



1915(c) Service Authorization Crosswalk
Acquired Brain Injury (ABI)
Acquired Brain Injury – Long-Term Care
(ABI-LTC)

Kentucky 1915(c) Home and Community Based
Waiver Services
Education for Case Managers

WELCOME TO THE 1915(c) SERVICE AUTHORIZATION CROSSWALKS

The 1915(c) Service Authorization Crosswalks provide case managers with an overview of the 1915(c) waiver service offerings available to participants. Crosswalks include the following eight (8) elements for each waiver service:

1. **Service:** Name of the service
2. **Applicable 1915(c) Waivers:** A list of all 1915(c) waivers the service applies to
3. **Summary at a Glance:** A brief description of the service and limits
4. **Definition:** The service as defined in the 1915(c) Home and Community Based Services (HCBS) waiver specific Kentucky Administrative Regulation (KAR)
5. **Limitations:** Any limits associated with the service, such as volume limits, conflicts with other services, variation based upon a specific waiver
6. **Duplication of Service Risk:** Limitations on this service where it cannot be billed concurrently with another service
7. **Cabinet-level Review/Approval:** Indication that the service requires approval by the Department for Medicaid Services (DMS) or its designee prior to service delivery
8. **Service Indicators:** Examples of rationale that support use of the service

Crosswalks contain the service definition and limitations for each service as indicated in the 1915(c) waiver applications and the KARs, both found on the [Division of Community Alternatives website](#). There are five (5) crosswalks:

1. Acquired Brain Injury Waivers (ABI, ABI-LTC) Crosswalk
2. Home and Community Based Waiver (HCB) Crosswalk
3. Michelle P. Waiver (MPW) Crosswalk
4. Supports for Community Living Waiver (SCL) Crosswalk
5. Model II Waiver (MIIW) Crosswalk

The following pages contain the ABI, ABI-LTC Crosswalk. The remaining three crosswalks are located on the [Division of Community Alternatives website](#).

Acquired Brain Injury Waivers (ABI, ABI-LTC)

Service Name	Adult Day Health Care Services (\$5100)
Waivers Eligible for Service	ABI-LTC
Summary at a Glance	Skilled nursing services, one meal per day and snacks, regularly scheduled daily activities, and routine personal and healthcare needs.
Definition	<p>Adult day health care (ADHC) services include basic and ancillary services for waiver participants. Basic services include skilled nursing services, including ostomy care, urinary catheter care, decubitus care, tube feeding, venipuncture, insulin injections, tracheotomy care, or medical monitoring. Basic services include meal service corresponding with hours of operation with a minimum of one meal per day, snacks, registered nurse (RN) supervision, regularly scheduled daily activities, routine personal and healthcare needs, and equipment essential to the provision of the ADHC services.</p> <p>ADHC services shall focus on enabling the participant to attain or maintain the participant's maximum functional level and reintegrate the participant into the community by providing the following training: social skills training related to problematic behaviors identified in the participant's person-centered service plan (PCSP); sensory or motor development; reduction or elimination of a maladaptive behavior per the participant's PCSP; Prevocational services; or teaching concepts and skills to promote independence including: following instructions, attendance and punctuality, task completion, budgeting and money management, problem solving, or safety.</p> <p>ADHC shall be furnished on a regularly scheduled basis. Transportation is not covered under the ADHC element.</p>
Limitations	ABI-LTC: This service is limited to one-hundred sixty (160) units (One (1) unit equals fifteen (15) minutes) per calendar week.
Duplication of Service Risk	<p>Waiver Service: Yes</p> <p>State Plan Service: Yes</p> <p>Other Service: No</p>
Requires Cabinet-Level Review	No

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Service Indicators	<p>ADHC is the most appropriate setting to meet the participant's needs.</p> <p>Participant can benefit from socialization and structured activities. Participant has expressed a willingness to engage in social activities with others.</p> <p>Participant requires skilled care services that are included in ADHC.</p> <p>Participant is able to access services that are within a reasonable distance and best meet the specific needs of the participant.</p> <p>Relief to the caregiver to ease caregiver strain and/or burnout.</p>
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Service Name	Adult Day Training Services (97537 / T2021)
Waivers Eligible for Service	ABI, ABI-LTC
Summary at a Glance	<p>Provide assistance with acquisition, retention, or improvement in self-help, socialization, and adaptive skills.</p> <p>Focused on enabling participants to attain their maximum functional levels.</p>
Definition	<p>Adult day training services provide assistance with acquisition, retention, or improvement in self-help, socialization, and adaptive skills which takes place in a non-residential setting, separate from the home or facility in which the participant resides. Adult day training services shall focus on enabling the participant to attain or maintain his or her maximum functional level and reintegrate the participant into the community. Adult day training shall not exceed a staffing ratio of five (5) participants per one (1) staff person and includes the following services: social skills training related to problematic behaviors identified in the participant's PCSP, sensory or motor development, reduction or elimination of a maladaptive behavior, prevocational or teaching concepts, and skills to promote independence.</p> <p>Adult day training shall be coordinated with any occupational or speech therapies listed in the PCSP. In addition, adult day training services may serve to reinforce skills or lessons taught in school, therapy, or other settings.</p>

Acquired Brain Injury Waivers (ABI, ABI-LTC)

Limitations	ABI, ABI-LTC: Limited to one-hundred sixty (160) fifteen (15) minute units per calendar week, alone or in combination with Supported Employment Services. Fixed Upper Payment Limit is \$4.03 per unit.
Duplication of Service Risk	Waiver Service: Yes State Plan Service: No Other Service: No
Requires Cabinet-Level Review	No
Service Indicators	Participant requires training and support to achieve community integration goal. Ensure balance between this and other services received based on the participant's needs and wants. Evaluate options: Is the participant best suited to day training versus adult day health, employment, remaining in home/living environment, or receiving other services. Review time of day and/or days of week to access ADT. Selected day training activities provide the participant with the opportunity to build relationships and natural supports in the community.

