

Jim Doyle
GovernorKaren E. Timberlake
Secretary**State of Wisconsin**
Department of Health Services

Date: October 10, 2008

To: All Screeners—Adult LTC Functional Screen

Subject: Brain Injury and the Long Term Care Functional Screen in Managed Care

From: Nancy Rusch
Functional Screen Manager

The Department of Health Services has received questions about the effects of managed care expansion on individuals with brain injury. There are reports that some long-term care staff and agencies are unsure how to answer such questions and that screeners have turned away people with brain injuries who may appear to have no impairments. We are also finding errors in Target Group selections on Long Term Care Functional Screens (LTC FS) for applicants with brain injuries. This memo describes the process to address these concerns.

1. Screening agencies should offer to complete a LTC FS for an individual even if it may appear that the person is ineligible. Brain injuries can cause physical and/or non-physical impairments, that can be cognitive, emotional, or behavioral. A person may appear physically able and carry on a conversation, but may still be at risk of institutionalization and waiver eligible due to needs that are not initially evident.
2. In non-managed care counties, the Brain Injury Waiver (BIW) still exists as a separate waiver. The BIW application process remains the same and will continue to require specific paper forms be mailed to the Department for level of care determination. The LTC FS is neither necessary nor sufficient to apply for the BIW. (See Waiver Manual for BIW application instructions.)
3. When counties transition to managed care, it is expected that persons now served in the BIW will be served in the Family Care or Partnership managed care programs or the Self-Directed Supports (IRIS) waiver program.
4. When transitioning current BIW participants into managed care a LTC FS must be completed. The screener will select the "Screen Type" as "Type 01—Initial Screen."
5. People with brain injuries may be eligible for various Medicaid mental health and/or alcohol and drug abuse services. When appropriate, screeners should make referrals to these services and to the Mental Health/AODA Functional Screen.
6. Anyone currently on the BIW or its waiting list should receive a nursing home (or Developmental Disability) level of care on the LTC FS. If any such individual's level of care determination on the LTC FS results in a Non-Nursing Home level of care or an

Ineligible determination, the screener should contact assigned state staff to discuss the screen results.

The following references provide a framework for certified screeners using the Adult LTC FS to consider, when identifying a person with a Traumatic Brain Injury.

Statutory Definition of “Brain Injury”

WI Administrative Code Chapter HFS CHAPTER 51

51.01 (2g) (a) “Brain injury” means any injury to the brain, regardless of age at onset, whether mechanical or infectious in origin, including brain trauma, brain damage and traumatic head injury, the results of which are expected to continue indefinitely, which constitutes a substantial handicap to the individual, and which directly results in any two or more of the following:

1. Attention impairment, 2. Cognition impairment, 3. Language impairment, 4. Memory impairment, 5. Conduct disorder, 6. Motor disorder, 7. Any other neurological dysfunction.

(am) “Brain injury” includes any injury to the brain under par. (a) that is vascular in origin if received by a person prior to his or her attaining the age of 22 years.

(b) “Brain injury” does not include alcoholism, Alzheimer’s disease as specified under s. 46.87 (1) (a) or degenerative brain disorder, as defined in s. 55.01 (1v).

WI Medicaid Definitions

“Traumatic” brain injuries include closed or open head injury with resultant damage to brain tissue, such as motor vehicle accidents, blows to head, penetrating objects; or drowning, carbon monoxide poisoning, electrocution, or strangulation. “Acquired” brain injuries include (1) Any vascular injury to the brain sustained before the age of 22; (2) primary benign or malignant neoplasm in the brain; (3) infectious disease in the brain (e.g., meningitis, encephalitis), not including AIDS; (4) anoxic encephalopathy.

Brain injury for these purposes is **NOT** due to any of these:

- Congenital, prenatal, or perinatal (at birth) complications
- A degenerative (progressive) condition
- Chronic effects of alcohol or drug use
- Stroke (cerebrovascular accident CVA) occurring after age 21
- Infirmities of aging (e.g., dementia, vascular abnormalities)
- Mental Illness (including personality disorders, behavioral disorders)

Decision Tree on Brain Injury and LTC FS Target Groups

Screeners should use the attached decision tree on brain injury and target groups for the LTC Functional Screen.

Please contact one of these assigned staff with any questions:

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