Overview of Proposed 1915(c) Medicaid Waiver

Acquired Brain Injury (ABI) Waiver

DRAFT | November 5, 2026

ARKANSAS DEPARTMENT OF HUMAN SERVICES

Draft for discussion purposes only. Concepts and descriptions remain under review and may change prior to waiver submission and approval.

Executive Summary

Purpose

To provide an overview of the proposed Arkansas Acquired Brain Injury (ABI) 1915(c) Medicaid Waiver intended to provide home and community-based services (HCBS) for eligible adults with acquired brain injuries as an alternative to institutional care.

What Does the Waiver Include?

1

- Eligibility and level of care (LOC) requirements
- Participant protections
- Person-Centered Planning

2

- Service array
- Provider qualifications

3

- Financial safeguards
- Program administration and oversight



What Can Stakeholders Influence?

Stakeholder feedback will help refine program design, support successful implementation, and provide insight to make sure the Waiver effectively meets the needs of individuals with acquired brain injuries, families, providers, and community partners.

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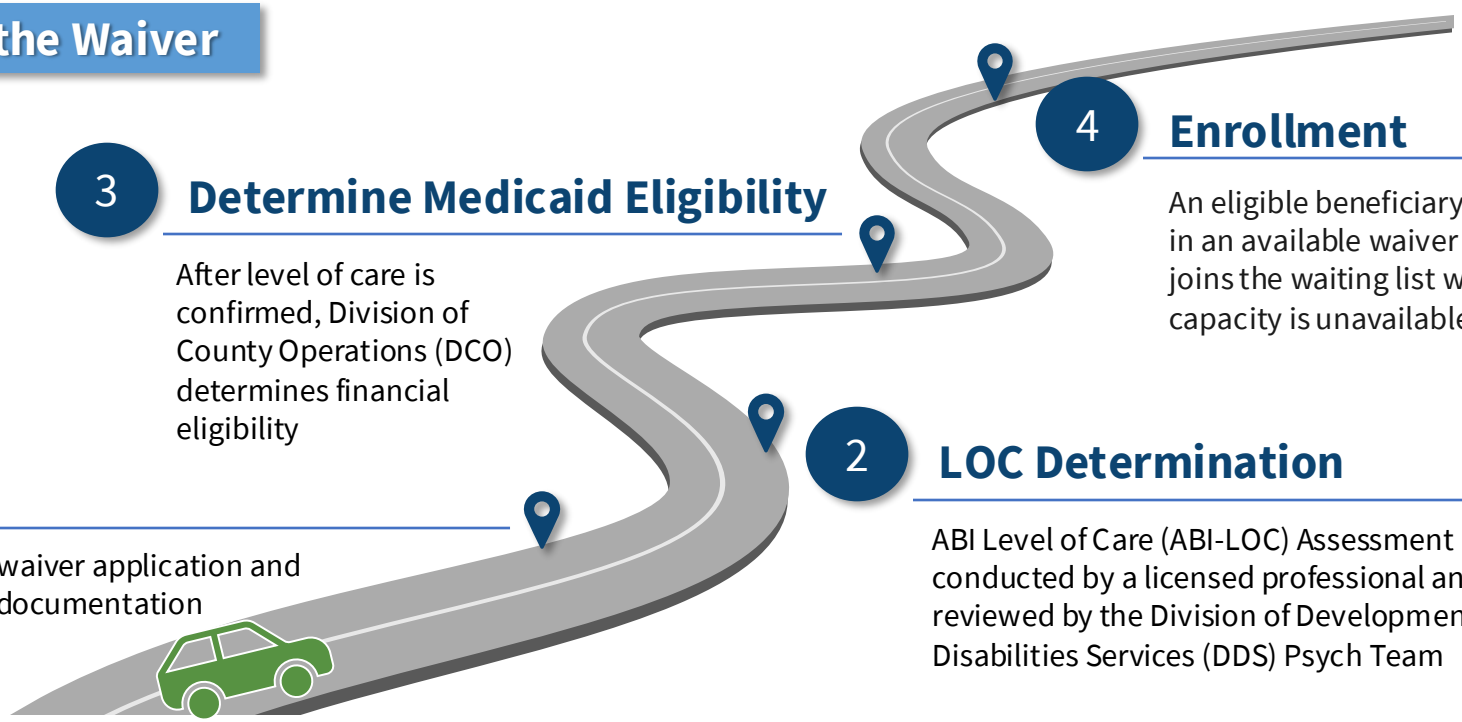
The People at the Center of the ABI Waiver

Adults With Acquired Brain Injuries

The proposed waiver is designed for adults ages **21–64** who have an acquired brain injury after birth, experience functional limitations, and need home and community-based supports as an alternative to institutional care.

