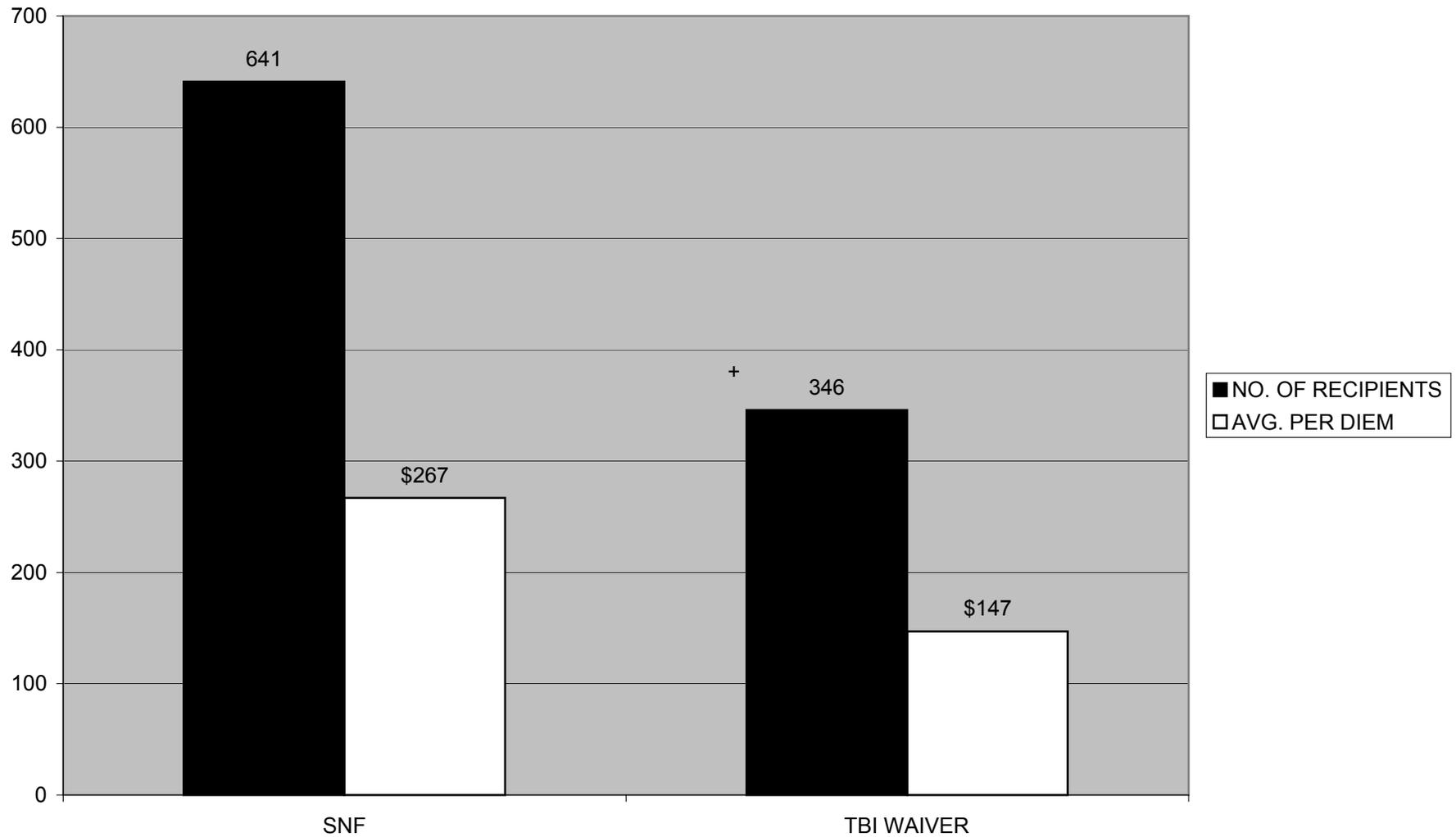


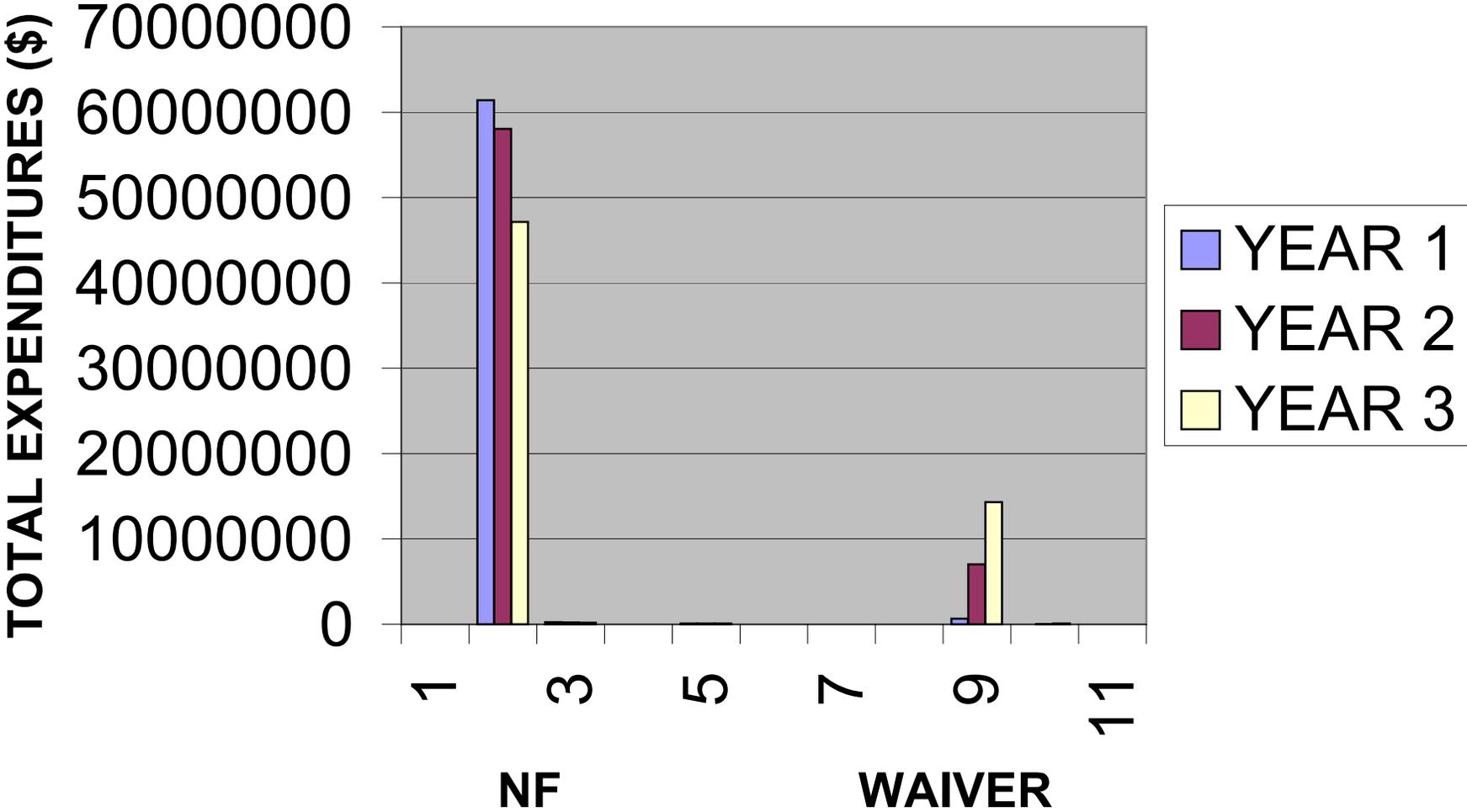
Hand Outs

HCBS/TBI WAIVER THIRD YEAR (4/1/97-3/31/98) NUMBER OF RECIPIENTS IN NURSING FACILITY/TBI WAIVER AND AVERAGE PER DIEM NURSING FACILITY/TBI WAIVER

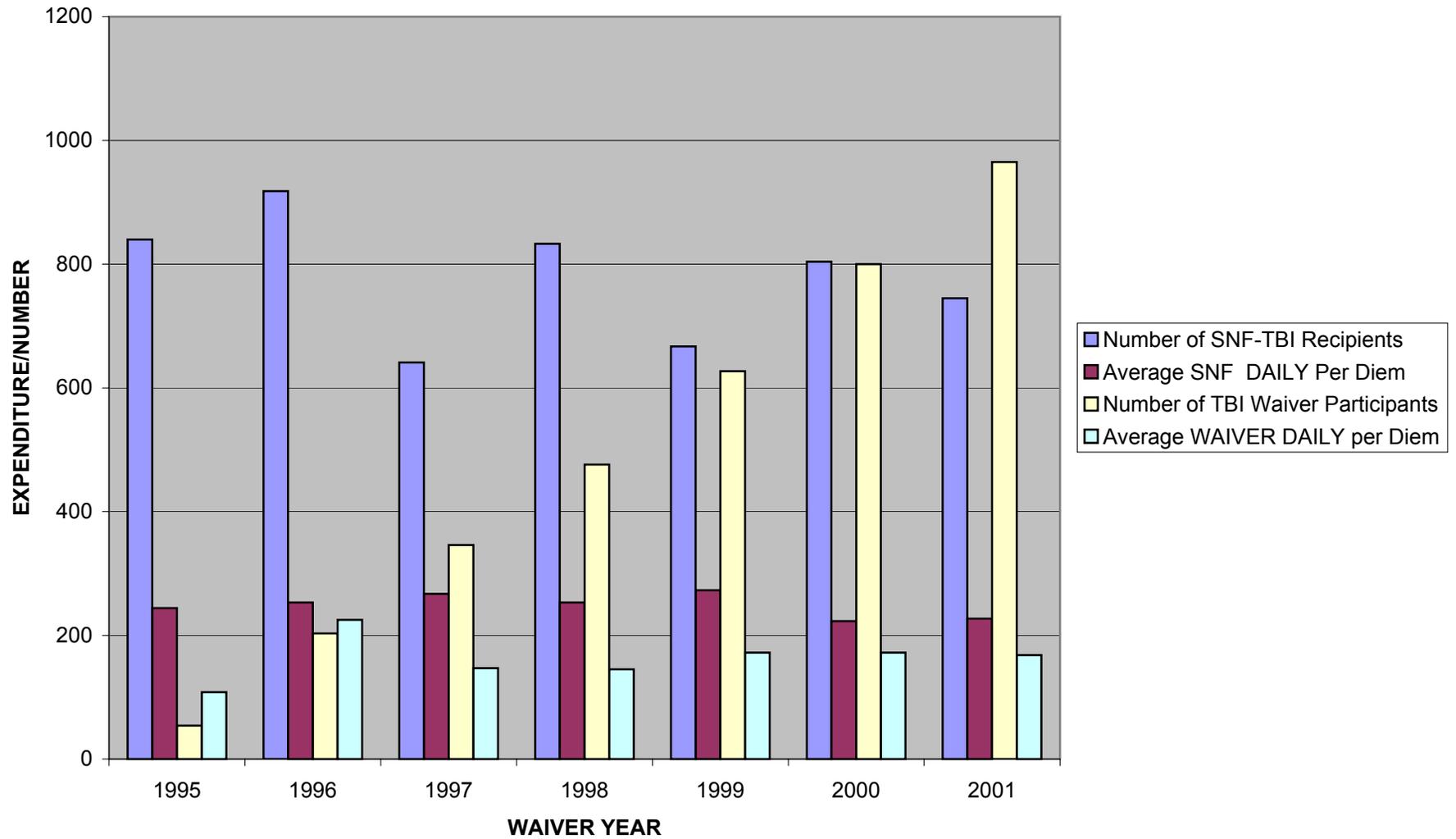


SUMMARY OF THE HCBS/TBI WAIVER 372s														
SDOH-OMM-DC&LDR-BLTC														
10/4/2002														
			FIRST YEAR	SECOND YEAR	THIRD YEAR	FOURTH YEAR	FIFTH YEAR	SIXTH YEAR	SEVENTH YEAR					
			(4/1/95-3/31/96)	(4/1/96-3/31/97)	(4/1/97-3/31/98)	(4/1/98-3/31/99)	(4/1/99-3/31/00)	(4/1/00-3/31/01)	(4/1/01-3/31/02)					
NUMBER OF SNF-TBI RECIPIENTS			840	918	641	833	667	\$ 804	\$ 745					
TOTAL EXPENDITURES (NF+ACUTE)	\$	61,391,483	\$	58,038,009	\$	47,159,232	\$	49,997,717	\$	47,755,077	\$	49,999,839	\$	46,834,007
TOTAL NUMBER OF NF DAYS		251,345		229,572		176,813		187,688		174,868		224,524		206,575
AVERAGE PER DIEM (NF+ACUTE)	\$	244	\$	253	\$	267	\$	253	\$	273	\$	223	\$	227
ANNUAL EXPENDITURE PER RECIPIENT	\$	89,060	\$	92,345	\$	97,455	\$	92,345	\$	99,679	\$	81,283	\$	82,855
NUMBER OF TBI WAIVER RECIPIENTS		54		203		346		476		627		800		965
TOTAL EXPENDITURES (WAIVER+ACUTE)	\$	653,722	\$	7,040,235	\$	14,311,407	\$	22,235,305	\$	33,162,009	\$	43,555,531	\$	54,571,056
TOTAL NUMBER OF WAIVER DAYS		6,043		31,242		97,553		153,356		192,840		253,962		325,441
AVERAGE PER DIEM (WAIVER)	\$	108	\$	225	\$	147	\$	145	\$	172	\$	172	\$	168
ANNUAL EXPENDITURE PER RECIPIENT	\$	39,420	\$	82,125	\$	53,655	\$	52,925	\$	62,768	\$	62,599	\$	61,204

