

## TBI/ABI HCBS Waiver Programs and Other Options for Long-term Services and Supports (LTSS)

### Introduction

This paper provides an overview of Traumatic Brain Injury/Acquired Brain Injury (TBI/ABI) Medicaid Home and Community-Based (HCBS) waiver programs and other State options for providing long-term services and supports (LTSS) for individuals with brain injury. Kansas was the first State to implement a TBI HCBS Medicaid waiver and other States soon followed. Some States have since combined their brain injury HCBS waiver with other State operated Medicaid HCBS waiver programs or in a 1115 Demonstration waiver.

As of June 2015, there are 25 brain injury waiver programs administered by 21 States, and three States (New Jersey, New Mexico and Vermont) have included TBI/ABI HCBS in their 1115 Demonstration Waivers. State Medicaid HCBS programs vary considerably in terms of eligibility and numbers served. Typical services offered by waiver programs include: adult day care,

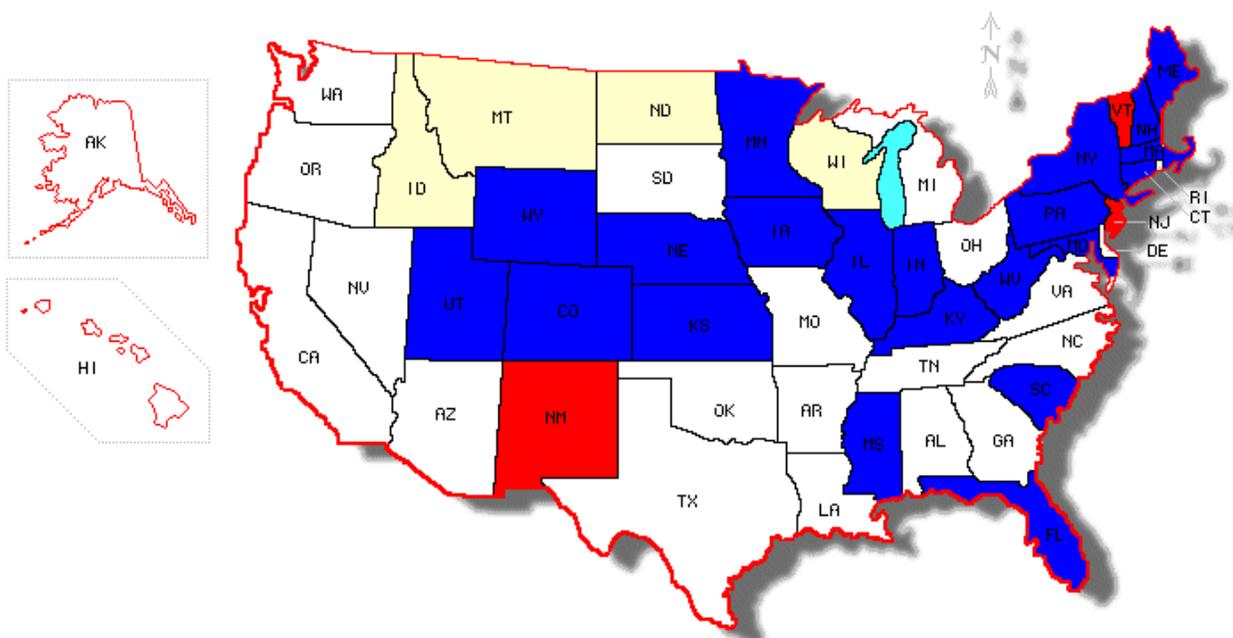
personal assistant, cognitive rehabilitation, homemaker, home accessibility modifications, durable medical equipment, therapies, respite, prevocational services, supported employment, and personal emergency response systems.

The 1915(c) HCBS Waiver program was added as a Medicaid optional service in 1981 to offset the institutional bias of the federal Medicaid program with regard to providing LTSS to individuals with disabilities or for older adults needing institutional or nursing facility level of care. More recently, States have been provided additional options and incentives for offering community-based services in lieu of institutional or nursing facility level of care. Understanding these LTSS options may be useful to ensure that individuals with brain injury are included and that their needs are considered and addressed.