How a Potential Beneficiary Enters the Waiver





1 **Apply**

Submit the waiver application and supporting documentation

Start here

2 **LOC Determination**

ABI Level of Care (ABI-LOC) Assessment is conducted by a licensed professional and reviewed by the Division of Developmental Disabilities Services (DDS) Psych Team

3 **Determine Medicaid Eligibility**

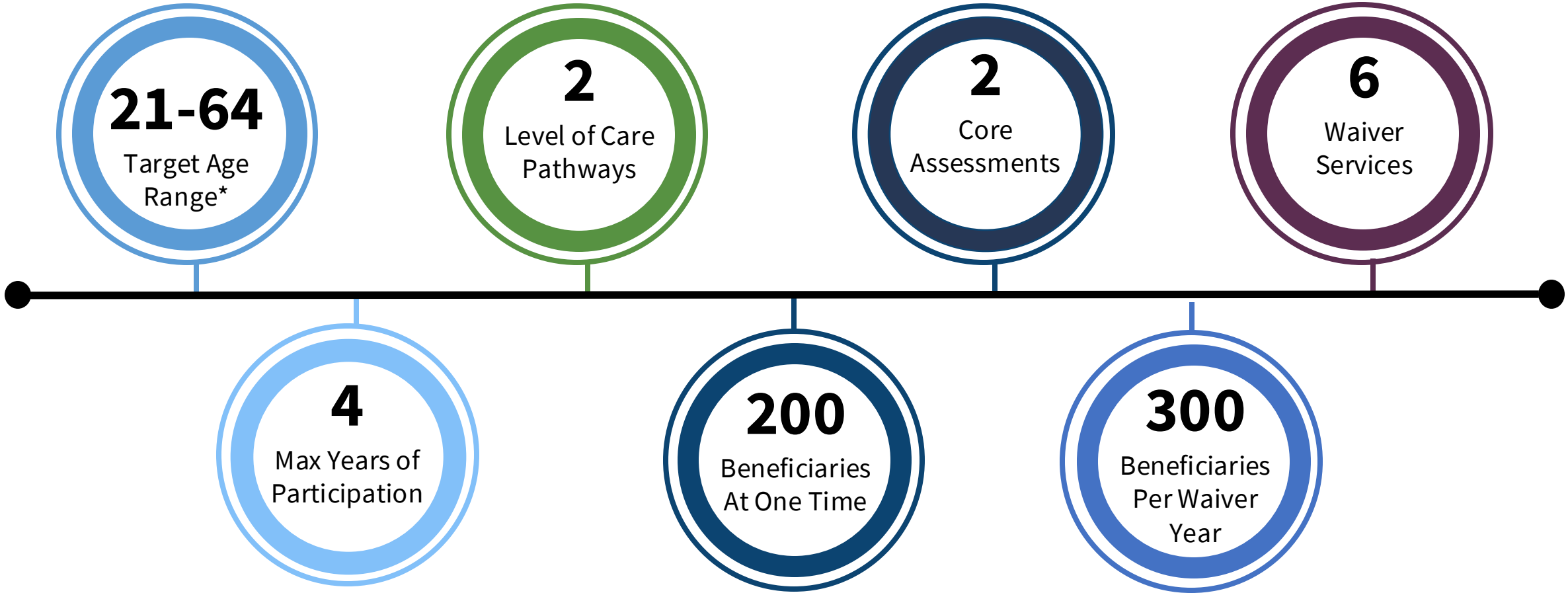
After level of care is confirmed, Division of County Operations (DCO) determines financial eligibility

4 **Enrollment**

An eligible beneficiary enrolls in an available waiver slot or joins the waiting list when capacity is unavailable

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The ABI Waiver in Seven Numbers



* Under the current draft waiver app, applicants must enter an available waiver slot on or before age 61

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Three Reasons Arkansas is Pursuing an ABI Waiver

Arkansas Act 348

Directs Arkansas Department of Human Services (DHS) to pursue a new or amended HCBS Medicaid waiver for individuals with an acquired brain injury

