



MassHealth ABI-MFP Participant Handbook

A Guide for Individuals Receiving Services through the Acquired Brain Injury or the Moving Forward Plan MassHealth Waiver Programs

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Introduction

The Department of Developmental Services (DDS) and MassAbility understand that individuals value the opportunity to live in the community and share in the benefits of full community membership. Living in the community gives people the opportunity to take part in the many activities available in a city or town. It also allows them to create and maintain important relationships with family and friends.

As a MassHealth Waiver participant, you have access to certain services and supports as part of your community living experience. These services and supports are offered through the two Acquired Brain Injury MassHealth Waiver programs and two Moving Forward Plan MassHealth Waiver programs.

This handbook is designed to help you understand the services and supports available through these four MassHealth Waiver programs, and the rights every program participant has.

We've included a list of these rights because it is important for you to know what they are. Understanding your rights will help you make sure these rights are respected and enforced.

Along with your rights, there are certain responsibilities. This handbook covers

- your rights and responsibilities;
- the processes and services in place to support and serve you;
- eligibility for waiver programs; and
- how to address potential issues you may face.

We encourage you to use this handbook as a guide to the MassHealth Waiver programs, in addition to any other materials you may have. Keep this handbook handy during your transition into the community and use it as a reference once you are fully settled into your community.

Important Note: This handbook is for informational purposes only.



“Fact is, I am blessed with a second chance at stumbling through life.”

Josh planned and went on his first vacation to Pennsylvania independently in August. He is looking forward to vacationing more and crossing more goals off his list.

I. Participant Rights

A. Human Rights and Safeguards

“**Human rights**” are the fundamental freedoms and rights that all people have because they are human. They are non-negotiable and apply to everyone regardless of their background or circumstances. “**Safeguards**” are protections designed to protect human rights and prevent their violation, ensuring that individuals’ rights are respected and upheld.

As a person receiving services from an Acquired Brain Injury or Moving Forward Plan Waiver program, you have certain rights that must be safeguarded. You also have responsibilities related to receiving services in these programs. Information about your rights and responsibilities follows.

1. General Principles

Your Rights

The Acquired Brain Injury and Moving Forward Plan Waiver programs provide services that

- promote dignity;
- are provided with respect for you as an individual;
- are chosen by you (under the program you are qualified for);
- allow you to live in the least restrictive and most inclusive setting possible;
- give you real-life experiences in the community;
- give you the opportunity to take part in activities that every person should be able to take part in;
- give you privacy, including the chance to be provided private living, sleeping, and personal care spaces;
- give you the opportunity to make meaningful life choices and decisions;

- protect you from neglect, harm, and abuse (verbal, physical, emotional, and others), or actions that make you feel unsafe;
- support your right to access a telephone and other devices to communicate with others;
- support your right to send and receive letters and packages. If a provider holds a key to your mailbox, there must be an agreement about when this key can be used;
- support your right to have visitors, unless you, your team, and guardian agree that a visitor or family should not come;
- support your right not to have your picture taken or your name released unless you or your guardian say that it is okay;
- support your right to have food. This includes choosing the food you want to eat, deciding where and when to eat, and choosing with whom to share meals. If there are restrictions for medical or other reasons on when and what you can eat or drink, these must be included in your Individual Service Plan (ISP). When you make these choices, provider staff may remind you of the reasons other options may enhance your health and well-being;
- support your right to enjoy basic goods such as your own possessions and a place to keep them, clothes, and services from your providers to engage in social contact and recreation;
- support your right to access health care;
- support your right to see a health care provider when you don't feel well;
- help you see a health care provider for wellness checks;
- help you access allied health services including physical therapy, occupational therapy, speech therapy, and others;
- support your right to take part in community activities; and
- support your right to privacy, which includes
 - having people you are comfortable with help you with personal care, like going to the bathroom or changing clothes;

- having privacy in your own room;
- having privacy when visiting with family and friends;
- being able to be alone; and
- helping you voice your right to say “no” to any service.

Any limits to the rights mentioned above must be discussed with you and written into your ISP.

You have a right to be free from any form of abuse, neglect, or mistreatment, including

- insulting or derogatory behavior;
- name calling;
- actions or verbal statements meant to damage your self-respect;
- encouragement of mistreatment by others;
- moving you to a different program or threats to move you to a different program that is intended as punishment;
- ending any of your services or threatening to end any of your services if this is intended as punishment; and
- any retaliation against you if you report alleged provider misconduct or violation of regulations.

Your Responsibilities

As a participant in an ABI or MFP Waiver program, you have responsibilities.

You are expected to

- participate in the planning of your services;
- follow the plans that you agree to;
- respect the rights of those people living with you, including
 - respecting other people’s possessions;
 - respecting other people’s privacy;
 - working through household issues with people living with you, such as visitors, noise, and chores;
 - helping set up and maintain your waiver eligibility; and
 - making room and board payments or paying rent on time to maintain your community residency.

2. Informed Consent

You, your guardian, and/or your legal representative have the right to information about supports, services, and referrals. This is known as **“informed consent.”**

This protects you by making sure that you know what the support or service is, and what it means for you.

For example, informed consent is required before you receive medical or other treatment, before you begin a Positive Behavior Support Plan, or before you allow the release of your personal information.

When your informed consent is needed, you must be given clear and understandable information about what you are consenting to. This information must include

- what will happen if you agree and an explanation of the intended outcome;
- a description of any procedures involved in the proposed treatment or activity;
- the risks and benefits of agreeing or not agreeing;



Kevin engaged in a cooking activity using an adaptive cheese grater with the support of staff member Patrick. The photo captures Kevin's focus and effort while preparing ingredients, as well as the teamwork and encouragement provided by staff. The activity highlights independence, skill-building, and inclusion in the kitchen setting.

- other options available to you;
- confirmation that you may decide to change your mind at any time and you will not be punished; and
- assurance that you can ask any questions you have.

Informed consent must be documented in writing and placed in your record. Informed consent must be dated and will remain valid for the duration specified on the consent form.

B. Home and Community-Based Services Settings Rule (Community Rule)

The **Community Rule** requires that home and community-based service locations (known as “settings”) meet certain qualifications. Under this rule, all settings must

- be part of the broader community and support full access to community life;
- be chosen by the individual from a range of available options;
- respect each person’s privacy, dignity, and freedom from coercion and restraint;
- support each person’s independence and ability to make their own life choices; and
- offer meaningful choice in services and about who provides those services.

There are additional requirements for service locations where individuals live that are owned or operated by a service provider. In these homes, individuals must

- have a lease or other legal agreement that protects their rights as tenants;
- have privacy in their own living space, including lockable doors, choice of roommates, and the freedom to furnish or decorate their space;
- be able to control their own daily schedules, including access to food whenever they choose;
- be able to have visitors at any time; and
- be able to live in homes that are physically accessible.

If any of these requirements need to be adjusted in a provider-owned service location, the change must be based on the person's specific needs and clearly documented in the person-centered service plan. These requirements are described throughout this handbook.

To learn more, visit www.mass.gov/HCBSCommunityRule.



Destiny enjoying time with her partner and her pup.

