

KENTUCKY

Cabinet for Health and Family Services

HOME AND COMMUNITY BASED SERVICES (HCBS) WAIVER REDESIGN

DECEMBER 7, 2016

Session Timeline

Time	Topic
9:30 – 9:45 AM	Welcome: Introductions & Agenda Review
9:45 – 10:15 AM	Overview of Kentucky’s Existing 1915(c) Waivers
10:15 – 10:45 AM	Collected Feedback and Opportunities
10:45 – 11:00 AM	Break
11:00 – 11:45 AM	Overall Goal of Redesign
11:45 – 12:45 PM	Future Vision for Waivers
12:45 – 1:45 PM	Lunch Break
1:45 – 2:15 PM	Consensus on Priorities
2:15 – 3:15 PM	HCBS Waiver Options for States
3:15 – 3:30 PM	Break
3:30 – 4:00 PM	Other State Approaches to HCBS
4:00 – 4:30 PM	Wrap Up and Next Steps

Kentucky's Existing 1915(c) Waivers

Kentucky HCBS Waivers

Eligibility Requirements	
ABI	<ul style="list-style-type: none"> Individuals who have an acquired brain injury, age 18 or older, meet nursing facility level of care, and be expected to benefit from waiver services
ABI – LTC	<ul style="list-style-type: none"> Individuals who have an acquired brain injury, age 18 or older, meet nursing facility level of care, and have a primary diagnosis of an acquired brain injury which necessitates supervision, rehabilitative services, and long term supports
HCB	<ul style="list-style-type: none"> Elderly or disabled and who meet nursing facility level of care (as defined in 907 KAR 1:022) and who without services, would be admitted to a nursing facility
MPW	<ul style="list-style-type: none"> Individuals with a developmental or intellectual disability who require a protected environment while learning living skills, educational experiences, and awareness of their environment and meet Intermediate Care Facility/Individuals with Intellectual Disabilities (ICF/IID) level of care
Model II	<ul style="list-style-type: none"> Individuals possess a permanent tracheostomy (for positive pressure ventilation) Individuals meet high intensity nursing care services 24 hours/day Primary caregivers shall have the ability to accept and understand the purposes, responsibilities, risks, and benefits of home ventilator therapy The patient's family/primary caregiver must be capable of comprehension and performance of duties and responsibilities relative to ventilator dependent patient care Individuals have adequate family support systems including a primary caregiver and a secondary caregiver
SCL	<ul style="list-style-type: none"> Individuals with intellectual and developmental disabilities and meet ICF/IID level of care

Kentucky HCBS Waivers

	ABI	ABI-LTC*	HCB	MPW*	Model II	SCL*
Target Population	Adults with an acquired brain injury	Adults with an acquired brain injury and require long-term supports	Individuals who are elderly, aged 65 and older, or individuals who are disabled aged 0 – 64	Individuals with intellectual or developmental disabilities of any age	Ventilator-dependent individuals	Individuals with intellectual and developmental disabilities age 18 and older
No. of Slots	383	320	17,050	10,500	100	4,701
No. of Individuals Served**	216	320	HCB 1: 8,852 HCB 2: 121	10,137	46	4,697
Waiting List**	0	176	0	5,193	0	2,346
Assessment Tool	MAP-351	MAP-351	Kentucky Home Assessment Tool (K-HAT)	MAP-351	MAP-351	Supports Intensity Scale (SIS)
Assessment Administrator	Conflict Free Case Manager	Conflict Free Case Manager	DMS Independent Nurse Assessors	Community Mental Health Centers (CMHCs)	Service Provider	DDID Staff