Program Goals

1



Support rehabilitation and retraining

2



Improve independence

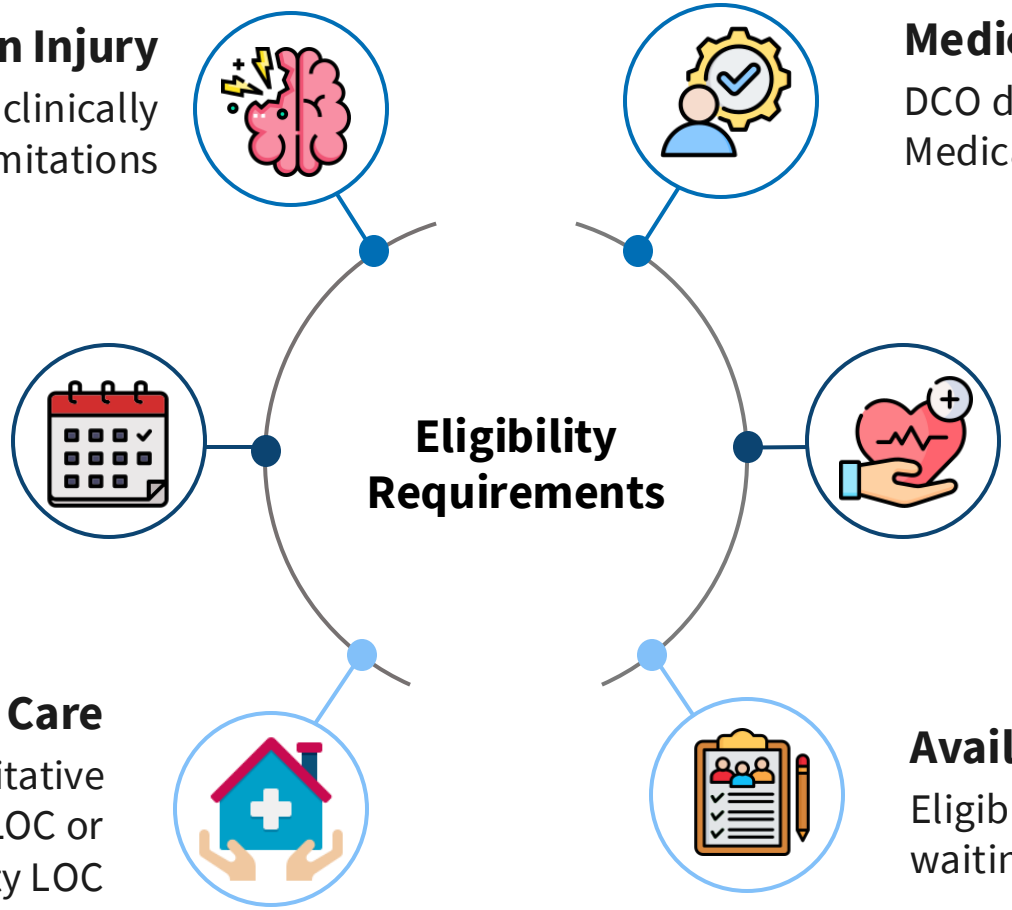
3



Help participants re-enter and function within their communities

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Six Eligibility Requirements



Documented Acquired Brain Injury

ABI occurring after birth resulting in clinically documented functional limitations

Medicaid Eligibility

DCO determines financial and categorical Medicaid eligibility

Age Requirement

Applicant is within the waiver target age range and meets applicable entry requirements

Need for Waiver Services

Applicant requires at least one waiver service, generally at least monthly or with monthly monitoring

Level of Care

Applicant meets Rehabilitative Hospital ("Rehab Hospital") LOC or Nursing Facility LOC

Available Waiver Capacity

Eligible applicants enroll in an available slot; a waiting list is used when capacity is unavailable

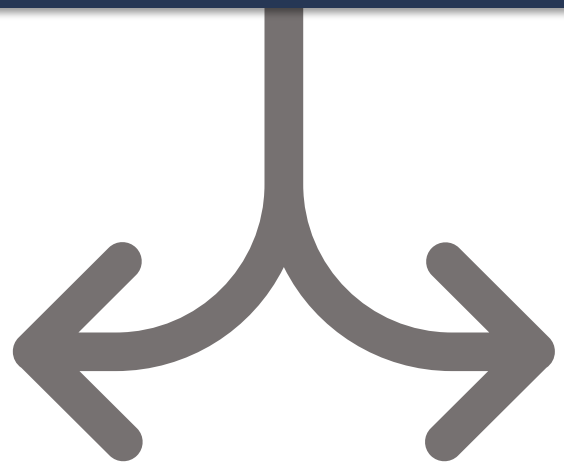
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Two Level of Care Pathways

LEVEL OF CARE

Rehab Hospital

Applies when, without waiver services, the individual would require Medicaid-covered hospital-level services due to ABI-related medical, cognitive, behavioral, physical, communication, or rehabilitative needs



Nursing Facility

Uses Arkansas law and Department of Human Services (DHS) medical-necessity criteria for nursing facility services. The determination considers the individual's functional impairments and medical needs



Applicants do not need to be institutionalized at the time of application. The key consideration is the LOC the applicant would need without waiver services.

