

**Anthem**    
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HealthKeepers, Inc.  
Anthem HealthKeepers Plus Medicaid products

# Brain injury services case management: Provider training

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# Eligible membership at HealthKeepers, Inc.

## A flagship Virginia health plan:

- One of the largest managed care organizations (MCOs) since inception of managed care (over 25 years) for Cardinal Care Medicaid – Virginia’s state Medicaid program.
- Serving over 550,000 Medicaid members
- 10,557 Anthem HealthKeepers Plus members with traumatic brain injuries (TBI)
- 3,052 of those members are estimated to have a *severe or moderately severe* TB and would meet the medical necessity criteria for Brain Injury Services (BIS) Targeted Case Management (TCM) services
- BIS TCM is a new service being offered under the Cardinal Care Medicaid contract.

# Eligibility

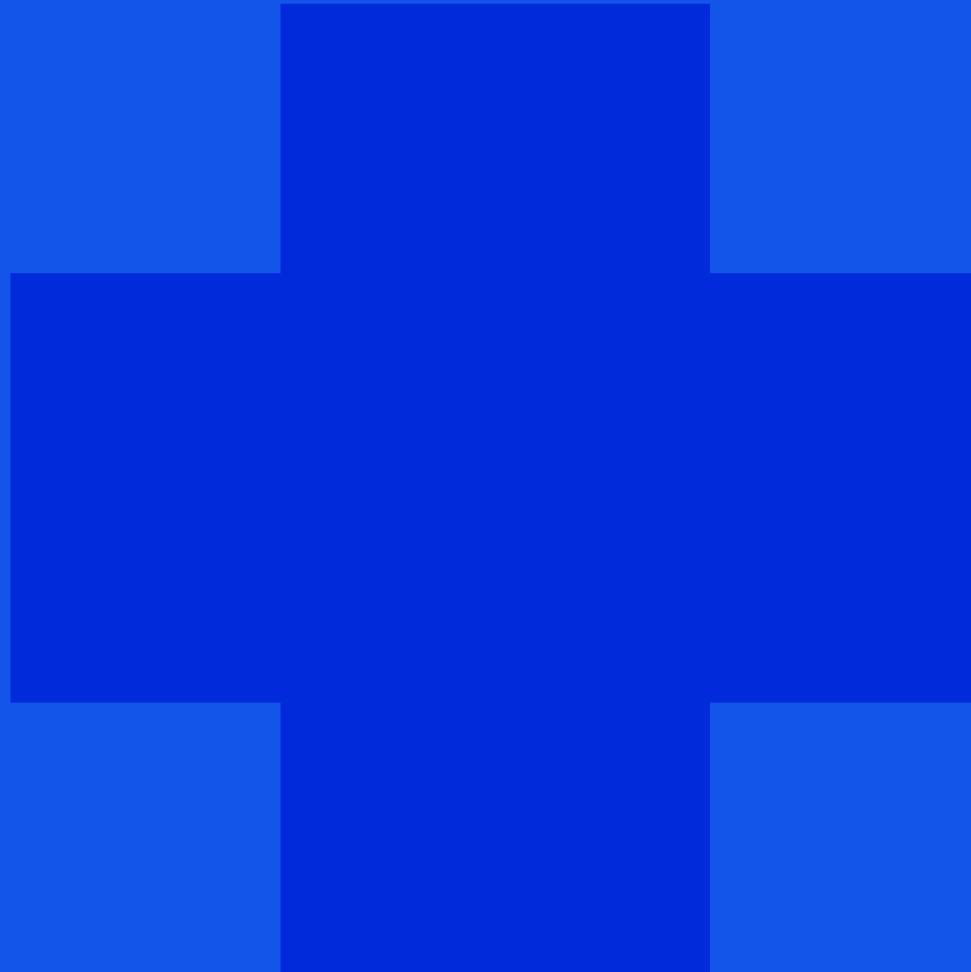
- To be eligible to receive BIS CM services, the member must reside in the community or be planning for discharge from a facility within six months:
  - Members enrolled in Medicaid FFS or in Medicaid MCO **are** eligible for this service.
  - Members enrolled in the FAMIS benefit, including FAMIS FFS and FAMIS MCO, **are not** eligible for this service.
  - Members enrolled in FAMIS Plus **are** eligible for this service.
  - Members may reside in a facility and be eligible for BIS CM six months preceding their expected discharge.
  - Members must be 18 years of age and older.

# Medical necessity criteria

Criteria for BIS CM services includes:

- TBI Diagnosis – Defined
- Functional Needs – MPAI-4 T-Score:
  - **Both of the above criteria must be met to approve BIS CM.**
- All members shall have a physician documented diagnosis of TBI with associated functional impairments resulting from the injury that meet the severity threshold.
- A TBI is defined as brain damage due to a blunt blow to the head; a penetrating head injury; injury resulting in compression to the brain; severe whiplash causing internal damage to the brain; or head injury secondary to an explosion:
  - Exclusions: Brain damage secondary to other neurological insults (for example, infection of the brain, stroke, anoxia, brain tumor, Alzheimer's disease, and other conditions causing dementia, and other neurodegenerative diseases) is not considered to be a TBI.