### Map Key:

**Blue** – TBI/ABI Medicaid HCBS Waiver Program  
**Red** – 1115 Demonstration Waiver, includes TBI/ABI

**Buff** – Previous TBI/ABI HCBS Waiver



## **Overview of the Medicaid Program**

Title XIX of the Social Security Act of 1965 established the Medicaid program, which is a joint federal-State health care program to provide health and related medical services to individuals with low income. State participation is voluntary, although all States and the District of Columbia participate in the federal program. Each State designs and administers its own program with regard to (1) eligibility standards; (2) type, amount, duration, and scope of services; and (3) the rate for payment for services. The federal program establishes some broad parameters related to mandated and optional eligibility requirements and services or benefits.

The federal government determines annually the match rate that each State receives for the Medicaid program, known as the Federal Medical Assistance Percentage (FMAP). It is determined by a formula that compares the State's average per capita income level with the national average. However, the Affordable Care Act (ACA) Medicaid Expansion allows for the federal government to pay 100% of costs for three years with regard to those covered through the expansion.

Traditionally, States have administered the program as a "fee for service" program reimbursing providers according to an established rate. However, States are moving towards a managed care delivery system for some benefits or eligibility categories or integrated care through a single delivery system, such as health homes for individuals who are Medicaid eligible with chronic conditions.

The designated State Medicaid agency submits a State Plan to the federal agency, Centers for Medicare and Medicaid Services (CMS), for approval. The State Plan describes how the State administers its Medicaid program, including groups of individuals to be covered, services to be provided, methodologies for providers to be reimbursed and the administrative requirements that States must meet to participate. States frequently send a State Plan Amendment, referred to as a SPA, to CMS for review and approval. Some States require legislative approval before making changes to their State Plan affecting services and eligibility criteria.

### **Medicaid Eligibility**

States must cover "categorically needy" individuals, which usually includes recipients of SSI, *but not all States use that criteria*, and families with dependent children receiving cash assistance, as well as other mandatory low-income groups such as pregnant women, infants, and children with incomes less than specified percent of the federal poverty level and certain low-income Medicare beneficiaries. States also have the option of providing Medicaid coverage for certain other "categorically related" groups of persons. Examples include:

- Individuals who would be eligible if institutionalized, but who are receiving care under home and community based services waivers.
- individuals eligible under a special income level (the amount is set by each State—up to 300% of the SSI federal benefits rate).
- Certain aged, blind, or disabled adults who have incomes above those requiring mandatory coverage, but below the federal poverty level.
- "Medically needy" persons.

In order to be eligible for Medicaid, individuals need to satisfy federal and State requirements regarding residency, immigration status, and documentation of U.S. citizenship. In most States, low income adults without dependent children were and are ineligible for Medicaid coverage, which is why the ACA expanded Medicaid eligibility to include adults with incomes of up to 133 percent of the federal poverty level in order to provide health care coverage (Medicaid expansion) to uninsured individuals. However, individuals who may be covered under ACA Medicaid expansion will not necessarily receive the same services as offered in the State Plan or waiver programs.

### **Coverage/Benefits**

The federal Medicaid program mandates certain benefits that have to be offered, including inpatient hospital services; outpatient hospital services; Early and Periodic Screening, Diagnostic and Treatment Services (EPSDT); nursing facility services; home health services; physician services; rural health clinic services; laboratory and X-ray services; and transportation to medical care. States may offer additional services or benefits, known as optional services, and these include diagnostic services; case management; prescription drugs and prosthetic devices; clinic services; intermediate care facilities for individuals with intellectual disabilities (ICF-IID), optometrist services and eyeglasses; rehabilitation and therapy services, and transportation services.

With regard to long-term care services, mandated services include nursing facility for services for individuals who are 21 of age and older and home health care (for individuals entitled to nursing facility care). Optional long-term care services include ICF-IID; inpatient psychiatric hospital services for individuals under the age of 21; targeted case management; home and community-based waiver programs; and personal care services. Medicaid is the largest payer of LTSS. In federal fiscal year (FFY) 2012 Medicaid spent \$140 billion on LTSS, which represented 34.1 percent of all Medicaid spending. Almost half (49.5%) of LTSS was spent on HCBS.