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Two Assessments, Two Different Purposes

ELIGIBILITY

ABI Level of Care (ABI-LOC) Assessment

- Conducted by **licensed professional** and reviewed by the **DDS Psych Team**
- Determines Rehab Hospital LOC or Nursing Facility LOC
- Supports waiver medical eligibility
- Completed initially and at least annually



SERVICE PLANNING

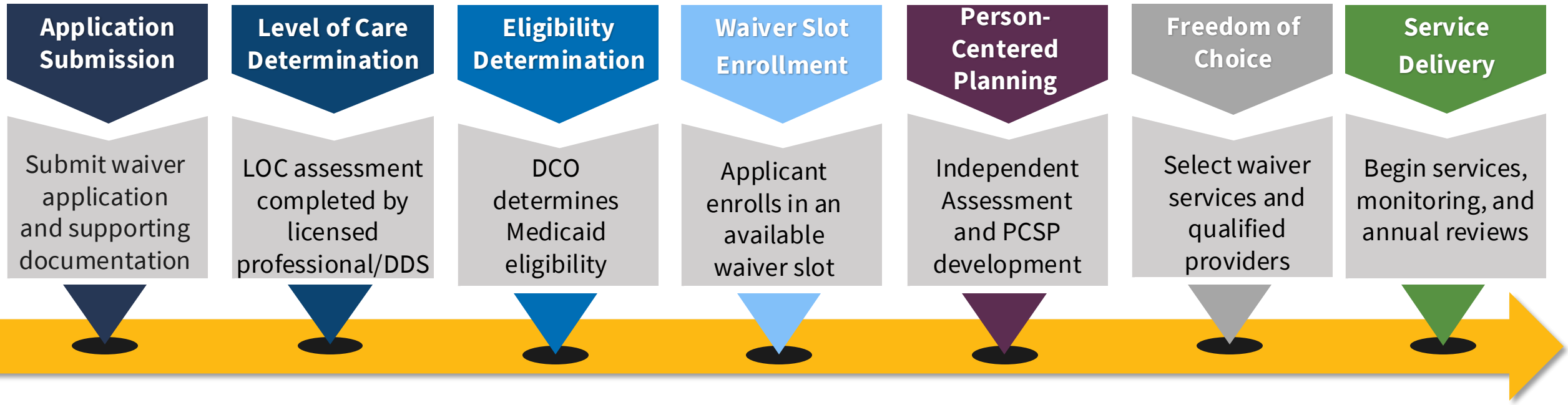
Independent Assessment (IA)

- Conducted initially by a licensed clinical professional within their scope and by the **third-party assessment vendor** once the beneficiary is enrolled in the ABI Waiver
- Identifies strengths, needs, risks, and supports
- Supports person-centered service plan (PCSP) and tier assignment
- Does not determine LOC or waiver eligibility

Assessment names should not be used interchangeably.

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Seven Steps from Application to Service Delivery



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Four Steps in the Service Delivery Life Cycle

1. **ASSESS** — Strengths, needs, risks, preferences, and desired outcomes
2. **PLAN** — Measurable goals, services, frequency, providers, and backup arrangements
3. **CHOOSE** — Beneficiary selects waiver services and qualified providers
4. **MONITOR** — Case Manager reviews delivery, outcomes, health, welfare, and needed changes



The PCSP is reviewed at least annually and may be revised whenever needs, preferences, or circumstances change.

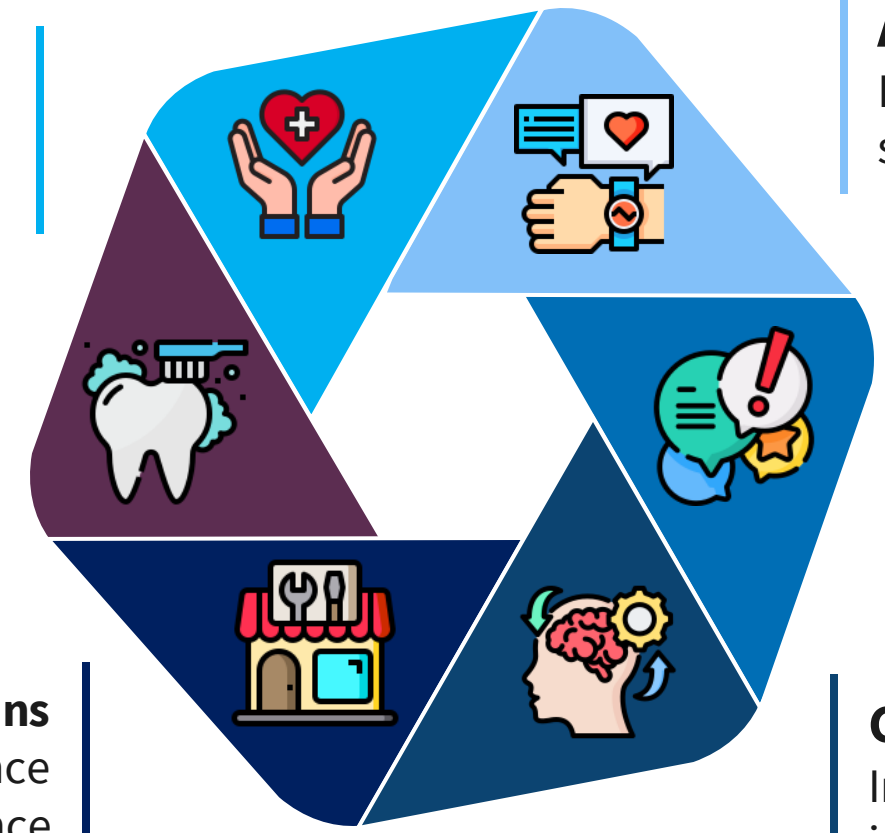
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Six Proposed Waiver Services

