

Commonwealth of Kentucky
Cabinet for Health and Family Services
Department for Medicaid Services
PROGRAM APPLICATION
KENTUCKY MEDICAID PROGRAM
ACQUIRED BRAIN INJURY (ABI) WAIVER SERVICES PROGRAM

For placement on the Acquired Brain Injury or Acquired Brain Injury Long Term Care Medicaid Waiver waiting list, an individual must first submit this application and a signed MAP10 - Physician Recommendation Form. A copy of the Physician Recommendation form is enclosed for your use.

Please mail the completed application and the signed Physician's Certification form to:

Acquired Brain Injury Services Branch
275 East Main Street 6W-B
Frankfort, Kentucky 40621

An individual will be placed in the waiting list in the order in which the application and the Physician Recommendation form are received in the office of the Acquired Brain Injury Services Branch. If the individual meets one of the following emergency criteria, he/she will be determined to have emergency status. Funding available will be allocated to individuals having emergency status prior to allocating funding to individuals having non-emergency status. The emergency status criteria are:

1. The individual is currently demonstrating behavior related to his acquired brain injury that places himself/herself, the caregiver, or others at risk of significant harm; OR
2. The individual is demonstrating behavior related to his acquired brain injury which has resulted in arrest OR
3. For the ABI/LTC only, the ABI Rehab Waiver is no longer able to meet the needs of the individual.

*****If the individual is applying for emergency status, a written statement by a physician or other qualified mental health professional shall be required to support the validation of risk of significant harm to a recipient or caregiver. Written documentation by law enforcement or court personnel shall be required to support the validation of a history of arrest.**

Qualified Mental Health Professional:

- Physician
- Psychiatrist
- Psychologist or Psychological Associate
- RN with a masters degree in psychiatric nursing and 2 years professional experience with mentally ill persons or a Licensed Registered Nurse who has 3 years experience in psychiatric nursing and is currently employed by a hospital or company engaged in the provision of mental health services.
- LCSW
- Marriage and family therapist with 3 years of clinical experience in psychiatric mental health practice and currently employed by a hospital or company engaged in the provision of mental health services.

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- **Professional counselor with 3 years clinical experience in psychiatric mental health practice and currently employed by a hospital or company engaged in the provision of mental health services.**

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For program use only
Date Received: _____
Time Received: _____
Notice Sent: _____

Please provide the following personal information for the individual seeking services through the Medicaid waiver.

Check the Program the individual is applying for: ABI: ABI/Long Term Care:

A. Client Information

_____	_____	_____	_____
(Last Name)	(First Name)	(MI)	(Social Security Number)

(Address)			
_____	KY	_____	_____
(City)		(Zip)	(Phone number)
_____		_____	
(Date of Birth)		(Date of Brain Injury)	
Cause of Injury: _____			

B. Guardian Information (if Applicable)

_____	_____	
(Name)	(Relationship to individual)	

(Address)		
_____	_____	_____
(City)	(Zip)	(Phone)

C. Caregiver Information (if Applicable)

_____	_____	
(Name)	(Relationship to individual)	

(Address)		
_____	_____	_____
(City)	(Zip)	(Phone)

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Please answer the following questions.

1. Has the individual identified a case management provider to assist in securing and coordinating services once you are admitted to the ABI waiver program? Yes No
2. If yes, what is the name of the organization that will provide case management?
3. Does the individual currently demonstrate behavior that places himself/herself or a caregiver at risk of significant harm? Yes No
4. Is Emergency Status consideration requested for this individual? Yes No
5. **If yes**, please attach a statement from a physician or other qualified mental health professional describing the nature and extent of the risk of harm involved.
6. Is the individual demonstrating behavior **related to his acquired brain injury** which has resulted in arrest? Yes No
7. **If yes**, please attach an arrest record or a statement from law enforcement or the court indicating what type of offense(s) for which the individual has been arrested.

Signature of guardian

Signature of applicant

Name of person completing application

Relationship to applicant

Telephone # of person completing application

Map -26
(Rev. 07/08)

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Questions about individual referrals or the Acquired Brain Injury Medicaid Waiver or the Long Term Care Waiver program may be directed to the Brain Injury Services Branch by calling, toll free, (866) 878-2626. Thank you.