Service Name	Assessment / Reassessment (T1028)
Waivers Eligible for Service	ABI, ABI-LTC
Summary at a Glance	Evaluation of the participant's abilities, needs, physical and mental health, social supports and environment, and needed services conducted by the waiver case manager. Must include contact with the participant and family (if appropriate) in the participant's home. Is used to determine the level of care (LOC) for a participant. Must take place at least every twelve (12) months, or more often if indicated.
Definition	Assessment services evaluate the participant's abilities, needs, physical and mental health, social supports and environment, and identify the services that the participant or family cannot manage or arrange. Information obtained during the assessment

Acquired Brain Injury Waivers (ABI, ABI-LTC)

	<p>process is utilized to make an LOC determination. The assessment must be conducted by an ABI (or ABI Long Term) waiver case manager or support broker and must include at least one contact with the participant and, if appropriate, his or her family, in the participant's home. The assessment/reassessment information will be utilized by the case manager to develop the participant's PCSP/support spending plan. Reassessment will take place at least every twelve (12) months, or more often if indicated.</p> <p>Reassessment services will be conducted using the same procedures as for an assessment service. Information included in the PCSP will be utilized during the reassessment process.</p>
Limitations	ABI, ABI-LTC: The entire assessment equals one (1) unit. Fixed upper payment limit is \$100.00 per unit.
Duplication of Service Risk	<p>Waiver Service: No</p> <p>State Plan Service: No</p> <p>Other Service: No</p>
Requires Cabinet-Level Review	No
Service Indicators	<p>Assessment documents all participant needs.</p> <p>Change has occurred in participant's condition or circumstance (e.g. change in waiver, post-hospitalization, etc.).</p> <p>Confirm services remain appropriate and relevant to the participant.</p> <p>Annual reassessment based on LOC end date and can occur up to sixty (60) days before the end of the LOC period.</p>

Service Name	Behavior Programming Services (H0004)
Waivers Eligible for Service	ABI, ABI-LTC
Summary at a Glance	<p>Systematic interventions intended to produce improvements in the participant's behavior.</p> <p>Include a functional analysis of the participant's behavior and the development of support plan.</p> <p>Must be conducted by specific behavioral health professionals.</p>

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Definition	<p>Behavioral services include the design and evaluation of systematic interventions intended to produce socially significant improvements in the participant's behavior and is based upon the principles of learning and applied behavior analysis. These services also include a functional analysis of the ABI participant's behavior and the development of a behavioral support plan.</p> <p>The behavioral support plan shall: Be developed by the behavioral specialist; not be implemented by the behavior specialist who wrote the plan; be revised as necessary; define the techniques and procedures used; include the hierarchy of behavior interventions ranging from the least to the most restrictive; reflect the use of positive approaches; and prohibit the use of prone or supine restraint, corporal punishment, seclusion, verbal abuse, and any procedure which denies private communication, requisite sleep, shelter, bedding, food, drink, or use of a bathroom facility.</p> <p>Behavioral services shall include the provision of training to other ABI providers concerning implementation of the behavioral intervention plan. The service shall include the monitoring of a participant's progress, which shall be accomplished through the analysis of data concerning the frequency, intensity, and duration of a behavior, reports involved in implementing the behavioral service plan, and a monthly summary, which assesses the participant's status related to the PCSP.</p> <p>Behavioral services must be provided by a Certified Psychologist with autonomous functioning, Licensed Psychologist, Licensed Psychological Associate, Psychiatrist, LCSW, ARNP, Clinical Nurse Specialist with a master's degree in psychiatric nursing, Board Certified Behavior Analyst or Licensed Professional Clinical Counselor.</p>
Limitations	<p>ABI: Limited to sixteen (16) fifteen (15) minute units per day. Fixed upper payment limit is \$33.61.</p> <p>ABI-LTC: Limited to eighty (80) fifteen (15) minute units per month for the first three (3) months of waiver participation, thereafter not to exceed forty-eight (48) units per month. Fixed upper payment limit is \$33.61.</p>
Duplication of Service Risk	<p>Waiver Service: No</p> <p>State Plan Service: No</p> <p>Other Service: No</p>
Requires Cabinet-Level Review	Yes

Acquired Brain Injury Waivers (ABI, ABI-LTC)

Service Indicators	<p>Timeframe of service and progress toward goals specified in the PCSP.</p> <p>Participant demonstrates behaviors creating concern among those who know the person the best and interferes with activities of daily living (ADLs), social interaction, or work.</p> <p>Team members (i.e. case manager, guardian, authorized representative, natural supports, staff) observes signs of increased agitation and/or increased behavioral outbursts on the part of the participant.</p>
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Service Name	Case Management (T2022)
Waivers Eligible for Service	ABI, ABI-LTC
Summary at a Glance	<p>Assist participants in gaining access to other needed services.</p> <p>Monitor services included in the participant's care plan and initiate the assessment and reassessment process.</p>
Definition	<p>Case Management Services assist participants who receive waiver services in gaining access to needed waiver and other State Plan services. Case managers shall be responsible for monitoring the services included in the participant's PCSP and shall initiate the assessment and reassessment process for the LOC determination.</p> <p>Case management shall involve a constant recognition of what is and is not working regarding the participant and changing what is not working.</p> <p>Conflict-free case management requires that a provider, including any subsidiary, partnership, not-for-profit, or for-profit business entity that has a business interest in the provider, who renders case management to a participant must not also provide another waiver service to that same participant, unless the provider is the only willing and qualified provider in the geographical area (thirty (30) miles from the participant's residence).</p>
Limitations	<p>ABI: This service is limited to one (1) unit per participant, per month, (one (1) unit of service is defined as one (1) calendar month). Fixed upper payment limit is \$434.00 per month.</p>

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	ABI-LTC: This service is limited to one unit per participant, per month, (one (1) unit of service is defined as one (1) calendar month). Fixed upper payment limit is \$375.00 per month.
Duplication of Service Risk	Waiver Service: No State Plan Service: No Other Service: No
Requires Cabinet-Level Review	No
Service Indicators	Participant has been approved for waiver and requires case management for PCSP development and ongoing monitoring. A specific situation/event has occurred in which participant may require additional outreach.