*Currently operating under 90-day extensions

**As of 12/2/16

Kentucky HCBS Waivers

	ABI	ABI-LTC	HCB	MPW	SCL
Adult Day Health Care		✓	✓	✓	✓
Adult Day Training	✓	✓		✓	✓
<i>Adult Day Training</i>		✓		✓	
<i>Day Training</i>					✓
<i>Structured Day Program</i>	✓				
Assessment and Reassessment	✓	✓			
Attendant Care	✓		✓	✓	
<i>Attendant Care</i>			✓	✓	
<i>Companion Services</i>	✓				
Behavior Supports/Counseling	✓	✓		✓	✓
<i>Behavior Programming</i>	✓	✓			
<i>Behavior Supports</i>				✓	
<i>Positive Behavior Supports</i>					✓
<i>Counseling</i>		✓			
<i>Counseling and Training</i>	✓				
<i>Group Counseling</i>	✓	✓			
<i>Person-Centered Coaching</i>					✓
Case Management	✓	✓	✓	✓	✓
Community Services		✓		✓	✓
<i>Community Access Services</i>					✓
<i>Community Living Supports</i>		✓		✓	
Community Guide Services					✓
Community Transition Services					✓

Kentucky HCBS Waivers

	ABI	ABI-LTC	HCB	MPW	SCL
Clinical Services		✓			✓
<i>Consultative Clinical and Therapeutic Services</i>					✓
<i>Family Training</i>		✓			
Environmental Modifications	✓	✓	✓	✓	✓
<i>Environmental Accessibility Adaption Services</i>					✓
<i>Environmental Modifications</i>	✓	✓			
<i>Environmental and Minor Home Adaptation</i>			✓	✓	
Goods and Services			✓		
Home Delivered Meals			✓		
Natural Supports Training					✓
Nursing Supports		✓			
Participant Directed Services	✓	✓	✓	✓	✓
Personal Care/Homemaker	✓			✓	✓
<i>Homemaker</i>				✓	
<i>Personal Assistance Services</i>					✓
<i>Personal Care</i>	✓			✓	

Kentucky HCBS Waivers

	ABI	ABI-LTC	HCB	MPW	SCL
Residential	✓	✓			✓
<i>Residential Support Services</i>					✓
<i>Supervised Residential Care</i>	✓	✓			
Respite Care	✓	✓	✓	✓	✓
<i>Respite Care</i>	✓	✓		✓	✓
<i>Specialized Respite</i>			✓		
<i>Non-Specialized Respite</i>			✓		
Shared Living					✓
Specialized Medical Equipment and Supplies	✓	✓			✓
Supported Employment	✓	✓		✓	✓
Transportation Services					✓
Vehicle Adaption Services					✓

Feedback and Opportunities

Feedback and Opportunities Offered by Stakeholders

Policy/Program Issues

- Eligibility: *Who are we serving and who should we be serving*
- Lack of standard “rules” across waivers: *Service definitions, rates, and staffing requirements vary by waiver for the same service*
- Issues with occupational therapy (OT), physical therapy (PT), and speech therapy (SP) moving to the State Plan
- Potential for behavioral supports to be removed from the waiver
- Waiting lists
- Katie Beckett Rule: *Allows children of higher income parents to be served in waivers*
- Access to waiver services for medically fragile individuals

Operational Issues

- Excessive paperwork and documentation
- Navigating new processes and systems including Medicaid Waiver Management Application (MWMA) and Benefind
- Appropriate assessment tools
- Independent assessments
- Workforce issues:
 - *Low pay rate*
 - *No career ladder*
 - *Lack of training*
- Participants do not understand documents/paperwork nor processes
- No training for family members on Medicaid and waivers

Financial Issues

- High costs
- Fee schedule for waiver services does not have acuity levels
- Lack of technical assistance (TA) versus recoupments and citations
- Lack of training regarding recoupments
- Rates should be based on outcomes, or incentives should be offered
- Participants cannot afford to hire employees under PDS

Feedback and Opportunities Offered by Stakeholders (cont.)

