$13.25 for four 15-minute units.
- v. The client obligation should be recorded on the electronic POC and updated as necessary. The TCM should review the POC with the consumer and identify to which service provider the client obligation is to be applied. The TCM should assign the client obligation on the ePOC via MMIS. A new consumer signature is not required for a POC change that is solely due to a change in the client obligation. The following criteria should be used:
 - (1) Whenever possible, the entire client obligation should be applied to a single service provider.
 - (2) To the greatest extent possible, Personal Services should be used to meet the client obligation. If these services do not

Plan of Care, Attendant Care Worksheet, & Transition Plan

fully meet the client obligation, then another waiver service may be used in conjunction with Personal Services to meet the client obligation.

- vi. Only the SRS eligibility worker can adjust the monthly client obligation amount. If the eligibility worker makes any changes to the monthly client obligation, it is their responsibility to notify the TCM using the ES-3161 form.
- vii. Using a NOA, the TCM must notify the consumer to which service provider the client obligation will be paid.
- viii. The TCM must notify the service providers of any client obligation or adjusted obligation that is to be applied toward their service in writing using the same NOA indicated above in (iii). The service providers are responsible for collecting the client obligation directly from the consumer.
- ix. The MMIS Prior Authorization system must accurately reflect the amount of the client obligation and must accurately document to which provider the obligation is applied. This should be updated on the electronic POC each month when the TCM is advised by the eligibility worker of a change in the amount.
- x. The TCM should report the cost of the POC to the SRS eligibility worker using the ES-3160 & ES-3161 forms to ensure that the cost is enough to cover the client obligation.
- xi. The TCM cannot open a HCBS/TBI waiver case if the client obligation exceeds the cost of the POC.

G-2 Updating the POC

A Plan of Care should be changed as is necessary when the individual's needs have increased or decreased. An increase of hours must be justified by a change in the consumer's health and safety needs, medical condition or informal supports.

If a change in a POC is due to a change in informal supports, environmental conditions, etc., anything other than a change in the consumer's condition, the TCM needs to document this in the consumer's log and update the ACW and POC to reflect the change in need and

Plan of Care & Attendant Care Worksheet, & Transition Plan

services. The TCM should send this information to the TBI Program Manager for approval via the MMIS system.

A POC form for simple changes may be used without the TCM having to fill out the entire POC.

The TBI-TCM must close the ePOC if an individual enters a TBIRF and their stay exceeds the established Planned Brief Stay criteria (month of entry and following two months).

G-3 Development of a POC for Assisted Living Facilities, Residential Care and Homes Plus

When a consumer chooses HCBS/TBI and lives in an Assisted Living Facilities (ALF), Residential Care Facility (RCF) and Homes Plus (HP), the TCM should:

- a. Encourage the consumer to negotiate the room and board costs with the facility staff, with the TCM advocating on behalf of the consumer as needed;
- b. Review the negotiated service agreement to identify the tasks the facility will provide within the room and board charge;
- c. Develop the POC with the individual and the facility staff based on needs identified using the TBI-UAI and ACW; after completion of the POC and negotiated service agreement, the information should be documented to show all parties are aware of the terms and agree to them.
- d. TCMs should work closely with the consumer and the residential staff to delineate what the consumer's TLS goals are what the expectations of the residential staff are in relationship to the consumer's goals.

G-4 Attendant Care Worksheet

An assessment is completed on the basis of the activities that occur on a "worst" day for the individual consumer. Estimated times to perform tasks are included on the ACW to serve as guidelines for the TCM. Variance from these estimated times should be explained in the comment section. PCA time for providing TLS support should also be noted (for example, if the PCA is supporting the TLS Specialist by verbally prompting the person check their

Plan of Care & Attendant Care Worksheet, & Transition Plan

calendar or medication list, etc.)

G-5 Transition Plan

Because the HCBS/TBI waiver is rehabilitative and transitional in nature (i.e., not meant for Long Term Care), the focus of services should, from the beginning of their provision, be concentrated on the individual achieving as great a level of independence as possible. To insure this focus is kept in mind, a transition plan is used to establish what goals are being worked on, achieved, and how the individual is benefitting from HCBS/TBI services. Anticipated dates of when the goals are expected to be achieved should also be included.

The TCM must complete the Transition Plan with the consumer and any representative/family they wish to have involved. It should be completed upon the opening of the case, and annually when the reassessment is completed. It can be completed more frequently if the parties feel it would be helpful. It may also be requested from the Administrative Review Team when the case is review after four years or service or thereafter.

G-6 Medicaid Management Information System (MMIS) - Prior Authorization (PA) System

The POC should be submitted for authorization to the Medicaid claim processing (fiscal) agent via the Medicaid Management Information System (MMIS). The MMIS Prior Authorization (PA) System is a provider payment system that is used to enter HCBS/TBI POCs. Because this system is linked to the Medicaid claim processing system, the PA system can automatically pull information from the MMIS to add to the POC. Information that automatically comes from the MMIS includes beneficiary name and eligibility, client obligation, provider information, provider specialty codes and allowed amounts. In addition, the PA system tracks information for the state.

- a. All electronic POCs must be submitted to the TBI Program Manager for authorization. POCs are reviewed against an established protocol for the following:
 - i. Accuracy of information (e.g., eligibility codes, dates, and client obligation);
 - ii. Completeness of fields within the document;
 - iii. Consumer and provider eligibility;
 - iv. Correct mathematical calculations for frequency of monthly services including correctly prorating the cost of services;
 - v. The applicability of services.

Plan of Care & Attendant Care Worksheet, & Transition Plan

- b. Any time the POC changes, an electronic POC must be re-authorized. POC changes may include, but are not limited to a change in service, client obligation amount, or when a provider's services are terminated.
- c. When the TBI-TCM conducts the consumer's annual review they must submit a new ePOC to the TBI Program Manager with the "ANNUAL" indicator selected, even if services do not change.
- d. Questions and/or concerns identified on the electronic POC will be referred back to the TCM.