Respite
Short-term relief for unpaid caregivers

Functional Rehabilitation Therapy
Relearning and maintaining functional daily living skills

Environmental Modifications
Physical changes to the residence supporting access and independence



Assistive Technology
Equipment and technology supporting independence and safety

Cognitive Communication Therapy
Addressing communication challenges associated with cognitive impairments

Cognitive Rehabilitation Therapy
Improving and applying cognitive skills in daily life

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Three Rehabilitation Services Focused on Independence

Functional Rehabilitation Therapy

- Structured "learning by doing" and repetitive practice
- Activities of daily living (ADLs), instrumental activities of daily living (IADLs), safety, and community integration
- Compensatory strategies supporting independence

Cognitive Rehabilitation Therapy

- Attention, memory, executive functioning, and related cognitive processes
- Practical application and generalization in everyday settings
- Supports independence
- Excludes behavioral health treatment and psychotherapy

Cognitive Communication Therapy

- Communication impairments caused by cognitive deficits
- Comprehension, expression, social interaction, reasoning, and organization
- May include assistive communication technology
- Does not treat primary speech or language disorders unrelated to ABI

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Three Support Services that Remove Barriers

Assistive Technology

- Adaptive or augmentative equipment and technology
- Includes enabling technology, personal emergency response systems (PERS), computer equipment, and vehicle modifications
- Requires an appropriate professional assessment
- Cannot duplicate State Plan Durable Medical Equipment (DME)

Environmental Modifications

- Changes to the participant's residence that support health, safety, access, and independence
- Examples include ramps, widened doorways, bathroom modifications, and specialized electrical or plumbing systems
- Must meet applicable codes

Respite

- Temporary relief for unpaid caregivers
- May be furnished in the beneficiary's home, community settings, or approved out-of-home settings
- Must be included in the PCSP

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Four Key Differences from State Plan Therapy

ABI Waiver Rehabilitation

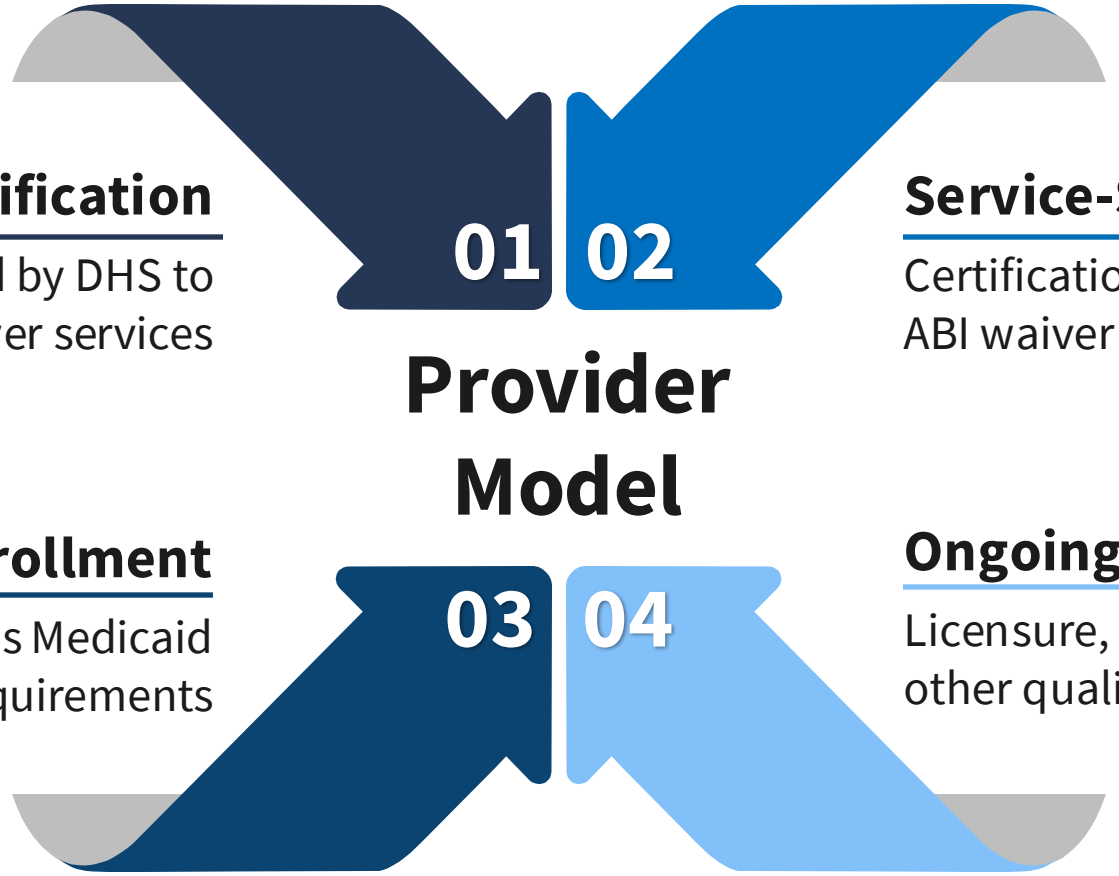
- Functional application in home and community settings
- Relearning daily tasks and applying compensatory strategies
- Repetition, maintenance, and generalization to real-world activities
- Authorized through the PCSP based on assessed need