Policy/Program Issues

- Participant/family dissatisfied with the quality of services (i.e. ADT, case management/support broker, home health)
- Respite is not easily obtainable
- Lack of crisis services
- Some participants apply for the waiver only to obtain Medicaid and take up slots that others need
- Transportation issues

Operational Issues

- Redundancy on recertification paperwork

Financial Issues

Waiver Redesign Goals

Waiver Redesign Goal Setting

In your small groups, discuss the following questions related to redesign.

What are the most important **goals** of the waiver redesign?

How do we make redesign **successful**?



What are the anticipated **challenges** to waiver redesign?

Future Vision for Waivers

Future Vision for Waivers

In your small groups, discuss the following questions related to Kentucky's program.

Critical Elements

- What critical elements would you recommend as priorities in the redesign of Kentucky's HCBS program (items that *must* be included)?
- Are these elements common across waivers/populations?
- What components of the waiver program would you recommend be maintained?

Alignment with Objectives

- Are there aspects of the existing waivers that do not align, or are in conflict, with these critical elements?
- What changes would you recommend to help resolve these conflicts?

Waiver Options for States

HCBS Options for States

Features	1915 (c) Home and Community-Based Services Waiver	1915 (i) SPA State Plan Home and Community Based Services	1915 (j) SPA Self-directed Personal Assistance Services (PAS)	1915 (k) SPA Community First Choice Option	1115 Research and Demonstration Project Waiver
Authority Type	Waiver	State Plan Option	State Plan Option	State Plan Option	Secretarial Waiver
No. of States Operating	47 and Washington D.C.	17	No information available	8	12 use some version to administer HCBS
Purpose	Provides Home and Community-Based Services (HCBS) to individuals meeting income, resource, and medical (and associated) criteria who otherwise would be eligible to reside in an institution.	Provides HCBS to individuals who require less than institutional level of care and who would therefore not be eligible for HCBS under 1915(c). May also provide services to individuals who meet the institutional level of care.	Provides a new State Plan participant-directed option to individuals otherwise eligible for State Plan Personal Care or 1915(c) services.	Provides a new State Plan option to provide consumer controlled home and community-based attendant services and supports. Provides a 6% Federal Medical Assistance Percentage (FMAP) increase for this option.	Authorizes the Department of Health and Human Services (DHHS) Secretary to consider and approve experimental, pilot, or demonstration projects likely to assist in promoting the objectives of the Medicaid statute.

Source: Cooper, Flanagan and Crisp; Comparative Analysis of Medicaid HCBS (1915 & 1115) Waivers and State Plans Amendments; January 2014

HCBS Options for States

Features	1915 (c) Home and Community-Based Services Waiver	1915 (i) SPA State Plan Home and Community Based Services	1915 (j) SPA Self-directed Personal Assistance Services (PAS)	1915 (k) SPA Community First Choice Option	1115 Research and Demonstration Project Waiver
Requirements That May Be Waived	<ul style="list-style-type: none"> • Statewideness • Comparability • Community income rules for medically needy population 	<ul style="list-style-type: none"> • Comparability • Community income rules for medically needy population 	<ul style="list-style-type: none"> • Statewideness • Comparability 	<ul style="list-style-type: none"> • Community income rules for medically needy population 	<p>Secretary may waive multiple requirements under 1902 of the Social Security Act if waivers promote the objectives of the Medicaid law and intent of the program.</p> <p>Requires approval of an Operations Protocol within 90 days of operation. Must be approved by Centers for Medicare & Medicaid Services (CMS) and an External Federal Review Team; CMS readiness review site visit required.</p>

Source: Cooper, Flanagan and Crisp; Comparative Analysis of Medicaid HCBS (1915 & 1115) Waivers and State Plans Amendments; January 2014