## Home and Community-Based Services Waivers

The Home and Community-Based Services (HCBS) waiver program was established under section 1915(c) of the Social Security Act of 1981. The purpose of this provision was to correct a perceived bias toward institutional care in the Medicaid program. Under a waiver program, States offer a broad range of home- and community-based services to people who may otherwise be institutionalized. States can waive certain Medicaid program requirements under HCBS Waivers, including:

- **Statewideness:** Allows States to target waivers to areas of the State where the need is greatest, or where certain types of providers are available.
- **Comparability of services:** Allows States to offer waiver services to only certain groups of people who are at risk of institutionalization, such as brain injury.
- **Income and resource rules applicable in the community:** Allows States to provide Medicaid to people who would otherwise be eligible only in an institutional setting, often due to the income and resources of a spouse or parent. States can also use spousal impoverishment rules to determine financial eligibility for waiver services.

States must demonstrate cost neutrality in that the waiver program does not cost more than institutional care, which may be determined by the aggregate numbers served by the program or by individual costs. State HCBS Waiver programs must:

- Demonstrate that providing waiver services won't cost more than providing these services in an institution.
- Ensure the protection of people's health and welfare.
- Provide adequate and reasonable provider standards to meet the needs of the target population.
- Ensure that services follow an individualized and person-centered plan of care.

To be eligible for a waiver program, a person must meet the State's Medicaid and waiver eligibility criteria and require an institutional level of care as assessed by the State. Services provided by the waiver are to be above and beyond the services otherwise offered by the State Medicaid program.

## CMS Rule and Regulations

The CMS issued a final rule on January 14, 2014, to enhance quality in HCBS programs and to add protections for individuals receiving services. The rule establishes requirements for HCBS program settings operated in accordance with 1915(c) HCBS Waiver programs, 1915(i) HCBS State Plan Option, and 1915(k) Community First Choice State Plan Option and:

- defines person-centered planning requirements;
- provides States with the option to combine multiple target populations into one waiver to facilitate and streamline administration of HCBS waivers;
- clarifies the timing of amendments and public input requirements when States propose modifications to HCBS waiver programs and service rates, and
- provides CMS with additional compliance options for HCBS programs.

The rule addresses a more outcome-oriented definition of home and community-based settings, rather than one based solely on a setting's location, geography, or physical characteristics. In accordance with the rule, States will need to evaluate the home and community settings currently in their 1915(c) waivers and 1915(i) State plan programs and, if there are settings that do not meet the final regulation's home and community-based settings requirements, work with CMS to develop a plan to bring their program into compliance. The rule calls for the public to have an opportunity to provide input on a State's transition plan developed to ensure that the HCBS settings are in compliance.

In this final rule, CMS specifies that service planning for participants in Medicaid HCBS programs under section 1915(c) and 1915(i) of the Act must be developed through a person-centered planning process that addresses health and long-term services and support needs in a manner that reflects individual preferences and goals. The rules require that the person-centered planning process is directed by the individual with long-term support needs, and may include a representative whom the individual has freely chosen and others chosen by the individual to contribute to the process. The rule describes the minimum requirements for person-centered plans developed through this process, including that the process results in a person-centered plan with individually identified goals and preferences.

### **TBI/ABI HCBS Waiver Programs**

TBI/ABI HCBS waiver programs vary considerably across the country in terms of numbers served and how the State has defined the level of care requirement. 23 States administer or have administered waiver programs recently with two States administering two separate HCBS waivers for TBI/ABI (CT and KY) and one administering three waiver programs (MA). Most States have designed their waiver programs around typical LTSS services. However, a handful of States have designed their waiver services to focus primarily on rehabilitation and community reintegration.

Most States base their level of care waiver requirements and project cost savings based on care provided in a nursing facility. Some States define the level of care based on Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID), neurobehavioral hospital, rehabilitation hospital, or specialized nursing facility as the type of institution for which the person would need if not for the HCBS waiver. In many States which do not offer a waiver program, the nursing facility rate is much lower than other settings, which makes it difficult for the State to demonstrate costs savings by providing the array services needed within a community setting.

As States are responsible for assessing level of care, functional assessment tools and evaluation varies with each State and even with regard to each waiver program that the State administers (i.e. IDD, physical disabilities, aging, or autism). Understanding how functional assessments are performed is critical in determining needs and eligibility for HCBS waiver programs. These assessments may be performed by personnel from a State agency or through contracted agencies. Once a person is assessed and determined to be eligible, a comprehensive service plan will be developed generally by an interdisciplinary team, service coordinator/case manager, other support programs/resources/providers, the individuals with a TBI, and any others that the individual with a TBI may choose.