Not Included As Waiver Rehabilitation

- Clinical or facility-based rehabilitative treatment
- Services available through the Medicaid State Plan
- Treatment of primary speech or language disorders unrelated to ABI
- Behavioral health treatment or psychotherapy

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Four Components of the ABI Provider Model



DHS Certification

Provider is certified by DHS to furnish ABI Waiver services

Service-Specific Approval

Certification applies only to approved ABI waiver services

Medicaid Enrollment

Providers meet Arkansas Medicaid provider enrollment requirements

Ongoing Verification

Licensure, certification, training and other qualifications monitored

Provider enrollment is open and continuous for qualified applicants.

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Six Provider Qualification Standards

1. Licensed Professionals

Applicable Occupational Therapists (OT), Physical Therapists (PT), Speech-Language Pathologists (SLP) and assistant-level qualifications depend on the service

2. Supervised Assistants

Assistant-level practitioners work under the direction and supervision of the applicable licensed professional

3. DHS Certification

ABI provider certification is required for the specific service being delivered

4. ABI Expertise

Providers must demonstrate training and experience in ABI rehabilitation and work within the applicable scope of practice

5. Screening

Background checks and adult and child maltreatment registry checks apply to provider personnel with routine participant contact

6. Verification

DHS verifies provider qualifications initially and on an ongoing or annual basis, as specified

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Five Organizations, One Coordinated Program

Arkansas ABI Waiver Program

1

DMS
Medicaid administrative authority and oversight

2

DDS
Waiver operation, LOC evaluations, and provider and program oversight

3

DCO
Medicaid financial eligibility determination

4

Assessment / Case Manager Vendor(s)
Independent assessment, PCSP development, and case management