HCBS Options for States

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Approval duration	Initial application: 3 years Renewal: 5 years	One-time approval. Changes must be submitted to CMS and approved. If using targeting option, renewal every 5 years.	One-time approval. Changes must be submitted to CMS and approved.	One-time approval. Changes must be submitted to CMS and approved.	Initial application: 5 years Renewal: 5 years
Reporting	Annual reports.	Annual reports.	Annual reports and triennial health and welfare reports required.	Annual reports on expenditures and utilization and quality measures.	Monthly progress calls, quarterly and annual progress reports.
Administration and Operation	Administered by the Single State Medicaid Agency (SSMA). May be operated by another state agency under an interagency agreement or memorandum of understanding.	Administered by the SSMA. May be operated by another state agency under an interagency agreement or memorandum of understanding.	Administered by the SSMA.	Administered by the SSMA.	Administered by the SSMA. May be operated by other entities as approved by CMS.

Source: Cooper, Flanagan and Crisp; Comparative Analysis of Medicaid HCBS (1915 & 1115) Waivers and State Plans Amendments; January 2014

HCBS Options for States

Features	1915 (c) Home and Community-Based Services Waiver	1915 (i) SPA State Plan Home and Community Based Services	1915 (j) SPA Self-directed Personal Assistance Services (PAS)	1915 (k) SPA Community First Choice Option	1115 Research and Demonstration Project Waiver
Provider Agreements	Required between providers and the SSMA. Delegation allowed to a provider agency under the Organized Health Care Delivery System or Provider of Financial Management Services. Requires written specification of delegated activity.	Required between providers and the SSMA. Delegation allowed to a provider agency under the Organized Health Care Delivery System or Provider of Financial Management Services. Requires written specification of delegated activity.	Required between providers and the SSMA. Delegation allowed to a provider agency under the Organized Health Care Delivery System or Provider of Financial Management Services. Requires written specification of delegated activity.	Required between providers and the SSMA.	The approach to provider agreements must be described in the waiver. CMS must evaluate the provider agreements.

Source: Cooper, Flanagan and Crisp; Comparative Analysis of Medicaid HCBS (1915 & 1115) Waivers and State Plans Amendments; January 2014

HCBS Options for States

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Medicaid Eligibility	<p>May use institutional income and resource rules for the medically needy (institutional deeming).</p> <p>May include the special income group of individuals with income up to 300% of Supplemental Security Income (SSI).</p>	<p>All individuals eligible for Medicaid under the State Plan up to 150% of Federal Poverty Level (FPL).</p> <p>May include special income group of individuals with income up to 300% SSI.</p> <p>Individuals must be eligible for HCBS under 1915(c) waiver or 1115 demonstration program.</p>	<p>Must be Medicaid eligible for and receiving services under either state plan requirements or eligible for and receiving services under a 1915(c) HCBS waiver.</p>	<p>Individuals eligible for Medicaid under the State Plan up to 150% of FPL.</p> <p>Individuals with income greater than 150% of the FPL may use the institutional deeming rules.</p>	<p>States define eligible categories and may expand eligibility. Not intended to add new Medicaid eligibility group(s).</p>

Source: Cooper, Flanagan and Crisp; Comparative Analysis of Medicaid HCBS (1915 & 1115) Waivers and State Plans Amendments; January 2014

HCBS Options for States

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Other Eligibility Criteria	Must meet institutional level of care.	For the 300% of SSI income group, must be eligible for HCBS under a 1915(c) waiver or 1115 demonstration program.	N/A	Individuals must meet institutional level of care. May include the special income group and receiving at least one 1915(c) HCBS waiver service per month.	State determines requirements for services.

Source: Cooper, Flanagan and Crisp; Comparative Analysis of Medicaid HCBS (1915 & 1115) Waivers and State Plans Amendments; January 2014

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Target Groups	<ul style="list-style-type: none"> • Aged and disabled • Intellectually disabled or developmentally disabled • Mentally ill (ages 22-64) • Any subgroup of the above 	May define and limit the target group(s) served.	May define and limit the target group(s) served.	No targeting. Services must be provided on a statewide basis, in a manner that provides such services and supports in the most integrated setting appropriate to the individual’s needs, and without regard to the individual’s age, type or nature of disability, or the form of HCBS attendant services and supports that the individual requires in order to lead an independent life.	State determines target groups and defines eligibility criteria.