Most services covered under TBI/ABI HCBS Waiver programs include adult day care, personal assistant, cognitive rehabilitation, homemaker, home and vehicle modifications, durable medical equipment, therapies, behavioral programming, family counseling, respite, prevocational services, supported employment, and personal emergency response systems. In many States, a non-Medicaid agency may be responsible for administering the program aspects of the waiver program, while the Medicaid agency is responsible for submitting the waiver and general oversight.

### **Considerations for Pursuing TBI/ABI Waiver**

When considering a brain injury Medicaid HCBS Waiver program and other LTSS options, the first step is to understand the State's Medicaid Program – eligibility and State Plan services, including current waiver programs. As Medicaid waivers are exceptions to State Plan requirements with regard to the provision of Medicaid services, understanding the State Plan is critical. Other areas to assess include:

- Current facilities where individuals with brain injury are receiving LTSS and to what extent. A State may want to conduct a survey to determine how many people are residing in institutional settings and the associated costs for that care.
- Purpose of the waiver.
- Which of the Medicaid requirements will be waived (i.e. statewideness, comparability of services, freedom of choice).
- How will the waiver be administered and operated.
- Participant access and eligibility.
  - Functional assessment tools used by the State to determine level of care -- does the level of care assessment tool distinguish between being able to perform tasks independently with or without cues or prompting in order to perform activities of daily living.
- What additional services are needed beyond the State Medicaid Plan to provide the level of supports to enable an individual to live in the community. What is the scope of services, or limitations, delivery methods and rate.
- The providers that will be needed to carry out the community services -- what type of providers, their qualifications (credentials/licensure) and expertise.
- Financial information to demonstrate cost neutrality.

If the proposed program or service fits under an existing waiver, you may be able to amend the existing waiver to include the program or service. (The waiver application form explains the process.) The proposed program or service cannot duplicate a service already covered by an approved waiver or State Plan. CMS waiver approval may take anywhere from several months to over a year. In some States, the State legislature must approve the submission of a waiver program.

## Other LTSS Options

The Affordable Care Act (ACA) added new and expanded options to improve access and the delivery of Medicaid LTSS. These options and incentives include:

- **Increased federal funding and expanded eligibility for the Money Follows the Person demonstration.** Initially enacted as part of the Deficit Reduction Act (DRA) in 2006, the program was extended under the ACA. The MFP offers States enhanced federal Medicaid matching funds for qualified services for twelve months for each Medicaid beneficiary who transitions to a community setting.
- **State demonstration grants for dual eligible beneficiaries.** The ACA created the CMS Center for Medicare & Medicaid Innovation to test new payment and service delivery models that fully integrate care for dual eligible beneficiaries (receiving both Medicare and Medicaid). Grants have been awarded to States to test a capitated and/or managed fee-for-service (FFS) financial alignment model for dual eligible beneficiaries.
- **Health Home Services.** The ACA provided States with a new State Plan option to provide health home services, such as care coordination and case management, for Medicaid beneficiaries with chronic conditions. States receive a temporary 90 percent enhanced federal medical assistance percentage (FMAP) for participation.
- **Balancing Incentive Program (BIP).** The Balancing Incentive Program (BIP) provides financial incentives to States that implement certain structural reforms to increase access to community-based LTSS as an alternative to institutional care.
- **Expansion of the §1915(i) HCBS State Plan Option.** The DRA gave States new authority through § 1915(i) of the Social Security Act (SSA) to provide HCBS as an optional Medicaid State Plan benefit in lieu of a waiver or demonstration project. The ACA expanded financial eligibility for § 1915(i) services; created a new optional Medicaid eligibility group that allows people not otherwise eligible to access full Medicaid benefits in addition to State Plan HCBS; allows States to target § 1915(i) services to specific populations (based on diagnosis, age, disability or coverage group), and expands the services States may cover under this option.
- **Community First Choice (CFC) State Plan Option.** The ACA established the Community First Choice State Plan Option (1915(k) to allow States to provide statewide home and community-based attendant supports and services to individuals who would otherwise require an institutional level of care. An enhanced FMAP is available as an incentive to the States. The new option is designed to assist individuals with activities of daily living, instrumental activities of daily living, and health-related tasks and with acquiring, maintaining, and enhancing their own skills to accomplish these tasks.