C. Person-Centered Planning and the Plan of Care

The **person-centered planning process** is a collaborative approach that prioritizes your goals, strengths, and preferences to create a plan that supports your unique vision for a fulfilling life. You play a central role in this process, helping determine the services and supports needed for your transition from a facility to the community, and the services and supports you will continue to receive when you move into the community.

1. Person-Centered Planning Process

Principles of Person-Centered Planning

The person-centered planning process follows key principles, including having

- a planning team, led by you and your case manager or service coordinator, along with your guardian, legal representative, relevant waiver service providers, and any other individuals you choose;
- information and support to make sure that you direct the process to the fullest extent possible, and are supported to make informed choices and decisions;
- at least annual meetings, with quarterly reviews, scheduled at times and locations convenient for you;
- the things that are important to you, your family, and community;
- clear and understandable information, including interpreter services if needed;
- strategies for addressing conflicts or disagreements, along with clear conflict-of-interest guidelines;
- choices and information about all available services and providers;
- information about how you can ask for updates to the plan as needed; and
- documentation of the different home- and community-based settings that you discuss with your case manager or service coordinator.

The Person-Centered Planning Process

The person-centered planning process includes three key parts:

- Transition Plan
- Individual Service Plan (ISP)
- Plan of Care (POC)

Transition Plan

During the Transition Plan phase, you (and other people you may want involved, such as your guardian, legally authorized representative, family members, or others) begin to discuss the services and supports you may want or need in the community. The **Transition Plan** is for planning purposes and is completed over one or more meetings, often long before you are discharged from the facility.

Individual Service Plan (ISP)

In your **ISP**, you will set goals for living in the community and determine what supports you need to meet your goals.

When creating the ISP, you will explore different aspects of community life, consider potential risks and ways to address them, and make choices about managing your services and supports. The ISP is usually developed before you leave the facility. Service providers may be involved in developing the ISP.

Plan of Care (POC)

In your **POC**, you and your case manager or service coordinator work together to develop short-term objectives and determine related services to help you achieve the goals set in the ISP process.

If more than one provider offers a service, you will have the opportunity to choose your preferred provider and schedule.

2. Requirements for the Person-Centered Plan

Your **person-centered plan (PCP)** is comprised of two documents, the ISP and the POC, which both reflect your chosen living arrangements, services, and goals. Clinical assessments may be used to determine service and support needs. Plans to minimize risk are included in these documents when risk factors are identified as part of the person-centered planning process.

The PCP must

- reflect that you have chosen your living arrangement. The setting must support full access to the greater community and include opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and access and receive the same services in the community as individuals who do not receive community-based waiver program services;
- reflect your strengths and preferences, and your identified needs based on assessments;
- include specific goals and desired outcomes;
- outline the services and supports (both paid and unpaid) that will help you achieve your goals;
- outline the providers of those services and supports, including natural supports (voluntary, unpaid assistance);
- document that any restriction of your rights (including privacy and freedom to control your own schedule, activities, access to food, and visitors) in provider-owned or provider-controlled settings is supported by a specific assessed need, discussed with you, and justified in the POC;
- detail any positive interventions and less intrusive alternatives considered before modifying the PCP. The PCP must document the intervention's effectiveness, time limits for periodic reviews, your informed consent, and assurance that the intervention will not cause harm;
- be written in plain language and be easily understandable to you and those supporting you;

- identify who is responsible for monitoring the PCP;
- is signed by you or your legally authorized representative. The PCP must also be signed by the providers responsible for its implementation. The PCP becomes effective when it is signed.
- be distributed to you and other people involved in the PCP;
- ensure that services are necessary and appropriate; and
- include services that you choose to self-direct. If you self-direct a service, you take responsibility for recruiting, hiring, scheduling, training, and if necessary, firing your direct care worker(s). These employer-related tasks are described in the Waiver Participant Agreement.

3. Modifications to the Person-Centered Plan

You will review your ISP and POC with your case manager or service coordinator to make sure that they accurately reflect your goals, needs, and supports necessary to attain your goals.

This review will occur once every year and at any time there is a need to make a change. A change in services may result from a change to your goals or support needs, or may be due to your experiences in the community or any completed clinical assessments.

You or your legal representative review and sign the document when the ISP and POC are developed and any time that a modification to the plan is made. A signed POC allows services to be provided. Any time your ISP or POC is finalized, updated, or modified, you will get information about the MassHealth appeal process, including the form to request a MassHealth fair hearing.

You can discuss your wishes and needs for services and supports with your case manager or service coordinator at any time.



Heather enjoying her Sunday at the Dr. Seuss Museum in Springfield, Massachusetts. This photo highlights a moment of exploration through the colorful, interactive exhibits inspired by Dr. Seuss's timeless stories.

4. Appeals

You can appeal decisions, actions, or inactions about your POC.

What You Can Appeal

You may appeal if your case manager or service coordinator

- denies your service request;
- does not act on your service request within 30 days of receiving it;
- prevents you from selecting an available provider of your choice to provide services;
- reduces the services that are in your POC;
- modifies the services that are in your POC;
- suspends the services that are in your POC; or
- ends the services that are in your POC.

This is a partial list—there are other reasons you can appeal. For a full list, see the fair hearing rules at 130 CMR 610.032: *Grounds for Appeal*, as well as 130 CMR 630.409(C): *Notice of Denial or Modification and Right of Appeal*.

The Notice of Action and Appeal Rights

If you are already enrolled in the waiver program and your service coordinator or case manager makes a decision about your services, your service coordinator or case manager will explain why the action is being taken and what to do if you disagree with the decision or POC.

Along with the explanation, you will receive a written Notice of Action that explains the reason for the action and a form that describes the appeal process and provides instructions on how to appeal. The Notice of Action provides information about your rights to appeal an action or inaction that you do not agree with. If you do not understand the notice or your rights to appeal, ask your service coordinator or case manager for assistance.

The Fair Hearing Process

A fair hearing is a review of an appealable decision by an impartial decision-maker. To request a fair hearing, follow the timeline provided in your Notice of Action. Hearings may be held in-person or by phone and are conducted by a neutral hearing officer. The hearing officer examines all the facts and law to determine if the appealable action or inaction was correct. If your appeal involves service reductions, suspensions, terminations, or restrictions, your services will continue until the hearing officer makes a decision on your appeal.

Once a fair hearing is complete, a written decision will be sent to you. If the decision is in your favor, your claim or request will be approved. If it is not in your favor, the action you appealed will be put into place.

Further Appeals

If your claim or request is denied at the fair hearing, you may appeal further to a court, where a judge will review the fair hearing decision. This appeal process is sometimes called a “Chapter 30A appeal,” named after Massachusetts General Law Chapter 30A.

D. Complaint, Incident, and Investigation Processes

Everyone involved in your care wants to ensure you are satisfied with your services. If you are not satisfied, you may be able to resolve the problem informally, through discussion with others who may help find a solution. If that is not possible, there are different ways to voice your concerns, including a formal investigation process.

1. Complaint Process

You have the right to file a complaint about any aspect of your waiver program or services. A complaint can be filed by you, a family member, a guardian, or a legal representative.

