



Medicaid Home and Community Based Services: Federal Precepts







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The Question: "Could You Explain Waivers?"

- How are home and community-based services (HCBS) provided through the Federal government?
- What are HCBS?
- How do states provide HCBS?
- How do I obtain HCBS?



How HCBS Are Provided through the Federal Government

- Long-term services and supports (LTSS) are inclusive of HCBS
- Many HCBS are provided through the Medicaid program
- Medicaid is a state-Federal partnership
- States receive matching dollars, at least 50%, for the cost of LTSS



More on Medicaid

- Some services in Medicaid are mandatory, and some are optional
- HCBS are optional services
- Medicaid enrolled children may receive different or more services than adults
- Medicaid pays for many services provided in schools



Medicaid History

- When the Medicaid law was passed in 1965 it mostly provided physical health services
- Some States offer particular LTSS (e.g. home health, personal care, nursing) to everyone enrolled in Medicaid
- By the 1980s Medicaid began to provide additional LTSS as an alternative to costly and less preferred institutional services



Why HCBS?

- Institutional care (e.g. Nursing Facilities) is the only mandatory long-term care residential service in Medicaid
- HCBS cost less than institutional care
- The Americans with Disabilities Act and the Supreme Court's Olmstead decision support services in integrated community settings



What are HCBS?

Scope of HCBS

- Case management
- Homemaker/Home Health Aide Services
- Personal Care Services
- Adult Day Health
- Habilitation Services
- Respite Care
- Services for people with chronic mental illness (day treatment, partial hospitalization, psychosocial rehabilitation, and clinic

"Other" HCBS Examples

- Environmental modifications
- Transition services
- Employment supports
- Art therapy
- Home-delivered meals
- Vehicle modifications
- Dental care
- Assisted living
- Adult companion services
- Chore services
- Nutritional counseling

How Do States Provide HCBS?

- States use different sections of the Medicaid law to provide HCBS
- Almost all the states use section 1915(c) HCBS "waivers"
- Different waiver types provide a way for the HHS Secretary to waive the usual rules
- The rules change according to the Medicaid statutory authority selected by the state



What Steps Do States Take to Provide HCBS?

- State Medicaid Agencies must complete applications for their programs and submit to CMS
- CMS staff in Baltimore and its ten Regional Offices review applications within specified timeframes
- CMS can ask for changes & approve or disapprove applications
- All waivers are approved only for certain periods usually 2, 3, or 5 years
- States can "amend," or change waivers during their operational period



The HCBS Waiver Application

- States have a lot of flexibility where, who, what, how, how many, etc.
- The State Medicaid Agency (SMA) or another operating agency may operate the HCBS waiver
- The SMA is always in charge of the waiver
- People participating in HCBS waivers must be at "institutional level of care" and meet other eligibility criteria



Elements of the HCBS Waiver Application

- Target Group, including age
- Cost neutrality measured against cost of institutional care – NF/ICF-MR/Hospital
- Cost limit individual or aggregate
- Service array and provider qualifications
- Self-direction hiring and/or budget authority
- Health and safety arrangements



Additional Ways States Can Provide HCBS

- After 2005 states can offer HCBS without a waiver through optional section 1915(i) State plan coverage
- States can target services to certain groups
- States must provide the services throughout the state
- States cannot have waiting lists for the services
- States can also serve people who are not at institutional level of care, unlike HCBS waivers



What Delivery Systems Do States Use for HCBS?

- Most states pay providers on a fee for service basis (hour, unit, day, month)
- Many States are also using or investigating the use of managed care delivery systems to save money, improve care coordination, and project costs
- Managed LTSS (MLTSS) means a health plan receives a capitated monthly rate to provide the needed services



Other Waiver Authorities for MLTSS

- Section 1115 Demonstration Programs AZ, VT, HI, TN, RI
- Section 1915(b) Waivers can attach managed care delivery system to HCBS waiver, restrict providers, and add some services through cost savings – MN, WI, TX, MA, FL
- ❖ Section 1915 (a) contract voluntary arrangement between the state and the provider that outlines services and the monthly payment rate – PA, CA



How Can I Understand More About My State?

- Review your state's Medicaid program Website: https://www.cms.gov/MedicaidEligibility/downloads/ListSt ateMedicaidWebsites.pdf
- Review your state's developmental disabilities agency Website: http://www.nasddds.org/MemberAgencies/index.shtml
- Read and understand your state's waivers: https://www.cms.gov/MedicaidStWaivProgDemoPGI/08_W avMap.asp



How Can I Obtain HCBS?

- Remember HCBS are not mandatory in Medicaid
- Understand the differences between your state's HCBS waivers
- Understand the waiting list process for HCBS in your state
- Advocate for HCBS support in your state
- Sign up for emails from your state's developmental disabilities agency



Plan Ahead!

- Autism is a lifelong condition
- School services end at age 21
- People with ASD are served by states through the same disability system as others with disabilities
- Waiting lists do not transfer from state to state as Medicaid programs are unique
- Explore the Social Security eligibility process early



Really Plan Ahead!

- Medicaid does not pay for rent or food
- Social Security Income is low \$674/month for an individual in 2011
- Fully understand appropriate legal options when your family member becomes an adult at age 18
- Always maximize self-determination and choice
- A home of one's own in the community is very important



Time Flies!

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