

Current Provider Policy Information for the Acquired Brain Injury (ABI) and Acquired Brain Injury Long Term Care (ABI LTC) Waivers

Updated: 9/28/18

- Transition from Consumer Directed Option (CDO) to Participant-Directed Services (PDS)
 - Effective September 1, 2018, ABI and ABI LTC transitioned from CDO to PDS, as outlined in the regulation. As part of the transition, providers will not request an annual budget and an exception budget from DMS. You should enter MAP 95s for goods and services on the plan of care (POC) in the Medicaid Waiver Management Application (MWMA). You will no longer send them to DMS. Instead of using the bundled service code when requesting prior authorization (PA) or billing claims, you must use the specific service code with the HI modifier. The HI modifier designates the service as PDS rather than a traditional service. Each code will be authorized for a specific unit, frequency, and rate. We have provided the new codes in the tables below.

ABI Acute

<i>Previous Code</i>	<i>PDS Code</i>
S5108 – Respite	T1005 HI
S5108 – Companion Care	S5135 HI
S5108 – Personal Care	97535 HI
T2019 – Community Day Supports	H0039 HI
T2022 HI – Support Broker	T2022 HI
T2040 – Financial Management	T2040 HI
T1999 – Goods and Services	T1999 HI

ABI-LTC

<i>Previous Code</i>	<i>PDS Code</i>
S5108 – Respite	T1005 HI
S5108 – Community Living Supports	97535 HI
T2019 – Community Day Supports	H0039 HI
T2022 HI – Support Broker	T2022 HI
T2040 – Financial Management	T2040 HI
T1999 – Goods and Services	T1999 HI

- For ABI and ABI-LTC individuals, the transition will be handled differently than with previous waivers. New codes will be requested at either the time of re-certification or when an individual needs a modification to their current CDO/PDS POC. When providers modify existing POCs within the current level of care (LOC) year, all current CDO services should be end-dated and reentered with the new code, frequency, and units. If you have any questions, please contact DMS.