Home and Community-Based Medicaid Waivers for Respite Support
State-by-State Summaries of Medicaid Waiver Information

ARCH National Respite Network and Resource Center

Prepared by the University of South Carolina Institute for Families in Society
Division of Medicaid Policy Research

Updated January 2016
Home and Community-Based 1915(c) Medicaid Waivers
Managed Home and Community-based Care 1915(b)/1915(c)
Combination Waivers
and Global 1115 Demonstration Waivers
that Pay for Respite
State-by-State Information

Prepared by the Division of Medicaid Policy Research
Institute for Families in Society, University of South Carolina

for the
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The mission of the ARCH National Respite Network and Resource Center is to assist and promote the development of quality respite and crisis care programs, to help families locate respite and crisis care services in their communities, and to serve as a strong voice for respite in all forums.

The ARCH National Respite Network and Resource Center consists of the ARCH National Respite Resource Center, the training and technical assistance (TA) division, which provides support to service providers and families through consultation, training, evaluation, and research. The ARCH National Respite Network also includes the National Respite Locator Service to help family caregivers and professionals locate respite services and funding sources in their community; the National Respite Coalition, the policy division of ARCH, that advocates for preserving and promoting respite in policy and programs at the national, state, and local levels; and the Lifespan Respite Technical Assistance Center, which is funded by the Administration for Community Living (ACL) in the U.S. Department of Health and Human Services. The Lifespan Respite TA Center provides training and technical assistance to state Lifespan Respite grantees and their stakeholders, including State Respite Coalitions, Aging and Disability Resource Center (ADRC) representatives, and others interested in building such systems at the state and local levels.

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*ARCH stands for Access to Respite Care and Help

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Acronyms and Terminology

To eliminate confusion, this document uses terms consistently in all chapters and specifically notes when terms are used interchangeably. When discussing a particular state’s service system, or Federal statutes and regulations, the document uses the specific terms they use. For example, the term home and community-based services is used only when referring to Federal statutes, regulations, or programs that use this term. In general, the document uses the term home and community services or just services and supports. Additionally, long-term care (LTC) and long-term services and supports (LTSS) are used interchangeably due to transition in terminology across all states. The newer term, LTSS, is what is most frequently used in federal documents or documents presenting a national perspective.

A law enacted in October 2010 amended provisions of Federal law to substitute the term an intellectual disability for mental retardation, and “individuals with intellectual disabilities” for the “mentally retarded” or “individuals who are mentally retarded.” Intermediate Care Facilities for Persons with Intellectual Disabilities (ICF/ID) is the new title for the program formerly known as Intermediate Care Facilities for the Mentally Retarded. The document uses these new terms, except when the former terms are used in the titles of specific state waivers or previously published books, reports, and articles.

AAAs Area Agencies on Aging
ABI Acquired Brain Injury
ACA Affordable Care Act
ACF Administration for Children and Families
ACL Administration for Community Living
ADL Activities of Daily Living
ADRC Aging and Disability Resource Center
ADRD Alzheimer’s Disease and Related Disorders
AoA Administration on Aging
ARCH Access to Respite Care and Help
ASD Autism Spectrum Disorder
BH Behavioral Health
CRF Certification and Accreditation of Rehabilitation Facilities
CDCS Consumer-Directed Community Supports
CFC Community First Choice
CHIP Children’s Health Insurance Program
CHIPRA Children’s Health Insurance Program Reauthorization Act
CILs Centers for Independent Living
CISS Community Integrated Service Systems
CLASS Community Living Assistance Supports and Services
CMS Centers for Medicare and Medicaid Services
CRC Caregiver Resource Center
C SHCN Children with Special Health Care Needs
CYSHCN Children and Youth with Special Health Care Needs
DBMD Deaf Blind with Multiple Disabilities
DD  Developmental Disabilities
DD Act  Developmental Disabilities Assistance and Bill of Rights Act
DFPS  Department of Family and Protective Services
DHHS  U.S. Department of Health and Human Services
EPSDT  Early Periodic Screening, Diagnosis, and Treatment
FFP  Federal Financial Participation
FMS  Fiscal Management Service
GAB  Give Me a Break (GAB)
HCBS  Home and Community-Based Services
HCBW  Home and Community-Based Waiver
HIV/AIDS  Human Immuno-Virus/Acquired Immuno-Deficiency Syndrome
IADL  Instrumental Activities of Daily Living
IDEA  Individuals with Disabilities Education Act
ICF  Intermediate Care Facility
ICF/IID  Intermediate Care Facility for Individuals with Intellectual Disabilities (NEW)
ICF/MR  Intermediate Care Facility for Persons with Mental Retardation (OLD)
ICF/ORC  Intermediate Care Facility for Persons with Other Related Conditions
ID  Intellectual Disabilities
ID/RD  Intellectual Disabilities/Related Disabilities
ISP  Individual Service Plan
LAH  Living At Home
LOC  Level of Care
LPN  Licensed Practical Nurse
LTC  Long-Term Care
LTSS  Long Term Services and Supports
MCHS  Maternal and Child Health Services
MFP  Money Follows the Person
MH  Mental Health
MLTSS  Managed Long Term Services and Supports
MR/DD  Mental Retardation/Developmental Disabilities
NF  Nursing Facility
NFCSP  National Family Caregiver Support Program
NRC  National Resource Center
OAA  Older Americans Act
OT  Occupational Therapy
OMB  Office of Management and Budget
PACE  Programs of All-Inclusive Care for the Elderly
PERS  Personal Emergency Response System
PFPWD  Program for Persons with Disabilities
PPACA  Patient Protection and Affordable Care Act
PRTF  Psychiatric Residential Treatment Facility
PT  Physical Therapy
RSVP  Retired and Senior Volunteer Program
SCHIP  State Children’s Health Insurance Program
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Introduction

