



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES**

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To: Acquired Brain Injury Waiver Participants

From: Pam Smith
Director, Division of Community Alternatives

Re: Acquired Brain Injury Waiver Update

Date: June 16, 2022

The Department for Medicaid Services (DMS) wants to share information about the Acquired Brain Injury (ABI) waiver. To keep offering waiver services, the federal government requires DMS to submit a waiver application every five years. This is known as a waiver renewal. The Acquired Brain Injury (ABI) waiver is due for renewal this year. This is a routine process and does not put the ABI waiver at risk.

The renewed waiver will take effect once it is approved by the Centers for Medicare and Medicaid Services (CMS). We do not have a date yet for when this will happen. We submitted the waiver to CMS this spring. After reviewing it, CMS sent us some follow-up questions. We are in the process of reviewing and answering those questions. Once we send the answers to CMS, they have 90-days to either ask us more questions or to approve the waiver we submitted.

When the waiver update is approved, the way Occupational Therapy (OT) and Speech Therapy (ST) are covered will shift slightly. We are aware there is some confusing information about this from sources other than DMS. We want to give you the facts about what will happen to OT and ST once the renewed waiver takes effect. Here is what you need to know:

DMS is removing OT and ST from the ABI waiver.	This is false . DMS is not removing OT and ST from the ABI waiver. These services will remain in the ABI waiver as Extended State Plan Services.
ABI participants will receive OT and ST paid for by the Medicaid state plan instead of the ABI waiver.	This is true . Once the updated waiver is approved, ABI participants will have their OT and ST services paid for by the Medicaid state plan instead of the waiver.
ABI participants with private insurance or Medicare will not be able to receive OT and ST through the waiver or Medicaid state plan.	This is false . By federal law, Medicaid is the "payer of last resort." This means if a participant has private insurance or Medicare,



	those programs are required to cover the service before Medicaid does. If private insurance or Medicare coverage is exhausted or denied, then the services may be covered by Medicaid or the waiver.
ABI participants will have to change OT and ST providers.	This is false . Many ABI providers are also enrolled as Medicaid state plan providers and DMS is helping additional ABI providers to become Medicaid state plan providers. You will also have more choices because you can see any Medicaid state plan OT and ST provider.
ABI participants will not receive the same amount or type of OT and ST as they do today.	This is false . You should not experience a change in your OT and ST services. OT and ST under the Medicaid state plan are rehabilitative and can be used for maintenance or prevention of regression, can be provided as often as needed, and can be provided at home, in the community, or at an OT or ST office.
ABI participants will receive more denials for OT and ST requests.	This is false . Less than 1% of individuals who currently request OT and ST through the Medicaid state plan are denied these services. If you are denied by the Medicaid state plan, OT and ST can be requested through the waiver.

Here are a few other things to know about the shift from OT and ST covered by the waiver to OT and ST covered under the Medicaid state plan:

- This coverage shift primarily changes the way providers request and bill OT and ST.
- This coverage method is the same one used today for ABI participants who need PT.
- Several of Kentucky's other waivers have successfully changed to this type of coverage for OT, ST, and PT in the past few years.
- Having the Medicaid state plan cover OT and ST services frees up your person-centered service plan for other needed waiver services.

We have included more information in the one-page document attached to this letter. If you have questions or concerns after reviewing this letter and the additional information, we encourage you to contact DMS. We can be reached by phone at (844) 784-5614 or by email at 1915cWaiverHelpDesk@ky.gov.

DMS will notify you when CMS approves the ABI waiver renewal and let you know of any next steps you need to take. Updates will also be posted to the DMS Division of Community Alternatives website at <https://bit.ly/kyhcbswaiverinfo>. We will be working closely with providers in the upcoming weeks to ensure a smooth transition and no gap in care for participants.

Sincerely,



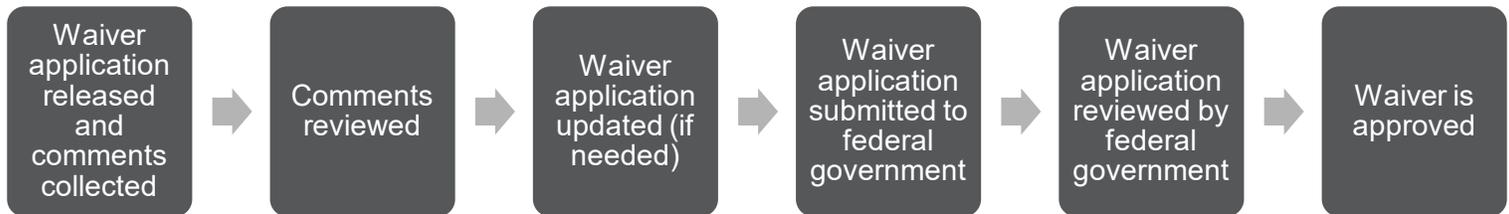
Pam Smith
Director, Division of Community Alternatives

What Does This Mean for Me?

