# Information about MassHealth HCBS Waivers

Acquired Brain Injury (ABI) Waivers and Moving Forward Plan (MFP) Waivers

Home and Community Based Services (HCBS) waivers are MassHealth programs that provide services to eligible members in their own homes or community. Massachusetts has four HCBS waivers that serve adults who move from a nursing facility, chronic disease and rehabilitation hospital, or psychiatric hospital back to the community. There is a maximum number of participants who can be served each year.

| HCBS Waiver Program | Population Served |
| --- | --- |
| **1. ABI-RH Waiver*****Acquired Brain Injury with Residential Habilitation***operated by Dept. of Developmental Services | Adults with Acquired Brain Injury (ABI) who need 24- hour supervision in a provider-operated and staffed residence |
| **2. ABI-N Waiver*****Acquired Brain Injury Non-residential Habilitation***operated by MassAbility | Adults with ABI who do not need 24-hour supports/ supervision, but need community-based waiver services provided in their home |
| **3. MFP-RS Waiver*****Moving Forward Plan Residential Supports***operated by Dept. of Developmental Services | Adults who need 24-hour supervision in a provider- operated and staffed residence |
| **4. MFP-CL Waiver*****Moving Forward Plan Community Living***operated by MassAbility | Adults who do not need 24-hour supports and supervision, but need community-based waiver services provided in their home |

Key for table below

\* Some examples of ABIs that qualify are brain injuries resulting from **stroke, brain trauma, infection of the brain, brain tumor, or anoxia**. Dementia-type conditions do not qualify.

\*\* Financial requirements for HCBS waiver applicants

* **Income** ≤ 300% of the SSI Federal Benefit Rate ($2,901 per month in 2025)
* **Countable assets** ≤ $2,000
* **Countable assets** of applicant’s spouse (if applicable) ≤ $ 157,920 (in 2025)

| To qualify for the waiver, a person must apply while they are still living in a nursing home, a chronic disease and rehabilitation hospital, or a psychiatric hospital and | ABIWaivers | MFPWaivers |
| --- | --- | --- |
| have an ABI\* that was sustained at age 22 or older |  | X |
| be an adult who has a disability or be age 65 or older |  |  |
| have been living in a nursing home, chronic disease and rehabilitation hospital, or psychiatric hospital for at least 90 days |  |  |
| meet the clinical level of care requirements |  |  |
| need waiver services in the community  |  |  |
| meet the financial requirements to qualify for MassHealth Standard\*\* |  |  |
| are able to be safely served in the community |  |  |

ABI-MFP Waivers Fact Sheet\_2025-04

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| --- | --- | --- | --- | --- |
|  Waiver Services *See website below for details******means the service is available*x *means it’s not available*  | Residential Waivers **ABI-RH** | Residential Waivers **MFP-RS** | Non-residential Waivers **ABI-N** | Non-residential Waivers **MFP-CL** |
| Adult Companion | x | x |  |  |
| Assisted Living Services |  |  | x | x |
| Assistive Technology |  |  |  |  |
| Chore Service | x | x |  |  |
| Community Based Day Supports |  |  |  |  |
| Community Behavioral Health Support and Navigation |  |  |  |  |
| Day Services |  |  |  |  |
| Family Training |  |  |  |  |
| Home Accessibility Adaptations |  |  |  |  |
| Home Delivered Meals | x | x |  |  |
| Home Health Aide | x | x |  |  |
| Homemaker | x | x |  |  |
| Independent Living Supports | x | x |  |  |
| Individual Support and Community Habilitation |  |  |  |  |
| Laundry | x | x |  |  |
| Orientation and Mobility Services |  |  |  |  |
| Peer Support |  |  |  |  |
| Personal Care | x | x |  |  |
| Physical/Occupational/Speech Therapy |  |  |  |  |
| Prevocational Services |  |  |  |  |
| Residential Habilitation |  |  | x | x |
| Respite | x | x |  |  |
| Shared Home Supports | x | x |  |  |
| Shared Living — 24 Hour Supports |  |  | x | x |
| Skilled Nursing |  |  |  |  |
| Specialized Medical Equipment |  |  |  |  |
| Supported Employment |  |  |  |  |
| Supportive Home Care Aide | x | x |  |  |
| Transitional Assistance |  |  |  |  |
| Transportation |  |  |  |  |
| Vehicle Modification | x | x |  |  |

**Information and printable one-page application forms available online at**

ww[.mass.](http://www.mass.gov/acquired-brain-injury-abi-and-moving-forward-plan-mfp-waivers)go[v/acquired-brain-injury-abi-and-moving-forward-plan-mfp-waivers](http://www.mass.gov/acquired-brain-injury-abi-and-moving-forward-plan-mfp-waivers)

For more information about ABI Waivers, For more information about MFP Waivers, email ABIinfo@umassmed.edu email MFPinfo@umassmed.edu