The purpose of this document is to provide basic information about respite services available through Medicaid in each of the 50 states and the District of Columbia. The primary focus of this guide is on the 1915(c) home and community-based services (HCBS) waivers that states historically have used to provide long term services and supports (LTSS) to Medicaid participants with specific disabilities or chronic conditions. Current health care reform efforts, the transition of Medicaid toward more flexible and expanded home and community-based services, and the movement of more states to managed long-term services and supports (MLTSS) have created additional avenues for states to provide these services. Therefore, this document also includes, when appropriate, descriptions of other types of Medicaid waivers and demonstrations that states are using to provide respite and other home and community-based services.

It is important to note that many states have a combination of several Medicaid waivers and demonstrations, many of which do not provide respite as a service. Since the focus of this document is respite services, only waivers that provide respite as a service are included here.

The intended users of this guide are family caregivers and others looking for respite services. Because Medicaid HCBS vary from state to state and many states are transitioning their long-term services and supports into managed care, this guide is also a meaningful tool for those helping families to access services. This includes care coordinators, case managers, navigators, Lifespan Respite Programs and grantees, State Respite Coalitions, Aging and Disability Resource Center (ADRC) staff and other information and referral programs.

In addition to helping families find respite services, Lifespan Respite Programs can use the guide to understand, in total, their state’s Medicaid waiver programs. Additionally, it offers opportunities to examine other states’ waivers and ways respite is provided across the country for ideas that may prove useful in working with their state Medicaid programs.

Understanding Medicaid Programs

Title XIX of the Social Security Act is a federal and state entitlement program that primarily pays for certain individuals and families with low incomes and resources to receive medical care. This program, known as Medicaid, became law in 1965. Medicaid is the largest source of funding for medical and health-related services for America’s poorest people. It was designed as a cooperative venture jointly funded by the federal and state governments (including the District of Columbia and the Territories) to assist states in furnishing medical assistance to eligible low income persons. To qualify for Medicaid, individuals must meet their state’s financial eligibility criteria.

As a joint federal-state funded program, each state has some flexibility in determining the financial and other eligibility criteria, and the services provided by the state’s Medicaid program. This means that although a core set of services are mandated as part of Medicaid, each state’s Medicaid program varies in the services paid for by Medicaid and who is eligible for those services. Each state must submit a plan to the federal government for approval describing how the state intends to administer its Medicaid program, including a list of all services to be funded.
States are required to cover the following services: inpatient hospital services, some outpatient hospital services, laboratory and x-ray services, institutional care (e.g., nursing facilities), and some physician services, as well as services provided by authorized midwives and pediatric nurses. Additionally, the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program is mandatory for eligible children up to age 21. The law also contains an extensive list of other services that states may choose to include in their plans. Any service included in the State’s Plan must be available to any Medicaid beneficiary, statewide, who is eligible for the service.

Originally, the only long-term care services paid for by federal Medicaid were institutional or out-of-home services in a long-term care facility such as a nursing home, Intermediate Care Facility for Individuals with Intellectual or Developmental Disabilities, or a hospital. Since the early 1980s, sections have been added to the law giving states new authority to use federal Medicaid dollars to provide long-term services and supports (LTSS) in the home and community. Section 1915(c) of Title XIX gives states the authority to create “Medicaid waivers” to provide home and community-based services (HCBS) to Medicaid beneficiaries who would otherwise be placed in a long-term care facility.

Historically, federal regulations limited the ability of states to cover the cost of respite care directly as a regular Medicaid benefit under the state plan because it was considered a nonmedical expense. However, since 2005, states can choose to pay for HCBS (including respite) through their state plan under §1915(i) as well as through Medicaid waivers. In 2012, three main Medicaid HCBS programs provided access to long-term services and supports for more than 3.2 million people. Most of the growth has occurred through waiver programs. Almost 1.5 million individuals were served through §1915(c) waivers in 47 states and DC, 764,487 individuals received care through the home health state plan benefit in 50 states and DC, and 944,507 individuals received the personal care state plan services benefit in 32 states.¹

HCBS can be provided through either a provider managed or self-direction service delivery model. Increasingly, states are electing to offer services through the self-direction model. This model typically includes initiatives to allow the beneficiaries to choose how to allocate their own budgets for services and/or allow them to select and dismiss their HCBS providers. In 2014, 42 states with §1915(c) waivers permitted or required self-direction in at least one waiver, 24 states permitted self-direction in personal care state plans, and 9 states allowed self-direction in home health state plan services.²

The increasing numbers of people needing long term services and supports and the growing costs of health care have driven the Center for Medicare and Medicaid Services (CMS) to offer more options for states to expand their Medicaid HCBS programs. In an effort to improve services and control their own costs, states use a number of research, demonstration, and waiver programs under Medicaid to provide respite as one of the home and community-based services offered as a lower-cost alternative to treatment in a medical or other institutional facility. These options include:

- **Section 1115 Research and Demonstration Projects**, ¹
- **Section 1915(b) Managed Care/Freedom of Choice Waivers**, ²
- **Section 1915(c) Home and Community-Based Services Waivers**, and

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² Ibid., 2015.
Money Follows the Person (MFP) Demonstration Grants.