Source: Cooper, Flanagan and Crisp; Comparative Analysis of Medicaid HCBS (1915 & 1115) Waivers and State Plans Amendments; January 2014

HCBS Options for States

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Limits on Numbers Served	Allowed.	Not Allowed.	Allowed.	Not Allowed.	State estimates numbers served.
Waiting Lists	Allowed.	Not Allowed.	Allowed.	Not Allowed.	States are able to propose a waiting list under an 1115.
Caps on Individual Resource Allocations or Budgets	Allowed.	May determine process for setting individual budgets for participant-directed services.	May determine process for setting individual budgets for participant-directed services.	May determine process for setting individual budgets for participant-directed services.	Budget neutrality must be maintained. Caps or benefit limits may apply.

Source: Cooper, Flanagan and Crisp; Comparative Analysis of Medicaid HCBS (1915 & 1115) Waivers and State Plans Amendments; January 2014

HCBS Options for States

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Other Unique Requirements	<p>None. Cannot cover: Room and board costs except for allowable transition services.</p> <p>Special education and related services provided under IDEA that are education related only and vocational services provided under Rehab Act of 1973.</p>	<p>Multiple State plan amendments covering different target groups permitted.</p> <p>Cannot cover: Room and board costs except for allowable transition services provided under IDEA that are education related only & vocational services provided under Rehab Act of 1973.</p>	<p>Must either operate a HCBS waiver covering Pre-Admission Screening (PAS) or have an approved state plan amendment for 'traditional' PAS.</p>	<p>Maintenance of Eligibility (MOE) requirement for 1st fiscal year for services provided under 1115, 1905(a), and 1915, of the Act.</p> <p>Must establish & consult with a Development & Implementation Council with majority representation from consumers.</p> <p>Cannot cover: Certain assistive devices</p>	<p>State must operate under an approved Operations Protocol. Requires public input.</p>

Source: Cooper, Flanagan and Crisp; Comparative Analysis of Medicaid HCBS (1915 & 1115) Waivers and State Plans Amendments; January 2014

HCBS Options for States

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Combining Service Populations	Combining service populations is limited to: Aged/Disabled, Intellectually Disabled or Developmentally Disabled, Mentally ill, Any subgroup of the above	States may combine service populations.	States may combine service populations.	States may combine service populations.	States may combine service populations.

Source: Cooper, Flanagan and Crisp; Comparative Analysis of Medicaid HCBS (1915 & 1115) Waivers and State Plans Amendments; January 2014

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Allowable Services	Statutory Services: <ul style="list-style-type: none"> • Case management services • Homemaker/home health aide services & personal care services • Adult day health services • Habilitation services • Respite care • Other services requested by State 	Includes both 1915(c) statutory services and 'other' category of services.	<ul style="list-style-type: none"> • Personal care of related services • Home and community-based services otherwise available to the participant under the state plan or an approved 1915(c) waiver. 	Must Cover: <ul style="list-style-type: none"> • Assistance with Activities of Daily Living (ADL), Instrumental Activities of Daily Living (IADL), & health related tasks. • Acquisition, maintenance & enhancement of skills necessary for individual to accomplish ADLs, IADLs, & health-related tasks. 	State decides what services are covered, subject to CMS approval.

