



Traumatic Brain Injury Residential Facility Quality Assurance Standards

Program Overview

Background and Authority-

Medicaid is a program of medical assistance for the needy administered by states using state appropriate funds and federal matching funds within the provisions of Title XIX and Title XXI of the Social Security Act as amended. In Mississippi, the Medicaid program began in January 1970. The program is administered in Mississippi by the Division of Medicaid, Office of the Governor, by the authority of Section 43-13-101 et seq. of the Mississippi Code of 1972. Services are provided through fee-for-service arrangements with a variety of medical providers. Section 1915 (c) of the Social Security Act authorizes through the State of Mississippi Medicaid Program to waive certain Medicaid statutory requirements that enables a state to cover an array of home and community-based services (HCBS) as an alternative to institutionalization.

Waiver Description-

The Assisted Living waiver is a state wide program created to assist individuals who, but not for the provision of services offered by this waiver, would require care in a nursing facility or other institutional setting. The waiver process is initiated by a case manager from the Division of Medicaid assesses the waiver applicant or participant to assure the individual meets clinical eligibility criteria. Once clinical and financial eligibility is established, the case manager in conjunction with the waiver participant and his/her designee establishes a plan of care that meets the desires, needs and goals of the waiver participant. Services available through this waiver are provided in either an Assisted Living Facility or in a Traumatic Brain Injury Residential Facility and include an array of support services such as assistance with personal care, activities of daily living, health maintenance, rehabilitative and behavioral services and recreational activities. The Traumatic Brain Injury Residential service is provided in a community based setting with the goal to assist the waiver participant with services and supervision necessary to transition safely into the community setting with maximum independence.

The Traumatic Brain Injury Residential Facility provides behavioral services, physical therapy, occupational therapy and speech therapy with the costs covered under a comprehensive waiver rate. Waiver participants are not eligible for Medicaid coverage for these services outside of this waiver. This waiver does not cover the cost of room and board.

Waiver Goal-

The goal of the Assisted Living Waiver is to provide participants seeking Long Term Care assistance with meaningful choices to allow residency in the home and community setting. The waiver strives to identify the needs of the participant and provide services in the most cost efficient manner possible with the highest quality of care. This Traumatic Brain Injury residential setting is not intended to be a lifelong option but more of a stepping stone to independent community living.

Waiver Target Population-

Under the waiver of Section 1902(a)(10)(B) of the Act, the State limits waiver services to a group or subgroup of individuals. The Assisted Living Waiver target population includes individuals age 21 or older that require the level of care provided in a long term care institution.

Waiver participants must meet financial and clinical criteria to be considered for this waiver. Eligibility groups served in this waiver include SSI recipients at a special income level equal to 300% of the SSI Federal Benefit Rate (FBR). Spousal impoverishment rules under §1924 of the Act are used to determine the eligibility of individuals with a community spouse for the special home and community-based waiver group.

Traumatic Brain Injury Residential Facility-

The Traumatic Brain Injury (TBI) Residential Facility provides assisted residential care and supervision for waiver participants with acquired traumatic brain injuries, who are in a family/participant crisis, or have behavioral issues that require twenty-four (24) hour supervision and assistance to successfully thrive in a community or residential setting. If not for the services provided in this waiver, these individuals would require institutionalization. The objective for offering this service is to strengthen and support informal and formal services to meet the unique needs, cognitively and behaviorally, for these waiver participants in a specialized residential setting.

Supervision and assistance must be provided in a way that fosters the independence of each waiver participant to facilitate successful community integration and independence. Care provision and delivery must be participant-driven to the maximum extent possible and each waiver participant must be treated with dignity and respect.

Provider Qualification:

To become a TBI Residential Facility, the entity must maintain a license as a residential care facility as deemed acceptable by the Division of Medicaid to meet the minimum requirements. The facility must be fully equipped to care for individuals with an acquired TBI.

The facility located inside the boundaries of a municipality shall comply with all local municipal codes and ordinances applicable thereto.

Each facility must comply with all applicable state and federal laws including, but not limited to, the Nursing Practice Law and laws governed by the State Board of Pharmacy.