In addition, Medicaid has made available several state options that pay for HCBS, including respite, and/or personal care services for consumers that also provide an opportunity for family caregivers to receive a break from their duties:

- Section 1915(i) Medicaid State Plan Option for Home and Community-Based Services,
- Medicaid Personal Care Benefit,
- Section 1915(j) Medicaid State Plan Option for Self-Directed Personal Assistance Services,
- Section 1915(k), known as Community First Choice (CFC), Medicaid State Plan Option for Self-Directed Attendant Services, and
- Programs of All-Inclusive Care for the Elderly (PACE)

Some of these programs, demonstrations, and waivers are described in more detail in the following sections. All are described in the 2015 ARCH report, Federal Funding and Support Opportunities for Respite: Building Blocks for Lifespan Respite Systems.  

Medicaid Waiver Programs

The Social Security Act authorizes several different waiver and demonstration opportunities for states to operate their Medicaid programs with some flexibility. Each authority has its own purpose and requirements, and is often most commonly known by its section number (e.g., 1115, 1915(c), etc.) in the law. These optional programs are called waivers because they give states the authority to “waive” specific Medicaid requirements governing services included in the state plan. Specifically, states can waive requirements for: (1) statewideness allowing states to target specific populations based on disability, age or geographic area; (2) freedom of choice in order to limit providers and utilize managed care; and (3) scope and duration of services to offer services beyond those typically offered through Medicaid.

States have used a variety of waivers and demonstrations to expand Medicaid eligibility, expand home and community-based services and to adopt new models of coverage and care delivery. Each state determines the income, age, and disability eligibility criteria as well as the services included in each waiver. Respite is usually paid for through one or more of the following four types of waivers:

- Section 1115, Research and Demonstration Projects,
- Section 1915(b), Managed Care/Freedom of Choice Waivers,
- Section 1915(c), Home and Community-Based Services Waivers, and
- Combined Sections 1915(b) and 1915(c) Waivers.

Medicaid Waivers are by far the largest source of federal funds for respite. All states have implemented §1915(c) waivers to provide HCBS to multiple populations. Most states have waivers focused on beneficiaries who are elderly, adults with physical disabilities, or beneficiaries of any age with an intellectual or developmental disability. Currently, 44 states and the District of Columbia have §1915(c) HCBS waivers. Six states, including Arizona, Delaware, New Jersey, Oregon, Rhode Island and Vermont, have transitioned all of their §1915(c) HCBS waivers and now operate their long-term care programs under a broader §1115 demonstration waiver. Other states, like New York and Virginia, are only moving some of their HCBS waivers into a broader §1115 demonstration.

Depending on the waiver authority used, states may set maximum enrollment limits for each year resulting in long waiting lists for services in most states. Even if eligibility criteria are met, receipt of services through a state Medicaid waiver is not an automatic entitlement, as are services under the Medicaid State Plan program. In 2014, 39 states reported a total of 582,066 people on waiting lists across 154 §1915(c) waivers. This included 349,511 individuals with intellectual and/or developmental disabilities and 155,000 persons waiting for aged/disabled waiver services. The national average time an individual was on a §1915(c) waiting list was 29 months, with the average ranging from 4 months for mental health waivers (available only in 5 states in 2012) to 47 months for intellectual/developmental disabilities waivers.

Waivers are subject to federal approval and are approved for between 2 and 5 years, depending on the authority. To continue to operate waivers, states must submit applications to renew or extend each one. States also may submit amendments to make changes to waivers, when needed, during an approval period. Many states are currently making changes to their Medicaid waivers, by moving toward capitated managed care for long-term services and supports. Medicaid managed care programs can be operated under multiple federal Medicaid managed care authorities at the discretion of the state and as approved by CMS, including §1915a, §1915b, and §1115. The majority of states are implementing Medicaid managed long-term services and supports (MLTSS) through §1115 global demonstration waivers or combinations of §1115(a)/§1915(c), or §1915(b)/(c) waivers. As of September 2015, 26 states were providing long-term services and supports through managed care.

For a full list of current state waiver programs, see the Medicaid Waivers and Demonstrations List on the Centers for Medicare & Medicaid Services website: https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/waivers_faceted.html

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This compilation includes information on Medicaid waivers and demonstrations, particularly 1915(c) 1915(b/c) combinations and 1115 waivers that states are using to provide respite and other home and community-based services. Detailed descriptions of these types of waivers are provided here.

**Section 1115 Research and Demonstration Projects**

**Authorizing legislation:** Title XXI, Section 1115 of the Social Security Act

**Program purpose:** To demonstrate and evaluate policies or approaches that have not been widely implemented, including expanded eligibility guidelines, coverage of services not typically provided, or innovation in service delivery systems.

**Funding:** State Medicaid agencies submit applications, often working with the Centers for Medicare & Medicaid Services (CMS) to develop the proposal. Demonstrations typically run 5 years and may include continuations beyond that time. Demonstrations must be budget neutral, not costing the federal government more than they would without the waiver.

