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This Change is being made to add policy to Chapter 17 and various other Manual Sections concerning a new Categorically Needy, Optional Medicaid group called Traumatic Brain Injury Waiver (TBI). This coverage group is for individuals who have a traumatic brain injury and is part of the Title XIX Waiver. The TBI Waiver provides home and community-based services to West Virginia residents who are both medically and financially eligible to participate in the program, and who choose home and community-based services rather than nursing home placement. Applicants for TBI Waiver require a medical eligibility determination made by a contracted agency, as well as a financial eligibility determination by a DHHR Worker. The TBI Waiver coverage group is effective February 1, 2012.

Policy to add information regarding the TBI Waiver was added to the following Chapters and Sections:

Chapter 1: Section 1.2, A, 1 and 3; Section 1.2, B, 1; Section 1.2, D; Section 1.18

Chapter 2: Section 2.4

Chapter 10: Section 10.2; Section 10.6, A

Chapter 16: Section 16.1; Section 16.3, A; Section 16.4, A; Section 16.7, A

Chapter 17: TOC; Section 17.1; Section 17.12;

New sections to add policy pertaining to the TBI Waiver coverage group are: Sections 17.62, 17.63, 17.64, 17.65, 17.66, 17.67, 17.68, 17.69, 17.70, 17.71, 17.72, 17.73, 17.74, 17.75, and 17.76:

Appendix I: Added BMS contract agency for the Traumatic Brain Injury Waiver Program.

Chapter 20: Section 20.4

Policy questions should be directed to the DFA Family Support Policy Unit.

RAPIDS questions should be directed to the RAPIDS Help Desk.