

## OTHER ELIGIBILITY REQUIREMENTS WAIVERS

### TRAUMATIC BRAIN INJURY (TBI) WAIVER

**Description:** On March 23, 1994, the Medicaid Home and Community-Based Services Waiver for Persons with Traumatic Brain Injuries (HCBS/TBI Waiver) was approved by the Federal Government. This waiver is one component of a comprehensive strategy developed by New York State to repatriate and de-institutionalize individuals with TBIs who reside in nursing facilities (NF) either in or out-of-state and to offer an alternative to NF placement for others currently living in the community who are at significant risk of NF placement. The HCBS/TBI Waiver is designed to provide the necessary services and supports to achieve these objectives.

The TBI Waiver is overseen on a daily basis by 9 Regional Resource Development Center (RRDCs) under contract with the New York State Department of Health. The RRDCs employ Regional Resource Development Specialists (RRDSs) who are responsible for the administration of the daily activities of the TBI Waiver.

**Policy:** An individual participating or seeking application in the HCBS/TBI Waiver must be:

- Between the ages of 18 and 65 with a primary diagnosis of Traumatic Brain Injury or other related acquired brain injury upon application to the waiver;
- Assessed to be eligible for nursing home level of care as a direct result of the brain injury. Nursing home eligibility is determined by using the Patient Review Instrument (PRI) (DOH-694) and SCREEN (DOH-695), which must be performed by a certified assessor who can conduct a PRI/SCREEN;
- In receipt of Medicaid coverage for Community Based Long Term Care services or Outpatient Coverage for Community Based Long term Care; and
- Capable of living in the community with the assistance of available informal supports, Medicaid State Plan services and one or more waiver services; and
- Part of an aggregate group that can be cared for at less cost in the community than in a nursing home.

An individual cannot be enrolled in the TBI waiver and any of the other HCBS waivers at the same time (i.e. the Long Term Home Health Care Program waiver, the Nursing Home Transition and Diversion Waiver, and the Office of Mental Retardation and Development Disabilities HCBS waiver). If an individual is determined to be eligible for more than one waiver, a choice between the TBI waiver and other HCBS waivers must be made by the applicant and/or legal guardian.

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Under the waiver, waiver participants may receive existing MA services and waiver services including: service coordination, independent living skills training and development, structured day programs, substance abuse programs, positive behavioral interventions and support services, community integration counseling, home and community support services, environmental modifications, respite care, special medical equipment and supplies, community transitional services and transportation.

Local departments of social services (LDSS) are responsible for determining the financial eligibility of the TBI Waiver A/Rs.

**References:** LCMs 96 LCM 37  
95 LCM 70

**Interpretation:** Individuals apply through the RRDC for participation in the TBI waiver. The RRDS will provide the potential waiver participant with a list of available Service Coordination agencies. The applicant will choose a service coordinator who will assist in the development and compilation of all documentation needed to establish the individual's financial and non financial eligibility for the waiver. The individual and the service coordinator develop a comprehensive service plan which will include informal supports, necessary State Plan Medicaid services, any other federal or state programs and specific waiver services necessary to support the individual's health and welfare in the community.

If the individual has not been determined to be MA eligible and/or certified disabled, the RRDS will send a Letter of Introduction which is presented to the LDSS. The LDSS will determine financial eligibility and return the letter, along with the appropriate form (s) and notices, to the applicant and RRDS.

To determine eligibility of TBI A/Rs see **INCOME PERSONS IN MEDICAL FACILITIES BUDGETING FOR INSTITUTIONALIZED SPOUSES IN SPECIFIED HOME AND COMMUNITY BASED WAIVERS (HCBS)** and **INCOME SSI-RELATED BUDGETING METHODOLOGY and RESOURCES PERSONS IN MEDICAL FACILITIES BUDGETING FOR INSTITUTIONALIZED SPOUSES IN HOME AND COMMUNITY BASED WAIVERS (HCBS).**