The complaint process varies depending on the type of concern. Below are the steps for filing complaints in different situations.

Complaints about Your Service Providers

You have a right to choose an available provider for the services outlined in your POC. If you have a concern about a service provider or any aspect of the services you receive from the provider, you should file a complaint with the service provider. Every service provider must maintain a formal complaint process.

Before you file a formal complaint with the provider, you and your provider can try to discuss your concerns and find a resolution. If you decide to file a formal complaint, the provider must review and give you a written response within 30 days.

If you need help, you can reach out to

- your MassAbility case manager or any MassAbility staff member; or
- your Massachusetts Department of Developmental Services (DDS) service coordinator or any DDS staff member.

Complaints about MassAbility or DDS Staff

If you have a complaint about MassAbility staff, you can

- speak with your case manager or ask for help contacting the staff member's supervisor; or
- call (857) 919-7351 (use this number if your complaint is about your case manager).

If you have a complaint about DDS staff, you can

- speak with your service coordinator or ask for help contacting the staff member's supervisor; or
- call (617) 821-1677 (use this number if your complaint is about your service coordinator).

If you are unhappy with your case manager or service coordinator, you may have the option to request a new one.

Complaints about Your Services

You develop an ISP as a waiver participant. See the PCP section of this handbook for more information. The ISP sets out your vision and goals for your community living experiences. To reach your goals, you and your ISP team will decide on the services you will need and what MassHealth will pay for under your waiver program.

If you have a concern about any part of your ISP or your services, you may be able to resolve it by talking with your case manager or service coordinator.

If the discussion with your service coordinator or case manager is unsuccessful and you have an unresolved concern or complaint about your services or the development of your ISP, you may request that your complaint be heard by one of the officials in the state agency that operates your waiver.

Both DDS and MassAbility have a complaint process, called an **Informal Conference**, which is a meeting to discuss your concern or complaint.

Some issues that you can bring to an Informal Conference meeting include whether

- your assessment provided enough information to develop an appropriate ISP for you;
- the goals in your ISP promote the outcomes in your ISP;
- the services and supports in your ISP are the least restrictive and are appropriate for achieving your goals;
- a modification to your ISP is needed based on an assessed need;
- your ISP team's recommendation of your ability to make personal and financial decisions is consistent with available evidence;
- your ISP was properly developed, reviewed, or modified; or
- your ISP is being implemented as planned.

To request an Informal Conference, you must send a written request to the appropriate agency.

- For the Acquired Brain Injury–Residential Habilitation (ABI-RH) or Moving Forward Plan–Residential Supports (MFP-RS) Waivers, you must contact, in writing, the DDS Regional Program Coordinator. Your service coordinator can give you the address for the letter.
- For the Acquired Brain Injury–Non-residential Habilitation (ABI-N) or Moving Forward Plan–Community Living (MFP-CL) Waivers, you must contact, in writing, the MassAbility Regional Waiver Supervisor. Your case manager can give you the address for the letter.

The Informal Conference complaint process is often a simple and effective way to resolve issues. However, it is not the same as a formal appeal.

If you are denied a service, or a service is changed or stopped, you can request a formal appeal by filing a Fair Hearing Request Form with MassHealth. You do not need to go through the complaint process before filing an appeal. See the Appeals section of this handbook for more information.

Before you file a fair hearing appeal, you may want to speak to your case manager or service coordinator about your concerns and whether other service options are available to meet your needs.



Michele, smiling and enjoying a lovely moment with Miss Clio, during an indoor balloon volleyball game.

Complaints about Abuse, Neglect, and Mistreatment

You have the right to be free from abuse, neglect, and mistreatment. If you feel that you are being abused, neglected, or mistreated by anyone who provides your services or supports, report it immediately to the appropriate agency, based on your age.

- Disabled Persons Protection Commission (DPPC) at (800) 426-9009, TTY (888) 822-0350 (**for individuals age 18 – 59**)
- Elder Abuse Hotline (Adult Protective Services) at (800) 922-2275 (**for individuals age 60 and older**)

You may speak with a trusted person before filing a formal complaint. However, if you share information with a service provider, they may be required by law to report it – even if you do not want them to. See the Investigations of Abuse, Neglect, and Mistreatment section of this handbook for more information.

You have the right to report information anonymously. DPPC or Adult Protective Services will decide if the report meets the criteria for investigation.

For Adult Protective Services, once a report is received, it will be reviewed by the local Adult Protective Services agency.

DPPC reviews the information you provide and decides whether to investigate or assign the investigation to MassAbility, DDS, or the Executive Office of Aging & Independence (AGE). In some cases, a State Police Trooper assigned to the DPPC may review the report and investigate accordingly.

If you are at risk or in danger, the service provider must take immediate action to protect you, such as

- using a different way of getting you to and from activities if it appears that your transportation provider may have placed you at risk;
- developing alternative daytime activities if it appears that your day program provider cannot ensure that you will be free from abuse or neglect; and
- temporarily removing an employee of the provider who is suspected of abuse or neglect until an investigation is completed.

2. Investigations of Abuse, Neglect, and Mistreatment

You have the right to be free from abuse, neglect, and mistreatment. This includes physical abuse, psychological abuse, sexual abuse, financial exploitation, and other actions or inactions such as failing to provide you with the supports or supervision that you need. Any suspected abuse or neglect you report may lead to an investigation.

Staff must send reports to DPPC or Adult Protective Services if they believe that you or others may have been abused or neglected or mistreated, even if you do not want them to make the report. Individuals or agencies who provide support to you are required to report abuse, neglect, or mistreatment to DPPC or Adult Protective Services if they have reason to believe that you have been abused or neglected or mistreated. You or a family member can report to DPPC or Adult Protective Services if you feel you have been abused or neglected or mistreated.

If you report abuse, neglect, or mistreatment directly to DPPC or Adult Protective Services, you can request information about the status of your complaint. However, if your complaint was made anonymously, DPPC or Adult Protective Services will not be able to provide any updates on the status of your complaint.

Providers and staff must immediately report any instances of abuse, neglect, or mistreatment verbally and document the incident in writing within two days. Providers are not responsible for investigating.

Investigations are conducted by DDS, MassAbility, DPPC, AGE, or a combination of those agencies. Staff must fully cooperate with DPPC or other investigators from DDS, MassAbility, or AGE. In some cases, the police may need to be involved.

You and your guardian or legally authorized representative will be informed about provider responsibilities to report instances of abuse, neglect, or mistreatment. Because the provider has this obligation to report, there may be limitations on what is confidential between you and the provider.

You and your guardian or legally authorized representative will receive a flyer or brochure with the phone numbers for DPPC and the Adult Protective Services Hotline from your MassAbility case manager or DDS Residential Provider. These numbers must also be posted in the common areas of any provider- owned or provider-controlled house.

3. Incident Reporting

Incidents may happen while you are receiving waiver services. These may include an emergency room visit or a conflict between you and another person.

If an incident occurs, it is important to DDS, MassAbility, and your providers that the incidents are identified and reported, and that appropriate action is taken.

