

# What will be Covered?

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OVERVIEW OF  
WAIVERS



WAIVER  
APPLICATION  
PROCESS



ENROLLMENT  
PROCESS



IDD WAIVERS FOR  
ADULTS



IDD WAIVER  
SERVICE  
MODELS/OPTIONS

# HCBS Waivers Overview

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# What is an HCBS Waiver?

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## Section 1915(c) of the Social Security Act of 1983

- option to receive waiver of Medicaid rules governing institutional care
- long term care services in addition to Medicaid health insurance benefits
- each waiver approved for targeted group of individuals (age, diagnosis, disability)
- joint federal and state funded



# What is an HCBS Waiver?

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- Alternative to institutional care
- Provide institutional level of care to individuals who prefer to live in their home or community
- Home and Community Based Services (HCBS) Waivers allow states flexibility to:
  - Waive certain income/eligibility criteria
  - Provide specific services to target groups or geographic regions
  - Can have waiting lists or enrollment caps
  - Provide individuals more choice and independence



# Waiver Requirements

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**Financial Criteria**



**Federal/Social Security  
Disability Criteria**



**Level of Care  
Criteria**



**Targeting Criteria**

# Financial Eligibility



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## County Human/Social Services Office

- Applicant's income must be less than three times (300%) of the current Supplemental Security Income (SSI) limit
  - Income less than \$2,199 per month
  - May be a combination of different types of income such as SSI, SSDI, Social Security Survival benefits, child support, or income from a trust or employment
- The individual resource limit is \$2,000
- The couple resource limit is \$3,000

# Level of Care



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## Case Management Agency

- **Hospital Level of Care**
  - Participant's needs are similar to that of a person in a hospital. They have acute care needs or their condition is unstable and unpredictable.
- **Nursing Facility Level of Care**
  - Participant's needs are similar to that of a person in a nursing facility. They require regular medical care, in-home services at least once every 30 days, and oversight of a physician to maintain stability.
- **Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID) Level of Care**
  - Participant's needs are similar to that of a person in an ICF-IID facility. They require regular medical care and rehabilitation.

# Targeting Criteria Adult Waivers-Colorado

Single Entry Point (SEP)	Community Centered Board (CCB)
<b>Brain Injury Waiver</b> <ul style="list-style-type: none"> <li>• Age 16 and Over</li> <li>• Brain Injury</li> </ul>	<b>Developmental Disability Waiver</b> <ul style="list-style-type: none"> <li>• Age 18 and over</li> <li>• Intellectual and Developmental Disability</li> </ul>
<b>Community Mental Health Waiver</b> <ul style="list-style-type: none"> <li>• Age 18 and Older</li> <li>• Mental Illness</li> </ul>	<b>Supported Living Services Waiver</b> <ul style="list-style-type: none"> <li>• Age 18 and over</li> <li>• Intellectual and Developmental Disability</li> </ul>
<b>Elderly, Blind, and Disabled Waiver</b> <ul style="list-style-type: none"> <li>• Elderly persons with a functional impairment (aged 65+), or blind, or physically disabled (ages 18-64)</li> </ul>	
<b>Spinal Cord Injury Waiver</b> <ul style="list-style-type: none"> <li>• Age 18 and over</li> <li>• Spinal Cord Injury</li> </ul>	



# Developmental Determination Determination

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## CCB Case Management Agency

- Manifested before the person reaches twenty-two (22) years of age;
- Is attributable to mental retardation or related conditions which include cerebral palsy, epilepsy, autism or other neurological conditions, when such conditions result in either
  - impairment of general intellectual functioning
  - adaptive behavior similar to that of a person with mental retardation.

# Developmental Disability Determination

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## Impairment of “general intellectual functioning”

means that the person has been determined to have a Full Scale intellectual quotient that is two or more standard deviations below the mean (70 or less assuming a scale with a mean of 100 and a standard deviation of 15).

- Score shall be determined using a norm referenced standardized test of intellectual functioning....

# Developmental Disability Determination

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**"Adaptive behavior similar to that of a person with mental retardation"**

means that the person has an overall adaptive behavior Composite or equivalent score that is two or more standard deviations below the mean.