Quality Assurance:

The TBI Residential Care Facility must develop, implement and maintain an internal quality assurance program that monitors, at a minimum, the following items:

- Assurance of knowledgeable, trained, competent and experienced staff
- Service delivery in accordance with the plan of ~~services and supports~~
- Assurance that waiver participants are informed of their rights and responsibilities
- Proper reporting of fraud, abuse, neglect, and exploitation of waiver participants
- Development of an active discharge plan at the time of admission
- Assurance the provider meets HCB settings requirements as defined by federal regulations
- Assurance provider meets required credentialing standards in accordance with waiver qualifications throughout service provision

Person Centeredness Requirements:

AL Waiver providers must provide:

1. A setting physically accessible to the person but not located in:
 - a) A nursing facility,
 - b) An institution for mental diseases,
 - c) An intermediate care facility for individuals with intellectual disabilities (ICF/IID),
 - d) A hospital providing long-term care services, or
 - e) Any other location that has qualities of an institutional setting, as determined by the Division of Medicaid including, but not limited to, any setting:
 - 1) Located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment,
 - 2) Located in a building on the grounds of or immediately adjacent to a public institution, or
 - 3) Any other setting that has the effect of isolating persons receiving Medicaid Home and Community-Based Services (HCBS).
2. A private, home-like living quarter with a bathroom consisting of a toilet and sink and must:
 - a) Be a unit or room in a specific physical place that can be owned, rented or occupied under a legally enforceable agreement by the waiver person, and the person has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city or other designated entity. For settings in which landlord tenant laws do not apply, the Division of Medicaid must ensure that:
 - 1) A lease, residency agreement or other form of written agreement will be in place for each HCBS person, and
 - 2) That the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.
 - b) Provide each waiver person privacy in their sleeping or living unit with:
 - 1) Lockable entrance doors with only appropriate staff having keys to doors, and
 - 2) The option to share living units only at the choice of the person.

3. A setting which integrates and facilitates the person's full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community in the same manner as individuals without disabilities,
4. A setting selected by the person from among all available alternatives and is identified in the person-centered Plan of Services and Supports (PSS),
5. Protection of a person's essential personal rights of privacy, dignity and respect, and freedom from coercion and restraint,
6. Individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact,
7. Individual choice regarding services and supports, and who provides them,
8. An assessment of safety needs of a person with cognitive impairment supported by a specific assessed need and addressed in the PSS,
9. Freedom and support of persons to control their own schedules and activities and have access to food at any time,
10. Freedom to have visitors of their choosing at any time,
11. A living environment supportive of the person to exercise their rights to:
 - a. Attend religious and other activities of their choice,
 - b. Manage their own personal financial affairs or receive a quarterly accounting of financial transactions made on their behalf,
 - c. Not be required to perform services for the facility,
 - d. Receive mail unopened or in compliance with the facility policy,
 - e. Be treated with consideration, kindness, respect and full recognition of their dignity and individuality,
 - f. Retain and use personal clothing and possessions as space permits,
 - g. Voice grievances and recommend changes in licensed facility policies and services,
 - h. Not be confined to the licensed facility against their will and allowed to move about in the community at liberty,
 - i. Free from physical and/or chemical restraints,
 - j. Allowed to choose a pharmacy or pharmacist provider in accordance with State law,
 - k. Decide when to go to bed and get up in the morning,
 - l. Furnish and decorate their sleeping or living space within the lease or other agreement,
 - m. Allows the person to decide when to eat his or her meals,
 - n. Have nutritious snacks available at all times, and
 - o. Use the dining room for congregate meals and socialization.

Required Training-

Waiver providers must provide all staff with training upon hire in the following areas including, but not limited to:

- a) Identifying, Preventing and Reporting of Abuse, Neglect and Exploitation
- b) Rights and Dignity
- c) Crisis Prevention and Intervention
- d) Caring for Individuals with Dementia
- e) Assisting with Activities of Daily Living
- f) HIPPA Compliance
- g) Stress Reduction
- h) Behavior Programs
- i) Recognition and Care of Individuals with Seizures
- j) Rational/Behavioral Therapy
- k) Elopement Risks
- l) Safe Operation and Care of Individuals with Assistive Devices
- m) Caring for Individuals with Disabilities
- n) Safety

Care providers must have training in CPR and First Aid.

All program managers must be nationally certified as a Brain Injury Specialist.