MPAI-4 T-Score



# Functional needs: MPAI-4 T-Score

- The TBI is severe as indicated by a T-Score of 50 or above on the MPAI-4, and has caused chronic, residual deficits and disability, including significant impairment of behavioral, cognitive, and/or physical functioning, resulting in difficulty managing everyday life activities, and an ongoing need for assistance with accessing needed medical, social, educational, behavioral health, and other services.
- Review MPAI-4 T-score and specific ability index scores to ensure medical necessity criteria is met:
  - T-Scores of 60 or above **are** eligible.
  - If a member has a MPAI-4 T-Score of 50 through 59, the member **must** meet score of 4 on **at least one** of the three functional ability index deficits on the assessment.
  - T-Scores of 49 and below **are not** eligible.

# Care coordination and care management



# MCO CM and coordination of care requirements

- A coordinated communication process must be in place per contract requirements between the MCOs Medical UM Team and the assigned MCO CM regarding service authorizations and ongoing service needs.
- A coordinated communication process between the MCO CM and BIS CM provider must be established for members being assessed and/or receiving BIS CM.
- For members that do not qualify for BIS CM either during the initial assessment phase by the BIS CM provider or during MCO UM SA review, the MCO CM must be made aware of member status for coordination of care purposes.



# MCO CM vs. Provider CM: Assessment/intake scope

- Provider CM role:
  - Submit authorization for BIS CM services (S0281)
  - Inquire of member if they have other case management services and make clear they can only prioritize in one
  - Educate member on BI CM vs other types of CM
  - Provide documentation necessary for authorization process, including diagnosis and documentation as well as MPAI
- MCO CM role:
  - Interpretation of MPAI if necessary
  - Support in finding relevant providers in our network
  - Coordination with MCO if a member referred to them does not meet criteria for the service but still needs support and coordination with other providers

# Plan of care

- The initial TCM plan POC includes the following detailed information:
  - Identified health and safety concerns
  - Interventions to address functional support needs, physical limitations, cognitive impairments, behavioral health concerns, and substance use issues
  - Available resources including current services received, DME, Home modifications, highest level of education, and family/caregiver support
  - Identified environmental barriers to include all current and potential social and physical barriers
  - Member's previous and current employment status
  - Any other pertinent information related to the member's needs and status

# Member choice

- Members receiving active case management services from provider and meet BIS CM criteria, have a choice in case management services. The MCO CM will offer support and education to the member when choosing which services to utilize to support informed decision making. The MCO CM and MCO UM staff will assist with a service provider transfer from the previous case management service to the BIS CM provider to avoid any disruption in services. Provider network and access must be considered during this transition.
- MCO CM support in providing contact information for other providers must be for available contracted providers and may be necessary to facilitate a service provider transfer from the previous case management service to the BIS provider.

# Different types of case management

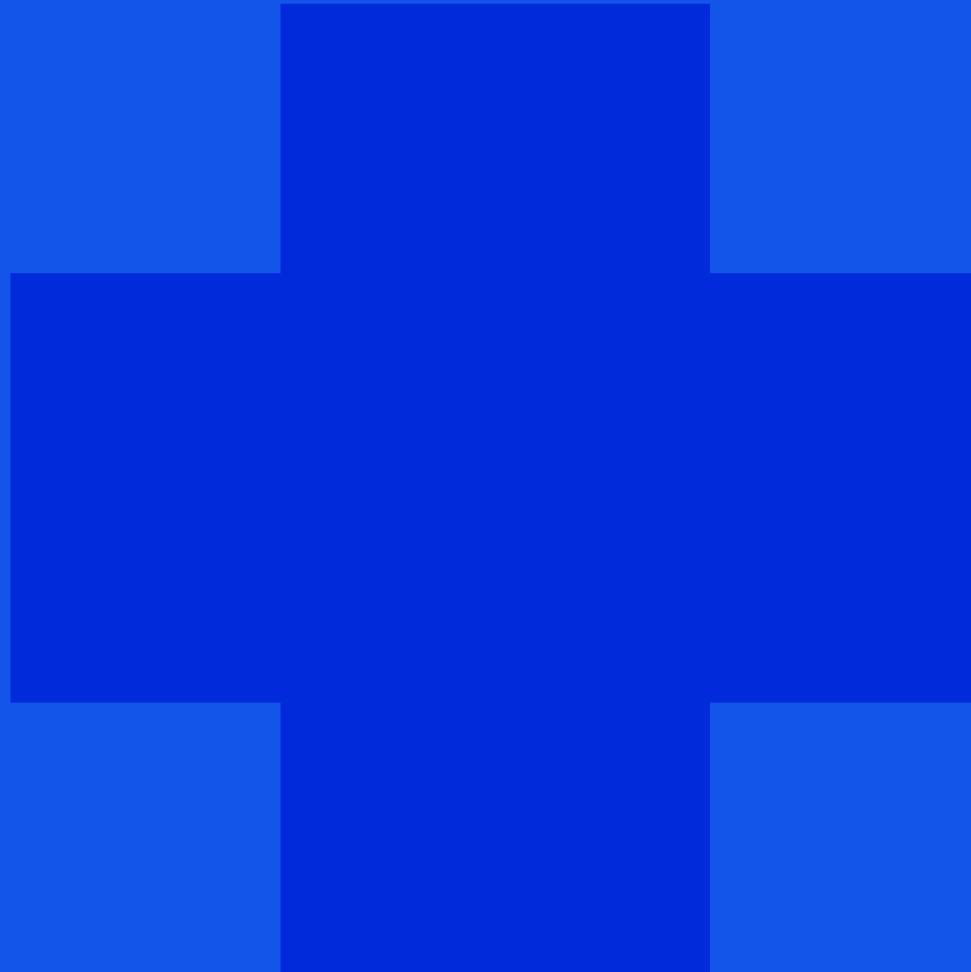
## **Historical types of case management in Virginia Medicaid:**