- Measurements shall be determined using a norm referenced, standardized assessment of adaptive behaviors

# Developmental Disability Determination

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Adaptive Behavior Assessment typically include assessment of:

- Communication/Language skills (receptive, expressive, and written)
- Daily Living skills (Personal Care, Decision making, etc)
- Socialization skills (Interpersonal skills, coping skills, etc)
- Motor skills (gross and fine)
- Maladaptive Behaviors

# **Application Process**

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**Intellectual and Developmental  
Disabilities (IDD) Waivers**

# Application Process

## IDD Waivers-Adult

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- **Developmental Disability Determination**
  - Case Manager has 30 days to complete determination once all required documentation is received
- **Long Term Care (LTC) Medicaid Application**
  - County has 90 days to process application once all supporting documentation is received
- **Functional Assessment**
  - Completed “in the home” within 10 days of verifying LTC Medicaid eligibility
- **Supports Intensity Scale Assessment**
  - Completed within 45 days of determination of functional eligibility

# Supports Intensity Scale Assessment

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- **Standardized assessment used to determine a person's overall support needs**
  - Considers type, frequency, and level of support needed in all areas of daily living including exceptional medical and behavioral needs
  - Results in assignment of a Support Level that determines a person's level of waiver funding
    - 6 Support Levels ranging from minimal support needs (Level 1) to extensive support needs (Level 6)

# Support Level

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## Support Level

- Determines provider rates based on support needs for specific services (e.g. day habilitation, group supported employment, residential).
  - Supported Living Services and HCBS-DD Waiver
- Determines amount of funding available per plan year
  - Supported Living Services waiver Only
  - Each of the 6 Support Levels has a different annual funding cap referred to as a Service Plan Authorization Limit (SPAL)



# **Enrollment Process**

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**Intellectual and Developmental  
Disabilities (IDD) Waivers**

# Enrollment Process

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- **Service Plan Meeting**
  - Occurs once applicant is determined to meet the financial, functional, and targeting criteria for the waiver and a SIS assessment is completed.
  - Reviews all needs identified through the Functional Assessment and how they are currently being met
  - Addresses any unmet needs through combination of Natural Supports, Community Resources, Third Party Resources, and Waiver Services.
  - Identifies barriers to meeting any unmet needs

# Enrollment Process

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- **Service Plan Meeting (cont)**
  - Determines waiver services needed to supplement Natural, Third Party, and Community Resources.
  - Identifies frequency and duration of each waiver service that will be provided for the plan year.
  - Identifies the goal of each waiver service
  - Identifies the provider for each waiver service

# Provider Selection

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- Waiver recipient can choose to have services provided through any Program Approved Service Agency (PASA) that is approved in the CCB's service area
- Request for Proposal can be sent by Resource Coordinator to all PASAs if person has not identified a provider and wants to explore options

# Waiver Comparison

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Supported Living Services Waiver

vs

HCBS-DD Waiver

# Supported Living Services

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- Person who can live independently, with limited waiver supports

OR

- Person who has extensive supports needs that can be met through combination of Natural, Third Party, Community, and Waiver supports

# Supported Living Services

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- **Annual Service Plan Authorization Limit based on Support Level**
  - Some “limited duration” services (e.g. transportation) do not count against the annual funding cap
- **Provides intermittent services to supplement natural, community and third party supports**
- **Person is responsible for own room and board**
- **No Waiting List**

# Supported Living Services (SLS) Waiver Services

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Assistive Tech

Behavioral Services

Day Habilitation

Dental

Home Modification

Homemaker Services

Mentorship

Non-Medical Transport

Personal Care

Personal Emergency Response

Pre-Vocational

Professional Services

Respite

Specialized Medical Equipment

Supported Employment

Vehicle Modification

Vision



# Long Term Home Health

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- Medicaid benefit for treatment of an illness, injury or disability, which may include mental disorders.
- The only alternative to Home Health is hospitalization or emergency room visit
- Provided in person's residence
- Intermittent skilled care support (e.g. personal care, nursing oversight, therapy, etc)
- Private Duty Nursing (up to 16 hours per day)

# Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

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- Expanded home health benefit for Medicaid recipients aged 0-20
- Intermittent support (can be both skilled and unskilled care)
- Private Duty Nursing (can have <16 hours per day)
- Physical, Occupational, and Speech/Language Therapy
- Behavioral and Pediatric Personal Care Services

# HCBS-DD Waiver

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- Person who needs services and supports 24 hours per day in order to live safely in a community setting

# HCBS-DD Waiver

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- Room and board is included, but paid through person's social security benefits. Person receives monthly Personal Needs Funds
- Waiting list
  - Statewide waiting list based on Waiting List Order of selection date is managed at the State Level.
  - Children aging out of Children's Extensive Support (CES) waiver or Foster Care are the exception and can choose enrollment in either the SLS or DD waiver