Source: Cooper, Flanagan and Crisp; Comparative Analysis of Medicaid HCBS (1915 & 1115) Waivers and State Plans Amendments; January 2014

HCBS Options for States

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Allowable Services (Continued)	Settings where individuals receive services must comply with the requirements set forth in the HCBS Final Rules that became effective in March 2014.	Settings where individuals receive services must comply with the requirements set forth in the HCBS Final Rules that became effective in March 2014.	<ul style="list-style-type: none"> • At state's discretion, items that increase an individual's independence or substitute for human assistance. • Settings where individuals receive services must comply with the requirements set forth in the HCBS Final Rules that became effective in March 2014. 	Must Cover: <ul style="list-style-type: none"> • Back-up systems or mechanisms to ensure continuity of services & supports. • Voluntary training on how to select, manage and dismiss staff. May Cover <ul style="list-style-type: none"> • Fiscal management services 	

Source: Cooper, Flanagan and Crisp; Comparative Analysis of Medicaid HCBS (1915 & 1115) Waivers and State Plans Amendments; January 2014

HCBS Options for States

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<p>Allowable Services</p> <p>(Continued)</p>				<p>May Cover</p> <ul style="list-style-type: none"> • Transition costs such as rent and utility deposits, 1st month's rental and utilities, bedding, basic, kitchen supplies, and other necessities linked to an assessed need for an individual to transition to community-based setting 	

Source: Cooper, Flanagan and Crisp; Comparative Analysis of Medicaid HCBS (1915 & 1115) Waivers and State Plans Amendments; January 2014

HCBS Options for States

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<p>Allowable Services (Continued)</p>				<p>May Cover</p> <ul style="list-style-type: none"> Expenditures relating to a need identified in an individual's person-centered plan that increases his/her independence or substitutes for human assistance to the extent the expenditures would otherwise be made for the human assistance. Settings where individuals live must comport with community character guidance 	

Source: Cooper, Flanagan and Crisp; Comparative Analysis of Medicaid HCBS (1915 & 1115) Waivers and State Plans Amendments; January 2014

HCBS Options for States

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Participant-directed Services	Allowed.	Allowed.	Required.	Required.	Allowed.
Hiring of Legally Responsible Individuals	Allowed at the state's discretion.	Allowed at the state's discretion.	Allowed at the state's discretion.	Allowed at the state's discretion.	Allowed at the state's discretion.
Cash Payments to Participants	Direct cash payments not permitted.	Direct cash payments not permitted.	Direct cash payments permitted.	Direct cash payments permitted.	Direct cash payments permitted.
Financial Management Services	Required if participant direction is offered. May be a waiver service, an administrative function, or performed directly by the SSMA.	Required if participant direction is offered. May be covered as a service, an administrative function, or performed directly by the SSMA.	Required. May be directly by the SSMA. Reimbursable only as an administrative function. Service reimbursement is not available.	Required depending on model of participant direction. May be covered as a service, an administrative function, or performed directly by the SSMA.	Required if participant direction is offered. May be demonstration service or an administrative function.

Source: Cooper, Flanagan and Crisp; Comparative Analysis of Medicaid HCBS (1915 & 1115) Waivers and State Plans Amendments; January 2014

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Quality Management	Extensive quality management and quality improvement activities required per the HCBS Waiver Application, including how state will comply with all multiple waiver assurances and how state will conduct quality oversight, monitoring and discovery, remediation and improvement of issues relating to quality.	Extensive data collection and evaluation plans to assess the effectiveness of the project or demonstration.	Requires a quality assurance and improvement plan including how state conducts discovery, remediation and quality improvement. State must provide system performance measures, outcome measures, and satisfaction measures that will be monitored and evaluated.	Requires a quality assurance and improvement plan including how state conducts discovery, remediation and quality improvement. State must provide system of performance measures, outcome measures, and satisfaction measures that will be monitored and evaluated.	Extensive data collection and evaluation plans to assess the effectiveness of the project or demonstration.