When an incident is reported, DDS or MassAbility reviews what happened and may ask the provider for more information. DDS or MassAbility will review the incident report to make sure the provider has taken the appropriate action to keep the incident from happening again. DDS or MassAbility can also look at reports over time to see if there is a pattern to the incidents so that you and your team can work things out together and ensure that you will be safe.



Dan takes pride in having his freedom while remaining safe in the community. He can be seen with a smile on his face using his mobility bike to go fishing, run errands locally, or just getting some fresh air.

II. Principles of Engaging in Waiver Services

Principles of Engaging in Waiver Services is a set of principles and values that all people receiving and providing waiver services will work to uphold and support.

Respecting others of all races, religions, cultures, identities, and skin colors is important. Including people of all abilities is important. Differences are valued. Employees at the Executive Office of Health and Human Services and the agencies it works with are not allowed to discriminate based on race, sex, gender, ability, or place of origin, among other characteristics.

A. Guiding Principles

The following guiding principles apply to everyone receiving services or providing services in a MassHealth Waiver program.

- It is NEVER okay to belittle or demean a person receiving MassHealth Waiver program services for any reason, including because of race, ability, culture, identity, or financial status.
- It is NEVER okay to belittle or demean a person providing MassHealth Waiver program services for any reason, including because of race, ability, culture, identity, or financial status.
- It is NEVER okay to use words that are hateful, racist, sexist, or in any way oppress or insult another person.

Your waiver case manager/service coordinator will help you choose which services you need. These services will be provided by people who are well trained and have the skills to support you. They may or may not be of the same gender, race, or culture as you. People receiving waiver services and people providing waiver services come from many different cultures and backgrounds.

B. Rights and Responsibilities

When you agree to receive waiver services, it means you understand the following rights and responsibilities of people receiving waiver services and people delivering waiver services. Please read these and talk about these with your waiver case manager/service coordinator.

- I am in charge of telling people who support me about my needs. If the people who provide my services don't know what I need, they will not be able to provide the support I need.
- I have the right not to be discriminated against because of my race, sex, gender, ability, identity, or place of origin. I expect the staff who support me to treat me with respect. If I believe that someone did not treat me well, I should let someone else in the program know.
- Just as I deserve to be treated with respect, I will treat the staff that are supporting me with respect.
- That means what staff say to me and what I say to staff should be respectful. No one should use mean, hurtful, or racist language.
- That means how staff treat me and how I treat staff should be respectful and should not be mean, hurtful, or racist.

It is illegal for the agencies who provide me services to refuse to hire staff because of their race, gender, ability, or place of origin. These agencies are expected to hire skilled and diverse staff.

- Receiving MassHealth Waiver services is my choice. The MassHealth Waiver program will match me with skilled and diverse staff who are able to provide my services. I agree to work with and not discriminate against diverse staff who are able to provide my services. I may express a choice for staff to care for me, but I must accept and work with competent and diverse staff who support me through my waiver services.
- I will decide what help I do and don't want. I can refuse to accept services or support from specific staff in the agencies that provide services in my area. If I do refuse services or staff, I may not be able to receive the help that I need to keep me safe and healthy in the community.
- I should always report any abuse, neglect, or mistreatment. I may contact the Disabled Persons Protection Commission at (800) 426-9009, TTY (888) 822-0350 at any time to report my concerns.

I will work with my case manager/service coordinator and staff to build relationships that are based on mutual respect and acceptance.

III. Service Definitions

The services discussed in this section are those offered under the following Home- and Community-Based Services Waiver programs:

- Acquired Brain Injury–Non-residential Habilitation (ABI-N)
- Acquired Brain Injury–Residential Habilitation (ABI-RH)
- Moving Forward Plan–Community Living (MFP-CL)
- Moving Forward Plan–Residential Supports (MFP-RS)

The following waiver service definitions apply to some or all of the Acquired Brain Injury (ABI) and Moving Forward Plan (MFP) Waivers.

Participants in the ABI and MFP Waivers may self-direct certain waiver services. Self-direction allows you to choose who provides your services, set your provider’s schedule, and decide what tasks your provider performs. If you choose this option, you become the employer of the direct care worker. Services that may be self-directed are listed below in the definition.

For services that are not self-directed, you will receive care through an agency model. In an agency model, the agency chooses the person who will provide your services and sets their schedule. The agency is the employer of the provider. The services below are provided through an agency model unless you receive a service that can be self-directed and you choose to self-direct.

The services listed below are provided to you in person. Some services may also be provided through telehealth (by telephone or videoconference). This will be discussed during your person-centered planning process.

For additional information about the services provided under these waivers, see the program regulation at 130 CMR 630.000: *Home- and Community-Based Services Waiver Services*.

The following service definitions are for services available under these waivers. Waiver services are offered in addition to the services provided under any other MassHealth programs for which you may be eligible. Waiver services cannot duplicate other MassHealth services.

A. Independent Living Supports

Services that help you (and in some cases, your family) adjust to your return to the community and help you continue to grow in independence.

Adult Companion (*for those enrolled in the ABI-N or MFP-CL waiver*)

You may self-direct this service.

Adult Companion includes nonmedical care, supervision, and socialization. Companions may help you with your daily activities such as meal preparation, laundry, shopping, and community involvement. Certain limits apply to this service. You can ask your case manager for more information about service limits.

Individual Support and Community Habilitation (*for those enrolled in the ABI-N, MFP-CL, ABI-RH, or MFP-RS waiver*)

You may self-direct this service.

This service provides supports necessary for you to learn and/or retain the skills necessary to establish, live in, and maintain a household of your choosing in the community. These supports include finding housing; learning, retaining, or improving skills related to personal finance, health, shopping, use of community resources, and community safety; and other social and adaptive skills needed to live in the community.

Participants in the ABI-RH and MFP-RS waivers may receive this service only if they are also receiving Assisted Living services.

Certain limits apply to this service. You can ask your case manager or service coordinator for more information about service limits.



Chelsea spending the day at Fenway Park.

KISMET IMPROV



Pierre and Heather, along with others, proudly took the stage for their very first student showcase at Kismet Improv. The photo highlights their excitement and confidence as they performed together, sharing laughter and creativity with the audience. Smiling faces and supportive energy filled the room, making this milestone event a memorable and empowering experience for both participants.

Peer Support (for those served by the ABI-N, MFP-CL, ABI-RH, or MFP-RS waiver)

You may self-direct this service.

This service provides training, instruction, and mentoring to enhance your skills to function in the community and family home. This service is limited to no more than 16 hours per week.

B. Where You Live

Services vary depending on the type of place you may live. All services described in this section exclude room and board costs.

Assisted Living Services (for those enrolled in the ABI-N or MFP-RS waiver)

Assisted Living includes personal care and supportive services provided to participants who reside in an assisted living residence. Services provided include homemaking, help with chores and personal care, meal preparation, and other supports. Services do not include 24-hour skilled care.

Independent Living Supports (for those enrolled in the ABI-N or MFP-CL waiver)

These supports are provided in a multi-tenant building, such as elderly/disabled public housing. Supports are available for participants who have occasional needs, but do not require 24-hour supervision. Services available include help with bathing, dressing, personal hygiene, housekeeping, laundry, grocery shopping, support and companionship, emotional support, and socialization. This service does not include hands-on nursing care.