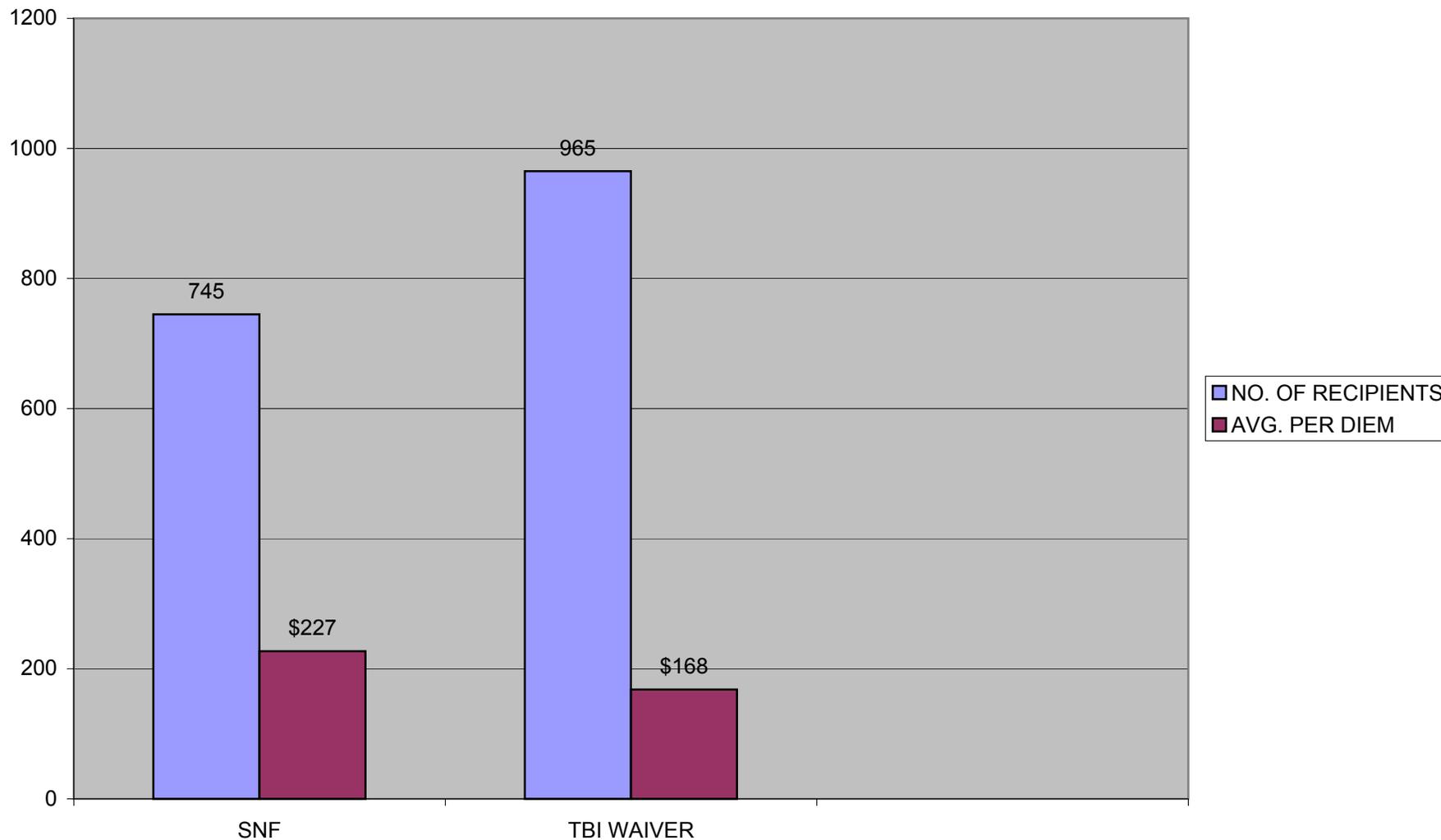
SUMMARY OF HCBS/TBI WAIVER



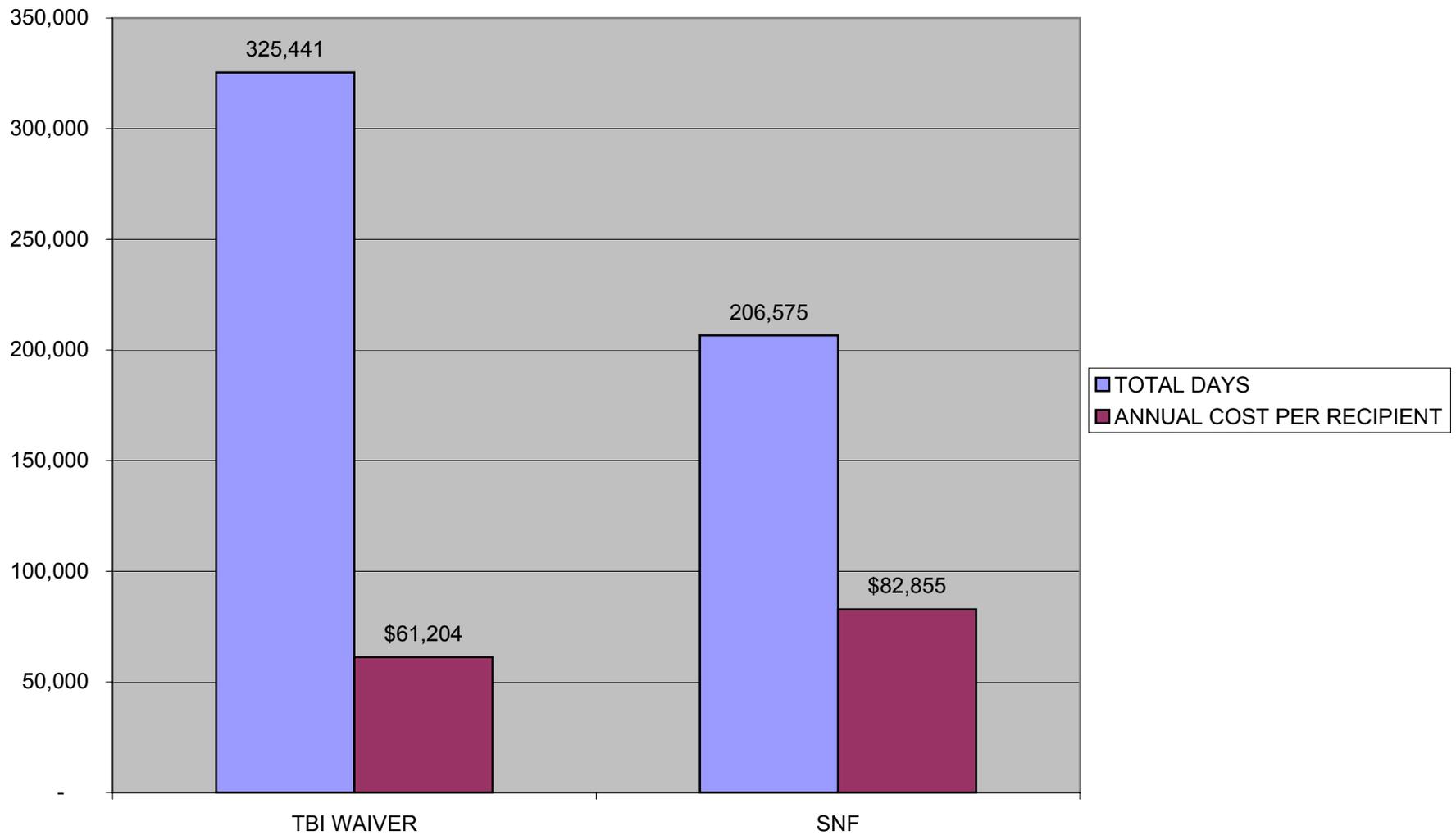
NYSDOH-OMM HCBS/TBI WAIVER SUMMARY NUMBER OF RECIPIENTS IN NURSING FACILITIES/TBI WAIVER AND AVERAGE PER DIEM NURSING FACILITY/TBI WAIVER