# HCBS- DD Waiver Services

**Behavioral Services**

**Day Habilitation**

**Dental**

**Non-Medical Transportation**

**Pre-Vocational**

**Residential Habilitation**

**Specialized Medical**

**Supported Employment**

**Vision**

- Note: LTHH services are not typically available in HCBS-DD waiver

# SLS vs DD Waiver Services

SLS Waiver	BOTH Waivers	DD Waiver
<ul style="list-style-type: none"><li>• <b>Assistive Technology</b></li><li>• <b>Home Accessibility Adaptations</b></li><li>• <b>Vehicle Modification</b></li><li>• <b>Homemaker</b></li><li>• <b>Personal Care</b></li><li>• <b>Mentorship</b></li><li>• <b>Personal Emergency Response System</b></li><li>• <b>Professional Services</b> (Hippotherapy, Movement Therapy, Massage Tx)</li><li>• <b>Respite</b> (hourly &amp; daily)</li></ul>	<ul style="list-style-type: none"><li>• <b>Behavioral</b></li><li>• <b>Day Habilitation</b> (Supported Community Connections, Specialized Habilitation)</li><li>• <b>Pre-Vocational</b></li><li>• <b>Supported Employment</b> (Individual &amp; Group)</li><li>• <b>Specialized Medical Equipment and Supplies</b></li><li>• <b>Non-Medical Transportation</b></li><li>• <b>Dental</b></li><li>• <b>Vision</b></li></ul>	<ul style="list-style-type: none"><li>• <b>Residential</b></li></ul>

# Residential Services

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- **Provides 24/7 services and supports based on person's needs**
  - Ranges from 24/7 direct supervision and support to intermittent support with 24 hour access to staff
  - Residential provider is responsible for ensuring overall health and safety of individual
  - Staff provide support in all areas of daily living (e.g. personal care, household maintenance, medical oversight, decision-making, scheduling, etc.)

# Residential Settings

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- **Host Home**
  - Person lives in the Residential provider's home
  - May have 1 to 2 other individuals with IDD living in the same home
  - Host Home provider is responsible for 24/7 care
- **Apartment**
  - Person lives either alone or with roommates in an apartment setting
  - 24/7 support is available through the Residential provider but the frequency and level of support provided will vary based on the person's support needs



# Residential Settings

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- **Personal Care Alternative**
  - Person lives with 1-2 other individuals with IDD
  - Services and supports are provided by agency staff in shifts
- **Family Home**
  - Person receives Residential services in their family home
- **Group Home**
  - Person lives in home with 4-8 other individuals with IDD.  
Services provided by agency staff in shifts

# **Service Models**

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**Intellectual and Developmental  
Disabilities (IDD) Waivers**

# Service Models

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	Supported Living Services	HCBS-DD
Traditional-Agency staff	Yes	Yes
Family Caregiver	Yes	Yes
Comprehensive Services in Family Home	No	Yes
Consumer Directed Attendant Support Services	Yes	No

# **Traditional Service Model**

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**Intellectual and Developmental  
Disabilities (IDD) Waivers**

# Traditional Service Model

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Services and supports provided by employee (non-relative) of a Program Approved Service Agency (PASA)

- **SLS Waiver** - some services can be provided in the family home
  - Personal Care, Homemaker, Respite, Mentorship
- **DD Waiver** - all services are provided outside of the family home

# Things to Consider

## Traditional Service Model



- 
- All services are provided by (non-family member) paid staff
  - Residential Service Agency is responsible for ensuring that health and safety needs of the individual are met, including provision of back-up staff if needed.
  - Residential Services (HCBS-DD waiver) are provided outside of the family home
  - Apartment, Host Home, Group Home, 3 bed PCA

# Things to Consider Traditional Service Model



- Staff can not restrict a person's rights or deny access to items or activities (e.g. food, personal property, independence, privacy) without a formal Rights Modification that has been approved by the person or guardian.
- All incidents relate to Mistreatment, Abuse, Neglect, and Exploitation must be reported to the PASA, Case Management Agency. Mandatory reporting to appropriate authorities is also required.

# **Family Caregiver Model**

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**Intellectual and Developmental  
Disabilities (IDD) Waivers**



# Family Caregiver (FCG)



- Allows family members to be paid providers for specific services within each waiver
- Family member must be an employee of a Program Approved Service Agency
  - Family member is required to meet minimum hiring requirements and complete same level of training as any other employee of the agency
- Residential services can be provided by a family member either in the family home or another setting (e.g. apartment)

# Family Caregiver Services

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## SLS Waiver

- Personal Care
- Homemaker
- Mentorship
- Respite
- Day Habilitation
- Supported Employment
- Non-Medical Transportation

## HCBS-DD Waiver

- Residential
- Day Habilitation
- Supported Employment
- Non-Medical Transportation

# Things to Consider Family Caregiver



- 
- FCG must be an employee of a Program Approved Service Agency
  - FCG must complete the same training and hiring requirements as any other employee of the agency
  - FCG will be required to track hours worked and submit timecards
    - If providing multiple services (e.g. Personal Care & Homemaker, will need to track each type of service separately)

# Things to Consider Family Caregiver



- FCG will have documentation requirements which may include contact notes, behavioral tracking, tracking of progress on programmatic goals, incident reports, etc.
- Behavioral interventions, rules, or restrictions that may be acceptable as a family member, may not be allowable as a FCG.