Source: Cooper, Flanagan and Crisp; Comparative Analysis of Medicaid HCBS (1915 & 1115) Waivers and State Plans Amendments; January 2014

HCBS Options for States

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<p>Interaction with State Plan Services, Waivers, & Amendments</p>	<p>Participants have access to and must utilize state plan services before using identical extended state plan services under the waiver.</p> <p>Waiver services may not duplicate state plan services.</p> <p>Individuals may be eligible for and receive State plan, 1915(c), 1915(i), and 1915(j) services simultaneously.</p> <p>May be combined with other waivers such as 1915(a) or (b).</p>	<p>Individuals may be eligible for and receive State plan services, 1915(c), 1915(i), and 1915(j) services as simultaneously, so long as the service plan (plan of care) ensures duplication of services is not occurring.</p> <p>May be combined with other waivers such as 1915(a) or (b).</p>	<p>State must either operate a HCBS waiver covering PAS or have an approved state plan amendment for ‘traditional’ PAS.</p> <p>Individuals voluntarily or involuntarily disenrolled from 1915(j) must have access to other PAS services under the state plan or 1915(c).</p>	<p>Individuals may be eligible for and receive State plan, 1915(c), 1915(i), and 1915(j) services simultaneously.</p> <p>May be combined with other waivers such as 1915(a) or (b).</p>	<p>State defines relationship to state plan, waivers, and amendments, subject to CMS approval.</p>

Source: Cooper, Flanagan and Crisp; Comparative Analysis of Medicaid HCBS (1915 & 1115) Waivers and State Plans Amendments; January 2014

HCBS Options for States

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<p>Interaction with State Plan Services, Waivers, & Amendments</p> <p>(Continued)</p>			<p>Individuals may be eligible for and receive State plan, 1915(c), 1915(i), and 1915(j) services simultaneously.</p> <p>May be combined with other waivers such as 1915(a) or (b).</p>		

Source: Cooper, Flanagan and Crisp; Comparative Analysis of Medicaid HCBS (1915 & 1115) Waivers and State Plans Amendments; January 2014

Other State Approaches

Georgia HCBS Program

Waiver Type	Populations Served (# of waivers)	Effective Date – Expiration Date	Services Provided
1915(c): 5 waivers	<ul style="list-style-type: none"> Elderly and disabled (2) Severely physically disabled (1) Intellectual/Developmental disabilities (2) 	<ul style="list-style-type: none"> 10/1/12 - 9/30/17 10/1/12 - 9/30/17 4/1/11 - 3/31/16 10/1/12 - 9/30/17 1/1/11 - 12/31/15 	<ul style="list-style-type: none"> Community residential alternative Service coordination Personal support Home health services (nursing, PT/OT/ST) Emergency response systems Respite care Assisted living services Home-delivered meals Adult day health care Specialized medical equipment and supplies Counseling Employment Services Transportation Pre-vocational services Home and vehicle Modifications Adult PT/OT/ST Behavioral supports Consultation services Community access services Community guide services Community living support services Financial support services Individual directed goods and services Natural support training services

Pennsylvania HCBS Program

Waiver Type	Populations Served (# of waivers)	Effective Date – Expiration Date	Services Provided
1915(a): 1 program 1915(c) 9 waivers	<ul style="list-style-type: none"> Elderly and disabled (2) Children (1) Severely physically disabled (1) Physical disabilities (1) Intellectual/ Developmental disabilities (5) 	<ul style="list-style-type: none"> 7/1/11 - 6/30/16 7/1/11 - 6/30/16 7/1/12 - 6/30/17 7/1/12 - 6/30/17 7/1/13 - 6/30/18 7/1/13 - 6/30/18 7/1/10 - 6/30/15 7/1/10 - 6/30/15 7/1/11 - 6/30/16 	<ul style="list-style-type: none"> Adult day health services Transportation/ escort services Primary medical specialist care Nursing care/skilled nursing Dental, vision, podiatry, audiology care Social services/case management Physical, occupational, speech therapies Recreational therapy Education support Home and community habilitation Homemaker/chore Licensed day habilitation Prevocational services Respite Supported employment Participant-directed community supports Participant-directed goods and services Personal assistance services Personal emergency response system (PERS) supports coordination Therapy services Supports broker services Assistive technology Behavioral support Companion Home accessibility adaptations Specialized supplies Transitional work services Transportation TeleCare Therapeutic and counseling services Vehicle accessibility adaptations

1915(a) authorizes voluntary managed care programs on a statewide basis or in limited geographic areas.