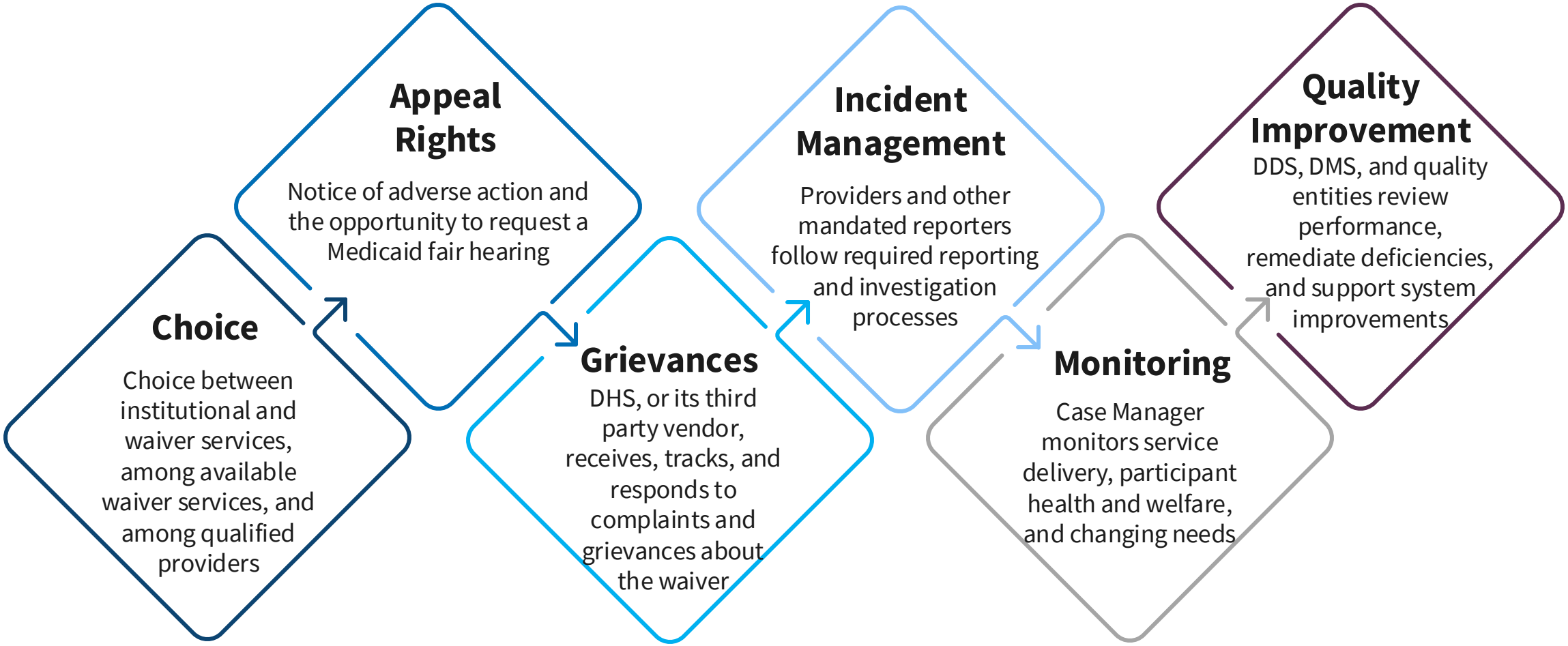
STATE PARTNERS

5

EQRO
Review of PCSPs and other quality measures

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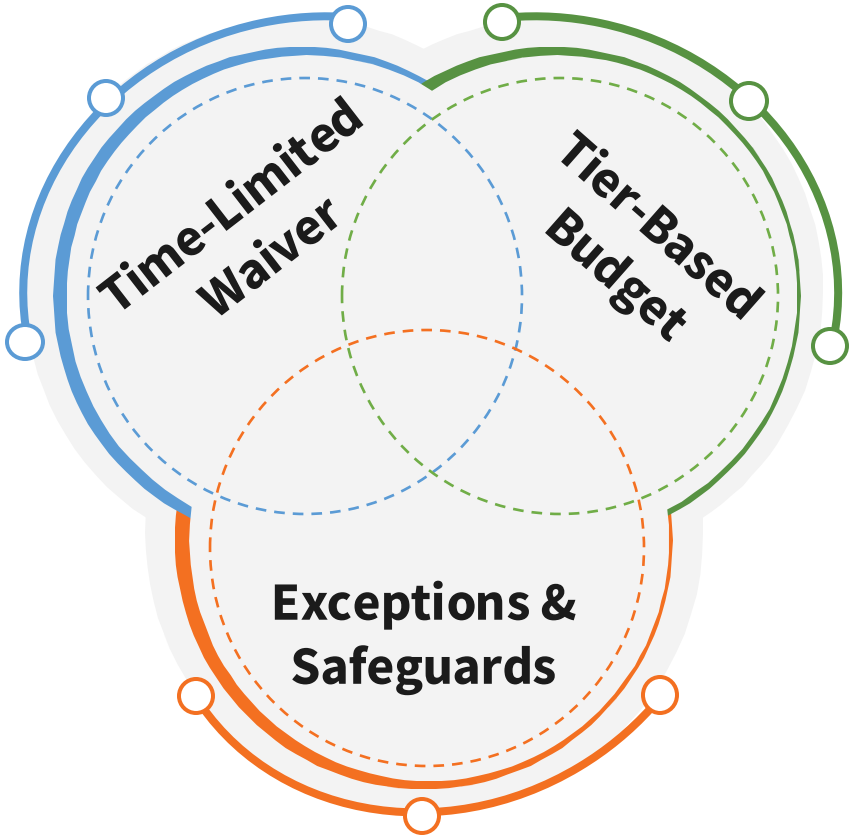
Six Participant Safeguards



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Three Financial Safeguards

Participants may receive up to four years of ABI Waiver services. Transition planning begins before the service limit or maximum age is reached



The independent assessment supports assignment to a level of support with an associated annual budget limit used in PCSP development

The state may consider adjustments when assessed health and welfare needs cannot be met within the assigned budget. Medically necessary services are not denied solely because of the limit when needed to protect health and welfare.