Residential Habilitation (*for those enrolled in the ABI-RH or MFP-RS waiver*)

These are services and supports in a provider-operated group home setting that help residents with activities of daily living such as administration of medication and meal preparation, or help residents learn, maintain, or improve skills necessary to live in the community. Supports include personal care, protective oversight and supervision, and skills training. The setting includes 24-hour staffing and must be accessible for residents.

Shared Home Supports (*for those enrolled in the ABI-N or MFP-CL waiver*)

This service matches a participant with a Shared Home Supports caregiver. The caregiver lives with the participant at the residence of either the caregiver or participant and provides daily structure, skills training, and supervision. The caregiver may not be a legally responsible family member. No more than two participants may reside in a single home. This service does not include 24-hour care.

Shared Living—24-hour Supports (*for those enrolled in the ABI-RH or MFP-RS waiver*)

This service matches a participant with a Shared Living caregiver. The caregiver lives with the participant at the residence of either the caregiver or participant and offers support, personal care, daily structure, and supervision to the participant. Shared Living integrates the participant into the usual activities of the caregiver's family life. The caregiver may not be a legally responsible family member. Shared Living may be provided to no more than two participants in a single home. Shared Living is an individually tailored 24 hour/7 day a week supportive service.

C. Community Connectors

Services that help you engage in the community.

Community-Based Day Supports (CBDS) *(for those enrolled in the ABI-N, MFP-CL, ABI-RH, or MFP-RS waiver)*

These services include a range of daytime activities to promote personal and social interactions and community engagement. Community-Based Day Supports may include exploring careers, developing independent living skills, pursuing personal interests and hobbies, and other experiences to support your full participation in community life. This service is provided in a small group.

Certain limits apply to this service. You can ask your case manager or service coordinator for more information about service limits.

Community Behavioral Health Support and Navigation *(for those enrolled in the ABI-N, MFP-CL, ABI-RH, or MFP-RS waiver)*

This is an outreach and support service for participants who need help accessing behavioral health and other medical services. Community Behavioral Health Support and Navigation is a flexible, mobile service that fits your individual needs. It may include developing plans and strategies to support your recovery, helping you connect with behavioral health and other health care services, finding peer support, and helping develop your self-advocacy skills so you can participate fully in your treatment and service planning. Community Behavioral Health Support and Navigation is not a clinical treatment service.



Graham and Kerianne, smiling and enjoying their fishing trip on Thursday mornings at a nearby lake in Westborough.

Day Services (for those enrolled in the ABI-N, MFP-CL, ABI-H, or MFP-RS waiver)

Services consist of structured day activity, typically for individuals who are not ready to join the general workforce, or who are employed part-time and need a supervised program of services during the time that they are not working, or who are of retirement age.

Day Services often include support for learning or improving daily living and functional skills and other skills training, and activities to be more fully involved in the community and promote greater independence.

Certain limits apply to this service. You can ask your case manager or service coordinator for more information about service limits.

Prevocational Services (*for those enrolled in the ABI-N, MFP-CL, ABI-RH, or MFP-RS waiver*)

Services provide a range of generalized learning and experiential activities that prepare you for paid or unpaid employment in an integrated community setting.

Certain limits apply to this service. You can ask your case manager or service coordinator for more information about service limits.

Supported Employment (*for those enrolled in the ABI-N, MFP-CL, ABI-RH, or MFP-RS waiver*)

This service consists of intensive, ongoing supports to allow participants to perform in a regular work setting. This service is available to participants who are unlikely to obtain competitive employment at or above the minimum wage without supports, and who need supports because of their disabilities. Supported Employment may include helping the participant find a job or developing a job on behalf of the participant.

Certain limits apply to this service. You can ask your case manager or service coordinator for more information about service limits.

Transportation (*for those enrolled in the ABI-N, MFP-CL, ABI-RH, or MFP-RS waiver*)

Transportation services are offered to enable you to get to waiver and other community services, activities, and resources when other transportation is not available. When possible, you are expected to use family, neighbors, friends, or community agencies that can provide transportation without charge.

D. Help Around the Home

Services to help you care for your home.

Chore *(for those enrolled in the ABI-N or MFP-CL waiver)*

You may self-direct this service.

Chore services are occasional heavy household chores that are needed to keep the home clean and safe, such as washing windows, floors, and walls; moving heavy items of furniture; and shoveling snow to provide safe access.

Homemaker Services *(for those enrolled in the ABI-N or MFP-CL waiver)*

You may self-direct this service.

Services consist of the performance of general household tasks such as meal preparation and routine household care when the individual regularly responsible for these activities is temporarily absent or unable to manage the home.

Certain limits apply to this service. You can ask your case manager for more information about service limits.

Laundry *(for those enrolled in the ABI-N or MFP-CL waiver)*

This service includes picking up, washing, drying, folding, wrapping, and returning of laundry. Clothes are washed, dried, folded, and wrapped off-site and returned to you at your home.

E. Personal Care

Services that help you with certain activities such as bathing, dressing, and toileting.

Home Delivered Meals *(for those enrolled in the ABI-N or MFP-CL waiver)*

This service provides well-balanced meals to participants.

Home Health Aide *(for those enrolled in the ABI-N or MFP-CL waiver)*

Home Health Aides provide hands-on care and additional assistance with personal care functions.

Certain limits apply to this service. You can ask your case manager for more information about service limits.



Sonia took part in a charcuterie cooking class by helping prepare fresh ingredients. The photo captures her carefully cutting strawberries, showing focus and pride in contributing to the group activity. The hands-on experience highlighted teamwork, creativity, and healthy food preparation, adding a fun and engaging touch to the class.

Personal Care *(for those enrolled in the ABI-N or MFP-CL waiver)*

You may self-direct this service.

This service provides hands-on assistance (actually performing the task for the person) or cuing and supervision to prompt the participant to perform a task. Such tasks may include bathing, dressing, personal hygiene, and other activities of daily living.

Certain limits apply to this service. You can ask your case manager for more information about service limits.

Supportive Home Care Aide *(for those enrolled in the ABI-N or MFP-CL waiver)*

This service provides personal care and homemaking services, as well as emotional support and socialization, to participants with Alzheimer's disease or dementia or behavioral health needs.

Certain limits apply to this service. You can ask your case manager for more information about service limits.

F. Therapy and Nursing

Services from professionals that support you in increasing your abilities and autonomy.

Occupational Therapy (*for those enrolled in the ABI-N, MFP-CL, ABI-RH, or MFP-RS waiver*)

This service is provided by a licensed occupational therapist and helps you develop or recover physical competence to prevent further injury or disability, and to improve your ability to perform tasks required for independent functioning. Services may also include training and oversight for you, a family member, or other person to carry out a maintenance program.

This service is limited to one individual treatment and one group therapy session per day.



Dean and his self-directed worker making progress on the mind, body, and soul at the gym while socializing and making memories.