Service Name	Community Living Supports (589 / 97535)
Waivers Eligible for Service	ABI-LTC
Summary at a Glance	Facilitate independence and promote integration into community for participants residing in their own home. Include support and training in ADLs and instrumental activities of daily living (IADLs), socialization, relationship building, and leisure/community activities.
Definition	Community Living Support services facilitate independence and promote integration into the community, for participants residing in their own home. Supports are provided one-to-one and include assistance, support (including reminding, observing, and/or guiding), and/or training in activities such as meal preparation, laundry, routine household care and maintenance, ADLs such as bathing, eating, dressing, personal hygiene, shopping, money management, reminding, observing and or monitoring of medications, and non-medical care not requiring nurse or physician intervention. These supports also include socialization, relationship building, leisure choice, and participation in community activities. Supports are based upon therapeutic goals, are not diversional in nature, and are not to replace other work or day activities.

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Limitations	ABI-LTC: Community Living Supports is limited to one-hundred sixty (160) fifteen (15) minute units per week. The Case Manager will be responsible for assisting participants to access other natural supports or supports available through other funding streams if their needs exceed this limit. Fixed upper payment limit is \$5.56 per unit.
Duplication of Service Risk	Waiver Service: Yes State Plan Service: No Other Service: No
Requires Cabinet-Level Review	No
Service Indicators	<p>Participant has expressed interest in increased engagement in the community, especially to become connected in meaningful ways with people without disabilities.</p> <p>Training provided to assist participant in acquiring, practicing, utilizing and improving skills related to:</p> <ul style="list-style-type: none"> • Connecting with others • Independent functioning • Self-advocacy • Socialization • Personal responsibility • Financial responsibility <p>Service shall increase the participant's presence, participation, belonging, and contribution in valued social roles in integrated settings.</p>

Service Name	Companion Services (S5135)
Waivers Eligible for Service	ABI
Summary at a Glance	Companion services include a nonmedical service, supervision or socialization as indicated in the participant's PCSP.
Definition	Companion services include a nonmedical service, supervision, or socialization as indicated in the participant's PCSP. Companion services include assisting with but not performing meal preparation, laundry, and shopping as well as light housekeeping tasks which are incidental to the care and supervision of the participant. Companion services includes services provided according to the approved PCSP which are therapeutic and not diversional in nature.

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	The service includes accompanying and assisting a participant while utilizing transportation services.
Limitations	Companion services are limited to two-hundred (200) fifteen (15) minute units per week. Fixed upper payment limit is \$5.56 per unit.
Duplication of Service Risk	Waiver Service: Yes State Plan Service: No Other Service: No
Requires Cabinet-Level Review	No
Service Indicators	Participant has expressed interest in increased engagement in the community as well as increasing his/her independence. Participant has documented challenges that may negatively impact social outings such as: social anxiety with support needed, needs physical assistance navigating entry/exit, etc.

Service Name	Counseling (H2017 / 900)
Waivers Eligible for Service	ABI, ABI-LTC
Summary at a Glance	Help participant resolve personal issues or interpersonal problems resulting from their acquired brain injury. Assist family members in implementing the participant's PCSP. Must be provided by a specific behavioral health professional.
Definition	Counseling services are designed to help a participant resolve personal issues or interpersonal problems resulting from his or her acquired brain injury and assist a family member in implementing a participant's approved assessment of needs and PCSP. May be provided to a family member individually as relates to the psychological services of the waiver participant. In a severe case, counseling shall be provided as an adjunct to behavioral programming. Counseling services shall include substance abuse or chemical dependency treatment, if needed, and include building and maintaining healthy relationships. Counseling shall develop social skills or the skills to cope with and adjust to the brain injury and increase knowledge and awareness of the effects of an ABI.

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	This service must be provided by a Certified Psychologist with autonomous functioning, Licensed Psychologist, Licensed Psychological Associate, Psychiatrist, LCSW, ARNP, Clinical Nurse Specialist with a master's degree in psychiatric nursing, Certified Alcohol and Drug Counselor, Licensed Marriage and Family Therapist, or Licensed Professional Clinical Counselor.
Limitations	<p>ABI: Limited to sixteen (16) fifteen (15) minute units per day. Fixed upper payment limit is \$23.84 per unit.</p> <p>ABI-LTC: Limited to fifty-two (52) fifteen (15) minute units per participant per month. Fixed upper payment limit is \$23.84 per unit.</p>
Duplication of Service Risk	<p>Waiver Service: Yes</p> <p>State Plan Service: Yes</p> <p>Other Service: No</p>
Requires Cabinet-Level Review	Yes

Service Name	Environmental and Minor Home Modifications (S5135 / S5165 / T1999 / T2029)
Waivers Eligible for Service	ABI, ABI-LTC
Summary at a Glance	Physical adaptations to the home necessary for the participant's health, safety and welfare, or for the participant to remain in the home or community.
Definition	Physical adaptations to the home, required by the participant's PCSP, which are necessary to ensure the health, welfare, and safety of the participant, or which enable the participant to function with greater independence in the home, and without which, the participant would require institutionalization. Such adaptations may include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems, which are necessary to accommodate the medical equipment and supplies which are necessary for the welfare of the participant. Excluded are those adaptations or improvements to the home which are of general utility, and are not of direct medical or remedial benefit to the participant, such as carpeting, roof repair, central air conditioning, etc. Adaptations which add to the total square footage of the home are excluded from this benefit.

