

DEPARTMENT OF HEALTH & HUMAN SERVICES  
 Centers for Medicare & Medicaid Services  
 7500 Security Boulevard, Mail Stop S2-26-12  
 Baltimore, Maryland 21244-1850



**Center for Medicaid and CHIP Services  
 Disabled and Elderly Health Programs Group  
 Division of Long Term Services and Supports**

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November 26, 2014

Roderick L. Bremby, Commissioner  
 Department of Social Services  
 55 Farmington Avenue  
 Hartford, Connecticut 06105-3724

Dear Mr. Bremby:

We are approving your request for an initial 1915(c) Home and Community-Based Services (HCBS) waiver for adults aged 18 years and older who have sustained a brain injury, which the State has entitled “ABI Waiver II”. This waiver has been assigned CMS control number CT.1085.R00, which should be referenced on all future correspondence relating to this waiver.

For this HCBS waiver, you have requested a waiver of 1902(a)(10)(B) of the Social Security Act in order to waive comparability of services. CMS approves this waiver for a five year period with an effective date of December 1, 2014.

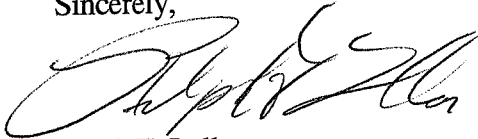
This waiver will offer the following supports for waiver participants: adult day health, case management, homemaker, personal care, prevocational services, respite, supported employment, ABI group day, ABI recovery assistant, ABI recovery assistant II, chore, cognitive behavioral programs, community living support services, companion, consultation services, environmental accessibility modifications, home delivered meals, independent living skills training, personal emergency response system, specialized medical equipment and supplies, substance abuse programs, transportation, and vehicle modification services. The following number of unduplicated recipients and estimates of average per capita cost of waiver services have been approved:

	<b>Unduplicated Recipients (Factor C)</b>	<b>Community Costs (Factor D+D')</b>	<b>Total Waiver Costs (Factor C x Factor D)</b>
<b>Year 1 (12/01/14-11/30/15)</b>	78	\$132,994.00	\$9,052,105.00
<b>Year 2 (12/01/15-11/30/16)</b>	153	\$122,550.00	\$16,515,274.00
<b>Year 3 (12/01/16-11/30/17)</b>	228	\$125,997.00	\$25,578,237.00
<b>Year 4 (12/01/17-11/30/18)</b>	303	\$130,037.00	\$35,278,303.00
<b>Year 5 (12/01/18-11/30/19)</b>	378	\$134,700.00	\$45,757,174.00

This approval is subject to your agreement to serve no more individuals than those indicated above. If the State wishes to serve more individuals or make any other alterations to this waiver, an amendment must be submitted for approval. The State may renew the waiver at the end of the initial five year period by providing evidence and documentation of satisfactory performance and oversight.

We appreciate the cooperation and effort provided by you and your staff during the development of this new Home and Community-Based Services (HCBS) waiver program. Please contact Sonya Bowen of my staff at (410) 786-5609 with any questions related to this approval.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ralph F. Lollar', written in a cursive style.

Ralph F. Lollar  
Director

cc: Nancy Grano, CMS Boston Regional Office Analyst  
Sonya Bowen, CMS Central Office Analyst  
Colleen Gauruder, CMS Central Office Analyst