



TO: Acquired Brain Injury Waiver Program Providers

RE: Annual Reassessment: Provider Attendance and Location

The Department is obligated to conduct periodic reevaluations, at least annually, of the level of care required by the member. The reassessment is a comprehensive, multidimensional written evaluation conducted by the Department's contracted care managers, using a standard assessment form to determine whether a member meets the level of care criteria to participate in the Acquired Brain Injury (ABI) Waiver program, and what type of institutional care the member would otherwise require.

The reassessment is separate and distinct from the scheduled team meetings. In particular, the reassessment must be conducted in a conflict-free manner and is designed to do so. In addition, the reassessment is an opportunity for the care manager to candidly discuss with the member and/or representative the member's degree of satisfaction with, and raise any concerns regarding, the existing services and providers. Accordingly, providers are not normally invited to attend the reassessment, subject to the following limitation: any provider may attend the reassessment upon the request of the member or the member's representative, and a companion, independent living skills trainer (ILST), recovery assistant or personal care assistant (PCA) may attend the reassessment if such companion, ILST, recovery assistant or PCA was previously scheduled to provide such services during the time of the reassessment. However, a provider may not bill for attending the reassessment unless the provider is a companion, ILST, recovery assistant or PCA and was scheduled to provide those services during the time of the reassessment. Any other provider who attends the reassessment does so only as an invited representative of the member, and is not performing covered services as a provider under the applicable service definitions. Accordingly, such provider shall not bill for attending the reassessment, and any invoice submitted will be denied by the Department.

The Department is also required to assess each home and community-based setting in the service plan to determine whether such setting (1) complies with 42 CFR 441.301(c)(4); (2) meets the needs of the member, and (3) presents any health and safety concerns that would render the member ineligible under section 17b-260a-5(d)(2) of the Department's ABI Waiver Operating Policy. The assessment of the member's home environment will be conducted in conjunction with the annual reassessment. Accordingly, all reassessments shall be conducted in the member's home.