



November 7, 2017

HCBS Waiver Unit  
1 Ashburton Place, 11th Floor  
Boston, MA 02108

*Re: Proposed ABI & MFP waiver renewal applications*

To Whom It May Concern:

Thank you for the opportunity to submit comments on the proposed renewal applications for the following Home and Community-Based waivers:

1. Acquired Brain Injury (ABI) Residential Habilitation (RH)
2. ABI Non-Residential Habilitation (N)
3. Money Follows the Person (MFP) Community Living (CL)
4. MFP Residential (RS)

The Association of Developmental Disabilities Providers (ADDP) represents 135 human service providers across the Commonwealth who provide services for individuals with developmental disabilities and brain injuries. We submit the following comments on behalf of our members who provide brain injury services and supports.

#### Day Services

The ADDP Brain Injury Committee has reported that participants served through the waivers have expressed the need for and interest in more individualized, person-centered day service options. Our members have echoed the need for more flexibility in Day Services, specifically how and where the service can be provided, given many consumers with brain injuries have not opted to use this service as defined in the existing waivers. Therefore, we appreciate and **fully support the proposed addition of Community-Based Day Supports (CBDS) as a wavier service.**

However, we are very concerned about the following two items:

1. **The CBDS rates are not adequate to meet the CMS' Community Rule.** CBDS funding levels are especially insufficient for ABI and MFP waiver participants who have significant medical and/or physical health needs requiring 1:1 staffing support in the community. Over the past couple of years, ADDP and its members have collaboratively

worked with the Department of Developmental Services (DDS) to make some programmatic enhancements to CBDS. However, for significant changes that are needed to meet full compliance, rates must better match cost associated with providing individualized services that are integrated into the community to the fullest extent possible.

2. **The current transportation options and system of reimbursement poses obstacles for developing individualized day services and activities given the rate is not sufficient for individual transportation.** We understand there is a method for providers to bill for transportation; however, the billing rate and transportation reimbursement system does not adequately address transporting consumers to various community-based activities, supports, or programs in which occur on the same day.

### Align Waivers

**There is a need to align services across all waivers** given consumers enrolled in the ABI waiver cannot receive the same menu of services as listed in the MFP waiver. The structure of the current waivers is not only limiting to participants but is also extremely confusing for service recipients, families, and providers.

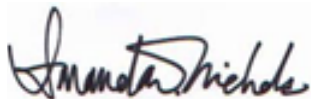
**We strongly recommend adding the following services across both ABI waivers** [Residential Habilitation (RH) and Non-Residential Habilitation (N)]:

1. Individual Support and Community Habilitation (Add service to ABI-RH)
2. Prevocational (Add service to ABI-N)
3. Orientation and Mobility Services (Add service to ABI-RH and ABI-N)
4. Community and Family Training (Add service to ABI-RH and ABI-N)
5. Peer Support (Add service to ABI-RH and ABI-N)
6. Community Behavioral Health Support and Navigation (Add service to ABI-RH and ABI-N)

We appreciate the opportunity to provide comments on the proposed changes to the ABI and MFP waivers. Thank you for listening to our collective concerns and for understanding that our comments reflect adherence to best practice and approach for serving individuals with brain injuries.

Thank you very much for your time and consideration.

Sincerely,



Amanda D. Nichols  
Interim President & CEO  
[mandynichols@addp.org](mailto:mandynichols@addp.org)