## References

Centers for Medicare and Medicaid Services (CMS) website: [www.cms.gov](http://www.cms.gov)

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**State ABI/TBI Medicaid HCBS Waiver Programs and  
Managed Care LTSS Demonstration Waivers**

State	Waiver	Services	Level of Care	Numbers Served/ Capacity
<b>Colorado</b>	CO Persons with Brain Injury  Approval Date: 7/1/1995  Effective Date: 7/1/2013  Expiration Date: 7/1/2018	Adult day health, day treatment, personal care, respite, behavioral programming and education, consumer directed attendant support, environmental mods, independent living skills training, mental health counseling, non-medical transportation, PERS, specialized medical equipment and supplies/assistive devices, substance abuse counseling, supported living program, transitional living program for individuals w/brain injury. Ages 16 - no max age.	Hospital Nursing Facility	Total Estimated Unduplicated Participants: 338
<b>Connecticut (2 waivers)</b>	1) CT ABI Waiver  Approval Date: 01/01/1999  Effective Date: 01/01/2012  Expiration Date: 12/31/2016  <hr/> 2) CT ABI Waiver II (1085.R00.00) Date Originally Approved: 11/26/2014 Implementation Date: 12/01/2014 Expiration Date: 11/30/2019	Case management, homemaker, personal care, prevocational, respite, supported employment, ABI group day, chore, cognitive behavioral programs, community living support, companion, environmental accessibility adaptation, home delivered meals, independent living skill training, personal emergency response systems (PERS), specialized medical equipment and supplies, substance abuse programs, transitional living, transportation, vehicle modifications for individuals with brain injury ages 18 - no max age.  <hr/> ABI group day care, adult day health, case management, homemaker; personal care, prevocational, respite, supported employment, ABI recovery assistant (I and II), chore, cognitive behavioral programs, community living support services (CLSS), companion, environmental accessibility adaptation, home delivered meals, independent living skill training, personal emergency response systems (PERS), specialized medical equipment and supplies, substance abuse programs, transportation, and vehicle modifications. The State reserves capacity to cover consumers transitioning off of the Money Follows the Person Demonstration (MFP) and onto the ABI Waiver II from November 2014 through November 30,2019 (54 for each year, 2-5). Ages 18 -- 64.	Hospital Nursing Facility ICF-IID  <hr/> Hospital Nursing Facility ICF-IID	Total Estimated Unduplicated Participants:434  <hr/> Unduplicated Participants: 378 (yr. 5)

State	Waiver	Services	Level of Care	Numbers Served/ Capacity
<b>Florida</b>	FL Traumatic Brain and Spinal Cord Injury Waiver  Approval Date: 07/01/1998  Effective Date: 07/01/2012  Expiration Date: 06/30/2017	Residential habilitation, assistive technology, attendant care, behavior programming, community support coordination, consumable medical supplies, OT, personal adjustment counseling, personal care, PT, transition case management, companion care, emergency alert response system-installation, emergency alert response system-monitoring/maintenance, environmental accessibility adaptations, life skills training, rehab engineering evaluation, transitional environmental accessibility adaptations for individuals with BI ages 18 no max age.	Nursing Facility	Total Estimated Unduplicated Participants: 375
<b>Illinois</b>	IL HCBS Waiver for Persons w/Brain Injury  Approval Date: 07/01/1999  Effective Date: 07/01/2012  Expiration Date: 06/30/2017	Adult day care, day habilitation, homemaker, personal assistant, prevocational, respite, supported employment, home health aide, intermittent nursing, OT, PT, speech therapist, cognitive behavioral therapies, environmental accessibility adaptations, home delivered meals, in-home shift nursing, PERS, specialized medical equipment for individuals w/brain injury ages 0 - no max age.	Nursing Facility – Persons with Brain Injury	Total Estimated Unduplicated Participants: 4623
<b>Indiana</b>	IN Traumatic Brain Injury  Approval Date: 01/01/2000  Effective Date: 01/01/2013  Expiration Date: 12/31/2017	Adult day, attendant care, case management, homemaker, residential based hab, respite, structured day program, supported employment, adult family care, behavior management/behavior program and counseling, community transition, environmental mods, health care coordination, home delivered meals, nutritional supplements, PERS, pest control, specialized medical equipment and supplies, transportation, vehicle mods for individuals w/brain injury ages 0 - no max age.	Nursing Facility ICF-IID	Total Estimated Unduplicated Participants: 200
<b>Iowa</b>	IA Home and Community-Based – Brain Injury  Approval Date: 10/01/1996  Effective Date: 10/01/2009  Expiration Date:	Adult day care, case management, consumer directed attendant care-skilled, prevocational services, respite, supported employment, FMS-consumer choices option, behavioral programming, consumer directed attendant care-unskilled, family counseling and training, home and vehicle mods, independent support broker-consumer choices option, individual directed goods and services-consumer choices option, Interim medical monitoring treatment,	Nursing Facility ICF-IID	Total Estimated Unduplicated Participants: 1376