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	All services shall be provided in accordance with applicable State or local building codes.
Limitations	<p>ABI: Reimbursement for environmental and minor home modifications shall be limited to \$2000 per participant, per calendar year. The Case Manager or the Support Broker shall be responsible for assisting participants to access other natural supports or supports available through other funding streams if their needs exceed the above limit.</p> <p>ABI-LTC: Reimbursement for environmental and minor home modifications shall be limited to \$2000 per participant, per calendar year. The Case Manager or the Support Broker shall be responsible for assisting participants to access other natural supports or supports available through other funding streams if their needs exceed the above limit.</p>
Duplication of Service Risk	<p>Waiver Service: No</p> <p>State Plan Service: Yes</p> <p>Other Service: Yes</p>
Requires Cabinet-Level Review	Yes
Service Indicators	<p>Modification is necessary for health and safety and/or the participant's ability to navigate independently throughout residence.</p> <p>Confirm whether or not the goods or services can be covered through the State Plan or through another resource.</p> <p>Potential reduction in the reliance on In-Home worker/Caregiver and/or increase participant independence.</p> <p>Select the lowest of the three (3) required estimates.</p> <p>State Plan options are explored before waiver service is used.</p>

Service Name	Family Training (916 / 97537)
Waivers Eligible for Service	ABI-LTC
Summary at a Glance	<p>Training and counseling for families of participants served on ABI-LTC waiver.</p> <p>Includes explanation of medical examinations and procedures, treatment regimens, and use of</p>

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	equipment, as well as advising families on how to assist the participant.
Definition	<p>Family training includes training and counseling services for the families of participants served on this waiver. Training includes interpretation or explanation of medical examinations and procedures, treatment regimens and use of equipment specified in the PCSP to family or other responsible persons or advising them how to assist the participant. This service shall include updates as necessary to safely maintain the participant at home. All family training must be included in the participant's written PCSP. For purposes of this service, "family" is defined as the persons who live with or provide care to a participant served on the waiver, and may include a parent, spouse, children, relatives, foster family, or in-laws. "Family" does not include individuals who are employed to care for the participant.</p> <p>Family training must be provided by an Occupational Therapist, Certified Occupational Therapy Assistant, Licensed Practical Nurse, Registered Nurse, or Speech-Language Pathologist.</p>
Limitations	ABI-LTC: Limited to eight (8) fifteen (15) minute units per week. Fixed upper payment limit is \$25.00.
Duplication of Service Risk	<p>Waiver Service: No</p> <p>State Plan Service: No</p> <p>Other Service: No</p>
Requires Cabinet-Level Review	No
Service Indicators	<p>Unpaid natural support (i.e. family member, friend, companion) demonstrates need for training to appropriately care for participant or participant's equipment.</p> <p>Service is targeted to meet caregiver needs related to the support of the participant.</p>

Service Name	Financial Management Service (T2040)
Waivers Eligible for Service	ABI, ABI-LTC
Summary at a Glance	Manage funds in the participant's budget.

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	Provider of this service must issue expenditure reports to the participant, their representative, their case manager or support broker, and DMS.
Definition	Management and direction of funds in the participant's approved participant-directed budget. The provider shall perform the employer responsibilities of payroll processing which shall include: issuance of paychecks, withholding federal, state and local tax and making tax payments to the appropriate tax authorities, and issuance of W-2 forms. The provider shall be responsible for performing all fiscal accounting procedures including issuance of expenditure reports to the participant, their representative, the case manager (or support broker), and DMS. The provider shall maintain a separate account for each participant while continually tracking and reporting funds, disbursements and the balance of the participant's budget. The provider shall process and pay invoices for goods and services approved in the participant's PCSP. FMS is required for participants that elect participant directed services (PDS).
Limitations	ABI, ABI-LTC: Financial management is defined as a fifteen (15) minute unit. Financial management services are limited to eight (8) units per participant, per calendar month. Financial management services are limited to participants opting to participant direct some or all of their non-medical services and only apply to PDS. Fixed upper payment limit is \$12.50 per unit.
Duplication of Service Risk	Waiver Service: No State Plan Service: No Other Service: No
Requires Cabinet-Level Review	No
Service Indicators	Participants in these waivers who elect to self-direct through PDS are required to use the financial management service.

Service Name	Goods and Services (T1999)
Waivers Eligible for Service	ABI, ABI-LTC

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Summary at a Glance	Purchase of goods utilized to reduce the need for personal care or enhance independence in the home or community.
Definition	The purchase of goods must be individualized and may be utilized to reduce the need for personal care or enhance the independence within the home or community of the waiver participant. All items purchased must be included in the participant directed support spending plan. As a Medicaid funded service this definition will not cover experimental goods and services inclusive of items which may be defined as restrictive under G.S. 122C-60.
Limitations	ABI, ABI-LTC: Participants shall not receive goods and services through both traditional and participant directed supports. A participant may receive a combination of participant directed and traditional waiver services provided duplication of services does not occur.
Duplication of Service Risk	Waiver Service: No State Plan Service: Yes Other Service: Yes
Requires Cabinet-Level Review	Yes (Any submission of \$500 or more must be approved by DMS or its designee prior to service delivery.)
Service Indicators	Confirm whether or not the goods or services can be covered through the State Plan or through another resource. Goods or services are supportive of participant's goals as identified on the PCSP and support the participant's overall HCBS needs.

Service Name	Group Counseling (90853)
Waivers Eligible for Service	ABI, ABI-LTC
Summary at a Glance	Help participants resolve personal issues or interpersonal problems resulting from their acquired brain injury. Assist family members in implementing a participant's assessment of needs and PCSP.