HCBS/TBI WAIVER 7TH YEAR (4/1/01-3/31/02) NUMBER OF RECIPIENTS IN NURSING FACILITIES/TBI WAIVER AND AVERAGE PER DIEM NURSING FACILITY/TBI WAIVER



HCBS/TBI WAIVER 7TH YEAR (4/1/01-3/31/02) NUMBER OF SNF/WAIVER DAYS AND ANNUAL COST PER RECIPIENT



SUMMARY OF WAIVER PARTICIPANTS AND EXPENDITURES
 HCBS/TBI WAIVER, NYSDOH-OMM

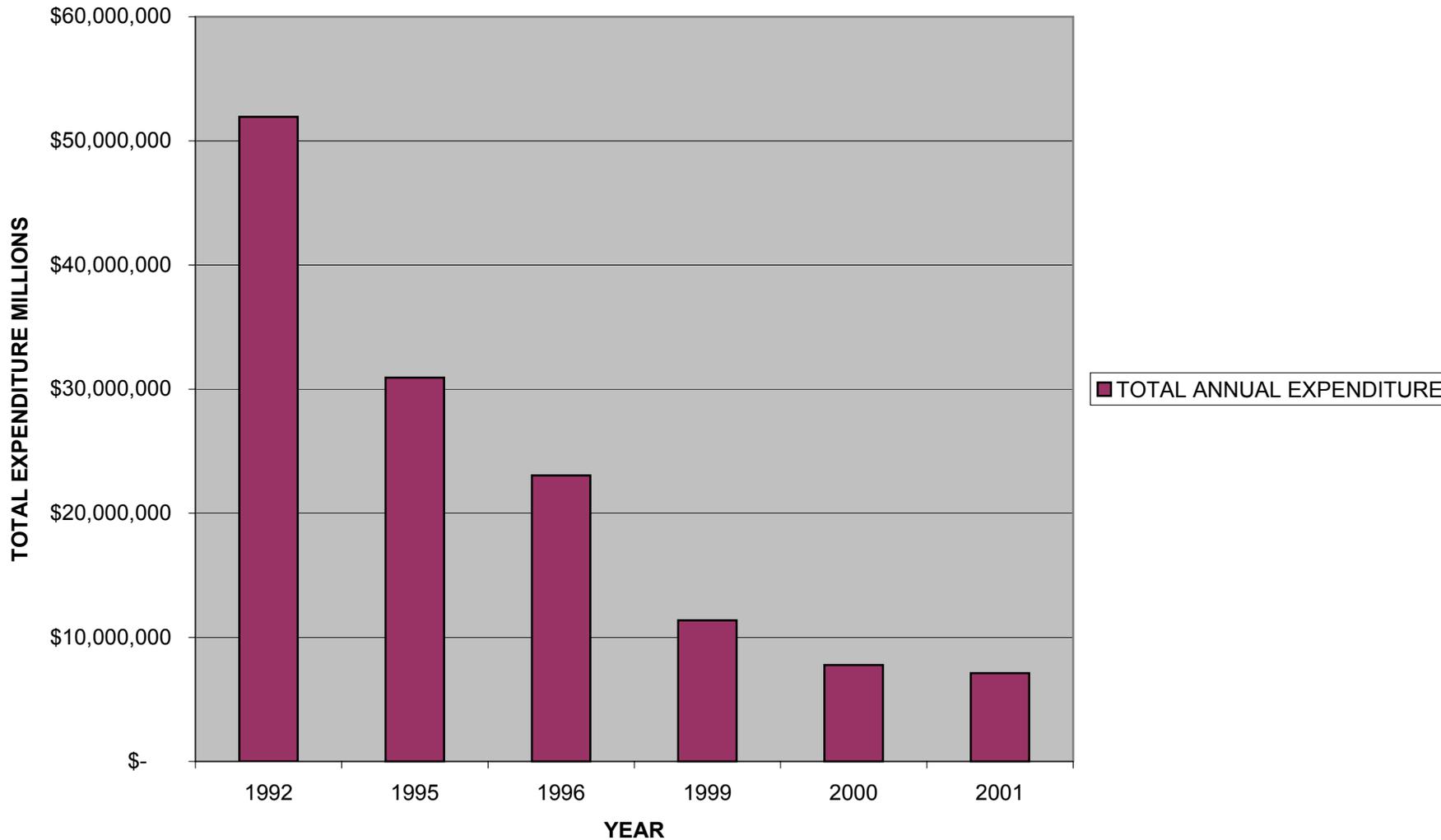
		1995		1996		1997		1998		1999
Number of SNF-TBI Recipients		840		918		641		833		667
Average SNF DAILY Per Diem	\$	244	\$	253	\$	267	\$	253	\$	273
Number of TBI Waiver Participants		54		203		346		476		627
Average WAIVER DAILY per Diem	\$	108	\$	225	\$	147	\$	145	\$	172