- Mental Health Case Management
- ID/DD Case Management
- BabyCare Case Management
- Treatment Foster Care Case Management
- SUD Case Management
- Early Intervention Targeted Case Management (2011, updated 2022)

## **CM codes that cannot overlap with BIS:**

- T1016- Foster Care
- T1017- ID CM
- H0023- MH CM
- T2023- DD CM
- H0006- ARTS CM
- S0281 (2nd BIS CM provider)

# Service authorization process



# UM review process

- BIS CM providers will complete and submit the DMAS approved Service Authorization (SA) Request form. Approval for these services will be reviewed by the long-term services and supports (LTSS) UM Clinical Review Team.
  - The BIS CM provider will be requesting SA approval for:
    - BIS Targeted Case Management (S0281)
- \* Members must meet member eligibility criteria before an authorization for S0281 can be issued.

# Required forms

- *BIS TCM Authorization Form*
- Documented TBI diagnosis (if no TBI diagnosis, a doctor's letter/documentation that member has been evaluated for a traumatic TBI):
  - Submission of medical records or physician attestation/documentation are not required to validate a TBI diagnosis but must be maintained as part of the medial record by the BIS TCM provider.
- MPAI-4 form (four pages)
- Preliminary Plan of Care

# Authorization form

## Brain Injury Services Case Management (BIS TCM)

### Service Authorization Review Form – Initial Requests

Fax Form to Respective Health Plan Using Contact Information Below  
PLEASE TYPE INFORMATION IN THIS FORM – MUST BE COMPLETED BY APPROPRIATELY CREDENTIALLED CASE MANAGER AS REQUIRED BY DMAS  
Supporting clinical information including discharge summaries may be attached to this form.

MEMBER INFORMATION	
Member Name: <input type="text"/>	DOB: <input type="text"/>
Member ID: <input type="text"/>	If retroactively enrolled, provide enrollment date: <input type="text"/>
PROVIDER INFORMATION	
Case Mgt Provider Name: <input type="text"/>	Case Mgt Provider NPI: <input type="text"/>
Street Address: <input type="text"/>	Case Manager Fax #: <input type="text"/>
City   State   Zip: <input type="text"/>	
Case Mgt Contact Person Name (first and last): <input type="text"/>	Physician Name/NPI: <input type="text"/>
Case Mgt Contact Person Phone: <input type="text"/>	Physician Contact Person Phone: <input type="text"/>
Medical documentation supporting diagnosis of TBI included? Yes <input type="checkbox"/> NO <input type="checkbox"/>	Is the Member receiving Case Management now? Yes <input type="checkbox"/> No <input type="checkbox"/>
ICD-10 Diagnosis Code confirming TBI= <input type="text"/>	If yes, which Medicaid Service? ID <input type="text"/> DD <input type="checkbox"/>
MPAI-4 Completed? Yes <input type="checkbox"/> NO <input type="checkbox"/> (The MPAI-4 must be completed to receive authorization for TCM)	ARTS <input type="checkbox"/> MH <input type="checkbox"/> TFC <input type="checkbox"/>
S0281- 1 unit per Month <input type="checkbox"/> check box	Completed MPAI-4 scoring sheet is attached? Yes <input type="checkbox"/> NO <input type="checkbox"/>
S0281 Case Management Services Start Date: <input type="text"/>	Preliminary plan of care (POC) for new SA request or updated POC attached for ongoing SA request? Yes <input type="checkbox"/> NO <input type="checkbox"/>
S0281 Case Management Services End Date: <input type="text"/>	
NOTE: Date range requested for TCM, not to exceed 6 months.	



#### MPAI-4 Scoring Criteria for Identifying Eligibility for BIS TCM

The MPAI-4 (the Mayo Portland Adaptability Inventory) is used to identify severity level of the member's functional deficits as a result of their TBI

Enter MPAI-4 T-Score here:

If the MPAI-4 T-score is 60 or greater, then the member meets the functional eligibility criterion of having severe functional deficits as a result of their TBI.

If the MPAI-4 T-score is less than 60, but equal to or greater than 50 (MPAI-4 T-score is in the range of 50 to 59); then complete the table below of additional item-specific scoring criteria to identify if the member meets the functional eligibility criterion of having severe functional deficits due to the TBI:

The RESPONSE TO AT LEAST ONE ITEM-SPECIFIC SCORING CRITERION, among all of the below item-specific scoring criteria UNDER EITHER ONE OF THE FOUR PARTS: PART A: Ability index, PART B: Adjustment index, PART C: Participation index, and PART D: Pre-existing and Associated Conditions; NEEDS TO BE A "YES" to meet the eligibility criterion of having severe functional deficits as a result of the TBI.