# Things to Consider Family Caregiver



- FCG can not restrict a person's rights or deny access to items or activities (e.g. food, personal property, independence,, privacy) without a formal Rights Modification that has been approved by the person or guardian.
- All incidents relate to Mistreatment, Abuse, Neglect, and Exploitation must be reported to the PASA and Case Management Agency. Mandatory reporting to appropriate authorities is also required.

# Things to Consider Family Caregiver



- Rate of pay, benefits, job and training requirements vary by PASA.
- Availability of back up for FCG may vary by agency and service type.
  - E.g. Not all Residential agencies provide backup or “respite” for Residential services provided by a Family Caregiver
- PASAs are required to monitor service provision. If services are provided in the family home, program staff will be in present in the home on a regular basis.

# Things to Consider Family Caregiver

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- SLS Waiver
  - Long Term Home Health (LTHH) Services can be accessed in addition to SLS waiver services
  - FCG can be both a paid provider for unskilled care under SLS waiver and paid provider (Certified Nursing Assistant) for skilled care through LTHH
- DD Waiver
  - Long Term Home Health Services can only be accessed under limited circumstances when someone is enrolled in the DD waiver.

# **Comprehensive Services in Family Home Model**

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**Intellectual and Developmental  
Disabilities (IDD) Waivers**



# Comprehensive Services in Family Home Model

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## DD Waiver Only

- Allows individual to receive Residential services and supports from an employee of a Program Approved Service Agency in their family home.
- Agency staff provide intermittent services and supports. Individuals who require 24/7 direct supervision and supports need to have natural supports available when paid providers aren't present.

# Things to Consider Comp in Family Home



- 
- Direct service providers and management staff will be present in the family home on a regular basis
  - PASA may be able to provide temporary “out of home” placement if needed
  - PASA is responsible for ensuring there is backup services provided by paid agency staff
  - Allows family members to have more oversight of services provided by agency staff

# Things to Consider Comp in Family Home



- Allows person receiving services and their family members to become familiar with service agency and staff prior to out of home placement. Stepping stone to more traditional residential services.
- Provides more wrap around supports to person in services and their family than Supported Living Services (E.g. nursing supports, non-day program transportation, back up staffing, etc)

# **Consumer Directed Attendant Support Model in SLS**

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**Intellectual and Developmental  
Disabilities (IDD) Waivers**

# Consumer Directed Attendant Support Services (CDASS)



- Allows person to self-direct their unskilled Personal Care, Health Maintenance (skilled care) and Homemaker services
- Unskilled Personal Care and Homemaker services count against the HCBS-SLS Service Plan Authorization Limit (SPAL)
- Health Maintenance replaces Long Term Home Health services and does not count against the SPAL

# Consumer Directed Attendant Support Services (CDASS)

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- Person in services must be able to self-direct their care or have a designated Authorized Representative
- Authorized Representative is an unpaid position responsible for hiring, recruiting, training, staff monitoring, firing, oversight of CDASS budget, etc.
  - Authorized Representative can not also be a paid caregiver
- Person in services must have a minimum of two staff to enroll in CDASS to ensure there is sufficient backup support.

# Things to Consider CDASS in SLS Waiver



- 
- Is person able to self-direct care or do they have someone to assume this responsibility as an Authorized Representative?
  - Authorized Representative can not be a paid provider
  - Hiring, training, recruiting, monitoring of staff, firing, etc is done by person receiving services or Authorized Representative

# Things to Consider CDASS in SLS Waiver



- Waives aspects of the Nurse Practice Act allowing attendants to provide services without licensure or certification.
- Person receiving services or Authorized Representative provide all necessary training for Personal Care, Health Maintenance, and Homemaker services.
- Support staff are employed by person receiving services or Authorized Representative.



# Things to Consider CDASS in SLS Waiver



- 
- Person in services or Authorized Representative is responsible for ensuring back up supports
  - Potentially expands service provider pool since staff are not required to receive the same training as Program Approved Service Agency staff
  - Person receiving services potentially has more control over when and how services are provided

# Things to Consider CDASS in SLS Waiver



- Family Member can be the paid provider, but
  - Limited to 40 hours in a 7 day period (Sunday-Saturday)
  - Limited to “extraordinary care” which is defined as an activity that a parent or guardian would not normally provide as part of a normal household routine.
- Non-Family Member can work over 40 hours, but must be paid overtime wages