

Completion of the Physician Letter of Medical Necessity
Required to Determine Waiver Eligibility
Traumatic Brain Injury (TBI) Home & Community Based Services Waiver
Neurobehavioral Hospital Level of Care

Instructions:

- **Please complete and sign** the Letter of Medical Necessity Form *or* provide a signed narrative letter containing all the *required components*
- **Return** the form or narrative letter to the County Case Manager / Service Coordinator

Overview

The Medical Assistance (MA) TBI Waiver is an alternative to institutionalization that provides specialized cognitive and behavioral supports and other related home and community based services for persons with an eligible brain injury diagnosis.

Definitions:

Neurobehavioral Hospital (NBH): A rehabilitation hospital providing specialized services to persons with neurological-based significant cognitive and severe behavioral challenges.

Inpatient Neurobehavioral Hospital Services in Minnesota (current 5/04):

Bethesda Rehabilitation Hospital in St. Paul (Private Sector)

Minnesota Neurorehabilitation Hospital (MNH) in Brainerd (Public Sector)

Neurobehavioral Hospital level of care: Level of care found in neurobehavioral long-term care hospitals with specialized services for persons with brain injury and related diagnoses who exhibit significant cognitive and severe behavior impairment requiring that intensive behavior intervention or support be readily available.

Required components of Letter of Medical Necessity for NB Hospital Level of Care

- **Please complete** all the fields on the form, or address the same in a narrative letter.

- Diagnoses:

To be eligible, the person must have a documented primary or secondary diagnosis of:

- Acquired brain injury including traumatic brain injury that is **not** congenital –**OR-**
- Degenerative disease causing cognitive impairment that is **not** congenital –**OR-**
- Brain impairment from an event, disease or condition that is **not** congenital (Note: A MD, Nurse Practitioner, or Neuropsychologist may provide documentation of brain impairment from an event, disease, or condition.)

*If the primary or secondary diagnosis does not fit one of the above categories, the person is **not eligible** for the TBIW. **No need to complete the form; return it to the county case manager.***

- Prognosis

- Person's functional, cognitive, and behavioral impairments related to the brain injury

- Person meets the neurobehavioral hospital level of care requiring the level of support otherwise provided by neurobehavioral hospital

- Person needs a 24-hour plan of care including a formal behavior support plan and available intensive behavioral intervention and supports

- Recommended components of intervention plan / community support plan