DMAS  
Brain Injury Services Targeted Case Management

If criterion met: Check the box in the "YES" column. If criterion not met: Check the box in the "NO" column		Item-Specific Scoring Criterion
		<b>ABILITY INDEX</b>
YES	NO	<b>Physical Abilities</b>
<input type="checkbox"/>	<input type="checkbox"/>	A score of 4 on Item 1: Mobility <b>and</b> A score of 4 on Item 2: Use of Hands
<input type="checkbox"/>	<input type="checkbox"/>	A score of 4 on Item 3: Vision <b>and</b> A score of 4 on Item 4: Audition
YES	NO	<b>Cognition</b>
<input type="checkbox"/>	<input type="checkbox"/>	A score of 4 on Item 8: Attention/Concentration
<input type="checkbox"/>	<input type="checkbox"/>	A score of 4 on Item 9: Memory <b>and</b> A score of 4 on Item 10: Fund of Information
<input type="checkbox"/>	<input type="checkbox"/>	A score of 4 on Item 9: Memory <b>and</b> A score of 4 on Item 11: Novel Problem-solving
YES	NO	<b>ADJUSTMENT INDEX</b>
<input type="checkbox"/>	<input type="checkbox"/>	A score of 4 on Item 14: Depression
<input type="checkbox"/>	<input type="checkbox"/>	A score of 4 on Item 15: Irritability, anger, aggression
<input type="checkbox"/>	<input type="checkbox"/>	A score of 4 on Item 20: Impaired self-awareness
YES	NO	<b>PARTICIPATION INDEX</b>
<input type="checkbox"/>	<input type="checkbox"/>	A score of 4 on Item 25: Self-care
YES	NO	<b>PRE-EXISTING and ASSOCIATED CONDITIONS</b>
<input type="checkbox"/>	<input type="checkbox"/>	POST-INJURY SCORE: A score of 4 on Item 32: Psychotic symptoms

#### SIGNATURE OF STAFF COMPLETING THE FORM

Name (print): <input type="text"/>
Signature/Credential: <input type="text"/>
Date: <input type="text"/>

PLEASE SEND THIS FORM TO THE DESIGNATED HEALTHCARE PLAN USING THE CONTACT INFORMATION BELOW  
FOLLOWING THE TIME FRAME REQUIREMENTS IN THE BIS TCM PROVIDER MANUAL.



# MPAI-4 Scoring Form

## Mayo-Portland Adaptability Inventory-4

Muriel D. Lezak, PhD, ABPP & James F. Malesc, PhD, ABPP

Name: \_\_\_\_\_ Clinic # \_\_\_\_\_ Date \_\_\_\_\_

Person reporting (circle one): Single Professional Professional Consensus Person with brain injury Significant other: \_\_\_\_\_

Below each item, circle the number that best describes the level at which the person being evaluated experiences problems. Mark the greatest level of problem that is appropriate. Problems that interfere rarely with daily or valued activities, that is, less than 5% of the time, should be considered not to interfere. Write comments about specific items at the end of the rating scale.

For Items 1-20, please use the rating scale below.

0 None	1 Mild problem but does not interfere with activities; may use assistive device or medication	2 Mild problem; interferes with activities 5-24% of the time	3 Moderate problem; interferes with activities 25-75% of the time	4 Severe problem; interferes with activities more than 75% of the time
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Part A. Abilities	
1. <b>Mobility:</b> Problems walking or moving; balance problems that interfere with moving about	0 1 2 3 4
2. <b>Use of hands:</b> Impaired strength or coordination in one or both hands	0 1 2 3 4
3. <b>Vision:</b> Problems seeing; double vision; eye, brain, or nerve injuries that interfere with seeing	0 1 2 3 4
4. <b>*Audition:</b> Problems hearing; ringing in the ears	0 1 2 3 4
5. <b>Dizziness:</b> Feeling unsteady, dizzy, light-headed	0 1 2 3 4
6. <b>Motor speech:</b> Abnormal clearness or rate of speech; stuttering	0 1 2 3 4
7A. <b>Verbal communication:</b> Problems expressing or understanding language	0 1 2 3 4
7B. <b>Nonverbal communication:</b> Restricted or unusual gestures or facial expressions; talking too much or not enough; missing nonverbal cues from others	0 1 2 3 4
8. <b>Attention/Concentration:</b> Problems ignoring distractions, shifting attention, keeping more than one thing in mind at a time	0 1 2 3 4
9. <b>Memory:</b> Problems learning and recalling new information	0 1 2 3 4
10. <b>Fund of Information:</b> Problems remembering information learned in school or on the job; difficulty remembering information about self and family from years ago	0 1 2 3 4
11. <b>Novel problem-solving:</b> Problems thinking up solutions or picking the best solution to new problems	0 1 2 3 4
12. <b>Visuospatial abilities:</b> Problems drawing, assembling things, route-finding, being visually aware on both the left and right sides	0 1 2 3 4

Part B. Adjustment	
13. <b>Anxiety:</b> Tense, nervous, fearful, phobias, nightmares, flashbacks of stressful events	0 1 2 3 4
14. <b>Depression:</b> Sad, blue, hopeless, poor appetite, poor sleep, worry, self-criticism	0 1 2 3 4
15. <b>Irritability, anger, aggression:</b> Verbal or physical expressions of anger	0 1 2 3 4
16. <b>*Pain and headache:</b> Verbal and nonverbal expressions of pain; activities limited by pain	0 1 2 3 4
17. <b>Fatigue:</b> Feeling tired; lack of energy; tiring easily	0 1 2 3 4
18. <b>Sensitivity to mild symptoms:</b> Focusing on thinking, physical or emotional problems attributed to brain injury; rate only how concern or worry about these symptoms affects current functioning over and above the effects of the symptoms themselves	0 1 2 3 4
19. <b>Inappropriate social interaction:</b> Acting childish, silly, rude, behavior not fitting for time and place	0 1 2 3 4
20. <b>Impaired self-awareness:</b> Lack of recognition of personal limitations and disabilities and how they interfere with everyday activities and work or school	0 1 2 3 4

