



**What Does This Mean to Me?
Acquired Brain Injury Long Term Care Waiver Renewal
September 2022**

The Kentucky Department for Medicaid Services (DMS) must renew each 1915(c) Home and Community Based Services (HCBS) waiver program with the Centers for Medicare and Medicaid Services (CMS) every five (5) years. The Acquired Brain Injury Long Term Care (ABI LTC) waiver is due for renewal in 2022. To continue covering ABI LTC services, DMS must hold a public comment period of **at least 30 days** and re-submit the ABI LTC waiver application to CMS for approval. To assist stakeholders in reviewing the waiver application and submitting a public comment, key proposed updates included in the waiver application are listed below. The full ABI LTC waiver application is available on the DMS Division of Long-Term Services and Supports website at <https://bit.ly/kyhcbstwaiverinfo>. Instructions for submitting public comments are available in the [public comment notice](#).

ABI LTC Waiver Updates	
<p>Appendix A Waiver Administration and Operation</p>	<p>No Changes</p>
<p>Appendix B Participant Access and Eligibility</p>	<ul style="list-style-type: none"> The patient liability standard has been changed from 100% of the Federal Poverty Level (FPL) to 300% FPL to reduce or eliminate patient liability for most waiver participants. This change took effect on January 1, 2020.

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ABI LTC Waiver Updates – Continued	
<p>Appendix C Covered Services</p>	<ul style="list-style-type: none"> Community Guide has been removed from the waiver application to align the waiver application with the ABI LTC Kentucky Administrative Regulation (KAR). Because this service is not listed in the ABI LTC KAR, it is not available to participants and should not be listed in the waiver. Support Broker has been added to the waiver application to align the available services listed in the ABI LTC KAR with the waiver application. The definitions of Physical, Speech, and Occupational Therapy have been updated to clarify these are Extended State Plan Services. Participants must first receive these services through the Medicaid state plan. Participants can receive these services through the waiver when they are denied by that state plan as not medically necessary but are still needed to avoid institutionalization.
<p>Appendix D Participant Centered Service Planning and Delivery</p>	<ul style="list-style-type: none"> Case management standards have been updated to align with best practices and the new service authorization policy introduced in late 2019.
<p>Appendix E Participant Direction of Services</p>	<ul style="list-style-type: none"> DMS has introduced optional use of an Employer Responsibilities Review Tool to help waiver participants, caregivers/family members, and Support Brokers determine the supports the participant needs to self-direct services.
<p>Appendix F Participant Rights</p>	<ul style="list-style-type: none"> DMS has introduced a method for waiver participants to report complaints and grievances using the 1915(c) Waiver Help Desk.



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<p>Appendix G Participant Safeguards</p>	<ul style="list-style-type: none"> This appendix has been updated to streamline the incident reporting and investigation process and reflect the switch to required reporting of incidents via the Medicaid Waiver Management Application.
<p>Appendix H Quality Systems Improvement</p>	<p>No Changes</p>
<p>Appendix I Financial Accountability</p>	<p>No Changes</p>
<p>Appendix J Cost-Neutrality Demonstration</p>	<p>No Changes</p>
<p>All Appendices</p>	<ul style="list-style-type: none"> DMS added language allowing waiver services to be provided to waiver participants in acute hospital settings when the hospital cannot meet the participant's immediate health, safety, and welfare needs. The HCBS are in addition to, and may not substitute for, the services the acute care hospital is obligated to provide DMS has updated the type of data it must track to assure the quality of waiver services.