Additional Requirements:

Approved providers must provide:

- A private living quarter with bath consisting of a toilet and sink. Dual occupancy may be considered if both occupants consent to the arrangement and it is approved in the plan of care. The waiver participant or his/her designee shall sign consent for dual occupancy.
- Normal daily personal hygiene items including, at a minimum, deodorant, soap, shampoo, toilet paper, facial paper, tissue, and dental hygiene.
- Essential furniture for a home like environment including, at a minimum, a bed, dresser, nightstand or table, and chair. Personal furniture should be encouraged.
- Privacy for participants to have the opportunity for visitors at times of preference and convenience.
- 24 hour on site response staff to meet scheduled or unpredictable needs in a way that promotes maximum dignity, independence, safety and security.
- A central dining room, living room or parlor, and common activity center(s) which may also serve as a living or dining room.
- Units with lockable entrance doors with appropriate staff having keys.
- Waiver participants with freedom and support to control their own schedules and activities.
- An attendant call system for the participant at risk for falls, becoming disoriented or experiencing some disorder that puts them in physical, mental or emotional jeopardy requiring immediate assistance. The participant must either wear an electronic device (e.g., a medallion or a bracelet) or has access to a button that enables him or her to summon emergency help from an assisted living attendant. This component may also alert the attendant if the participant wanders from the facility.
- Evidence that no employees of the facility are listed on the Office of the Inspector General Exclusion list or any nurse aid abuse registry.

- A home like environment that is supportive to exercise their rights as stated in Appendix C: Participant Services, C-2: General Service Specifications of the approved waiver.
- Accurate documentation that reflects the care and services provided to the participant while in the facility. The record should clearly demonstrate when the resident is absent from the facility on any occasion.
- Evidence that all individuals who provide care and services receive a national criminal background check. If such check discloses a felony conviction, a guilty plea and/or a plea of nolo contendere to a felony for one or more of the following crimes which has not been reversed on appeal, or for which a pardon has not been granted, the applicant/employee shall not be employed by the facility.
 - a) Possession or sale of drugs
 - b) Murder
 - c) Manslaughter
 - d) Armed robbery
 - e) Rape
 - f) Sexual battery
 - g) Sex offenses listed in Section 45-33-23 (g), Mississippi Code of 1972
 - h) Child abuse
 - i) Arson
 - j) Grand larceny
 - k) Burglary
 - l) Gratification of Lust
 - m) Aggravated assault
 - n) Felonious abuse and/or battery of a vulnerable adult

Reimbursement

The TBI Residential Facility provider must maintain a current, signed and dated copy of an admission agreement for each waiver participant. At a minimum, the agreement shall contain:

- a) Basic charges agreed upon separating costs for room and board and personal care services;
- b) Period to be covered;
- c) List of itemized charges;
- d) Agreement regarding refunds for payments.

The admission agreement must explain in detail the costs associated with and agreed upon for care. At no time should the facility charge the waiver participant for the costs of care services over and beyond the reimbursable amount paid by Medicaid. The admission agreement must be submitted and approved by Medicaid prior to implementation and before any change.

Medicaid does not reimburse for room and board. Behavior services, physical therapy, occupational therapy and speech therapy are included in the comprehensive rate. Waiver participants will not have Medicaid coverage for these services outside of the waiver.

Services provided prior to the issue date of a valid Medicaid provider number will not be reimbursed.

Organizational Profile

Briefly provide information on the applicant organization, i.e., mission, programs/service provided, relevant experience, number of staff, organizational chart, governance structure, financial statement/budget, licenses and accreditations, etc. If a newly created organization/corporation/LLC, etc., identify and briefly describe any coordinating or partnering organizations/individuals and their role/responsibility, types of organizations, governance

(formally or informally), and any other information that would be helpful in assessing organizational capacity to implement this service.

Approach

Outline a plan of action that describes the scope and detail of how the proposed work will be accomplished. Describe any unusual features of providing this service as related to design, coordination, and implementation. Include the following:

- Describe your target population and project the number of participants to be served each year of the existing waiver;
- Describe the evidence based practice to be incorporated;
- Describe existing service array provided by your organization and/or individual members;
- Describe the proposed plan of action to organize, deliver, and monitor the service provided;
- Describe existing and/or proposed fiscal and programmatic internal quality controls and how those will be applied to this service;
- Identify proposed key personnel to be working with delivery of this service, their position, role, relevant experience, and qualifications.