Use scale at the bottom of the page to rate item #21

21. <b>Family/significant relationships:</b> Interactions with close others; describe stress within the family or those closest to the person with brain injury; "family functioning" means cooperating to accomplish those tasks that need to be done to keep the household running
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0 Normal stress within family or other close network of relationships	1 Mild stress that does not interfere with family functioning	2 Mild stress that interferes with family functioning 5-24% of the time	3 Moderate stress that interferes with family functioning 25-75% of the time	4 Severe stress that interferes with family functioning more than 75% of the time
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## Part C. Participation

22. <b>Initiation:</b> Problems getting started on activities without prompting				
0 None	1 Mild problem but does not interfere with activities; may use assistive device or medication	2 Mild problem; interferes with activities 5-24% of the time	3 Moderate problem; interferes with activities 25-75% of the time	4 Severe problem; interferes with activities more than 75% of the time
23. <b>Social contact with friends, work associates, and other people who are not family, significant others, or professionals</b>				
0 Normal involvement with others	1 Mild difficulty in social situations but maintains normal involvement with others	2 Mildly limited involvement with others (75-95% of normal interaction for age)	3 Moderately limited involvement with others (25-74% of normal interaction for age)	4 No or rare involvement with others (less than 25% of normal interaction for age)
24. <b>Leisure and recreational activities</b>				
0 Normal participation in leisure activities for age	1 Mild difficulty in these activities but maintains normal participation	2 Mildly limited participation (75-95% of normal participation for age)	3 Moderately limited participation (25-74% of normal participation for age)	4 No or rare participation (less than 25% of normal participation for age)
25. <b>Self-care:</b> Eating, dressing, bathing, hygiene				
0 Independent completion of self-care activities	1 Mild difficulty, occasional omissions or mildly slowed completion of self-care; may use assistive device or require occasional prompting	2 Requires a little assistance or supervision from others (5-24% of the time) including frequent prompting	3 Requires moderate assistance or supervision from others (25-75% of the time)	4 Requires extensive assistance or supervision from others (more than 75% of the time)
26. <b>Residence:</b> Responsibilities of independent living and homemaking (such as, meal preparation, home repairs and maintenance, personal health maintenance beyond basic hygiene including medication management) but not including managing money (see #29)				
0 Independent; living without supervision or concern from others	1 Living without supervision but others have concerns about safety or managing responsibilities	2 Requires a little assistance or supervision from others (5-24% of the time); cannot drive	3 Requires moderate assistance or supervision from others (25-75% of the time); cannot drive	4 Requires extensive assistance or supervision from others (more than 75% of the time); cannot drive
27. <b>*Transportation</b>				
0 Independent in all modes of transportation including independent ability to operate a personal motor vehicle	1 Independent in all modes of transportation, but others have concerns about safety	2 Requires a little assistance or supervision from others (5-24% of the time); cannot drive	3 Requires moderate assistance or supervision from others (25-75% of the time); cannot drive	4 Requires extensive assistance or supervision from others (more than 75% of the time); cannot drive
28A. <b>*Paid Employment:</b> Rate either item 28A or 28B to reflect the primary desired social role. Do not rate both. Rate 28A if the primary social role is paid employment. If another social role is primary, rate only 28B. For both 28A and 28B, "support" means special help from another person with responsibilities (such as, a job coach or shadow, tutor, helper) or reduced responsibilities. Modifications to the physical environment that facilitate employment are not considered as support.				
0 Full-time (more than 30 hrs/wk) without support	1 Part-time (3 to 30 hrs/wk) without support	2 Full-time or part-time with support	3 Sheltered work	4 Unemployed; employed less than 3 hours per week
28B. <b>*Other employment:</b> Involved in constructive, role-appropriate activity other than paid employment. Check only one to indicate primary desired social role: Childrearing/care-giving Homemaker, no childrearing or care-giving Student Volunteer Retired (Check retired only if over age 60; if unemployed, retired as disabled and under age 60, indicate "Unemployed" for item 28A.)				
0 Full-time (more than 30 hrs/wk) without support; full-time course load for students	1 Part-time (3 to 30 hrs/wk) without support	2 Full-time or part-time with support	3 Activities in a supervised environment other than a sheltered workshop	4 Inactive; involved in role-appropriate activities less than 3 hours per week
29. <b>Managing money and finances:</b> Shopping, keeping a check book or other bank account, managing personal income and investments; if independent with small purchases but not able to manage larger personal finances or investments, rate 3 or 4.				
0 Independent, manages small purchases and personal finances without supervision or concern from others	1 Manages money independently but others have concerns about larger financial decisions	2 Requires a little help or supervision (5-24% of the time) with large finances; independent with small purchases	3 Requires moderate help or supervision (25-75% of the time) with large finances; some help with small purchases	4 Requires extensive help or supervision (more than 75% of the time) with large finances; frequent help with small purchases

