

## 1915(c) Medicaid Waivers: Acquired Brain Injury (ABI) I & II

### ABI Waiver Quick Facts

#### Number of Participants

ABI I: 379

ABI II: 192

(as of October 28, 2019)

#### Waitlist

ABI I: None (enrollment is closed)

ABI II: 82 (as of August 5, 2019)

#### Individual Cost Caps

ABI I: 200%

ABI II: 150%

(Cost caps are expressed as a percentage of the cost of institutionalized care.)

#### Average Cost per Participant

ABI I: \$123,680

ABI II: \$129,261

#### Total Expenditures (FY 19)

ABI I: \$47,636,352

ABI II: \$21,703,243

Source: DSS, August 9, 2019, unless otherwise indicated

### What are 1915(c) Medicaid waivers?

1915(c) waivers allow states to establish Medicaid-funded programs to provide home- and community-based services to eligible individuals who would otherwise be institutionalized (e.g., placed in a nursing home or other facility). A waiver allows the state to waive certain federal Medicaid requirements in order to (1) provide services that would not typically be provided under Medicaid and (2) limit enrollment for these services. Separate waivers are generally required for each eligible population, and states typically operate multiple waivers. Connecticut has ten 1915(c) waivers.

### What fiscal controls apply to waiver spending?

Federal law requires states to provide assurances that their waivers are “cost neutral,” meaning the average per capita expenditures for covered services will not exceed those for institutionalized care ([42 U.S.C. 1396n\(c\)\(2\)\(D\)](#)). Waivers also have individual cost caps established by the state and approved by the federal Centers for Medicare and Medicaid Services (CMS) that limit the total cost of a person’s care plan to some percentage of what it would cost to care for that person in an institution.

### What are care plans?

Federal law requires that 1915(c) waiver programs ensure that participants receive services in accordance with an individualized and person-centered plan of care ([42 C.F.R. § 441.301](#)). Those served by the waiver may receive different services depending on needs and preferences described in their plans.

## What is an acquired brain injury (ABI)?

Acquired brain injury generally means an injury resulting in a combination of focal and diffuse central nervous system dysfunctions, at the brainstem level or above, acquired through physical trauma; oxygen deprivation; infection; or a discrete incident that is toxic, surgical, or vascular in nature.

## What levels of care do the ABI waivers provide?

The budget for a person's care plan is based on his or her level of care. The ABI waivers serve individuals at four levels of care based on the type of institutional care the person would otherwise need:

- Nursing home (lowest cost)
- ABI nursing facility
- Intermediate care facility for individuals with intellectual disabilities
- Chronic disease hospital (highest cost)

The box to the right lists the services available under the ABI waivers. While an individual's care plan determines the types of services received, the level of care limits the service amount.

## Why are there two ABI waivers?

The state has operated the ABI I waiver since 1999. In 2014, the state sought to move approximately 50 people with ABIs from solely state-funded services provided through the Department of Mental Health and Addiction Services to a Medicaid waiver, in part to qualify for federal Medicaid matching funds to offset half the costs. Noting a long waitlist for ABI I and challenges meeting federal cost neutrality requirements, the Department of Social Services (DSS) applied for and received approval for a second waiver with a lower cost cap while keeping the ABI I waiver unchanged. [PA 14-150](#) allowed DSS to seek the second waiver.

## What are the most recent changes to these waivers?

DSS amended both waivers in 2019 to (1) expand the credentials accepted for certain types of providers, (2) establish an annual training requirement for Independent Living Skills Training providers, and (3) replace the "specialized medical equipment and supplies" service with "assistive technology." DSS also amended ABI Waiver II to add ten slots for ABI Waiver I participants to serve those who need access to agency-based personal care services. The same year, [PA 19-117](#) reduced the frequency of the required ABI waiver advisory committee meetings from four times per year to once annually (§ 314).

### Available Services

#### Both ABI I and ABI II

- ABI Group Day
- Accessibility Adaptations
- Assistive Technology
- Chore
- Cognitive Behavioral Programs
- Community Living Support Services
- Companion
- Environmental Home Delivered Meals
- Homemaker
- Independent Living Skills Training
- Personal Emergency Response System
- Pre-Vocational Services
- Respite
- Substance Abuse Programs
- Supported Employment
- Transportation
- Vehicle Modification Services

#### ABI I Only

- Transitional Living Services

#### ABI II Only

- ABI Recovery Assistant I and II
- Adult Day Health
- Consultation Services
- Personal Care

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"Medicaid ABI Waiver Programs," OLR Report [2011-R-0017](#)

ABI Waiver Advisory Committee ([archives](#))

CMS, [State Waivers List for Connecticut](#)

CMS, [Connecticut Waiver Factsheet](#)