Washington HCBS Program

Waiver Type	Populations Served (# of waivers)	Effective Date – Expiration Date	Services Provided
1915(c): 8 waivers	<ul style="list-style-type: none"> • Children and youth (1) • Behavioral/Intellectual/ disabilities (4) • Physical Disabilities (1) • Elderly and Disabled (2) 	<ul style="list-style-type: none"> • 9/1/12 - 8/31/17 • 9/1/12 - 8/31/17 • 9/1/12 - 8/31/17 • 9/1/12 - 8/31/17 • 6/1/15 - 5/31/19 • 4/1/14 - 3/31/19 • 4/1/15 - 3/31/20 • 8/1/14 - 7/31/19 	<ul style="list-style-type: none"> • Personal care and supportive services • Nursing care • Behavior support and consultation • Environmental accessibility • Adaptations • Assistive technology • Therapeutic equipment and supplies • Specialized medical equipment/supplies • Specialized nutrition and clothing • Home and vehicle modifications • Occupational therapy • Specialized psychiatric services; • Physical therapy • Speech, hearing, and language services • Staff/family consultation and training • Employment and community access services • Respite care • Case management • State supplementary payment program • Individual directed goods and services • Transportation

Delaware HCBS Program

Waiver Type	Populations Served (# of waivers)	Effective Date – Expiration Date	Services Provided
1115: 1 plan 1915(c): 1 waiver 1915(i) with (b4): 1 waiver	<ul style="list-style-type: none"> Elderly and disabled/ HIV-AIDS (1) Intellectual/ Developmental disabilities (3) 	<ul style="list-style-type: none"> 7/1/14 - 6/30/19 1/1/15 - 6/30/19 12/19/14 - 12/31/18 	<ul style="list-style-type: none"> Case management Personal care Respite Mental health services Nutritional supplement Case management-administrative Personal care/personal assistance Adult day service Day habilitation Respite Personal emergency response system Assisted living Cognitive services Specialized medical equipment and supplies Case management-administrative Residential habilitation service Prevocational service Supported employment Day habilitation service respite Clinical/behavioral consultative service Transportation– residential service

1915(b)(4) allows for limitation of providers for specific services

Arizona HCBS Program

Waiver Type	Populations Served (# of waivers)	Effective Date – Expiration Date	Services Provided	
1115 State Plan	<ul style="list-style-type: none"> Elderly and disabled Physical Disabilities Functionally Impaired 	<ul style="list-style-type: none"> 10/22/11 - 9/30/21 	<ul style="list-style-type: none"> Adult day care Adult day health care Home delivered meals Meals at senior centers Home health aide 	<ul style="list-style-type: none"> Housekeeping Personal care Respite care Transportation Visiting nurse

Better Care Coordination

Many states are looking to improve the coordination of waiver services and physical and behavioral health services using other waiver authorities.

Managed Care

- Three (3) states (AZ, RI, VT) embed HCBS in their 1115 waiver programs that encompass their comprehensive managed care programs
- Nine (9) other states (in addition to AZ, RI, and VT) include some HCBS services and populations in their 1115 waivers that are used to implement managed care and system transformation
- Seven (7) states operate managed long term services and supports (MLTSS) for some or all of their waiver populations through a combination of amended 1915(b) and 1915(c) waivers

Accountable Care Organization (ACO)

- Some states are considering inclusion of waiver populations in their ACO models

Source: Kaiser; Key Themes in Capitated Medicaid Managed Long-Term Services and Supports Waivers. November 2014

Next Steps