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<p>Definition</p>	<p>Group counseling is designed to help a participant resolve personal issues or interpersonal problems resulting from his or her acquired brain injury and assist a family member in implementing a participant's approved assessment of needs and the PCSP.</p> <p>Group counseling services are designed to help a participant resolve personal issues or interpersonal problems resulting from his or her acquired brain injury and assist a family member in implementing a participant's approved assessment of needs and PCSP. May be provided to a family member individually as relates to the psychological services of the waiver participant.</p> <p>In a severe case, counseling shall be provided as an adjunct to behavioral programming. Group counseling services shall include substance abuse or chemical dependency treatment, if needed and include building and maintaining healthy relationships. Group counseling shall develop social skills or the skills to cope with and adjust to the brain injury and increase knowledge and awareness of the effects of an ABI.</p> <p>Group counseling is provided to two to eight (2 to 8) participants.</p> <p>This service must be provided by a Certified Psychologist with autonomous functioning, Licensed Psychologist, Licensed Psychological Associate, Psychiatrist, LCSW, ARNP, Clinical Nurse Specialist with a master's degree in psychiatric nursing, Certified Alcohol and Drug Counselor, Licensed Marriage and Family Therapist, or Licensed Professional Clinical Counselor.</p>
<p>Limitations</p>	<p>ABI: Two to eight (2 to 8) people in a group setting. Maximum of forty-eight (48) fifteen (15) minute units per participant per month. Fixed upper payment limit is \$5.75 per unit.</p> <p>ABI-LTC: Maximum of forty-eight (48) fifteen (15) minute units per participant per month. Fixed upper payment limit is \$5.75 per unit.</p>
<p>Duplication of Service Risk</p>	<p>Waiver Service: Yes</p> <p>State Plan Service: No</p> <p>Other Service: No</p>
<p>Requires Cabinet-Level Review</p>	<p>Yes</p>
<p>Service Indicators</p>	<p>Nature of the therapy is focused on the participant's needs.</p>

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	<p>Participant demonstrates both the interest and the ability to participate in a group therapy setting.</p> <p>Participant is comfortable discussing personal issues in a group setting.</p>
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Service Name	Nursing Supports (T1004 / 550)
Waivers Eligible for Service	ABI-LTC
Summary at a Glance	Includes supports necessary to monitor and manage medication administration or specific medical conditions.
Definition	<p>Nursing supports include supports necessary to monitor medication administration, provide training and oversight on specific medication administration including injections, g-tubes, j-tubes, ostomy care, and wound care, or to monitor specific medical conditions for in-home care including chemotherapy follow up.</p> <p>Nursing support services must be provided by a licensed practical nurse (LPN) or registered nurse (RN) and may not be provided in Adult Day Health Centers.</p>
Limitations	ABI-LTC: Not to exceed twenty-eight (28) fifteen (15) minute units per week. Fixed upper payment limit is \$25.00.
Duplication of Service Risk	<p>Waiver Service: No</p> <p>State Plan Service: Yes</p> <p>Other Service: No</p>
Requires Cabinet-Level Review	Yes
Service Indicators	Participant or participant's residential caregivers require training specific to the participant's medical condition and services.

Service Name	Occupational Therapy (430 / 97530)
Waivers Eligible for Service	ABI, ABI-LTC
Summary at a Glance	Physician-ordered services in a specified amount and duration to guide a participant in the use of therapeutic, creative, and self-care activities to assist

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	<p>the participant in obtaining the highest possible level of functioning.</p> <p>Occupational therapy shall be provided by an occupational therapist or an occupational therapy assistant if supervised by an occupational therapist in accordance with 201 KAR 28:130.</p>
Definition	<p>Occupational therapy shall be:</p> <ul style="list-style-type: none"> • A physician-ordered evaluation of a participant's level of functioning by applying diagnostic and prognostic tests • Physician-ordered services in a specified amount and duration to guide a participant in the use of therapeutic, curative, and self-care activities to assist a participant in obtaining the highest possible level of functioning • Training of other providers to improve the level of functioning • Exclusive of maintenance or the prevention of regression • Shall demonstrate progress toward goal and objectives identified in the approved assessment of needs and the participant's PCSP. • Is provided by an occupational therapist or certified occupational therapist assistant
Limitations	<p>ABI: Limited to sixteen (16) fifteen (15) minute units per day. Fixed upper payment limit is \$25.90 per unit.</p> <p>ABI-LTC: Limited to fifty-two (52) fifteen (15) minute units per participant, per calendar month. Fixed upper payment limit is \$25.90 per unit.</p>
Duplication of Service Risk	<p>Waiver Service: Yes</p> <p>State Plan Service: Yes</p> <p>Other Service: No</p>
Requires Cabinet-Level Review	Yes
Service Indicators	<p>Case manager to initiate completion of an occupational therapy assessment when participant expresses need and/or the case manager observes/assesses need for improved level of functioning (e.g. participant complains that they are having difficulty "reaching" things, feeding self w/regular utensil, etc.).</p> <p>Therapy shall be exclusive of maintenance or the prevention of regression.</p>

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	Therapy shall be related directly to the participant's brain injury; other therapies to be submitted through the State Plan.
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Service Name	Personal Care Services (97535)
Waivers Eligible for Service	ABI
Summary at a Glance	Personal care services shall include the retraining of a participant in the performance of an activity of daily living by using repetitive, consistent, and ongoing instruction and guidance.
Definition	<p>Personal care services shall include the retraining of a participant in the performance of an activity of daily living by using repetitive, consistent, and ongoing instruction and guidance. Personal care services include the following ADLs: eating, bathing, dressing or personal hygiene, meal preparation, and housekeeping chores including bed-making, dusting, and vacuuming.</p> <p>Personal care services shall be provided by:</p> <ul style="list-style-type: none"> • An adult day health care center licensed and operating in accordance with 902 KAR 20:066 • A home health agency licensed and operating in accordance with 902 KAR 20:081 • A personal services agency • Another ABI provider <p>Personal care services shall not be provided to a participant who receives supervised residential care.</p>
Limitations	Personal care services are limited to eighty (80) fifteen (15) minute units per week. Fixed upper payment limit is \$5.56 per unit.
Duplication of Service Risk	<p>Waiver Service: Yes</p> <p>State Plan Service: No</p> <p>Other Service: No</p>
Requires Cabinet-Level Review	No
Service Indicators	<p>Service affords the family/caregiver the ability to provide additional supports to the participant.</p> <p>Participant requires assistance with personal care needs.</p>