**Activities supported by the funding:** Initiatives under this authority are intended to demonstrate a wide variety of new health care service delivery methods. Successful demonstrations may lead to broader implementation of innovations. For example, the Medicaid Cash & Counseling Option began as a Section 1115 waiver in 1998 in three states and resulted in options for self-directed HCBS in §1915(c) waivers and a state plan option in Section 1915(j) for Self-Directed Personal Assistance Services. Increasingly, states are using 1115 waivers to implement Medicaid managed care for long-term services and supports. As of 2016, six states (Arizona, Delaware, New Jersey, Oregon, Rhode Island, and Vermont) use §1115 waivers exclusively to administer statewide Medicaid managed care programs that include all covered HCBS for all populations. One state (Kansas) combines §1115 waivers for Medicaid managed care programs and §1915(c) waivers for HCBS services to provide managed long-term services and supports. Another four states (Hawaii, New York, Tennessee, and Texas) use §1115 waivers for Medicaid managed care programs that include HCBS for at least some geographic areas and/or populations as well as §1915(c) waivers for HCBS services in other geographic areas and/or populations.

**Respite connection:** State waivers could expand services to include respite and/or eligibility to individuals and families in need of that service.

**Issues for consumers, providers, and advocates:** Proposals are subject to approval by the Centers for Medicare & Medicaid Services (CMS), Office of Management and Budget (OMB), and U.S. Department of Health and Human Services (DHHS) and may be subject to additional requirements such as site visits before implementation. CMS does not have a specific timeframe to approve, deny, or request additional information on the proposal. Additionally, CMS usually develops terms and conditions that outline the operation of the demonstration project when it is approved.

**Points of contact:** See the state summaries in this document for specific contacts for §1115 waivers in each state and the District of Columbia.
Section 1915(b) Managed Care Waivers

Authorizing legislation: Title XIX, Section 1915(b) of the Social Security Act

Program purpose: To allow states to implement mandatory managed care delivery systems or otherwise limit choice of providers under Medicaid.

Funding: The Centers for Medicare & Medicaid Services has 90 days to act on applications submitted by state Medicaid agencies, with a second 90-day review period if necessary, after which the application is deemed approved. Programs must be “cost-effective,” which means that the state’s actual expenditures under a Section 1915(b) waiver are less than the state’s projected budget for the program without the waiver. Section 1915(b) waivers are approved for 2-year periods, which may be extended indefinitely through renewal applications.

Activities supported by the funding:

States may:

- mandate enrollment in managed care programs,
- allow local governments to act as an enrollment broker,
- use cost savings to provide additional services, or
- limit the number or type of providers for services.

Respite connection: States can use the authority to provide additional services to specify respite as one of those additional services.

Section 1915(c) Home and Community-Based Services Waivers

Authorizing legislation: Title XIX, Section 1915(c) of the Social Security Act.

Program purpose: To allow states to provide home and community-based services (HCBS) to individuals who would otherwise require institutional care in a nursing facility, Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), hospital or psychiatric hospital.

Funding: States apply to Centers for Medicare and Medicaid Services (CMS) for an initial HCBS waiver for a 3-year period; renewals are at 5-year intervals. Applications must show that providing these services to the target population will be cost neutral and will not exceed the cost of care in an institution.
**Activities supported by the funding:** In addition to traditional medical services, states also can provide services not usually covered by the Medicaid program as long as these services are required to keep a person from being institutionalized. Services covered under waiver programs include case management, homemaker, home health aide, personal care, respite, adult day health, employment support, habilitation, community support, crisis intervention, environmental accessibility adaptations, housing stabilization, individual directed goods and services, OT (occupational therapy), PERS (personal emergency response system), PT (physical therapy), positive behavior support, skilled nursing, specialized medical equipment and medical supplies, speech/language therapy, supported employment, and emergency transportation services. Family members and friends may be providers of waiver services if they meet the specified provider qualifications. However, in general, spouses and parents of minor children cannot be paid providers of waiver services.

**Respite connection:** Respite is specifically supported by this waiver authority. It is the leading source of federal funds for respite care for eligible persons. Currently, all states have HCBS waivers except Arizona, Delaware, New Jersey, Oregon, Rhode Island and Vermont, which operate their long-term care programs under Section 1115 demonstration waivers. There is no federal requirement limiting the number of HCBS waiver programs a state may operate at any given time, and in 2014, there were 293 HCBS waiver programs in operation throughout the country. Most states include respite within one or more of their Section 1915(c) Medicaid Waiver Programs.

While states have some flexibility in defining respite included in their HCBS waivers, the types of respite funded in Medicaid HCBS waivers include:

- **Respite** is intermittent or regularly scheduled temporary medical care and/or supervision of the participant. It typically includes support to: assist family so participant can stay at home; provide appropriate care and supervision to protect person’s safety in the absence of a family member; relieve family from constant demanding responsibility of providing care; and attend to basic self-help needs and other activities that would ordinarily be performed by the family.
- **In-Home Respite Services** are provided in the home of the participant. States may require that the participant be homebound due to physical or mental impairments and normally unable to leave the home unassisted, require 24 hour assistance of the caregiver, and unable to be left alone and unattended for any period of time.
- **Out of Home, Facility or Institutional Respite** services are provided in licensed residential facilities.
- **Skilled Respite** Care must be provided by a either a licensed RN/LPN or CNA. Skilled respite is required for ongoing medical needs that can only be provided by an RN/LPN or CAN, (i.e., suctioning).
- **Unskilled Respite** is for individuals who will not have any medical needs requiring skilled care, such as a G-tube feeding. This includes the possibility of the need for skilled/medical intervention.
- **Maintenance Respite** is planned or scheduled. It is provided: (1) when families or the usual caretakers need additional support or relief or (2) when the consumer needs relief or a break from the caretaker.
- **Emergency Respite** is a short term service for a waiver participant who requires a period of structured support, or respite is necessitated by unavoidable circumstances, such as a family emergency.
Other non-respite services that may provide a break for family caregivers and can be provided through Medicaid waivers include companion services, personal care, attendant care, medical day care, and adult day care.