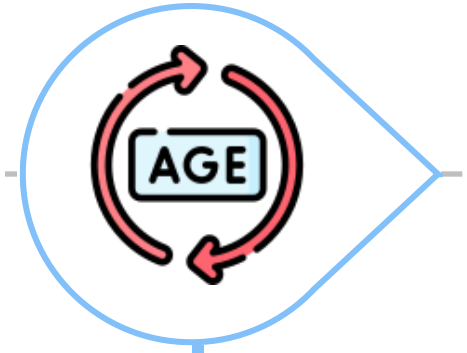
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Three Transition Triggers



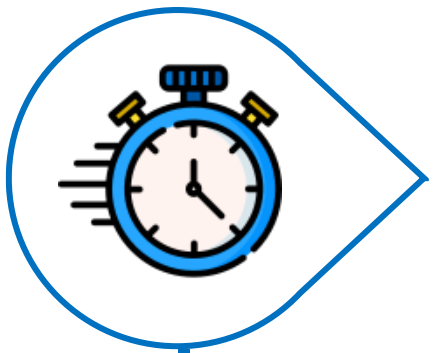
Eligibility Changes

When the participant no longer meets ABI Waiver eligibility criteria



Approaching Age 65

Six months before the participant's 65th birthday



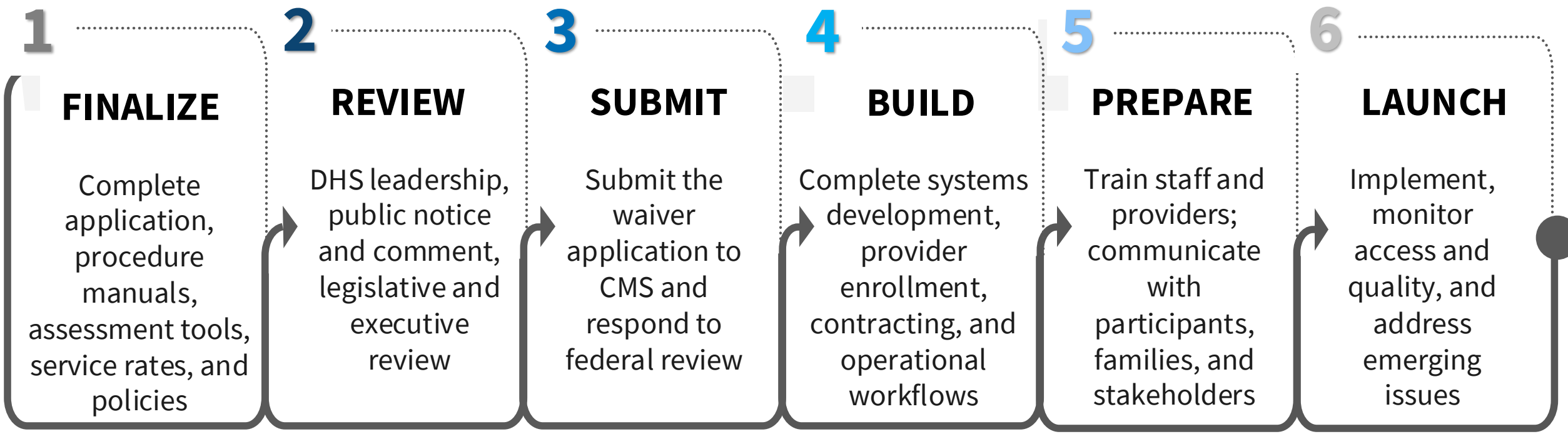
Approaching 4-Year Limit

Six months before the participant reaches the service limitation

Options Counseling The Case Manager discusses other services, supports, and referrals; answers questions; supports participant choice; and assists with transition to another appropriate program or provider.

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Six Steps to Waiver Implementation



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Six Questions for Stakeholders

1. **ACCESS:** How can Arkansas reach eligible individuals and families early?
2. **PROVIDER READINESS:** What staffing, training, or operational supports will providers need?
3. **SERVICE DELIVERY:** What barriers may affect delivery in home and community-based settings?
4. **TRANSITIONS:** What linkages will help support participants when ABI waiver services end?
5. **COMMUNICATION:** What information will participants, families, providers, and referral sources need?
6. **QUALITY:** What implementation outcomes should Arkansas DHS monitor most closely?

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Recap and Next Steps

RECAP

- Arkansas is developing an ABI Waiver to support eligible adults in home and community-based settings
- The proposed model centers on participant choice, person-centered planning, independence, and community participation
- The design includes defined eligibility and assessment processes, six proposed waiver services, qualified providers, and participant and financial safeguards
- Program concepts remain under development and are subject to review, stakeholder input, and federal approval

NEXT STEPS

1. **Refine** the waiver design using stakeholder feedback.
2. **Finalize** the application, policies, assessment tools, service rates, and operational materials
3. **Review** through DHS leadership, public notice and comment, and legislative and executive processes
4. **Submit** the waiver application to the Centers for Medicare & Medicaid Services
5. **Prepare** systems, providers, staff, communications, and workflows for implementation
6. **Launch and monitor** access, service delivery, participant health and welfare, and program quality

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