	SNF	TBI WAIVER
NO. OF RECIPIENTS	745	965
AVG. PER DIEM	\$ 227	\$ 168

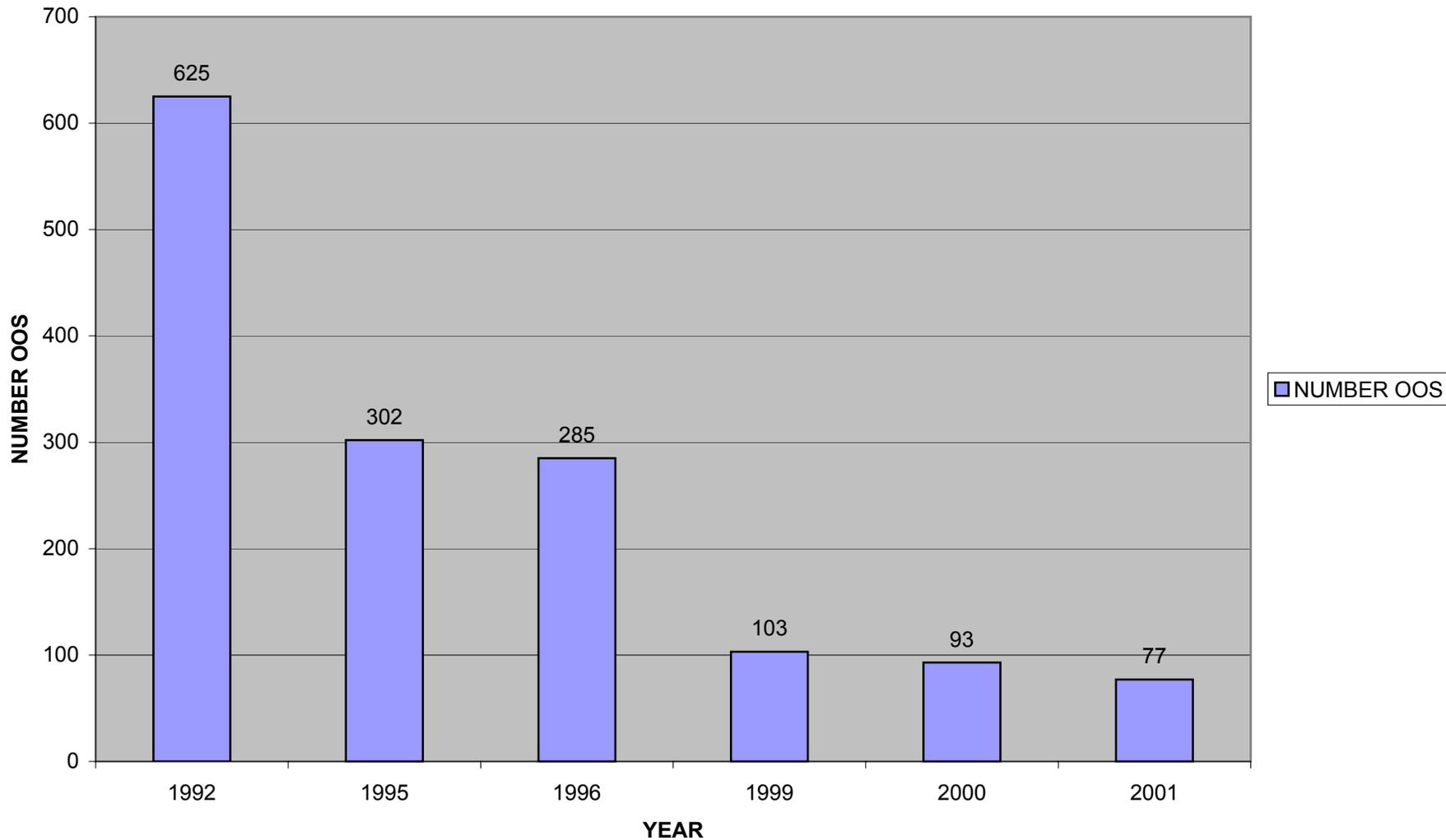
	TBI WAIVER	SNF
TOTAL DAYS	325,441	206,575
ANNUAL COST PER RECIPIENT	\$ 61,204	\$ 82,855

	2000		2001
	804		745
\$	223	\$	227
	800		965
\$	172	\$	168

OUT-OF-STATE TRAUMATIC BRAIN INJURY ANNUAL EXPENDITURES NYSDOH HCBS/TBI WAIVER



OUT OF STATE PLACEMENTS WITH TRAUMATIC BRAIN INJURY NYSDOH HCBS/TBI WAIVER



Out of State Traumatic Brain Injury Placements
Higher Level of Care and Special Care

OUT OF STATE TBI PLACEMENTS 1992, 1995-2001

	1992	1995	1996	1999
NUMBER OOS	625	302	285	103
TOTAL ANNUAL EXPENDITURE	\$ 51,941,013	\$ 30,928,635	\$ 23,035,461	\$ 11,361,568
AVERAGE EXPENDITURE	\$ 83,106	\$ 102,413	\$ 80,826	\$ 110,306

2000	2001
93	77
\$ 7,764,307	\$ 7,117,970
\$ 83,487	\$ 92,441

NEW YORK STATE DEPARTMENT OF HEALTH OFFICE OF MEDICAID MANAGEMENT

Traumatic Brain Injury Initiatives

Home and Community-Based Services Medicaid Waiver for Individuals with Traumatic Brain Injury

The Home and Community-Based Services Medicaid Waiver for Individuals with Traumatic Brain Injury (HCBS/TBI) is one component of a comprehensive strategy developed by the New York State Department of Health to assure that New Yorkers with a traumatic brain injury could receive services within New York in the least restrictive setting.

Philosophy

The HCBS/TBI Medicaid Waiver was developed based on the philosophy that:

1. An individual with a TBI has the same right to be in control of his or her life as anyone else in our society.
2. An individual with a TBI must be able to choose where he or she wants to live, with whom he or she will live and who will provide any needed services.
3. The individual with a TBI has the right to learn as a member of society, by encountering and managing risks, and through experience learn from related failures.

What is a HCBS Medicaid Waiver?

- Medicaid has an institutional bias providing comprehensive services only on an inpatient basis; the waiver is an opportunity for comprehensive services to be available in the community.
- A HCBS Waiver allows states to assemble a package of carefully tailored services to comprehensively meet the needs of a targeted group in a community-based setting.
- A state must assure, through an individualized service plan, the waiver participant's health and welfare.
- The State must assure that the overall cost of serving the waiver participants in the community is less than the cost of serving this same group in an institution.

Why did New York State Develop the HCBS/TBI Medicaid Waiver?

- In the 1970's and 80's New York was sending individuals with TBI to out-of-state nursing homes. By the late 1980's, 500 people were in those facilities at a cost to Medicaid of \$56 million.
- The waiver provides a cost-effective community-based alternative to nursing facility care.
- Individuals with TBI and their families advocated for community-based services and supports.
- Institutional care prevents individuals with a TBI from becoming reintegrated into his/her home community.

Expected Outcomes from the HCBS/TBI Medicaid Waiver

1. Individuals with TBI will be able to choose where and with whom they live.
2. Individuals with TBI will be able to live self-satisfying lives.
3. With a decrease in reliance on expensive nursing facility care, the state Medicaid program will realize significant savings.