# MPAI-4 Scoring Form (cont.)

Part D: Pre-existing and associated conditions. The items below do not contribute to the total score but are used to identify special needs and circumstances. For each rate, pre-injury and post-injury status.				
<b>30. Alcohol use:</b> Use of alcoholic beverages.				
Pre-injury _____	Post-injury _____			
0 No or socially acceptable use	1 Occasionally exceeds socially acceptable use but does not interfere with everyday functioning; current problem under treatment or in remission	2 Frequent excessive use that occasionally interferes with everyday functioning; possible dependence	3 Use or dependence interferes with everyday functioning; additional treatment recommended	4 Inpatient or residential treatment required
<b>31. Drug use:</b> Use of illegal drugs or abuse of prescription drugs.				
Pre-injury _____	Post-injury _____			
0 No or occasional use	1 Occasional use does not interfere with everyday functioning; current problem under treatment or in remission	2 Frequent use that occasionally interferes with everyday functioning; possible dependence	3 Use or dependence interferes with everyday functioning; additional treatment recommended	4 Inpatient or residential treatment required
<b>32. Psychotic Symptoms:</b> Hallucinations, delusions, other persistent severely distorted perceptions of reality.				
Pre-injury _____	Post-injury _____			
0 None	1 Current problem under treatment or in remission; symptoms do not interfere with everyday functioning	2 Symptoms occasionally interfere with everyday functioning but no additional evaluation or treatment recommended	3 Symptoms interfere with everyday functioning; additional treatment recommended	4 Inpatient or residential treatment required
<b>33. Law violations:</b> History before and after injury.				
Pre-injury _____	Post-injury _____			
0 None or minor traffic violations only	1 Conviction on one or two misdemeanors other than minor traffic violations	2 History of more than two misdemeanors other than minor traffic violations	3 Single felony conviction	4 Repeat felony convictions
<b>34. Other condition causing physical impairment:</b> Physical disability due to medical conditions other than brain injury, such as, spinal cord injury, amputation. Use scale below #35.				
Pre-injury _____	Post-injury _____			
<b>35. Other condition causing cognitive impairment:</b> Cognitive disability due to nonpsychiatric medical conditions other than brain injury, such as, dementia, stroke, developmental disability.				
Pre-injury _____	Post-injury _____			
0 None	1 Mild problem but does not interfere with activities; may use assistive device or medication	2 Mild problem; interferes with activities 5-24% of the time	3 Moderate problem; interferes with activities 25-75% of the time	4 Severe problem; interferes with activities more than 75% of the time

**Comments:**

Item # \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Scoring Worksheet**

Items with an asterisk (4, 16, 27, 28/28A) require rescoring as specified below before Raw Scores are summed and referred to Reference Tables to obtain Standard Scores. Because items 22-24 contribute to both the Adjustment Subscale and the Participation Subscale, the Total Score will be less than the sum of the three subscales.

**Abilities Subscale**

Rescore item 4. Original score = \_\_\_\_\_

If original score = 0, new score = 0

If original score = 1, 2, or 3, new score = 1

If original score = 4, new score = 3

A. New score for item 4 = \_\_\_\_\_

B. Sum of scores for items 1-3 and 5-12 = \_\_\_\_\_

(use highest score for 7A or 7B)

Sum of A and B = Raw Score for Abilities subscale = \_\_\_\_\_ (place in Table below)

**Adjustment Subscale**

Rescore item 16. Original score = \_\_\_\_\_

If original score = 0, new score = 0

If original score = 1 or 2, new score = 1.

If original score = 3 or 4, new score = 2

C. New score for item 16 = \_\_\_\_\_

D. Sum of scores for items 13-15 and 17-24 = \_\_\_\_\_

Sum of C and D = Raw Score for Adjustment Subscale = \_\_\_\_\_ (place in Table below)

**Participation Subscale**

Rescore item 27. Original score = \_\_\_\_\_

If original score = 0 or 1, new score = 0

If original score = 2 or 3, new score = 1

If original score = 4, new score = 3

Rescore item 28A or 28B. Original score = \_\_\_\_\_

If original score = 0, new score = 0

If original score = 1 or 2, new score = 1

If original score = 3 or 4, new score = 3

E. New score for item 27 = \_\_\_\_\_

F. New score for item 28A or 28B = \_\_\_\_\_

G. Sum of scores for items 22-24 = \_\_\_\_\_ (place in Table below)

H. Sum of scores for items 25, 26, 29 = \_\_\_\_\_

Sum of E through H = Raw Score for Participation Subscale = \_\_\_\_\_ (place in Table below)

**Use Reference Tables to Convert Raw Scores to Standard Scores**

	Raw Scores (from worksheet above)	Standard (Obtain from appropriate reference Table)
I. Ability Subscale (Items 1-12)	_____	_____
II. Adjustment Subscale (Items 13-24)	_____	_____
III. Participation Subscale (Items 22-29)	_____	_____
IV. Subtotal of Subscale Raw Scores (I-III)	_____	_____
V. Sum of scores for items 22-24	_____	_____
VI. Subtract from V. from IV = Total Score	_____	_____

