



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

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To: Acquired Brain Injury Waiver Providers
From: Pam Smith
Director, Division of Community Alternatives
Re: Acquired Brain Injury Waiver Renewal Information
Date: June 16, 2022

Please note the following updates have been made to the letter since it was originally issued on June 16, 2022. This version of the letter supersedes originally issued version.

Update #1, June 17, 2022: The initial version of this letter said participants could receive up to twenty (20) visits combined of Occupational Therapy, Speech Therapy, and Physical Therapy before a prior authorization is required. DMS edited the letter to clarify that a participant can receive up to **twenty (20) visits each** of Occupational Therapy, Speech Therapy, and Physical Therapy before a prior authorization is required.

The Department for Medicaid Services (DMS) is informing stakeholders of its progress in renewing the Acquired Brain Injury (ABI) waiver. To continue offering ABI services, DMS must renew the ABI waiver with the Centers for Medicare and Medicaid Services (CMS) every five years. The ABI waiver is due for renewal in 2022.

DMS submitted the waiver application to CMS for review and approval in spring 2022 and is currently in the process of responding to a Request for Additional Information (RAI) from CMS regarding the application. Once submitted, CMS has 90-days to review our response and ask any final questions or issue an approval. DMS does not have an anticipated date for when this process will be complete.

Under the ABI waiver renewal, Occupational Therapy (OT) and Speech Therapy (ST) will be covered as Extended State Plan Services. DMS is aware that incorrect information is circulating about what this means for ABI waiver participants. Please see below for information on some common misconceptions about this coverage shift.

DMS is removing OT and ST from the ABI waiver.	This is false . DMS is not removing OT and ST from the ABI waiver. These services will
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	remain in the ABI waiver as Extended State Plan Services.
ABI participants will receive OT and ST paid for by the Medicaid state plan instead of the ABI waiver.	This is true . Once the updated waiver is approved, ABI participants will have their OT and ST services paid for by the Medicaid state plan instead of the waiver.
ABI participants with private insurance or Medicare will not be able to receive OT and ST through the waiver or Medicaid state plan.	This is false . By federal law, Medicaid is the “payer of last resort.” This means if a participant has private insurance or Medicare, those programs are required to cover the service before Medicaid does. If private insurance or Medicare coverage is exhausted or denied, then the services can be covered by Medicaid or the waiver.
ABI participants will have to change OT and ST providers.	This is false . Many ABI providers are enrolled as Medicaid state plan providers and DMS is helping additional ABI providers to become Medicaid state plan providers. ABI providers who have not yet enrolled have the option to do so at any time. Participants also have the option to see any Medicaid state plan OT and ST provider.
ABI participants will not receive the same amount or type of OT and ST as they do today.	<p>This is false. Participants should not experience a change in OT and ST services. OT and ST under the Medicaid state plan are rehabilitative and can be used for maintenance or prevention of regression, can be provided as often as needed, and can be provided at home, in the community, or at an OT or ST office.</p> <p>ABI participants can receive up to twenty (20) visits each of OT, ST, and Physical Therapy (PT) under the Medicaid state plan. The service provider can request a prior authorization for more visits. If a participant requires more than 20 visits, the service provider should initiate the prior authorization process before those 20 visits are complete.</p> <p>Please note Medicaid state plan prior authorizations are every ninety (90) days. Upon renewal, the ABI waiver prior authorizations will move to the same schedule to match both the Medicaid state plan and Medicare prior authorization processes for OT and ST.</p>
ABI participants will receive more denials for OT and ST requests.	This is false . Less than 1% of individuals who request OT and ST through the Medicaid

	state plan are denied these services. If a participant is denied by the Medicaid state plan, OT and ST can be requested through the waiver.
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Here are a few other key points about the shift from OT and ST covered by the waiver to OT and ST covered under the Medicaid state plan:

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

DMS is committed to keeping you informed and will issue notice as soon as the waiver renewal is approved. Providers have the option to transition participants to Medicaid state plan OT and ST at any time, however, it is not required until the renewal waiver becomes effective, and the participant's waiver prior authorization expires.

Additional details on the transition from waiver-covered to Medicaid state plan-covered OT and ST will be forthcoming. DMS anticipates it will schedule provider training webinars in the next month. This training will include information about how to enroll as a Medicaid state plan provider, how to request a prior authorization for OT and ST services, and how to bill the Medicaid state plan. DMS will also issue written instructions, give 1:1 technical assistance to providers as needed, and monitor the impact on participants to ensure a smooth transition and no gaps in care.

Additional information about the ABI waiver renewal and updates are also posted on the DMS Division of Community Alternatives website at <https://bit.ly/kyhcbswaiverinfo>. If you have questions or concerns about the ABI waiver renewal, we encourage you to reach out to DMS directly by calling (844) 784-5614 or emailing 1915cWaiverHelpDesk@ky.gov.

Sincerely,



Pam Smith
Director, Division of Community Alternatives