To be Eligible for the HCS/TBI Medicaid Waiver an Individual Must:

- Have a diagnosis of TBI or a related diagnosis
- Be eligible for nursing facility level of care
- Be enrolled in the Medicaid Program
- Be 18-64 years old
- Be given a choice of living in the community or in a nursing facility
- Have or find a living arrangement which meets the individual's needs
- Be able to be served with the funds and services available under the HCBS/TBI Waiver and New York State Medicaid State Plan

Source of Supports and Services for Waiver Participants

Informal Supports

- Family
- Friends
- Community

Other State and Federally Funded Services

- VESID
- HEAP
- Housing subsidies/subsidized housing
- Education benefits
- Mental health

- Substance abuse services
- Other

Medicaid State Plan Services and Supports

- Clinic
- Physician/dentist
- Hospital
- Therapies
- Home health – including personal care
- Pharmaceuticals
- Medical transportation
- Medical supplies and equipment
- Eyeglasses
- Hearing aids
- Consumer Directed Personal Assistance Program
- Other

Waiver Services

- Service coordination
- Independent living skills training and development
- Structured day program
- Substance abuse programs
- Intensive behavioral programs
- Community integration counseling
- Home and community support services
- Environmental modifications
- Respite care
- Assistive Technology
- Transportation

HCBS/TBI Waiver Services

1. Service Coordination – The key to individual choice and satisfaction is person-centered service coordination.

Purpose

The Service Coordinator:

- Is responsive to the individual and helps the waiver participant identify his or her unique wishes and needs
- Promotes activities which will increase the individual's independence and life satisfaction

- Assists in the integration of the individual in the community of his/her choice
- Helps in increasing the individual's productivity and participation in meaningful activities
- Assists in arranging for daily living supports and services to meet the individual's needs

2. Independent Living Skills Training and Development

Purpose

To improve and maintain the individual's community living skills so that the individual can live as independently as possible. This will be done primarily in 1:1 training, and will focus on practical needs such as shopping, cooking, money management, use of public transportation, etc. This service is provided in the individual's residence and in the community.

3. Structured Day Programs

Purpose

To improve and maintain the individual's community living skills in a congregate non-residential, non-medical setting. The focus will be on the development of social, problem-solving and task-oriented skills.

4. Substance Abuse Programs

Purpose

To reduce/eliminate substance abuse which may interfere with the individual's ability to remain included in the community. This service will be specifically designed to meet the needs of individuals with cognitive deficits, and will work with existing community support systems, such as AA or Al-Anon, to assist them in becoming more responsive to people with traumatic brain injuries.

5. Intensive Behavioral Programs

Purpose

To eliminate/reduce an individual's severe maladaptive behavior(s) which, if not modified, will interfere with the individual's ability to remain in the community.

These services are provided in the individual's residence and in the community and are provided by a highly trained team to an individual, his/her family, or anyone else having significant contact with the individual.

6. Community Integration Counseling

Purpose

To assist the waiver participant, family and other significant individuals to more effectively manage the stresses and difficulties, associated with the waiver participant living in the community.

7. Home and Community Support Services

Purpose

To assist the individual's ability to live in the community through non-medical assistance. Includes supervision, companion and chore services, which can be provided in the individual's residence or in the community. These aide level services are a compliment to personal care services.

8. Environmental Modifications

Purpose

Physical adaptations to the individual's residence and primary vehicle which ensure the individual's health, safety and welfare and which increases the individual's independence and integration in the community.

9. Respite Care

Purpose

To provide short-term relief for caregivers of individuals who are unable to care for themselves. This service will be provided primarily in the individual's residence.

10. Assistive Technology

Purpose

To provide durable and non-durable medical equipment not usually funded under the State Medicaid Plan. An example of the equipment available through this service is a three wheel cart for mobility purposes.

11. Transportation

Purpose

To provide the means to access non-medical services in the community in order to improve the individual's ability to make use of needed services, and to improve the individual's integration in the community.

Room and Board

The Federal government does not allow funds provided under any Medicaid Waiver to be used for housing or food. These necessities must be paid for through other funds including:

- Family or personal funds
- SSI/SSDI
- subsidized housing
- the TBI housing funds
- Food Stamps

The Use of a Regional Aggregate Budgeting System

The HCBS/TBI Medicaid Waiver will use a regional aggregate cap in determining the amount of funds available for waiver services. This will:

1. Provide the opportunity to serve individuals with greater needs
2. Assure that the maximum benefits possible under the waiver will be realized
3. Allow for maximum creativity and innovation
4. Increase flexibility to accommodate for an individual's short term needs

For further information, please contact Bruce Rosen, Director, HCBS/TBI Waiver, Office of Medicaid Management, New York State Department of Health at 518-474-6580.

NEW YORK STATE DEPARTMENT OF HEALTH OFFICE OF MEDICAID MANAGEMENT

Traumatic Brain Injury Program

Project Return: Bringing Home New Yorkers with TBI

Since 1994 the New York State Department of Health as lead state agency has worked together, with other state agencies to return to New York State individuals with TBI who have been receiving care in out-of-state facilities -- largely because needed resources and supports were not available in state.

Today, because of Department of Health efforts to improve training, increase funding and foster better public understanding, New York State now offers individuals with TBI the highest quality care. New Yorkers with TBI have been able to return to their home state and to live as close as possible to their families -- often in community-based settings.

Accomplishments

- Project Return has saved New York taxpayers millions of dollars by reducing Medicaid payments to out-of-state facilities.
- The number of individuals with TBI living in out-of-state facilities has decreased from over 500 to approximately 57 in September 2002.
- More than 400 individuals living in out-of-state facilities have been able to return to New York State under Project Return.
- Regional Resource Development Specialists throughout the state help the repatriation effort by working with individuals and families from their respective areas to ensure that needed services are provided.
- The DOH Statewide Neurobehavioral Resource Project now available in-state enables individuals, families and providers to deal with the neurobehavioral and cognitive challenges created by TBI. Neurobehavioral needs account for some of the most costly and difficult out-of-state placements. In the past some individuals were served in facilities as distant as Texas.

Project Return reunites families, creates jobs in New York's health related industries and saves Medicaid dollars. Above all, repatriation enables people to come home to a familiar environment where they will have the best opportunity to rebuild their lives with dignity and choice.

For more information, contact Patricia Gumson at (518) 474-6580. Send E-mail to PRG01@Health.State.NY.US

NEW YORK STATE DEPARTMENT OF HEALTH OFFICE OF MEDICAID MANAGEMENT

Traumatic Brain Injury Initiatives

Rental Subsidies and Housing Support Program

The Traumatic Brain Injury (TBI) program provides rental subsidies and housing supports to individuals participating in the Home or Community Based Services (HCBS) TBI Medicaid Waiver. This support is designed to:

- provide choice of housing for persons with TBI;
- assist eligible individuals to obtain accessible, affordable fair market value housing;
- enable maximum independent living opportunities for persons with TBI; and
- assure landlord compliance with the federal Civil Rights Act and related statutes to provide access for persons with disabilities to the housing of their choice.