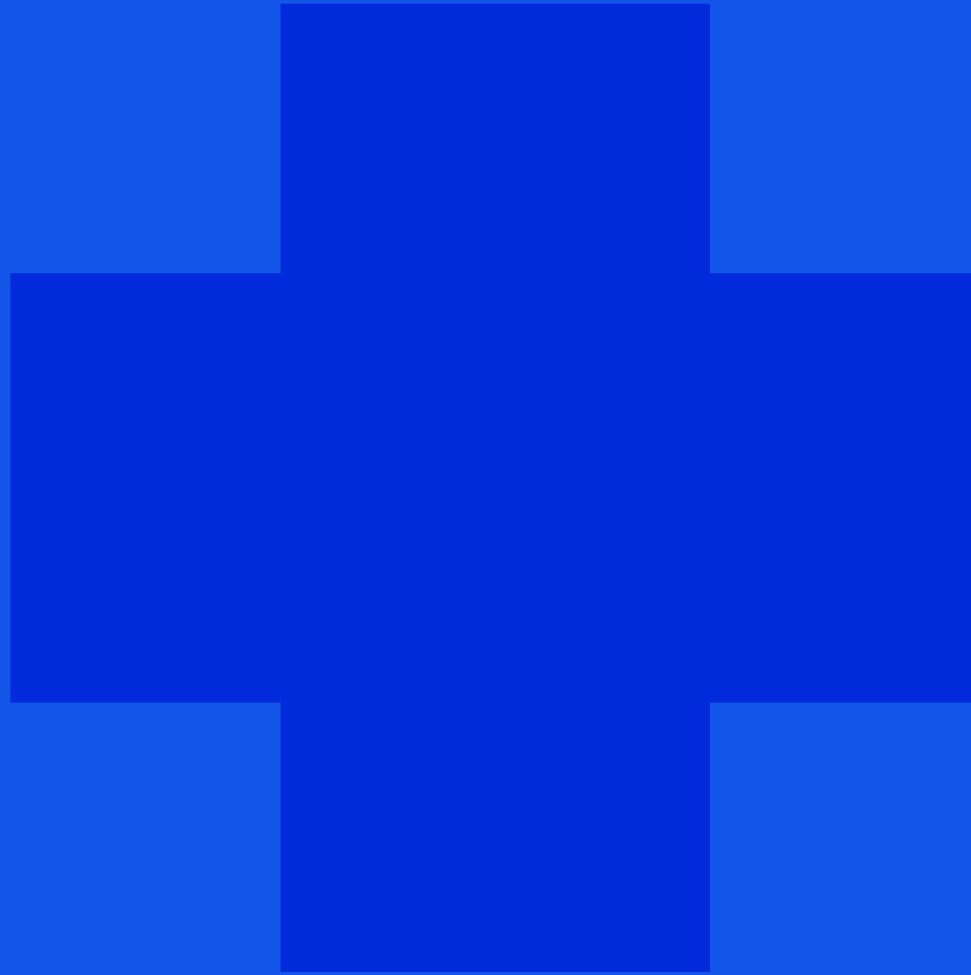
# S0280 BIS Assessment



# S0280 Assessment

- Providers do not need an authorization for assessment if less than two within a period of 365 consecutive days.
- If there are more than two assessments within a period of 365 consecutive days, an authorization is required. Documentation will need to be submitted to show why another assessment within the rolling year timeframe was needed to authorize:
  - For example, a triggering event.
- New providers (transfers) do not need to submit a new assessment. They would submit for S0280 at the six-month reassessment.

# S0281 BIS case management services



# Authorization from and through date requirements

- S0281 Case Management cannot be authorized for more than a six-month timeframe.
- S0281 cannot be authorized for more than six months if a member continues to reside in a facility:
  - Example: One six-month timespan has been approved. Provider submits another six-month request, but member continues to reside in a facility. This new request would be denied.

# Overlapping authorizations of case management services

- Authorization for BIS CM services cannot overlap with any other authorized case management services. Overlapping of these services is not reimbursable.

Overlap S0280 and S0281	Only 1 unit per month, cannot overlap between same BIS providers.	
Overlap S0281 and S0280	Overlap is allowed between BIS CM Provider A and BIS CM Provider B – submitting an assessment.	
Overlap S0281	Only one BIS CM provider per month – 1 unit per month.	
Overlaps allowed with limits	All community services except Case mgt codes.	
Case Mgt Overlap Codes not allowed with S0281	T1016	Tx Foster Care CM
	T1017	ID CM
	H0023	MH CM
	T2023	DD CM
	H0006	ARTS CM
	S0281	BIS CM (second provider)

- S0281 Case Management is authorized in subsequent dates using a calendar month based on the end date of the intake period.

## Other CM services

Coordinate with the member's Anthem HealthKeepers Plus case manager to determine member's choice of case management provider if already receiving Case Management services (preferably prior to submitting a BIS TCM authorization request).




# DD waiver identification

Members that reside in the DD waiver receive case management services as part of their waiver. These members can be identified with an open DD Waiver Level of Care (Y, S, or R) on the LTC tab in the DMAS portal:

- For members choosing BIS CM services over DD Waiver CM services, the DMAS BIS Unit will be contacted **before** an authorization is approved for BIS CM services as requested by DMAS.

# Extension requests

- A fax will be sent to the provider when additional information is needed to process the BIS TCM authorization request:
  - Scenarios:
    - Member is already receiving another Case Management service
    - Missing/Incomplete required forms (authorization form, MPAI-4, MD letter/documentation if appropriate, preliminary plan of care)

**Anthem**   
HealthKeepers Plus  
Offered by HealthKeepers, Inc. *Additional Information for Authorization Form*

Please note, this communication applies to Anthem HealthKeepers Plus Medicaid products offered by HealthKeepers, Inc.

