

HCBS/TBI WAIVER SCREENING
Addendum to the TBI-Uniform Assessment Instrument

Name: _____		SSN: _____	
Address: _____		City: _____	
State: _____	Zip Code: _____	County Code (alpha): _____	
Phone Number: () _____ - _____		Date of TBI: _____	
Medicaid ID (if available): _____			
 Screener/Assessor Name: _____			
Agency: _____			
Address: _____		City: _____	
State: _____	Zip Code: _____	Assessment Date: _____	
Cause of Injury: _____			

PART 1 WAIVER CRITERIA

1.1 AGE

Definition: Waiver criteria specify that the consumer must be between the ages of 16 and 65 to be eligible.

Instructions: Specify the consumer's age on the date of assessment. In the event that the consumer will turn 16 by the time the application process is completed, consider the consumer eligible.

Meets Criteria: Yes ___ No ___

1.2 RISK OF PLACEMENT IN A TBI REHABILITATION FACILITY

Definition: Waiver criteria specify that the consumer must be at risk of placement in a TBI Rehabilitation Facility.

Instructions: Explain the reasons that you believe the consumer is at risk of placement in a TBI Rehabilitation Facility. _____

Meets Criteria: Yes ___ No ___

1.3 TRAUMATIC BRAIN INJURY

Definition: Waiver criteria specify that the consumer must have been diagnosed with a traumatic, non-degenerative, non-congenital brain injury.

Instructions: Specify if the brain injury was traumatically acquired.

Meets Criteria: Yes___ No___

1.4 MEDICAID ELIGIBILITY

Definition: Waiver criteria specify that the consumer must be Medicaid eligible.

Instructions: The consumer must be Medicaid eligible by the time the application process is completed and before services are started.

Meets Criteria Yes___ No___

PROCEED TO THE NEXT SECTION ONLY IF THE ANSWERS TO THE ABOVE QUESTIONS ARE ALL “YES”. IF THE CONSUMER DOES NOT MEET THE CRITERIA FOR THE TBI WAIVER, PROCEED TO ASSESS THE CONSUMER FOR THE PHYSICALLY DISABLED WAIVER, OR MAKE THE APPROPRIATE REFERRAL.

PART 2 BEHAVIOR/EMOTIONAL DEFICITS

The following scale is used to assess the frequency of the applicant’s behavioral problems. Please write in the scores for behaviors 2.1 to 2.7. Descriptions of the behaviors must be included.

0	Absent	
1	Rarely	Less than once a month
2	Occasionally	At least once a month, but not weekly
3	Frequently	More than once a week, but not daily
4	Daily	On a daily basis
5	Hourly	Continuously throughout the day

2.1 SELF INJURIOUS BEHAVIOR

Engages in deliberate behavior that causes injury or has potential for causing injury to his/her own body. Examples include: self-hitting, self-biting, head-banging, self-burning, self poking or stabbing, ingesting foreign substances, pulling out hair, purposeful tipping of wheelchair.

_____ Score Describe: _____

2.2 HURTFUL TO OTHERS

Engages in behavior that causes physical pain to other people or animals. Examples include: hitting, biting, pinching, kicking, and inappropriate sexual physical contact.

_____ Score Describe: _____

2.3 DESTRUCTION OF PROPERTY

Damages, destroys, or breaks thing. Examples include: breaking windows, lamps or furniture, tearing clothes, setting fires, using tools or objects to damage property.

_____ Score Describe: _____

2.4 SOCIALLY OFFENSIVE BEHAVIOR

Behavior offensive to others or that interferes with the activity of others. Examples include: spitting, urinating in inappropriate places, stealing, screaming verbal harassment, bullying and masturbating in public.

_____ Score Describe: _____

2.5 WANDERING

Departs from home unexpectedly. Examples include: leaving the living area for extended periods of time without informing appropriate persons, running away, wandering away while in community.

_____ Score Describe: _____

2.6 WITHDRAWAL BEHAVIOR

Excessively avoids others or situations calling for personal interaction to a point where this behavior significantly interferes with participation in normal daily activities. Examples include: refusing to talk to others, remaining in his/her room for inordinate periods of time, repeatedly declining opportunities to recreate with others, extreme passivity which leads to victimization.

_____ Score Describe: _____

2.7 SUSCEPTIBILITY TO VICTIMIZATION

Lacks sufficient level of judgment or self-protection ability and/or possesses skill deficits which place the person at increase risk of neglect, physical harm, emotional distress, sexual or financial exploitation, or monetary loss. Examples include: inappropriately familiar with strangers, unaware of monetary values, inability to recognize risk situations, or insufficient ability to seek assistance.

