

**TRAUMATIC BRAIN INJURY WAIVER (TBI)****17.62 THE APPLICATION/REDETERMINATION PROCESS**

The application/redetermination process is the same as for SSI-Related Medicaid found in Chapter 1, with the following exceptions:

The Worker is responsible for the following:

- Accepting the referral form for TBI Waiver, the TBI Waiver DHHS-2.FRM with attached letter from the BMS contract agency listed in Appendix I of this chapter that verifies medical necessity for TBI Waiver services eligibility is established. The letter of medical eligibility must not be older than 1 year minus 1 day unless the case is in hearing status or an extension has been granted by the Office of Home and Community-based Services in BMS due to circumstances beyond the individual's control. The referral will originate from one of the following.
  - A case management agency, when the client chooses to use one; or,
  - The BMS contract agency when the client chooses **not to have case management services.**
- Completing the Asset Assessment at the individual's or authorized representative's request after receiving the TBI Waiver DHHS-2.FRM with attached letter of medical eligibility.
- Accepting an application for the Traumatic Brain Injury (TBI) Waiver Program after receipt of the TBI Waiver DHHS-2.FRM with attached letter of verification of medical eligibility. SSI, Deemed SSI and all other full coverage Medicaid AG's must provide the TBI Waiver DHHS-2.FRM with attached letter of medical eligibility. A shortened application, the DFA-LTC-5, is required to determine eligibility for payment of Waiver Services for these groups. See Section 17.12.

**NOTE:** When the applicant's eligibility for, or enrollment in, this program is pending, due to the lack of a waiver slot or other reason, he must not be refused the right to apply due to his pending status for the TBI Waiver group, but must be evaluated for any or all DFA programs.

**EXAMPLE:** John Smith applies for TBI Waiver which requires a medical eligibility decision by the TBI Waiver Program and a financial determination by an Income Maintenance Worker. While his medical eligibility decision is pending, he visits his local DHHR Office and applies for SNAP. Although his medical eligibility