Physical Therapy *(for those enrolled in the ABI-N, MFP-CL, ABI-RH, or MFP-RS waiver)*

This service is performed by a licensed physical therapist and helps you improve, develop, correct, rehabilitate, or prevent the worsening of physical functions that have been lost, impaired, or reduced as a result of acute or chronic medical conditions, congenital anomalies, or injuries; or helps you maintain or prevent the worsening of function.

Services may include training and oversight necessary for you, a family member, or other person to carry out a maintenance program.

This service is limited to one individual treatment and one group therapy session per day.

Skilled Nursing *(for those enrolled in the ABI-N, MFP-CL, ABI-RH, or MFP-RS waiver)*

Skilled Nursing services are provided by a registered nurse or a licensed practical nurse and may be provided to a participant who needs medication monitoring or education about management of health conditions.

This service can only be provided once per week, but exceptions may be granted on a temporary basis.

Speech Therapy *(for those enrolled in the ABI-N, MFP-CL, ABI-RH, or MFP-RS waiver)*

This service is provided by a licensed speech therapist. The therapist must consider speech therapy to be necessary for you to improve, develop, maintain, correct, or rehabilitate speech or language communication or improve swallowing disorders.

Services may also include training and oversight for you, a family member, or other person to carry out a maintenance program.

This service is limited to one individual treatment and one group therapy session per day.

G. Family Support

Services to help support your family.

Community/Residential Family Training (*for those enrolled in the ABI-N, MFP-CL, ABI-RH, or MFP-RS waiver*)

This service provides training and instruction to you and unpaid family caregivers about ways to help you succeed in the community. Family training may include training in family leadership, support of self-advocacy, and independence.

Respite (*for those enrolled in the ABI-N or MFP-CL waiver*)

This service is provided on a short-term basis to relieve informal caregivers from the daily demands of caring for a participant and to strengthen the informal support system.

H. Home and Vehicle Modifications and Accessibility Supports

Services that help make living in your community a little easier.

Assistive Technology *(for those enrolled in the ABI-N, MFP-CL, ABI-RH, or MFP-RS waiver)*

This service provides support in two ways: Assistive Technology (AT) devices and AT evaluation and training.

AT devices are pieces of equipment or product systems that you use to develop, increase, maintain, or improve your functional capabilities, and to support the achievement of your goals. You can use AT devices for telehealth.

AT evaluation and training assesses your AT needs, selects and customizes devices, and provides training.

Home Accessibility Adaptations *(for those enrolled in the ABI-N, MFP-CL, ABI-RH, or MFP-RS waiver)*

This service includes payment for building modifications necessary to ensure your health, safety, and autonomy. This may include installing ramps and grab-bars, widening doorways, updating bathroom facilities, or installing specialized electric and plumbing systems.

This service has a lifetime limit of \$50,000 per participant.

Orientation and Mobility Services *(for those enrolled in the ABI-N, MFP-CL, ABI-RH, or MFP-RS waiver)*

This service helps participants with vision impairment or blindness learn how to move safely and independently in their home and community and to use public transportation. Services may also include support for caregivers to learn about blindness and low vision and about resources for living with blindness and low vision in the community.

Specialized Medical Equipment (for those enrolled in the ABI-N, MFP-CL, ABI-RH, or MFP-RS waiver)

This service allows you to get medical equipment and supplies that enable you to maintain your independence.



Kim picking out groceries at the store with support from her staff. It is very important to Kim that she practice her independence and she takes pride in being able to get out in the community, shopping for herself.

Such equipment may be accessed as a waiver service to the extent it is not available as durable medical equipment through Medicare or State Plan MassHealth services. Examples might include a voice-activated computer, a special or extra wheelchair cushion, or extra supplies.

Vehicle Modification (*for those enrolled in the ABI-N or MFP-CL waiver*)

This service provides adaptations or alterations to a car or van to accommodate your transportation needs. It is available only when the vehicle is your primary means of transportation.

Modifications may include van lifts, tie downs, ramps, specialized seating, and safety restraints, and must be of direct medical or remedial benefit.

Costs for this service cannot exceed \$25,000 over a three-year period. Funds cannot be used to pay for a new vehicle or for routine vehicle maintenance. Modifications to a paid caregiver's vehicle or provider agency vehicle are excluded.

I. Transitional Assistance

Services to help you transition to the community.

Transitional Assistance Services (*for those enrolled in the ABI-N, MFP-CL, ABI-RH, or MFP-RS waiver*)

This service includes assistance and payment of one-time expenses to help participants who are transitioning from facilities set up their household.

Assistance may include help finding housing and navigating the move.

Expenses may include security deposits, furnishings, set-up fees for utilities or service access, pest eradication, one-time cleaning before moving in, moving expenses, and necessary accessibility adaptations. Expenses do not include room and board or rent.

Transitional Assistance services are limited to a specific period of time as you transition to the community. You can ask your case manager or service coordinator for more information.



John had a wonderful visit to Tougas Family Farm, where he was able to get some fresh air and pick apples and peaches. Photo shows John having an incredible moment petting a goat at the farm.

IV. Eligibility for Waiver Programs

To be a participant in one of these waivers, you must be eligible for MassHealth and must meet certain additional requirements. These requirements are divided into two types: clinical eligibility and financial eligibility. **Clinical eligibility** is determined by assessing your medical situation and needs. **Financial eligibility** is determined by accounting for your income and assets. More information about clinical and financial eligibility follows.

A. Clinical Eligibility

1. Initial Clinical Eligibility (for Waiver Applicants)

Eligibility Criteria for ABI Waivers

To qualify for one of the ABI waivers, an individual must

- be living in a nursing facility or in a chronic disease or rehabilitation hospital or psychiatric hospital for at least 90 days;
- either be
 - 22 years of age or older and have a disability; or
 - 65 years of age or older;
- have experienced an acquired brain injury at age 22 or older. An acquired brain injury may result from a stroke, brain trauma, infection of the brain (such as encephalitis), brain tumor, or anoxia (lack of oxygen);
- need ABI waiver services; and
- be able to be safely served in the community within the terms of the ABI waivers.

Also, for the ABI-RH waiver, the person must need residential support services with staff supervision 24 hours a day, seven days a week.

Eligibility Criteria for MFP Waivers

To qualify for one of the MFP waivers, an individual must

- be living in a nursing facility or in a chronic disease, rehabilitation, or psychiatric hospital for at least 90 days;
- either be
 - 18 years of age or older and have a disability; or
 - 65 years of age or older;
- need MFP waiver services; and
- be able to be safely served in the community within the terms of the MFP waivers.

Also, for the MFP-RS waiver, the person must need residential support services with staff supervision 24 hours a day, seven days a week.

2. Continuing Clinical Eligibility (for Waiver Participants)

As a waiver participant, you have already completed an initial eligibility process and been found eligible. To remain in the program, you must continue to meet certain clinical criteria. This section provides information about ongoing clinical eligibility.

The following clinical eligibility criteria apply in each of the four waiver programs: Acquired Brain Injury– Residential Habilitation; Acquired Brain Injury–Non-residential Habitation; Moving Forward Plan–Residential Supports; and Moving Forward Plan–Community Living. You must meet all of the following criteria to be clinically eligible for the waivers.