**Issues for consumers, providers, and advocates:** Depending on how individual waivers are written by the state, waiver programs generally are narrowly targeted to individuals of specific ages with specific disabilities, illnesses (such as AIDS), or conditions (such as head injury). The “Aging and Disabled Waiver” and “Individuals with Intellectual and/or Developmental Disabilities” waivers are the most common waivers for respite services in all states.

However, in 2014, CMS published a final rule that permits, but does not require, states to combine target groups within one HCBS waiver. Prior to that change, a single Section 1915(c) HCBS waiver could only serve one of the following three target groups: older adults, individuals with disabilities, or both; individuals with intellectual disabilities, developmental disabilities, or both; or individuals with mental illness. This change allows states to design a waiver that meets the needs of more than one target population. If a state chooses the option of more than one target group under a single waiver, the state “must assure CMS that it is able to meet the unique service needs of individuals in each target group, and that each individual in the waiver has equal access to all needed services.”

§1915(c) waiver programs often have waiting lists because HCBS waivers are granted only for a limited number of slots at one time. Since Medicaid eligibility is based on the income of the consumer and not the family, most children and adults with disabilities meet income eligibility guidelines for Medicaid, even if their families have income and resources above Medicaid eligibility. To be eligible for an HCBS waiver, participants also must meet the specific age, disability, and level of care criteria set for that waiver. If all slots are filled, even if a person meets eligibility criteria for a waiver, they will not receive services until a slot opens up.

Medicaid operates as a vendor payment program, which means that states pay providers, or vendors, directly. Although vendors must agree to accept Medicaid payment rates, payment for services such as respite can vary among states up to a maximum set by CMS. Respite care is the only service for which Medicaid will reimburse vendors for room and board expenses, but only in some instances. While states may establish co-payments or deductibles for services, these charges cannot be levied on services provided to children under age 18.

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In some but certainly not all states, HCBS providers may face stringent reporting requirements. To continue receiving a waiver, state Medicaid administrators must show CMS that waiver services cost no more than placement in a medical or long-term care facility.

**Points of contact:** The state Medicaid Agency administers all HCBS waivers. However, other state agencies with responsibility for specific populations (e.g., Aging, Individuals with Intellectual and/or Developmental Disabilities) may operate specific waivers. See the state summaries in this document for specific contacts for §1915(c) waivers in each state and the District of Columbia. Additional state-by-state Medicaid information is available from the Centers for Medicare & Medicaid Services. http://www.medicaid.gov/. Specific state contact information for each waiver is also included on each waiver table in the report.

**Related links:** Medicaid Waivers and Demonstrations List. https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/waivers_faceted.html

**References:**


**Combined 1915(b)/(c) Waivers**

**Authorizing legislation:** Title XIX, Sections 1915(b) and (c) of the Social Security Act

**Program purpose:** To enable states to provide a continuum of services to people who are aging or to people with disabilities. States use the §1915(b) authority to mandate managed care enrollment or limit provider contracting. They use the §1915(c) authority to target eligibility, limit enrollment for the program, and provide home and community-based services. Thus, states can provide long-term care services in a managed care environment or use a limited pool of providers.

**Funding:** All federal requirements for both §1915(b) and §1915(c) programs must be met. States must submit separate applications for each waiver type. For example, states must demonstrate cost neutrality
in the §1915(c) waiver and cost-effectiveness in the §1915(b) waiver. States must also comply with the separate reporting requirements for each waiver. Renewal requests must be prepared separately and submitted at different points in time.

**Respite connection:** As discussed in the section on §1915(b) waivers, these waivers may expand services to include respite as one of the HCBS included under the §1915(c) authority.

**Issues for consumers, providers, and advocates:** Combined waivers give states the option to propose inclusion of both traditional long-term care state plan services (e.g., home health, personal care, and institutional services) and nontraditional home and community-based services (e.g., homemaker and adult day health services and respite care) in their managed care programs. §1915(b) waivers are renewed at 2-year intervals; §1915(c) waivers are approved for 5 years. Therefore, renewal requests on combined waivers must be prepared and submitted separately. Although these are separate applications, the waivers operate together. For participants to access HCBS, they must enroll with a managed care plan.

**Points of contact:** See the state summaries in this document for specific contacts for combination 1915(b)/(c) waivers in each state and the District of Columbia.