_____ Score Describe: _____

Total Score from Part 2 _____

PART 3 COGNITIVE DEFICITS

The following scale is used to assess the applicant's cognitive deficits. Please write in the scores for cognitive deficits 3.1 to 3.5. Descriptions of the cognitive deficits must be included.

0	No problem	Applicant has intact abilities.
1	Minimal problem	Problems do not interfere with independence and activities of daily living, but may compromise functioning in complex activities. Requires rare cueing.
2	Mild problem	Problems do not interfere with independence in routine and familiar situations but may limit independence or impair functions in complex or unfamiliar activities. Requires cueing to either start or complete task.
3	Mild to moderate	Problems limit independence and interfere with functioning in routine and familiar situations. May require supervision for some activities but be able to stay alone for periods of time. Requires cueing and/or occasional assistance to start and complete task.
4	Moderate problem	Problems limit independence and interfere with functioning in routine and familiar situations, needing moderate levels of assistance and supervision. Requires occasional supervision and/or assistance to complete task.
5	Moderate to severe	Problems limit independence and interfere with functioning in routine and familiar situations, needing maximum assistance and constant supervision. Requires maximal supervision and/or assistance to complete task.
6	Severe problem	Applicant requires constant visual supervision during day and nighttime awake staff. Completely dependent.

3.1 ATTENTION AND CONCENTRATION

Examples include: difficulty sustaining attention; easily distracted; unable to filter out irrelevant information, frequently gets lost in group conversation; reduced arousal, sleepiness.

_____ Score Describe: _____

3.2 LEARNING AND MEMORY

Examples include: difficulty in organizing or processing information; specific memory deficits remembering visual information rather than verbal auditory or vice versa; difficulty to learn due to short-term memory deficits; problems remembering basic routines (i.e. self-care, daily routine, ADL's).

_____ Score Describe: _____

3.3 JUDGMENT AND PERCEPTION

Examples include: misinterpretation of the actions or intentions of others; easily confused by multiple pieces of information presented at one time; socially inappropriate in verbal communication; unrealistic appraisal of his/her strengths and weaknesses.

_____ Score Describe: _____

3.4 INITIATION AND PLANNING

Examples include: interprets information literally, concrete thinking; difficulty starting or stopping an action, impulsiveness; slow initiation time; confusion of where to start solving a problem, unrealistic problem-solving strategies; difficulty in sequencing information; difficulty in knowing when, where and how to ask for help; trouble learning from mistakes as well as successes.

_____ Score Describe: _____

3.5 COMMUNICATION

Examples include: tangential communication (structure of sentences are complete but irrelevant to the situation or topic); talkativeness; use of peculiar words or phrases; confabulation (making up responses); perseveration (repetition of the same response when it is no longer appropriate); disinhibited choice of words.

_____ Score Describe: _____

Total Score from Part 3 _____

PART 4 THERAPY DEVELOPMENT

- 4.1 Does consumer have a diagnosis of mental illness? Yes____ No____
Diagnosis: _____ Describe: _____

- 4.2 Does the consumer have a history of mental illness which preceded their brain injury?
Yes____ No____
Diagnosis: _____ Describe: _____

- 4.3 Does the consumer have problems with substance abuse or chemical dependence?
Yes____ No____
Describe: _____

- 4.4 Does the consumer have a history of substance abuse or chemical dependence which preceded their brain injury? Yes____ No____
Describe: _____

- 4.5 Is the consumer receiving or in need of any of the following therapies? Mark all that apply and explain:
- ____ Behavioral therapy _____
 - ____ Cognitive therapy _____
 - ____ Occupational therapy _____
 - ____ Physical therapy _____
 - ____ Drug/Alcohol therapy _____
 - ____ Speech therapy _____
 - ____ Other _____

GENERAL INFORMATION

1. Does the consumer have access to accessible and affordable transportation?
Yes____ No____
2. Combined score from Parts 2 and 3 _____

TBI THRESHOLD

The individual must meet the following minimum criteria:
a score of 24 or above on the TBI Addendum, Parts 2 and 3;
OR
a score of 26 for the TBI-UAI Threshold.
OR
a combined score of 25 from the TBI Addendum, Parts 2 and 3, and the TBI-UAI Threshold
AND
a 'YES' response to all questions on Part 1 of the TBI Addendum.