Thank you for contacting Utilization Management department for HealthKeepers, Inc. regarding authorization for: **[Member Name: Member ID#]**

We have received your request for authorization for this member enrolled in Anthem HealthKeepers Plus plan for the Cardinal Care program. Please submit the additional information requested below:

- Missing CPT® codes
- Missing provider identifier:
  - Tax ID
  - Anthem HealthKeepers Plus provider ID
  - NPI ID
- Missing member information

Please consider the following:

- Member no longer enrolled
- Duplicate request
- No authorization required
- Other: **We received your request for BIS TCM services; this member already receives BH Case Management. Please confirm with member which type of case management services they want. Please notify us by sending an email to [PCAUMTeam@anthem.com](mailto:PCAUMTeam@anthem.com) and indicate if you would like to withdraw your BIS TCM request or if member confirmed BIS TCM is preferred.**

Call us at 844-533-1994 extension 106-103-5152 for precertification guidelines. Our hours of operation are Monday to Friday, 8 a.m. to 6 p.m. ET.

Anthem HealthKeepers Plus contact information:

- Phone: 800-901-0020
- Fax: 844-864-7853

**Important note:** You are not permitted to use or disclose Protected Health Information about individuals who you are not treating or are not enrolled to your practice. This applies to Protected Health Information accessible in any online tool, sent in any medium including mail, email, fax or other electronic transmission.

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# S0281 approval criteria

- TBI diagnosis criteria and Functional Needs – MPAI-4 T Score criteria are both met as defined in section 4.0 Medical Necessity Criteria of the BIS TCM Business Rules
- Approved for a six-month timespan, 1 unit per month, Medical Case Type

# Denial scenarios

- **Complete denial scenarios:**

- Does not meet medical necessity criteria
- Members residing in a facility where BIS TCM services span beyond six months
- Lack of information (missing/incomplete required forms)

- **Partial denial scenarios:**

- Request is for a greater than six-month time span
- Overlapping CM services

# Continuity of care

The MCOs must follow all contract requirements regarding the continuity of care to ensure all members have a smooth transition between MCO and FFS programs:

- HealthKeepers, Inc. honors continuity of care authorizations for 60 days.
- Please submit a new request/renewal with the most updated information no more than 30 days prior to the expiration of the continuity of care authorization.

# Authorization request submission steps



# Utilization management

- Please submit requests via dedicated BIS TCM fax line (**877-310-2172**). You may also submit a request online via Availity or over the phone by calling the LTSS MMS team at **800-901-0020, option 4** or their direct line at **804-997-3100**.
- Requests have a 14-day turnaround time.
- Required documentation:
  - BIS TCM authorization request form, fill out completely and signed
  - MD documentation to support an approval of BIS TCM services or documented TBI diagnosis code
  - MPAI-4 assessment
  - Preliminary plan of care:
    - Note: Extensions (adding an additional 14 days of TAT for a total 28-day TAT) will be placed if required documentation is not filled out completely or if it is identified that the member is receiving another type of targeted case management, to determine which type of case management the member/primary caregiver prefers, or missing doctor letter/documentation. This information can be securely emailed to [pcaumteam@anthem.com](mailto:pcaumteam@anthem.com) or faxed to **877-310-2172**.
- Coordinate with the member's case manager to determine member's choice of case management provider if they are already receiving case management services (preferably prior to submitting a BIS TCM authorization request).

# Provider resources

- DMAS Brain Injury services website (*Service Authorization Form* location):
  - <https://dmas.virginia.gov/for-providers/long-term-care/programs-and-initiatives/brain-injury-services/>
- DMAS BIS TCM Training Resources (including MPAI training information):
  - <https://dmas.virginia.gov/for-providers/long-term-care/programs-and-initiatives/brain-injury-services/training-resources/>
- DMAS Provider Manual for BIS CM:
  - [https://vamedicaid.dmas.virginia.gov/sites/default/files/2023-08/BIS%20Case%20Management%20Supplement%20%28updated%208.28.23%29\\_Final.pdf](https://vamedicaid.dmas.virginia.gov/sites/default/files/2023-08/BIS%20Case%20Management%20Supplement%20%28updated%208.28.23%29_Final.pdf)
- BIS TCM Fact Sheet for providers from DMAS:
  - <https://dmas.virginia.gov/media/6423/bistcm-one-pager-for-providers-final-12-19.pdf>



## Assistance needed?

- Questions regarding authorizations should be directed to the LTSS MMS team at **800-901-0020, option 4** or our direct line at **804-997-3100**. If you receive our voicemail, please leave a message with your contact information, member name/ID number, and a brief description of your need. Messages are returned no later than the next business day.
- If *escalated* authorization assistance is needed, please email Mandy Williams (LTSS UM Department Manager) at [amanda.williams2@anthem.com](mailto:amanda.williams2@anthem.com) and CC [pcaumteam@anthem.com](mailto:pcaumteam@anthem.com).
- To determine the assigned MCO case manager, please contact the case management team at **844-533-1994, option 2** (or the extension number of the case manager, if known).
- If case management assistance is needed, please email Susan Rudolph (LTSS CM Manager) at [susan.rudolph@anthem.com](mailto:susan.rudolph@anthem.com) or Susan Perez (DD CM Department Manager) at [susan.perez@anthem.com](mailto:susan.perez@anthem.com).

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