**Related links:** Medicaid Waivers and Demonstrations List. 
https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/waivers_faceted.html

**Using This Document**

**Organization of the document**

Following the introduction and background information are individual state sections that include compilations of all respite related HCBS waivers in each state and the District of Columbia. Each state section includes a:

1. Title page with:
   a. Contact information for the state Medicaid Agency.
   b. General description of Medicaid waivers used to provide respite as part of the HCBS.
   c. Brief explanation of specific health reform efforts in the state affecting ways to access HCBS services formally accessed via traditional 1915(c) waivers. This usually involves movement to managed long-term care services and supports.
   d. List of the specific waivers that provide respite in that state with a summary of all the HCBS services provided in each waiver, and the target population eligible for those services.

2. More detailed descriptions of each waiver are listed on the title page. From these descriptions, the reader can learn which agency operates the waiver (if different from the State Medicaid Agency), purpose of the waiver and how it works, the type of waiver, level of care required to be eligible, who is eligible, types of respite provided, how to apply, contact information, when the waiver expires and/or the status of the renewal application, and links to the state website and waiver application, when available.
The waivers included in each state packet are those currently in operation, or in the process of renewal, that provide respite as part of their service package. If respite is not listed as a service, the waiver is not included in this document.

- Section 1915(c) – traditional Home and Community-Based Services Waivers
- Section 1915(b)/(c) combination – 1915(c) HCBS services are provided in a managed care (1915b) structure
- Section 1115 Demonstration Waivers – provides HCBS in a managed care delivery system either by including HCBS within the 1115 demonstration or operating the 1115 in combination with 1915(c) waivers.

**How to navigate the document:**

This document is designed to enable the reader to quickly search for a specific state and for a specific waiver within each state. Those interested in more than one state may quickly search through multiple states and waivers, if desired. To find information about waivers in a specific state:

1. Click on the state name (e.g., Alabama, Alaska, etc.) in the Table of Contents to go to that state’s title page.
2. Based on the descriptions of the waivers, click on the title of the waiver of interest.
3. In addition to the waiver description, when available, links to additional information, state websites and copies of the full waiver application are included.

This document is a dynamic document and is updated periodically. If you find information that is out of date or otherwise not accurate, please contact the ARCH National Respite Network at 703-256-2084 or by email at jkagan@archrespite.org.

**State Sections**

Following are the individual summaries of waivers providing respite services in each of the 50 states and the District of Columbia.
Home and Community-Based 1915(c) Waivers for Respite Support

Medicaid is a program in every state that pays for medical assistance for certain individuals and families with low incomes and resources. It is the largest source of funding for medical and health-related services for America’s poorest people. Because Medicaid is funded jointly by the federal and state governments, the services paid for vary from state to state. In addition to medical services, Medicaid will pay for home and community-based services (HCBS) through the state plan as well as through Medicaid waivers that offer services as a lower-cost alternative to treatment in a medical or long term care facility, such as a nursing home. Respite is usually paid for through one or more of the following types of waivers: research and demonstration (1115), managed care (1915b) and HCBS (1915c) waiver programs. This state’s Medicaid waivers that include respite are:

**Alabama Individuals with HIV/AIDS & Related Illnesses**

Provides case management, homemaker, personal care, respite, companion, and skilled nursing services for individuals aged 21 and older who have been diagnosed with HIV/AIDS.

**Alabama Home & Community-Based Waiver for Persons with Intellectual Disabilities**

Provides day habilitation, employment support, personal care, prevocational, residential habilitation, respite, adult companion, benefits and career counseling, community experience, community specialist services, crisis intervention, environmental accessibility adaptations, housing stabilization, individual directed goods and services, occupational therapy (OT), PERS (personal emergency response system), physical therapy (PT), positive behavior support, skilled nursing, specialized medical equipment, specialized medical supplies, speech/language therapy, supported employment and emergency transportation services for individuals aged 3 and older with intellectual disabilities.

**Alabama HCBS Living at Home Waiver for Persons with ID**

Provides day habilitation, personal care, prevocational, respite, supported employment, behavior therapy, community specialist services, crisis intervention, environmental accessibility adaptations, individual directed goods and services, occupational therapy (OT), physical therapy (PT), residential habilitation, skilled nursing, specialized medical equipment, specialized medical supplies, speech and language therapy, supported employment and emergency transportation services for individuals aged 3 and older with intellectual disabilities.

**Alabama Community Transit (ACT) Waiver**

Provides adult day health, community case management, homemaker, personal care, respite (skilled and unskilled), adult companion service, assistive technology, home delivered meals, home modifications (environmental accessibility adaptations), medical equipment supplies and appliances, personal assistant service PERS (personal emergency response system – installation and monthly fee), skilled nursing, and transitional assistance for individuals aged 65 and older.

**Alabama Home & Community-Based Waiver for the Elderly & Disabled**

Provides adult day health, case management, homemaker, personal care, skilled respite, companion service, home delivered meals and unskilled respite for individuals aged 65 and older.
**Alabama Individuals with HIV/AIDS & Related Illnesses (40382.R02.00)**

**State Operating Agency:** Alabama Department of Senior Services (ADSS)

### Description
This waiver provides services to qualifying adults diagnosed with HIV, AIDS and/or related illnesses who would require care in a nursing facility. The waiver provides these services: case management, personal care, homemaker, respite (skilled and unskilled), skilled nursing and companion services.