State	Waiver	Services	Level of Care	Numbers Served/ Capacity
<b>Maine cont.</b>	05/06/2014  Effective Date: 07/01/2014  Expiration Date: 06/30/2019	self care/home, management reintegration group, self care/home management reintegration-individual, assistive technology, community/work reintegration-individual, employment specialist services, home support-remote support, home support-per diem level III increased neurobehavioral, non-medical transportation, work ordered day club house, work support-individual for individuals w/SED ages 18 - no max age.	(Nursing Facility Defined)  ICF-IID	
<b>Maryland</b>	MD TBI  Approval Date: 03/01/2003  Effective Date: 07/01/2011  Expiration Date: 06/30/2016	Day habilitation, individual support services, medical day care, residential habilitation, supported employment for individuals with brain injury age 22 - on max age.	Rehabilitative/ chronic/specialty for traumatic brain injury programs (Hospital Defined)  Nursing Facility	Total Estimated Unduplicated Participants: 112
<b>Massachusetts (3 waivers)</b>	1) MA ABI Non-Residential Habilitation (40702.R01.00)  Approval Date: 03/19/2010  Effective Date: 05/01/2013  Expiration Date: 04/30/2018	Homemaker, personal care, respite, supported employment, adult companion, chore, day services, home accessibility adaptations, individual support and community hab, OT, PT, specialized medical equipment, speech therapy, transitional assistance, transportation for individuals w/brain injury ages 22 - no max age.	Chronic and Rehabilitation Hospital Level of Care (Hospital defined)  Nursing Facility	Total Estimated Unduplicated Participants: 100
	2) MA ABI w/Residential Habilitation  Approval Date: 03/19/2010  Effective Date: 05/01/2013  Expiration Date: 04/30/2018	Residential hab, supported employment, assisted living services, day services, OT, PT, shared living 24 hr. supports, specialized medical equipment, speech therapy, transitional assistance-RH, transportation for individual with brain injury ages 22 - no max.	Chronic and Rehabilitation Hospital Level of Care (Hospital Defined)  Nursing Facility	Total Estimated Unduplicated Participants: 451
	3) MA TBI (0359.R03.00)  Approval Date: 07/01/2001  Implementation	Homemaker, individual support and community hab, personal care, residential hab, respite, supported employment, adult companion, chore, day services, home accessibility adaptations, shared living-24 hr supports, specialized	Chronic and Rehabilitation Hospital Level of Care (Hospital Defined)  Nursing Facility	Unduplicated Participants for each year is 100.

