



**Community Alternatives Program 1915 (c) HCBS  
Waiver  
July 26, 2016**

**Department of Health and Human Services  
Stakeholder Engagement**



# 1915(c) waiver requirements

- **1915(c) is the section of the Social Security Act which allows for the HCBS waiver**
- **Allows states to ‘waive’ certain requirements**
  - **Income limit for the individual requesting waiver participation**
    - **Assessment of federal poverty limit is based on the individual’s income, not household total income**
  - **Services not in the state plan**
  - **Target a specific population**
- **What are some basic aspects of a 1915(c) waiver?**
  - **Ensure health and welfare**
  - **Ensure financial accountability (cost neutrality)**
  - **Evaluation and reevaluation that the individual continues to meet the level of care**

# 1915(c) waiver requirements

- **Waiver services:**
  - Are supplements to state plan services (Medicaid services).
  - May not duplicate state plan services
  - Medically necessary services approved under Early and Periodic Screening, Diagnostic and Treatment may not be duplicated
  - Specifically targeted to children may not provide coverage of any service that can be offered through state plan
- Services that are recreational in nature fall outside the scope of 1915(c)
- Waiver funds may not be used to pay for room and board
- Services may not duplicate the Individuals with Disabilities Education Act (IDEA) or the Rehabilitation Act
- Waiver services must be administered through conflict-free case management

# 1915(c) waiver requirements

- **To access the waiver, the individual must:**
  - Require institutional level of care such as a nursing facility
  - Meet the target group (population)
  - Meet Medicaid eligibility requirements
  - Require one or more waiver services
  - Choose waiver services in lieu of institutional services
- **Waiver Entrance Criteria**
  - Do the assessed needs clearly meet the purpose and the scope of the waiver program?
  - Are planned services appropriate to the nature and type of assessed need in the amount, duration and frequency to assure health and welfare?
  - Are selected service providers qualified to provide the service?

# **CAP/C HCBS waiver**

- **Targets medically fragile children**
- **Requires nursing facility level of care**
- **Provides coverage for two levels of acuity- NF and hospital**
- **Offers services not included in the state plan to maintain community inclusion and integration**
- **Assures cost neutral services provision**

# Cost neutrality

- **Budget neutral planning methodology**
- **The cost of waiver services and non-waiver services are less than the cost of institutional services.**
  - **The average per participant expenditures for waiver and non-waiver Medicaid services must not cost more than the average per person costs of furnishing institutional care.**
- **Formula for cost neutrality:**
  - **Waiver and non-waiver services are less than institutional services [hospital and nursing facility and other related services]**

# Reshaping CAP/C waiver services

## Current CAP/C:

- Home and vehicle modifications (5 year waiver cycle limits)
- Personal care type services
  - CAP nursing
  - Pediatric nurse aide
  - In-home aide
- Case Management
- Respite care
- Training and education services
- Palliative care and bereavement counseling
- Waiver supplies
  - Adaptive tricycles
  - Reusable incontinence supplies
- Community transition services