### Waiver Type
1915(c)

### Target Population-Eligibility
Individuals 21 and older are diagnosed with HIV, AIDS and/or related illness

### Level of Care
Individuals require level of care available in a nursing facility (NF).

### Respite Services
Respite provides temporary, short term relief for the primary caregiver and supervision and support to maintain health and safety of participants. The primary caregiver does not have to reside in the residence; but must have sufficient documentation that the primary caregiver furnishes substantial care for the participant. This service must not be used for primary caregiver to work or attend school. In-home respite may be provided for a period not to exceed 720 hours (2880 units) per waiver year.

Skilled Respite Services include supervision of the participant and skilled medical or nursing observation/services performed by a Registered Nurse or Licensed Practical Nurse in compliance with the Nurse Practice Act. It may include, but is not limited to: assistance with activities of daily living (ADLs), essential home support, such as, cleaning, laundry, assistance with communication and home safety; skilled nursing services including administering medications; skilled medical observation and monitoring of physical, mental or emotional condition; orienting the participant to daily events.

Unskilled Respite Services provide supervision and/or assistance with activities of daily living and observation to provide relief for the primary caregiver. It may include, but is not limited to: (a) meal or snack preparation, serving and cleaning, (b) general housekeeping such as cleaning; laundry; and, other activities as needed to maintain a safe and sanitary environment, (c) assistance with communication, (d) support for activities of daily living, such as bathing, personal grooming, personal hygiene, assisting participants in and out of bed, assisting with ambulation, toileting and/or activities to maintain continence, (e) ensuring a safe environment, (f) reporting observed changes in physical, mental or emotional condition, and (g) reminding participants to take medication.

### Respite Provider Eligibility
Information on becoming a provider of services:
[http://medicaid.alabama.gov/CONTENT/4.0_Programs/4.3.0_LTC/4.3.1.2_HIV_AIDS_Waiver.aspx](http://medicaid.alabama.gov/CONTENT/4.0_Programs/4.3.0_LTC/4.3.1.2_HIV_AIDS_Waiver.aspx) and
[http://medicaid.alabama.gov/CONTENT/8.0_Contact/8.2.5_Provider_Enrollment.aspx](http://medicaid.alabama.gov/CONTENT/8.0_Contact/8.2.5_Provider_Enrollment.aspx)

### Caregiver Eligibility
Respite may be provided by a relative who is a certified employee of an authorized Medicaid provider agency. Respite cannot be provided by the legally responsible person or legal guardian.

### Enrollment Limit
150: Year ending 09/30/2016

### How to Apply
Apply through local Area Agency on Aging. To find the local agency, contact Alabama Department of Senior Services.

### Contact Information
Alabama Department of Senior Services, 201 Monroe Street, Suite 350, Montgomery, AL 36104 (800) 243-5463 or visit [http://www.alabamaageline.gov/](http://www.alabamaageline.gov/) or email mail@adss.alabama.gov

### Link to Waiver Application
[http://medicaid.alabama.gov/CONTENT/4.0_Programs/4.3.0_LTC/4.3.1.2_HIV_AIDS_Waiver.aspx](http://medicaid.alabama.gov/CONTENT/4.0_Programs/4.3.0_LTC/4.3.1.2_HIV_AIDS_Waiver.aspx)

### Expiration Date
9/30/2017

### Date of Last Update
11/06/2015
Alabama Home and Community-Based Waiver for Persons with Intellectual Disabilities (0001.R07.00)

State Operating Agency: Alabama Department of Mental Health (DMH), Division of Developmental Disabilities