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Service Name	Physical Therapy (420 / 97110)
Waivers Eligible for Service	ABI-LTC
Summary at a Glance	Physician-ordered evaluation or treatment provided by physical therapist or physical therapist assistant to assist the participant in obtaining highest possible level of functioning.
Definition	<p>Physical therapy shall be:</p> <ul style="list-style-type: none"> • A physician-ordered evaluation of a participant by applying muscle, joint, and functional ability tests • Physician-ordered treatment in a specified amount and duration to assist a participant in obtaining the highest possible level of functioning • Training of another waiver provider on improving the level of functioning • Exclusive of maintenance or the prevention of regression • Provided by a physical therapist or physical therapist assistant
Limitations	ABI-LTC: Limited to fifty-two (52) fifteen (15) minute units per participant, per calendar month. Fixed upper payment limit is \$25.00.
Duplication of Service Risk	<p>Waiver Service: No</p> <p>State Plan Service: Yes</p> <p>Other Service: No</p>
Requires Cabinet-Level Review	Yes
Service Indicators	<p>Case manager to initiate completion of a physical therapy assessment when the participant expresses need and/or the case manager observes/assesses need for this service (e.g. range of motion improvement, mobility, motor skill development and strengthening).</p> <p>Therapy shall be exclusive of maintenance or the prevention of regression.</p> <p>Therapy shall be related directly to the participant's brain injury; other therapies to be submitted through the State Plan.</p>

Service Name	Respite (T1005 / 660)
Waivers Eligible for Service	ABI, ABI-LTC

Acquired Brain Injury Waivers (ABI, ABI-LTC)

Summary at a Glance	Short-term care due to absence or need for relief of non-paid primary caregiver.
Definition	Respite care service is defined as short-term care which is provided to a participant unable to administer self-care and be provided on a short-term basis due to absence or need for relief of the primary caregiver. Respite care services must be provided at a level to appropriately and safely meet the medical needs of the waiver participant. Respite is considered an essential service to assist the participant and family to prevent institutionalization.
Limitations	ABI: 1,344 fifteen (15) minute units per twelve (12) month period. Fixed Upper Payment Limit is \$4.00 per unit. ABI-LTC: Reimbursement for respite care services shall be limited to no more than 5760 fifteen (15) minute units (1,440 hours) per participant per calendar year. Fixed Upper Payment Limit is \$4.00 per unit.
Duplication of Service Risk	Waiver Service: Yes State Plan Service: No Other Service: No
Requires Cabinet-Level Review	No
Service Indicators	Provide necessary relief to allow caregivers to take care of personal matters or engage in tasks for other members of the household. Signs/evidence of family/caregiver burnout, including but not limited to caregiver lack of self-care and increased agitation between caregiver and participant. Caregiver is responsible for twenty-four (24) hour care of the participant.

Service Name	Specialized Medical Equipment and Supplies (E1399)
Waivers Eligible for Service	ABI, ABI-LTC
Summary at a Glance	Devices, controls, or appliances specified in the participant's PCSP, which enable participants to increase their abilities.

Acquired Brain Injury Waivers (ABI, ABI-LTC)

<p>Definition</p>	<p>Specialized medical equipment and supplies include devices, controls, or appliances, specified in the PCSP, which enable participants to increase their abilities to perform ADLs, or to perceive, control, or communicate with the environment in which they live.</p> <p>This service also includes items necessary for life support, ancillary supplies and equipment necessary to the proper functioning of such items, devices which enable participants at high risk of institutionalization to secure help in an emergency, and durable and non-durable medical equipment not available under the Medicaid State Plan. Items reimbursed with waiver funds shall be in addition to any medical equipment and supplies furnished under the State Plan and shall exclude those items which are not of direct medical or remedial benefit to the participant. All items shall meet applicable standards of manufacture, design, and installation.</p> <p>All specialized medical equipment is coordinated and procured by the case manager through various entities which may include, pharmacies, retail stores, medical equipment retailers, and other entities. All specialized medical equipment must undergo a Cabinet-level review and approval prior to service delivery. Once prior authorization number is issued, the requested specialized medical equipment is procured by the case manager and the cost is submitted to the fiscal agent for payment.</p>
<p>Limitations</p>	<p>ABI, ABI-LTC: Limitations established per item as negotiated by the Cabinet.</p>
<p>Duplication of Service Risk</p>	<p>Waiver Service: No State Plan Service: Yes Other Service: Yes</p>
<p>Requires Cabinet-Level Review</p>	<p>Yes</p>
<p>Service Indicators</p>	<p>Specialized medical equipment is intended to result in improved functioning and/or increased independence for tasks in which participant is seeking increased independence and is essential to daily living.</p> <p>Confirm whether the specialized medical equipment can be covered through the State Plan or through another resource.</p>

Acquired Brain Injury Waivers (ABI, ABI-LTC)

