

Waiver	ABI	ABI LTC	MICHELLE P	HCBW	SCL	ESPDT	TBI TRUST	Hart Grant	Model II
Brain Injury d/x	Yes	Yes	No	No	No	No	Yes	No	No
Medicaid Eligible	Yes	Yes	Yes	Yes	Yes	Yes	No	No*	Yes
Age Limits	Yes	Yes	Yes	No	Yes	Yes	No	No	No
Case Management	Yes	Yes	Yes	Yes	Yes	n/a	Yes	No	Yes
Behavior Supports	Yes	Yes	Yes	No	Yes	n/a	n/a	No	n/a
Companion Serv.	Yes	Yes	Yes	Coming	n/a	No	Yes	Pays	n/a
Counseling	Yes	Yes	n/a	No	n/a	n/a	Yes	n/a	n/a
Home Modification	Yes	Yes	Yes	Yes	Yes	No	Yes	Pays	n/a
OT	Yes	Yes	Yes	n/a	Yes	Yes*	Yes	n/a	No
PT	Yes	Yes	Yes	n/a	Yes	Yes*	Yes	n/a	No
Speech Therapy	Yes	Yes	Yes	n/a	Yes	Yes*	Yes	n/a	n/a
Personal Care	Yes	Yes	Yes	Yes	Yes	n/a	Yes	Yes	n/a
Residential	Yes	Yes	Yes	No	Yes	No	n/a	n/a	No
Respite	Yes	Yes	Yes	Yes	Yes	No	Yes	n/a	n/a
DME	No	No	n/a	yes	Yes	No	Yes	Yes	n/a
ADT	Yes	Yes	Yes	Yes	Yes	n/a	Yes	n/a	n/a
S/A Counseling	Yes	Yes	n/a	n/a	n/a	n/a	Yes	n/a	No
SE	Yes	Yes	Yes	n/a	Yes	No	Yes	n/a	No
CDO	Yes	Yes	Yes	Yes	Yes	n/a	n/a	YES	Yes
KY Transitions	Yes	Yes	Yes	Yes	n/a	n/a	No	n/a	n/a
Transportation	No*	no*	n/a	Coming	Yes	n/a	n/a	Yes	n/a
HI Nursing	No	No	No	No	No	No	No	No	Yes
		Psych. Rehab							

Transportation * Transportation to and from treatment only

* Hart does not mention means testing

ESPD * Services are provided if they do not meet Home Health Program criteria