Requirements

This limited funding resource is available statewide. To seek TBI rental subsidies and housing supports an individual must:

- participate in the Medicaid Waiver and be assessed as financially unable to obtain and maintain fair market value housing in the community without supplemental rental subsidies;
- disclose all available financial resources including Supplemental Needs Trust income;
- apply for all available public housing moneys, including HUD Section 8 rental subsidies; and
- contribute one-third of his/ her income towards fair market value rent. The Department of Health pays the remainder of the rental cost directly to the landlord.

Housing supports cover those items needed by an individual to occupy a residence. They include furniture, appliances, and various basic household items. Funding is not available for construction or capital projects. Moneys for housing supports are reimbursable costs that require receipts.

Expenditures for rental subsidies or housing supports are approved regionally by DOH contracted Regional Resource Development Specialists (RRDS).

The TBI Rental Subsidies and Housing Support program is funded through an allocation of State money made available through the New York State Legislature.

For more information, contact Shirley Gnacik at 518-474-6580.

Rev. 9/02

**NEW YORK STATE DEPARTMENT OF HEALTH
OFFICE OF MEDICAID MANAGEMENT**

Traumatic Brain Injury Initiatives

Regional Resource Development Specialists

Counties Served	Resource Development Specialist And Phone Number	Regional Resource Center
Lower Hudson: Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster and Westchester	Margaret Nunziato, X 102 Magge914@aol.com Ilene Haspel, Assistant RRDS X 137 hcooper4@aol.com Melanie Gasper, Assistant RRDS X 136 mgasper@wilc.org 914-682-3926 914-682-8518 (FAX)	Westchester Independent Living Center 200 Hamilton Avenue, 2 nd Floor White Plains, NY 10601
Long Island: Nassau and Suffolk	Tracy Procino, X 213 tprocino@lihia.org Alice Flynn, X214, Assistant RRDS aflynn@lihia.org Mary Ellen Moire, Admin. Asst., X261 631-543-2245 631-543-2509 (FAX)	Long Island Head Injury Association 65 Austin Boulevard Commack, NY 11725
New York City: Boroughs of Manhattan, Brooklyn and Staten Island	Marie Cavallo mcavallo@ahrcnyc.org Gloria Liu glorial@ahrcnyc.org 212-634-8671 Alicja Garza, Assistant RRDS alicja@ahrcnyc.org 212-634-8676 Anna Filippova, Assistant RRDS annaf@ahrcnyc.org 212-634-8674 212-564-4529 (FAX)	AHRC – Association for the Help of Retarded Children TBI Services 254 West 29 th Street, 6 th Floor New York, NY 10001
New York City: Boroughs of Bronx and Queens	Ronnie Gala 718-271-4373 ronniegala@aol.com Terri Coleman, Assistant RRDS 718-271-4373 Nancy Carnes, Admin. Asst. 718-271-4373 718-271-9215 (FAX)	Park Terrace Center for TBI Community Re-Entry 109-40 Saultell Avenue Rego Park, NY 11368
Albany South: Albany, Schenectady, Greene, Rensselaer, Schoharie and Columbia	Barbara McCarthy 518-437-5549 Vigeant@cftd.org Maria Relyea, Assistant RRDS 518-437-5550 Relyea@cftd.org 518-437-5777 (FAX)	Institute for Rehabilitative Services Center for Disabled 314 South Manning Boulevard Albany, NY 12208
Albany North: Fulton, Montgomery, Saratoga, Washington, Warren, Hamilton, Essex, Franklin and Clinton	Karen Thayer 518-736-4101 kannthayer@aol.com Joy Leiden, Assistant RRDS 518-736-4102 518-736-4104 (FAX)	Lexington Center TBI Regional Resource Development Center 151 Townsend Avenue Johnstown, NY 12095

Syracuse/Utica North: Onondaga, Madison, Herkimer, Oneida, Oswego, Lewis, Jefferson and St. Lawrence	Rose Roberts Joanne Ciccone Joanne.ciccone@rcil.com Mark Powroznik Mark.powroznik@rcil.com 315-797-4642 315-797-4747 (FAX)	RCIL – Resource Center for Independent Living PO Box 210 409 Columbia Street Utica, NY 13502
Binghamton Southern Tier Region: Broome, Steuben, Schuyler, Tioga, Delaware, Tompkins, Cortland, Chenango, Cayuga, Chemung, Cattaraugus, Allegany and Otsego	Rhonda Bennett Beth Hall tbiresource@stic-cil.org 607-724-2111 607-772-3609 (FAX) Mark Corwine – Outreach Coordinator 585-593-5700 (ex. 563) Markcorwine@alleganyarc.org	Southern Tier Independence Center 24 Prospect Avenue Binghamton, NY 13901
Rochester Region: Monroe, Wayne, Ontario, Seneca, Genesee, Livingston and Yates	Paul Akers Pakers@unityhealth.org 585-368-3833 Kate Aghaghiri kaghaghiri@unityhealth.org 585-368-3764 585-368-3838 (FAX)	Unity Health Systems Brain Injury, Pediatric & General Rehab Programs 89 Genesee Street Rochester, NY 14611
Buffalo Region: Erie, Chautauqua, Wyoming, Orleans and Niagara	Ronald Fernandez Terry Banks westernnewyorkwaiver@hotmail.com 716-822-2261 716-822-6650 (FAX)	Headway for Brain Injured, Inc. 856 Ridge Road Buffalo, NY 14218

Statewide:

NYS DOH TBI Program Staff	Marcia Anderson (Contracts, Vouchers, Medicaid Billing) Maa06@health.state.ny.us Shirley Gnacik (Housing) Shg02@health.state.ny.us Patricia Greene Gumson (RRDS) Prq01@health.state.ny.us Bruce Rosen (Waiver) Bhr01@health.state.ny.us Laura Roe , Administrative Asst. Lar04@health.state.ny.us	NYS Department of Health Bureau of Long Term Care TBI Program One Commerce Plaza, Room 724 Albany, NY 12260 518-474-6580 518-474-7067 (FAX)
Wildwood Institute Statewide Neurobehavioral Resource Project	Tim Feeney tfeeney@wildwood.edu Rudy Vido & Jason Hoke, Assistants 518-347-1891 518-347-3445 (FAX)	Wildwood Institute 219 Liberty Street Schenectady, NY 12305
TBI Housing Resource, Residential Placement Management Services (RPMS)	Julie Hayes , Statewide Coordinator julieh@cucs.org 212-801-3340 Anne Mullaney annemu@cucs.org 212-801-3334 Renee Bueller 212-801-3312 212-801-3360 (FAX)	Center for Urban Community Services (CUCS) 120 Wall Street, 25 th Floor New York, NY 10005

Today's Program:

- Home and Community Based Waiver for Individuals with a Traumatic Brain Injury
- Waiver administration
- Service description
- Eligibility

What is Traumatic Brain Injury (TBI)?