	Additional specialized medical equipment assistance is available through: Kentucky Disability Resource Guide (http://resources.hdiuk.org/).
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Service Name	Speech Language Pathology Services (440 / 92507)
Waivers Eligible for Service	ABI, ABI-LTC
Summary at a Glance	Physician-ordered evaluation or habilitative service to assist a participant with a speech or language disability in obtaining the highest possible level of functioning. Must be provided by a speech therapist.
Definition	Speech therapy shall be: <ul style="list-style-type: none"> • A physician-ordered evaluation of a participant with a speech or language disorder • A physician-ordered habilitative service in a specified amount and duration to assist a participant with a speech and language disability in obtaining the highest possible level of functioning • Training of other providers to improve the level of functioning • Exclusive of maintenance or the prevention of regression • Shall demonstrate progress toward goal and objectives identified in the approved assessment of needs and PCSP. • Be provided by a speech therapist
Limitations	ABI: Limited to sixteen (16) fifteen (15) minute units per day. Fixed upper payment limit is \$28.41 per unit. ABI-LTC: Limited to fifty-two (52) fifteen (15) minute units per participant, per month. Fixed upper payment limit is \$28.41.
Duplication of Service Risk	Waiver Service: No State Plan Service: Yes Other Service: No
Requires Cabinet-Level Review	Yes

Acquired Brain Injury Waivers (ABI, ABI-LTC)

Service Indicators	<p>Case manager to initiate completion of a speech therapy assessment when participant expresses need and/or case manager observes/assesses need for service (e.g. communication impairment, swallowing issues, etc.).</p> <p>Therapy shall be exclusive of maintenance or the prevention of regression.</p> <p>Therapy shall be related directly to the participant's brain injury; other therapies to be submitted through the State Plan.</p>
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Service Name	Supervised Residential Care Level I (T2016)
Waivers Eligible for Service	ABI, ABI-LTC
Summary at a Glance	Provide nineteen to twenty-four (19 to 24) hour supervision, assistance, and training with daily living skills, including the option of working towards increased independence.
Definition	<p>Supervised Residential Care Level I shall not have greater than three (3) ABI participants in a home rented or owned by the ABI provider. This setting provides nineteen (19) to twenty-four (24) hour supervision and assistance and training with daily living skills. Based on the individual needs of a participant, this setting may include periods of up to five (5) hours per day for a participant to work towards increased independence. If this option is utilized, an ABI provider shall develop an individualized plan for the participant to work towards increased independence, which shall include:</p> <ul style="list-style-type: none"> • Necessary provisions to assure the participant's health, safety and welfare • Documented approval by the participant's treatment team • Periodic review and updates, based on changes in the participant's status <p>Supervised Residential Care includes assistance and training with daily living skills which shall include activities such as ambulation, dressing, grooming, eating, toileting, bathing, meal planning, grocery shopping and meal preparation, laundry, budgeting and financial matters, home care and cleaning, instruction in leisure skills, and instruction in self-medication; in addition to social skills training, including increasing positive behaviors and reduction</p>

Acquired Brain Injury Waivers (ABI, ABI-LTC)

	<p>and/or elimination of maladaptive behaviors per the PCSP.</p> <p>Provide or arrange transportation to services, activities, and medical appointments as needed; as well as accompanying and assisting an ABI participant while utilizing transportation services.</p> <p>Participation in medical appointments and follow-up care as directed by the medical staff.</p>
Limitations	ABI, ABI-LTC: Limited to one (1) unit per participant per calendar day. Fixed upper payment limit is \$200.00.
Duplication of Service Risk	<p>Waiver Service: No</p> <p>State Plan Service: No</p> <p>Other Service: No</p>
Requires Cabinet-Level Review	No
Service Indicators	<p>Consider participant freedom of choice as it relates to:</p> <ul style="list-style-type: none"> • Residential setting, including accessibility • Privacy • Freedom to furnish/decorate unit • Schedule, activities, and has access to food any time • Choice in housemates and staff • Compatibility between housemates <p>Residential services are required to provide opportunities for integration. Other services shall be used only when residential is unable to provide the needed service.</p> <p>Participant requires protective oversight and supervision in order for health, safety and welfare needs to be met.</p> <p>Other less restrictive services have not been successful for the participant; therefore, this level of support is needed.</p>

Service Name	Supervised Residential Care Level II (T2033)
Waivers Eligible for Service	ABI, ABI-LTC
Summary at a Glance	Provide twelve to eighteen (12-18) hour supervision and twenty-four (24) hour on call support, including assistance with daily living skills and training in social skills.

Acquired Brain Injury Waivers (ABI, ABI-LTC)

<p>Definition</p>	<p>Supervised Residential Care Level II shall not have greater than three (3) ABI participants in a home rented or owned by the ABI provider. Provides twelve to eighteen (12-18) hours supervision and twenty-four (24) hour on call support.</p> <p>Provides assistance and training with daily living skills which shall include activities such as: ambulation, dressing, grooming, eating, toileting, bathing, meal planning, grocery shopping and meal preparation, laundry, budgeting and financial matters, home care and cleaning, instruction in leisure skills, and instruction in self-medication. In addition, social skills training including increasing positive behaviors and reduction or elimination of maladaptive behaviors per the participant's PCSP.</p> <p>Provide or arrange transportation to services, activities, and medical appointments as needed; as well as accompanying and assisting an ABI participant while utilizing transportation services. Participation in medical appointments and follow-up care as directed by the medical staff.</p>
<p>Limitations</p>	<p>ABI, ABI-LTC: Limited to one unit per participant per calendar day. Fixed upper payment limit is \$150.00.</p>
<p>Duplication of Service Risk</p>	<p>Waiver Service: No</p> <p>State Plan Service: No</p> <p>Other Service: No</p>
<p>Requires Cabinet-Level Review</p>	<p>No</p>
<p>Service Indicators</p>	<p>Consider participant freedom of choice as it relates to:</p> <ul style="list-style-type: none"> • Residential setting, including accessibility • Privacy • Freedom to furnish/decorate unit • Schedule, activities, and has access to food any time • Choice in housemates and staff • Compatibility between housemates <p>Residential services are required to provide opportunities for integration. Other services shall be used only when residential is unable to provide the needed service.</p> <p>Participant benefits from the cohesiveness of the family/household unit.</p>

Acquired Brain Injury Waivers (ABI, ABI-LTC)

