Home & Community-Based Services Waivers & Options

Prepared by the Department of Health and Social Services,
Division of Senior and Disabilities Services

AUTHORITY	DESCRIPTION	KEY FLEXIBILITIES AND/OR LIMITATIONS
Section 1915(c) "Home and Community-Based Services (HCBS)" Waivers	Renewable waiver authority that allows states to provide long-term care services delivered in community settings as an alternative to institutional settings. The state must select the specific target population and/or sub-population the waiver will serve. 1915(c) waivers are renewable for 5 years after the initial, 3-year approval (or, if applicable, initial 5-year approval).	• Freedom of choice is required absent a concurrent Medicaid authority that permits the state to waive this requirement. • Can implement in limited geographic areas. • Comparability of services with non-waiver enrollees is not required; however, services must be comparable within the waiver population. • Must demonstrate cost neutrality. • Must specify the maximum number of participants for each waiver year, and criteria for selection of entrants. • May include individuals with income up to 300% of the Federal SSI benefit rate.
Section 1915(i) "Home and Community-Based Services" State Plan Option	States can amend their state plans to offer HCBS as a state plan optional benefit statewide. If states choose the option to target the benefit to specific populations, CMS approval would be for a 5-year period and such states will be able to request CMS renewal for an additional 5-year period if federal and state requirements are met.	• Participants do not have to meet an institutional level of care. • Income eligibility at or below 150% of FPL, but states can opt to also provide HCBS to individuals with incomes up to 300% of the Federal SSI benefit rate if eligible for HCBS under 1915(c) or 1115 demonstration. • Must specify needs-based eligibility criteria. • Comparability of services is not required. • No cost neutrality requirement. • No waiting lists or limits on the number of participants. • Cannot waive statewideness.

Section 1915(k) Community First Choice	Allows states to provide home-and community-based attendant services and supports for beneficiaries on a statewide basis. States must cover assistance and maintenance with activities of daily living, instrumental activities of daily living, and health-related tasks; ensure continuity of services and supports; and provide voluntary training on how to select, manage and dismiss staff. Services can be provided through an agency or a self-directed model. This does not create a new eligibility group; eligible individuals are those who are eligible for Medicaid under the state plan, have incomes up to 150% FPL or over 150% FPL and meet institutional level of care standards.	• States provided a 6 percentage point increase in Federal matching payments for service expenditures under this option. • States have the option to cover transition costs, expenditures related to participant's independence and services, or supports linked to an assessed need or goal. • Financial management services must be available when provided through a self-directed model. • Cannot waive statewideness.