TBI: is an injury to the tissues of the brain resulting in alterations or loss of one or more brain functions. Areas of the brain are interconnected; damage to any part can result in:

- Cognitive
- Motor
- Sensory
- Emotional or behavioral changes

What Are Some Common Causes of Brain Injury?

- Motor vehicle accident
- Falls
- Sports injuries
- Assaults
- Gunshot wounds

What Are Some Common Causes of Brain Injury?

- Domestic violence and child abuse
- Oxygen deprivation
- Toxic substance
- Allergic Reactions
- Electric Shock

What Are Some Common Causes of Brain Injury?

- Acute medical/clinical incidents such as respiratory arrest
- Cardiac Arrest
- Blood loss

What Physical Impairments Can TBI Cause?

- Visual
- Hearing and speech
- Loss of taste and smell
- Loss of motor control, spasticity

What Physical Impairments Can TBI Cause?

- Balance and coordination
- Paralysis (hemi paresis and quadriplegia)
- Fatigue
- Post traumatic seizure disorders
- Endocrine Disorders

What Are The Cognitive Challenges Caused by TBI?

- Memory loss (short and long term)
- Problems in arousal, attention, concentration, initiative, planning, follow-up and judgment
- Difficulty with abstract thinking, communication and in generalizing skills

Why is TBI Termed The Equal Opportunity Disability?

- Can happen to anyone, of any age, anywhere at any time
- Leading killer and disabler of Americans under age 34
- A brain injury occurs every 15 seconds
- Claimed more lives since the turn of the century than all U.S. wars combined

What is The Difference Between Brain Injury and Other Disabilities?

- Injury happens suddenly under traumatic circumstances
- Some areas of the brain remain intact while others are injured

What is The Difference Between Brain Injury and Other Disabilities?

- Individual remembers former life, identity and abilities
- Has great difficulty accepting change and grieves many losses

TBI Medicaid Waiver

TBI Waiver:

- Federal approval was granted in 1995
- Renewed by CMS in 2003 for additional 5 years, additional 300 waivers were permitted each year

TBI Waiver

- HCBS/TBI current census in the waiver is 1,400
- Medicaid monthly cost per person is \$5,160 versus \$6,784 per person for a TBI individual living in a nursing home
- Cost savings of the waiver in lieu of nursing home placement is \$20,000 per person per year

TBI Waiver Success Stories

- More than 500+ individuals transitioned from out-of-state health care facilities
- Over 750 individuals successfully diverted from institutional placements

HCBS/ TBI Medicaid Waiver

- An individual with a TBI has the same right to be in control of his or her life as anyone else in our society.
- An individual with a TBI must be able to choose where he or she wants to live, with whom he or she will live and who will provide any needed services.

HCBS/ TBI Medicaid Waiver

- The individual with a TBI has the right to learn as a member of society, by encountering and managing risks, and through experience learn from related failures.

What is a HCBS Medicaid Waiver?

- The waiver provides a cost-effective community-based alternative to nursing facility care.
- Individuals with TBI and their families advocated for community-based services and supports.

What is a HCBS Medicaid Waiver?

- Institutional care prevents individuals with a TBI from becoming reintegrated into his/her home community.

Expected Outcomes

1. Individuals with TBI will be able to choose where and with whom they live.
2. Individuals with TBI will be able to live self-satisfying lives.
3. With a decrease in reliance on expensive nursing facility care, the state Medicaid program will realize significant savings.

Eligibility for HCBS/TBI Waiver

- Have a diagnosis of TBI or a related diagnosis
- Be eligible for nursing facility level of care
- Be enrolled in the Medicaid Program
- Be 18-64 years old (Individuals injured before the age of 22 may be eligible for services under a waiver operated by the OMRDD)

Eligibility for HCBS/TBI Waiver

- Be given a choice of living in the community or in a nursing facility
- Have or find a living arrangement which meets the individual's needs
- Be able to be served with the funds and services available under the HCBS/TBI Waiver and New York State Medicaid State Plan

Source of Supports and Services for Waiver Participants

- Informal Supports:
 - Family
 - Friends
 - Community

Source of Supports and Services for Waiver Participants

- Other State and Federally Funded Services:
 - VESID
 - HEAP
 - Housing subsidies/subsidized housing
 - Education benefits
 - Mental health
 - Substance abuse services
 - Other

Source of Supports and Services for Waiver Participants

- Medicaid State Plan Services and Supports:
 - Clinic
 - Physician/dentist
 - Hospital
 - Therapies
 - Home health – including personal care

Source of Supports and Services for Waiver Participants

- Medicaid State Plan Services and Supports:
 - Pharmaceuticals
 - Medical transportation
 - Medical supplies and equipment
 - Eyeglasses
 - Hearing aids
 - Other

Source of Supports and Services for Waiver Participants

- Waiver Services:
 - Service coordination
 - Independent living skills training and development
 - Structured day program
 - Substance abuse programs
 - Intensive behavioral programs

Source of Supports and Services for Waiver Participants

- Waiver Services:
 - Community integration counseling
 - Home and community support services
 - Environmental modifications
 - Respite care
 - Special medical equipment and supplies
 - Transportation

The Service Coordinator:

- Is responsive to the individual and helps the waiver participant identify his or her unique wishes and needs
- Promotes activities which will increase the individual's independence and life satisfaction
- Assists in the integration of the individual in the community of his/her choice

The Service Coordinator:

- Helps in increasing the individual's productivity and participation in meaningful activities
- Assists in arranging for daily living supports and services to meet the individual's needs

LDSS Role in TBI Waiver

- Determine Medicaid Eligibility
- Enter Restricted Recipient code 81 (R/E code 81)
- Prior Approval Medical and Waiver Transportation

LDSS Role in TBI Waiver

- Prior Approval Title XIX Personal Care Services as needed
- Refer Potential Waiver Participants to Regional Resource Development Specialists (RRDSs)

Cost Effectiveness

There is growing evidence that well conceived supports, provided in a collaborative manner, can result in services that are not as costly as those associated with long-term institutional services and may continue to result in decreased costs to taxpayers.

Year	Average Daily Cost	Range	Total Expended
Pre-waiver 1997	\$215	\$160-\$225	\$3,609,851
1998	\$187	\$135-\$322	\$3,193,490
1999	\$153	\$67-\$497	\$2,567,661
2000	\$157	\$0-\$497	\$1,989,010
2001	\$144	\$0-\$497	\$1,846,322

Average Daily Costs

- OMH Daily PC = \$530
- DOC Regional Medical Units = \$200+
- OMRDD Level 4 Care = \$544
- OMRDD Comprehensive Intensive Treatment = \$2593
- Average TBI Waiver = \$170

For More Information:

- Bruce Rosen
474-6580
bhr01@health.state.ny.us
- Patricia Gumson
474-6580
prg01@health.state.ny.us

For Handouts and Online Evaluation:

- Intranet:
<http://sdssnet5/ohrd>
- Internet:
<http://www.dfa.state.ny.us/ohrd/>