State	Waiver	Services	Level of Care	Numbers Served/ Capacity
<b>Mass. Cont.</b>	Date: 07/01/2014  Expiration Date: 06/30/2019	medical equipment, transitional assistance, transportation for individuals w/TBI ages 18 - no max age.		
<b>Minnesota</b>	MN - Traumatic Brain Injury (TBI)  Approval Date: 04/01/1992  Effective Date: 04/01/2011  Expiration Date: 03/31/2016	Adult day care, caregiver living expenses, case management, homemaker, prevocational services, respite, supported employment, extended home health care, extended personal care assistance, extended private duty nursing, 24 hr. emergency assistance, adult companion, adult day care bath, adult foster care, behavioral support, child foster care, chore, consumer directed community supports-self direction support activities, consumer directed community supports-environmental mods and provisions, consumer directed community supports-personal assistance, consumer directed community supports-treatment and training, customized living-24-hr, customized living, environmental accessibility adaptations, family training and counseling, home delivered meals, housing access coordination, independent living skills therapies, /independent living skills training, night supervision, residential care, specialized supplies and equipment, structured day program, transitional, transportation for individuals with BI ages 0-64.	Neurobehavioral hospital (Hospital defined)  Specialized nursing facility with services to support people with brain injury who have significant cognitive and behavioral needs. (Nursing Facility defined)	Total Estimated Unduplicated Participants: 2008
<b>Mississippi</b>	MS TBI/Spinal Cord Injury  Approval Date: 07/01/2001  Effective Date: 07/01/2015  Expiration Date: 06/30/2020	Attendant care, case management, respite, environmental accessibility adaptations, specialized medical equipment and supplies, transition assistance services for physically disabled ages 0-64.	Nursing Facility	Total Estimated Unduplicated Participants: 3600 :
<b>Nebraska</b>	NE TBI  Approval Date: 05/01/2000  Effective Date: 10/01/2013  Expiration Date: 09/30/2018	Assisted living service for individuals w/brain injury ages 18-64.	Nursing Facility	Total Estimated Unduplicated Participants: 40



State	Waiver	Services	Level of Care	Numbers Served/ Capacity
<b>New Mexico Cont.</b>	Approval: Effective Date: 01/01/2014  Expiration Date: 12/13/2008	older with disabilities, including individuals with brain injury previously served under the brain injury HCBS waiver, then under the Mi-via HCBS waiver. Service package includes adult day health, assisted living, behavior support, community transition, customized community supports, emergency response, employment supports, environmental modifications, family supports, home health care aide, homemaker/personal care, nutritional counseling, private duty nursing for adults, related goods, respite, skilled maintenance therapy, SLT, PT, OT, specialized medical equipment and supplies, specialized therapies, including cognitive rehabilitation.	Institutional eligibility.	358
<b>New York</b>	NY Traumatic Brain Injury  Approval Date: 04/01/1995  Effective Date: 04/01/2008  Expiration Date: 03/31/2013  *Pending documents	Service coordination, assistive technology, community integration counseling, community transitional, environmental mods, home and community support, independent living skills and training, positive behavioral interventions and support, respite, structured day program, substance abuse program, transportation for aged and disabled with brain injury 18 yrs. with no max age.	Nursing Facility	*Total Estimated Unduplicated Participants: 3939 (based on previous waiver)
<b>Pennsylvania</b>	PA COMM-CARE Waiver  Approval Date: 04/01/2002  Effective Date: 07/01/2010  Expiration Date: 06/30/2015	Education, personal assistance, prevocational, respite, service coordination, structured day habilitation services, supported employment, home health, FMS, accessibility adaptations/equipment/technology/medical supplies, adult daily living, community integration, community transition, non-medical transportation, PERS, residential hab, therapeutic and counseling for individuals w/brain injury ages 21 - no max age.	Nursing Facility	Total Estimated Unduplicated Participants: 729
<b>South Carolina</b>	SC Head and Spinal Cord Injury Waiver  Approval Date: 07/01/1995  Effective Date: 07/01/2013	Attendant care/personal assistance, residential hab, respite care, waiver case management, incontinence supplies, OT, PT, prescribed drugs, speech and hearing services, behavioral support, career preparation, day activity, employment services, environmental mods, health education for consumer-directed care, Medicaid	Nursing Facility ICF-IID	Total Estimated Unduplicated Participants: 1395