- You must not live in a nursing facility or long-stay hospital (i.e., chronic disease, rehabilitation, or psychiatric hospital) but continue to require a nursing facility or hospital level of care.
- You must continue to need one or more of the services or supports offered under the applicable waiver program.
- You must reside in a qualified setting in which waiver services can be delivered.
- You must continue to be able to be safely served in the community.

Continuing clinical eligibility assessments take place annually and as needed due to changes in your circumstances. It is important for you to provide information about changes in your circumstances. Changes that affect one or more of the clinical eligibility criteria may also affect your eligibility for the waiver program.

For additional information on clinical eligibility, see the waiver program regulation at 130 CMR 630.403: *Eligible Members* as well as the MassHealth regulation at 130 CMR 519.007(G): *Home- and Community-based Services Waivers for Persons with Acquired Brain Injury* and 130 CMR 519.007(H): *Money Follows the Person Home- and Community-based Services Waivers*.

B. Financial Eligibility

1. Initial Financial Eligibility

The following financial eligibility criteria are applicable to each of the four waiver programs:

Acquired Brain Injury–Residential Habilitation; Acquired Brain Injury–Non-residential Habilitation; Moving Forward Plan–Residential Supports; and Moving Forward Plan–Community Living. You must meet all of the following criteria to be financially eligible for the waivers.

- Income is less than or equal to 300% of the Supplemental Security Income (SSI) federal benefit rate.
- Countable assets are valued less than or equal to the allowable limit.

If applicable, your spouse’s countable assets are valued less than or equal to the allowable limit. These income and asset limits may change each year and you can find updated figures on the MassHealth website. Check with your case manager or service coordinator, or outreach staff from DDS or MassAbility, for updated information about income and asset limits, or if you have questions about financial eligibility or need assistance applying for MassHealth.

Your financial eligibility will be assessed both when you first apply, and before you are discharged from the facility. This is to make sure that you are still financially eligible for the waiver when you transition to the community.

2. Continuing Financial Eligibility

Continuing financial eligibility assessments take place annually. A form will be mailed to you asking questions about your finances to determine your continued eligibility for the program.

You must reply by the deadline indicated, include all requested documentation, and answer all questions truthfully and to the best of your knowledge.

You must also report to MassHealth if any circumstances have changed, such as a change in income or assets.

Waiver participants whose income increases after they have already been enrolled in one of the waiver programs may qualify for continued eligibility, even if their income goes over the limit. Talk to your case manager or service coordinator if your income changes.

Your assets, but not your spouse's assets, are part of continuing financial eligibility determinations.

If you have any questions about financial eligibility, talk to your case manager or service coordinator.

For additional information on financial eligibility, see the MassHealth regulation at 130 CMR 520.000: *MassHealth Financial Eligibility* as well as the MassHealth regulations at 130 CMR 519.007(G): *Home- and Community-based Services Waivers for Persons with Acquired Brain Injury* and 130 CMR 519.007(H): *Money Follows the Person Home- and Community-based Services Waivers*.

3. Post-Eligibility Treatment of Income

ABI and MFP waiver participants who had income at or below 300% of the Federal Benefit Rate (FBR) at the point of initial waiver eligibility determination are part of a “special income eligibility group” established under federal law.

ABI and MFP waiver participants in the “special income eligibility group” may remain financially eligible for MassHealth and continue to receive their waiver services even if their monthly income increases to a level that exceeds 300% FBR after they enrolled in an HCBS waiver by contributing a portion of their income to the cost of their waiver services.



Erin making her first purchase of fresh strawberries and summer squash at Westborough's Farmers Market.

Post-Eligibility Treatment of Income (PETI) rules are used to calculate a participant's contribution to the cost of their care. The participant's monthly contribution, called a "PETI amount," is calculated by taking the participant's countable monthly income and subtracting the monthly equivalent of 300% of the FBR and any allowable deductions.

Here's how it works.

- There's a set income limit used to determine if you are eligible for the waiver.
- If your income goes over that limit **after you've already enrolled**, you won't lose your services. Instead, you'll **contribute the amount of income that goes over the limit**.
- Before calculating what you owe, we subtract certain **allowable expenses**, like health insurance premiums or other approved costs.
- What's left is your **monthly contribution**, or PETI amount.

C. Settings in Which Waiver Services Can Be Delivered

If you are a participant in the Acquired Brain Injury–Non-residential Habilitation (ABI-N) or Moving Forward Plan–Community Living (MFP-CL) Waiver program, you may be living in your own home or a home owned or rented by your family. A home can be a house, condominium, apartment, or other owned or rented residential building.

If you live in the community in a home or apartment that you or your family do not own or rent, we strongly encourage you to arrange a written agreement with your landlord that gives you protection from being evicted without notice. Your case manager or service coordinator will help you arrange this.

If you are a participant in the Acquired Brain Injury–Residential Habilitation (ABI-RH) or Moving Forward Plan–Residential Supports (MFP-RS) Waiver program, you may be living in a provider- operated setting or shared living setting. Below is a list of the types of provider-operated and shared living settings in the ABI-RH and MFP-RS waivers, and descriptions of these types of residential settings.

1. Assisted Living

Assisted Living settings, sometimes called Assisted Living Residences, vary in size, style, and number of residents. These residences might be large apartment-style settings serving more than 100 residents, or smaller family-style homes serving fewer than 10 residents. They might be affiliated with hospitals, nursing homes, religious organizations, or other entities, or they might be independent.

To qualify as a setting in which waiver services can be delivered, Assisted Living settings cannot be attached to a nursing facility or on its campus. They may be operated for profit or by nonprofit organizations.

Some Assisted Living Residences might set aside some or all of the building for people who need specialized care, such as those for people with mental health issues, cognitive impairments, or other needs.

2. Group Home

Group homes, which may include single homes or apartments, are provider-operated settings that seek to maintain a home-like environment with kitchen, living room, and individual bedrooms for each participant. Group homes are located in neighborhoods in cities and towns across Massachusetts.

Group homes typically have up to four residents. To qualify as a residential setting for the Acquired Brain Injury and Moving Forward Plan Waiver programs, a group home may not have more than five residents.

Group homes are staffed continuously to provide 24-hour support.

3. Shared Living

Shared Living settings are the homes of Shared Living caregivers or the home of the waiver participant—either you live in the caregiver’s home, or the caregiver lives in your home. This arrangement is overseen by a residential support agency.

Shared Living offers a setting for 24-hour support to participants who need daily structure and supervision.



India Cali transitioned to Nash Hill this past February, at the time only able to walk 10 steps. Today she walked 145!

V. For Participants Living in Provider Group Homes and Shared Living Residences

A. Room and Board

All individuals in a residential program (Acquired Brain Injury— Residential Habilitation or Moving Forward Plan—Residential Supports) are required to contribute to their room and board costs. Regardless of the residential program you participate in, you must pay room and board each month. Designated residential program staff are responsible for ensuring that you are aware of this room and board requirement.

Staff must also make sure you have managed your available money appropriately to be able to meet this requirement. If you fail to make any payments, your provider will work with you and your family to resolve the payment issue.

