MassHealth

Application for Home- and Community-Based Services Waivers for Persons with Acquired Brain Injury (ABI)

Non-Residential Habilitation Waiver

MassHealth use only

Date application received:

_____/_____/_____

ABI WAIVER INFORMATION • (866) 281-5602, TTY: (800) 596-1746 • ABIinfo@umassmed.edu

The Acquired Brain Injury Non-Residential Habilitation (ABI-N) Waiver is available through MassHealth for people who have an **acquired brain injury and who have been living in a nursing facility or chronic disease or rehabilitation hospital for at least 90 consecutive days**. The ABI-N Waiver serves MassHealth members who do **not** need 24-hour services and support. The ABI-N Waiver does not include residential support services. Participants will reside and receive waiver services in their own home or apartment or in the home of someone else.

Applicant name

Date of birth | What was your sex assigned at birth? ☐ M ☐ F

Social Security number

MassHealth ID number

Preferred language | Applicant telephone number

Facility name | Date of admission

Facility address

Should we contact someone else about your application? ☐ Yes ☐ No

Who or what agency referred you to this program?

Contact name

Contact telephone number | Relationship

Contact address

You may choose an authorized representative to help you apply for or get health benefits. You can do this by filling out a MassHealth Authorized Representative Designation Form (ARD) form. To request an ARD form, call ABI Waiver Information at (866) 281-5602, TTY: (800) 596-1746 or email ABIinfo@umassmed.edu.

The ABI-RH Waiver serves MassHealth members who have been living in a nursing facility or chronic disease or rehabilitation hospital for at least 90 consecutive days.

By signing this application, I am stating that

» I expect to be in the nursing facility or chronic disease or rehabilitation hospital for 90 consecutive days or longer;
» I have an acquired brain injury; and
» I sustained my brain injury at age 22 or older.

Signature of Applicant or Authorized Representative | Date

Send your completed application to

Waiver Unit
UMass Chan Medical School
PO Box 2635
Worcester, MA 01613

Staff at the ABI Waiver Unit will contact you when they receive your application to begin the application process.