State	Waiver	Services	Level of Care	Numbers Served/ Capacity
<b>South Carolina Cont.</b>	Expiration Date: 06/30/2018	waiver nursing, peer guidance for consumer-directed care, PERS, private vehicle mods, psychological services, supplies/equipment/assistive technology for individuals with physical and other disabilities ages 0-64.		
<b>Utah</b>	UT Acquired Brain Injury  Approval Date: 07/01/1996  Effective Date: 07/01/2009  Expiration Date: 06/30/2014	ABH waiver support coordination, day supports, homemaker, residential hab, respite, supported employment, OT, PT, speech-language, consumer preparation, behavioral consultation, chore, cognitive retraining, companion, environmental adaptations-home, environmental adaptations-vehicle, extended living supports, living start-up costs, personal budget assistance, PERS, professional medication monitoring, specialized medical equipment/supplies/assistive technology-purchase, specialized medical equipment/supplies/assistive technology-monthly fee, supported living, transportation (non-medical) for individuals with brain injury ages 18 - no max age.	Nursing Facility	Total Estimated Unduplicated Participants: 130
<b>Vermont (1115 Demonstration Waiver)</b>	Global Commitment to Health 1115 Demonstration Waiver (Managed care, but administered by the State.  Approval Date: 09/27/2005  Effective Date: 10/01/2005  Expiration Date: 12/31/2006	Includes TBI HCBS waiver-like services including crisis/support services, psychological and counseling supports, case management, community supports, habilitation, respite care, supported employment, environmental, assistive technology and self-directed care.	Hospitals and facilities.	
<b>Wisconsin</b>	WI Brain Injury Waiver  Approval Date: 01/01/1995  Effective Date: 01/01/2009	Adaptive aids (vehicle related/other); adult day care, adult family home, care management/support and service coordination; communication aids; community-based residential facility; consumer directed supports; consumer education & training; counseling & therapeutic services; daily skills training; day services;	Hospital; nursing facility or be eligible for post-acute rehabilitation institutional care	Unduplicated: 79

State	Waiver	Services	Level of Care	Numbers Served/ Capacity
<b>Wisc. Cont.</b>	<p>Expiration Date: 03/31/2014</p> <p>Terminated</p>	<p>financial management/fiscal intermediary services; home delivered meals; home modifications; housing counseling; housing start up; nursing services; personal emergency response system; prevocational services; respite; specialized medical and therapeutic supplies; specialized transportation; supported employment; and supportive home services.</p> <p>Persons of any age with a brain injury regardless of age of onset.</p> <p>TBI is not identified as a target group of other waiver programs. The Department of Health Services reported in its earlier application that it had been working closely with county agencies to transition participants to the Children's Long Term Support waiver for persons with developmental disabilities. As of August 1, 2008 no children remained on the Brain Injury waiver and none will be added in the remaining months of 2008.</p>		
<b>West Virginia</b>	<p>WV Traumatic Brain Injury (TBI) Waiver</p> <p>Approval Date: 12/23/2011</p> <p>Effective Date: 02/01/2012</p> <p>Expiration Date: 01/31/2015</p>	<p>Case management, cognitive rehabilitation therapy, participant-directed goods and services, personal attendant to individuals with BI ages 22 - no max age.</p>	Nursing Facility	Total Estimated Unduplicated Participants: 125
<b>Wyoming</b>	<p>WY Acquired Brain Injury</p> <p>Approval Date: 07/01/2001</p> <p>Effective Date: 07/01/2014</p> <p>Expiration Date: 06/30/2019</p>	<p>Case management, community integrated employment, day hab, homemaker, personal care, prevocational services-phased out yr. 1, residential hab, respite, supported living, supported living, OT, PT, speech therapy, agency with choice, independent support broker, cognitive retraining, companion services, dietician services, environmental mods, in home support-phased out yr. 1, individually-directed goods and services, skilled nursing, specialized equipment, unpaid caregiver training and education for individuals with brain injury ages 21-64. If turns 65</p>	ICF-IID	Total Estimated Unduplicated Participants: 240

State	Waiver	Services	Level of Care	Numbers Served/ Capacity
Wy. Cont.		<p>while on the waiver, may remain on the waiver, but no one 65 or older can apply.</p> <p>Waiver renewal includes 6 new services; behavioral support services, employment discovery and customization, prevocational, supported employment follow along, transportation and adult day services.</p>		

**Key:**

- ABI – Acquired Brain Injury
- Hab -- Habilitation
- HCBS – Home and Community-Based Services
- ICF -- Intermediate Care Facility for Individuals with Intellectual Disabilities
- LTSS – Long-term Services and Supports
- MCO – Managed Care Organization
- OT – Occupational Therapy
- PERS -- Personal Emergency Response Systems
- PT – Physical Therapy
- SLT – Speech Language Therapy
- TBI—Traumatic Brain Injury

**Note:** Information on State HCBS waiver programs was taken from the CMS website: [http://www.medicare.gov/medicaid-chip-program-information/by-topics/waivers/waivers\\_faceted.html](http://www.medicare.gov/medicaid-chip-program-information/by-topics/waivers/waivers_faceted.html)

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