1. Participants Living in Group Homes and Shared Living Settings

Licensed by DDS

Individuals must contribute 75% of their monthly recurrent income each month unless a hardship exception or adjustment to the room and board applies. All individuals are entitled to at least \$200 per month for personal needs.

For an individual receiving recurrent payments and earned income, the monthly fee is 75% of recurrent payments plus an additional 50% of earned income that exceeds \$65 in the month.

Payments for room and board are paid directly to the provider organization.



Kimberly enjoying a relaxing and active day participating in a DCR kayaking outing at Hopkinton State Park with staff member Pierre. The photo captures them kayaking together, sharing smiles, and appreciating the outdoor experience. The activity encouraged teamwork, recreation, and connection, making for a fun and memorable outing.

Hardship Exception and Adjustment to Room and Board

If you have necessary expenses but the amount of money set aside for personal needs is not enough to pay all your expenses in a particular month, the monthly room and board may be reduced to allow you to pay for these expenses. You, your service coordinator, and team that helped develop the ISP and POC will discuss this together and a decision will be made by DDS staff. Necessary expenses may include, but are not limited to, alimony, child support, and medical expenses.

2. Participants Living in Assisted Living Residences

Participants living in Assisted Living Residences are responsible for paying their own room and board fees. Room and board fees are paid directly to the provider organization.

B. Residency Agreements

In provider-operated residential settings, providers must establish an agreement with you that is similar to a residential lease. The provider must ensure that the agreement is in writing and provides protections that address the eviction process and appeals, as well as other protections that tenants have under landlord and tenant laws in Massachusetts.

C. Positive Behavior Support Plans

You have the right to the supports you want and need to make sure you have the best possible quality of life. If you are living in a provider-operated residential setting, this may mean using **Positive Behavior Support Plans** to help you improve your ability to be safe, healthy, and as independent as possible in that setting. Positive Behavior Support Plans use a person-centered approach to understand the reasons for behaviors. They are developed by clinicians in consultation with you and staff who know you well and want to help you be successful.

Positive Behavior Supports are based on understanding what you are communicating and using positive approaches with the goal of supporting you to improve your quality of life.

General requirements for a Positive Behavior Support Plan include the following.

- If it is determined by your treatment team that a Positive Behavior Support Plan would be helpful, you, your guardian, or your legally authorized representative must give informed consent for the plan. If you would like changes to your behavior plan, you can talk to your treatment team. You have the right to withdraw your consent at any time. If you have a Positive Behavior Support Plan but you do not want it anymore, you can ask to withdraw your consent and the plan will end.
- All Positive Behavior Support Plans must be in writing and must be clear about what the plan should achieve. The plan must include an analysis of the behavior and a process for ensuring that the effects of the plan are evaluated.
- To protect your rights, Positive Behavior Support Plans may need to be reviewed by a human rights committee and/or a peer review committee.
- Positive Behavior Support Plans must not include a plan that deprives you of any of the following: adequate sleep, a nutritionally sound diet, enough bedding, access to the bathroom, and enough clothing.
- Positive Behavior Support Plans must also not include physical or mechanical restraints, locked or closed-door seclusion, physical punishment, or verbal abuse.

Complaints about Your Positive Behavior Support Plan

If you want to voice a concern about your Positive Behavior Support Plan, you can do so in multiple ways.

- Contact your treatment team/clinician to discuss your concerns.
- Contact a supervisor at the provider's office or other location to try to resolve the concern.
- Contact your service coordinator, who can arrange a meeting with the provider to discuss the concern.
- Contact the human rights officer, human rights coordinator, or the human rights committee for the provider (the information should be posted by the provider).
- Contact the DDS regional human rights specialist or the DDS Director of Human Rights by email at officeofhumanrights@mass.gov.

D. Alcohol and Illegal Substance Policy

You have the right to independence to make life choices.

You and your team may decide together that alcohol may compromise your health and safety. Your doctor may also advise you not to drink alcohol if it conflicts with prescribed medications.

Any restrictions on your access to alcohol must be supported by a specific assessed need and justified in the person-centered plan. They also may need to be included in a Positive Behavior Support Plan, if applicable, as part of your ISP. To consider an individualized alcohol restriction, the provider must follow the steps for the person-centered planning process, described in this handbook.

While you may not have an individual restriction on alcohol use, your housemates may have a restriction. In that case, you may be asked to consume alcohol away from others or keep alcohol stored and inaccessible to others.

For purposes of the Acquired Brain Injury and Moving Forward Plan Waiver programs, a "legal substance" does not include marijuana, whether or not it is

approved for medicinal purposes. The use or possession of marijuana, in any form, is prohibited in residential settings covered by the Acquired Brain Injury and Moving Forward Plan Waiver programs, as these programs are funded by the federal Medicaid program and marijuana is not legal under federal law.

If you have a history of, or develop a problem with alcohol or drug use, you may be provided with education about substance use and the potential consequences of continued substance use. Residential program staff may refer you to appropriate support and therapeutic services.

E. Smoking Policy

Staff may not smoke in your home, and no one may smoke in the bedrooms. Smoking legal substances is permitted in designated areas provided that ashtrays made of noncombustible materials are in these designated areas.

You may be offered education each year about the addictive, carcinogenic, and other physically harmful consequences related to smoking cigarettes (including electronic cigarettes), cigars, and other tobacco products such as chewing tobacco.

If you wish to smoke, your capacity to safely do so with or without supports or supervision will be assessed. If staff supervision is required for safety, every effort will be made to accommodate your preferred smoking schedule without disruption to the program.

Any restrictions on your access to personal possessions (e.g., lighters) must be supported by a specific assessed need and justified in the person-centered plan.

VI. Additional Resources

For more information about the Acquired Brain Injury Waivers and the Moving Forward Plan Waivers, including informational brochures and applications, follow the links below or scan the QR codes.



General Information about the ABI and MFP Waivers and for Applicable Regulations and Policies

www.mass.gov/acquired-brain-injury-abi-and-moving-forward-plan-mfp-waivers



Acquired Brain Injury Waivers

www.mass.gov/info-details/acquired-brain-injury-abi-waivers



Moving Forward Plan Waivers

www.mass.gov/info-details/moving-forward-plan-mfp-waivers



See the Impact: Waiver Success Stories

www.mass.gov/info-details/abi-and-mfp-waiver-success-stories



Acquired Brain Injury (ABI), Moving Forward Plan (MFP), and Traumatic Brain (TBI) Injury Waiver Stakeholder Advisory Committee

www.mass.gov/ABIMFPTBIcommittee



Home and Community-Based Settings Rule (Community Rule)

www.mass.gov/HCBSCCommunityRule



DPPC (Disabled Persons Protection Commission) to report abuse of those 18-59 years old

<https://dppcmass.gov/>



Adult Protective Services (to report abuse of those 60 years of age and older)

www.mass.gov/protecting-older-adults-from-abuse

I received a copy of the ABI/MFP Participant Handbook from my case manager/service coordinator.

Participant or Guardian Signature

Date

Printed Name

Case Manager/Service Coordinator Signature

Recibí una copia del Manual del Participante de ABI/MFP de mi administrador de casos.

Firma del participante o tutor

Fecha

Nombre

Firma del Administrador de Casos

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