Acquired Brain Injury Waiver Renewal – June 2022

Why is the Acquired Brain Injury (ABI) Acute waiver being renewed?

The federal government must approve each of Kentucky's 1915(c) Home and Community Based Services (HCBS) programs, including the ABI Acute waiver. Kentucky must renew each waiver every five years. This is a routine process and does not put the waiver at risk. Below is a look at how the process works.



The Department for Medicaid Services (DMS) released the ABI Acute waiver application on December 6, 2021, and accepted comments until January 9, 2022. DMS reviewed the comments and issued a response in February 2022. The waiver has since been submitted to the federal government for review and approval.

I've heard Occupational Therapy (OT) and Speech Therapy are being removed from the ABI Acute waiver. What's happening?

DMS is **not removing** OT and ST from the ABI Acute waiver. These services will remain in the waiver as Extended State Plan Services. This means if you need OT or ST, it will be paid for by the Medicaid state plan instead of the ABI Acute waiver. If the Medicaid state plan will not cover OT or ST for you, the ABI Acute waiver may cover it instead. Kentucky's other waiver programs cover OT and ST this way for the past five years. This is also the same way physical therapy (PT) is covered through the ABI Acute waiver today.

Why is OT and ST being covered this way?

Waiver participants can receive both waiver services and services offered to all Medicaid members. The federal government does not allow a state to offer the same services in a waiver and in its Medicaid state plan. Covering OT and ST this way allows Kentucky to make these services available to waiver participants without breaking federal rules for Medicaid.

Will my OT and ST services or providers change?

The following things about your OT and/or ST services should not change.

- The number of days per week or hours per day you receive OT or ST.
- The skills you are working on in OT or ST.
- The intensity of OT or ST that you receive.

Your services should be tailored to **YOU**. The number of days per week and hours per day that you receive OT and ST, the skills you work on, and the intensity of your services should be **person-centered** and based what you need and what you want to achieve.

You will have access to any OT or ST provider enrolled in the Medicaid state plan. These providers must meet the same qualifications to provide these services as ABI Acute providers.



What Does This Mean for Me?

Acquired Brain Injury Waiver Renewal – June 2022

Many ABI Acute OT and ST providers are also enrolled in the Medicaid state plan. If your current provider is one of them, they can continue providing your OT or ST services or you can choose a new provider. ABI Acute OT and ST providers who are not enrolled in the Medicaid state plan can enroll at any time.

How do I get OT and ST through the Medicaid state plan?

You can receive twenty OT, ST and/or PT visits under the Medicaid state plan each year without a prior authorization. This means you can begin receiving these services without the approval of the Medicaid state plan. If you need more than twenty visits, you will need a prior authorization from the Medicaid state plan. You should not have to do anything. Your OT, ST and/or PT providers should request the prior authorization on your behalf.

When will this coverage shift happen?

This shift in coverage will not take place until the waiver is approved by the federal government. DMS does not know exactly when it will be approved. We will send out a notice when it is approved.

After the renewal is approved, you can continue to receive OT and ST through the waiver until your prior authorization expires. After your current prior authorization expires, you will begin receiving OT and ST through the Medicaid state plan.

Here are some important things to remember:

- DMS **is not removing** OT and/or ST from the ABI Acute waiver. It is still covered as an Extended State Plan Service to meet federal rules for Medicaid.
- You **should not** experience reduced OT and/or ST coverage or intensity.
- Your OT and/or ST services should be person-centered and focused on you and your assessed needs, goals, and desired outcomes.
- You can continue to receive OT and/or ST from your current provider if they are enrolled or choose to enroll as a Medicaid state plan provider. You can also choose from all Medicaid state plan providers.
- This is the same way PT services are covered for ABI Acute participants today.

What do I need to do?

You do not need to take any action. This should only change the way your providers receive payment for the services they provide to you. DMS will be working with providers to ensure a smooth transition and no gap in care for participants.

What if I have questions?

If you have questions or concerns about this coverage shift, contact the 1915(c) Waiver Help Desk at (844) 784-5614 or 1915cWaiverHelpDesk@ky.gov.