	Other less restrictive services have not been successful for the participant; therefore, this level of support is needed.
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Service Name	Supervised Residential Care Level III (S5136)
Waivers Eligible for Service	ABI, ABI-LTC
Summary at a Glance	Provide support with daily living skills, including social skills training, in the home of an ABI participant who lives alone or with an unrelated roommate.
Definition	<p>Supervised Residential Care Level III (Independent Residential Support) may be provided in a single-family home, duplex or apartment building. No more than two (2) waiver participants may be supported in one home or apartment.</p> <p>Provides support in the home of an ABI participant who lives alone or with an unrelated roommate, as needed with daily living skills which shall include: ambulating, dressing, grooming, eating, toileting, bathing, meal planning, grocery shopping and meal preparation, laundry, budgeting and financial matters, home care and cleaning, instruction in leisure skills, and instruction in self-medication. In addition, social skills training including increasing positive behaviors and reduction or elimination of maladaptive behaviors per the participant's PCSP.</p> <p>Provide or arrange transportation to services, activities, and medical appointments as needed; as well as accompanying and assisting an ABI participant while utilizing transportation services. Participation in medical appointments and follow-up care as directed by the medical staff.</p>
Limitations	ABI, ABI-LTC: Limited to one (1) unit per participant per calendar day. Fixed upper payment limit is \$75.00.
Duplication of Service Risk	<p>Waiver Service: No</p> <p>State Plan Service: No</p> <p>Other Service: No</p>
Requires Cabinet-Level Review	No
Service Indicators	<p>Consider participant freedom of choice as it relates to:</p> <ul style="list-style-type: none"> • Residential setting, including accessibility

Acquired Brain Injury Waivers (ABI, ABI-LTC)

	<ul style="list-style-type: none"> • Privacy • Freedom to furnish/decorate unit • Schedule, activities, and has access to food any time • Choice in housemates and staff • Compatibility between housemates <p>Residential services are required to provide opportunities for integration. Other services should be used only when residential service is unable to provide the needed service.</p> <p>Participant benefits from the cohesiveness of the family/household unit.</p> <p>Other less restrictive services have not been successful for the participant; therefore, this level of support is needed.</p>
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Service Name	Support Broker (T2022)
Waivers Eligible for Service	ABI, ABI-LTC
Summary at a Glance	Coordination of participant's PCSP and to provide guidance to the participant in understanding roles and responsibilities of an employer in PDS.
Definition	<p>A support broker shall provide needed assistance to a participant with any aspect of participant-directed services (PDS) or blended services. Support broker service will be available to the participant by phone or in person twenty-four (24) hours per day, seven (7) days per week; and to assist the participant in obtaining community resources as needed.</p> <p>The support broker shall continually monitor a participant's health, safety, and welfare and complete or revise a person-centered service plan (PCSP) using person-centered planning principles.</p> <p>For participants receiving PDS, support brokers may conduct an assessment or reassessment.</p> <p>Services provided by a support broker shall meet the conflict-free requirements established for case managers: Conflict-free case management requires that a provider, including any subsidiary, partnership, not-for-profit, or for-profit business entity that has a business interest in the provider, who renders case management to a participant must not also provide another waiver service to that same participant, unless the provider is the only willing and qualified provider in the geographical area (thirty (30) miles from the participant's residence).</p>

Acquired Brain Injury Waivers (ABI, ABI-LTC)

Limitations	ABI, ABI-LTC: 1 unit per ABI recipient per calendar month. Fixed upper payment limit is \$375.00
Duplication of Service Risk	Waiver Service: No State Plan Service: No Other Service: No
Requires Cabinet-Level Review	No
Service Indicators	Participant is approved under the ABI or ABI-LTC waiver for PDS.

Service Name	Supported Employment (H0039)
Waivers Eligible for Service	ABI, ABI-LTC
Summary at a Glance	Paid employment for participants for whom competitive employment is unlikely and need intensive ongoing support to perform in a work setting. Includes supervision and training of participants receiving waiver services.
Definition	Supported employment services consist of intensive, ongoing services for a participant to maintain paid employment in an environment in which a participant without a disability is employed. Supported employment is conducted in a variety of settings, particularly work sites in which persons without disabilities are employed. Supported employment includes activities needed to sustain paid work by participants receiving waiver services, including supervision and training. When supported employment services are provided at a work site in which persons without disabilities are employed, payment will be made only for the adaptations, supervision, and training required by participants receiving waiver services as a result of their disabilities and will not include payment for the supervisory activities rendered as a normal part of the business setting. Supported employment services furnished under the waiver are not available under a program funded by either the Rehabilitation Act of 1973 or P.L. 94-142. Documentation will be maintained in the file of each participant receiving this service that the service is not otherwise available under a program funded under the Rehabilitation Act

Acquired Brain Injury Waivers (ABI, ABI-LTC)

	<p>of 1973, or P.L. 94-142. FFP will not be claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:</p> <ul style="list-style-type: none"> • Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program • Payments that are passed through to users of supported employment programs • Payments for vocational training that is not directly related to a participant's supported employment program
<p>Limitations</p>	<p>ABI, ABI-LTC: Limited to one-hundred sixty (160) fifteen (15) minute units per calendar week, alone or in combination with adult day training services. Fixed upper payment limit is \$7.98 per unit.</p>
<p>Duplication of Service Risk</p>	<p>Waiver Service: No State Plan Service: No Other Service: Yes</p> <p>Note: Need to ensure Kentucky Vocational Rehab services have been exhausted before use of supported employment.</p>
<p>Requires Cabinet-Level Review</p>	<p>Yes</p>
<p>Service Indicators</p>	<p>Participant expresses desire for employment and requires support.</p> <p>Assess participant's individual readiness level.</p> <p>Community interaction and integration.</p> <p>Evidence of participant progress toward goal achievement as a result of the supported employment.</p> <p>Vocational Rehabilitation options have been explored and exhausted.</p>