<table>
<thead>
<tr>
<th>Description</th>
<th>This waiver supports individuals who have a diagnosis of Intellectual Disabilities. It is a comprehensive waiver including day habilitation, employment support, personal care, prevocational, residential habilitation, respite, adult companion, benefits and career counseling, community experience, community specialist services, crisis intervention, environmental accessibility adaptations, housing stabilization, individual directed goods and services, OT (occupational therapy), PERS (personal emergency response system), PT (physical therapy), positive behavior support, skilled nursing, specialized medical equipment and medical supplies, speech/language therapy, supported employment, and emergency transportation services.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiver Type</td>
<td>1915(c)</td>
</tr>
<tr>
<td>Target Population-Eligibility</td>
<td>Individuals age 3 and older who are diagnosed as intellectually disabled (IQ below 70).</td>
</tr>
<tr>
<td>Level of Care</td>
<td>Individual requires level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).</td>
</tr>
<tr>
<td>Respite Services</td>
<td>Respite is intended for participants whose primary caregivers typically are the same persons day after day (e.g. family members and/or adult family foster care providers), and is provided during those portions of the day when the caregivers typically provide care. Relief needs for hourly or shift staff workers will be accommodated by staffing substitutions, plan adjustments, or location changes, and not by respite care. Respite care typically is scheduled in advance, but it can also serve as relief in a crisis situation. As crisis relief, out of home respite can also allow time and opportunity for assessment, planning and intervention to try to re-establish the person in his home, or if necessary, to locate another home for him. The scope of out of home respite will allow quick response to place the person in an alternate setting and provide intensive evaluation and planning for return, with or without additional intervention and supports. Planning will be made for alternate residential supports if return is not possible. The goal is to avoid institutionalization. Respite is dependent on the individual's needs as set forth in the plan of care and requires approval by the Division of Developmental Disabilities, subject to review by the Alabama Medicaid Agency. The limitation on in home and out of home respite care in combination shall be 1080 hours or 45 days per participant per waiver year. Respite out of the home is typically provided in a certified group home.</td>
</tr>
<tr>
<td>Respite Provider Eligibility</td>
<td>Information on becoming a provider of services: <a href="http://www.mh.alabama.gov/UT/4Providers.aspx">http://www.mh.alabama.gov/UT/4Providers.aspx</a> and <a href="http://medicaid.alabama.gov/CONTENT/8.0_Contact/8.2.5_Provider_Enrollment.aspx">http://medicaid.alabama.gov/CONTENT/8.0_Contact/8.2.5_Provider_Enrollment.aspx</a></td>
</tr>
<tr>
<td>Caregiver Eligibility</td>
<td>Respite is intended for participants whose primary caregivers typically are the same persons day after day (e.g., family members and/or adult family foster care providers). Respite cannot be provided by a legally responsible person, a relative, or a legal guardian.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>5260: Year ending 09/30/2016</td>
</tr>
<tr>
<td>How to Apply</td>
<td>Contact your local Department of Mental Health to apply for this waiver. To find the local office, contact Alabama Department of Mental Health- <a href="http://www.mh.alabama.gov">www.mh.alabama.gov</a></td>
</tr>
<tr>
<td>Contact Information</td>
<td>Alabama Department of Mental Health, Division of Developmental Disabilities Call Center (800)361-4491 or visit <a href="http://www.mh.alabama.gov/ID/?sm=c">http://www.mh.alabama.gov/ID/?sm=c</a></td>
</tr>
<tr>
<td>Link to Waiver Application</td>
<td><a href="http://www.mh.alabama.gov/Downloads/IDCP/Application_for_1915%28c%29HCBS_Waiver_Draft_AL_06_07_00-Oct01-2014_jsp.htm">http://www.mh.alabama.gov/Downloads/IDCP/Application_for_1915%28c%29HCBS_Waiver_Draft_AL_06_07_00-Oct01-2014_jsp.htm</a></td>
</tr>
<tr>
<td>Expiration Date</td>
<td>09/30/2019</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>11/06/2015</td>
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</tbody>
</table>
### Description
This waiver services include day habilitation, personal care, prevocational, respite, supported employment, behavior therapy, community specialist services, crisis intervention, environmental accessibility adaptations, individual directed goods and services, OT (occupational therapy), PT (physical therapy), residential habilitation, skilled nursing, specialized medical equipment, specialized medical supplies, speech and language therapy, supported employment and emergency transportation.

### Waiver Type
1915(c)

### Target Population-Eligibility
Individuals age 3 and above who are diagnosed as intellectually disabled or with related conditions

### Level of Care
Individuals require level of care available in an Intermediate Care Facility/Individuals with Intellectual Disabilities (ICF/IID).

### Respite Services
Respite care is dependent on the individual’s needs as set forth in the plan of care and requires approval by the Division of Intellectual Disabilities. Respite and related services may include: in-home residential habilitation, personal care, respite care, and day habilitation. The limitation on in-home and out-of-home Respite Care in combination shall be 4320 15-minute units of services (equals 1080 hours or 45 days) per participant per waiver year.

### Respite Provider Eligibility
Information on becoming a provider of services:
http://medicaid.alabama.gov/CONTENT/8.0_Contact/8.2.5_Provider_Enrollment.aspx
Community Residential Facilities, certified waiver hourly services Agency Providers (for in-home respite), and ICF/IID’s must be authorized Medicaid providers.

### Caregiver Eligibility
Respite cannot be provided by a relative, legal guardian, or any other legally responsible individual.

### Enrollment Limit
660: Year ending 09/30/2015; renewal application pending

### How to Apply
Contact your local Department of Mental Health to apply for this waiver. To find the local office, contact Alabama Department of Mental Health- www.mh.alabama.gov

### Contact Information
Alabama Department of Mental Health, Division of Developmental Disabilities Call Center (800) 361-4491 or visit http://www.mh.alabama.gov/ID/?sm=c

### Link to Waiver Application
http://medicaid.alabama.gov/documents/4.0_Programs/4.3_LTC_Services/4.3.1_HCBS_Waivers/4.3.1.4_Living_at_Home_Waiver/4.3.1.4_LAH_Renewal_8-27-15.pdf

### Expiration Date
09/30/2015; renewal application submitted and pending

### Date of Last Update
11/06/2015
### Alabama Community Transition (ACT) (0878.R00.00)

**State Operating Agency:** Alabama Department of Senior Services (ADSS)

<table>
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<tr>
<th>Description</th>
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<tr>
<td>The waiver serves individuals with disabilities or long-term care illnesses who currently reside in an institution and who desire to transition to the home or community setting. This waiver offers a consumer-directed option which gives individuals the opportunity to have greater involvement, control, and choice in identifying, assisting, and managing long term services and supports. This waiver is designed to create a long term care system that enables people with disabilities or long-term care illnesses to live in their own homes or community settings. It provides adult day health, community case management, homemaker, personal care, respite (skilled and unskilled), adult companion service, assistive technology, home delivered meals, home modifications (environmental accessibility adaptions), medical equipment supplies and appliances, personal assistant service PERS (personal emergency response system – installation and monthly fee), skilled nursing, and transitional assistance.</td>
</tr>
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<thead>
<tr>
<th>Waiver Type</th>
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<tr>
<td>1915(c) operates in coordination with a Section 1915(j) waiver</td>
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<table>
<thead>
<tr>
<th>Target Population-Eligibility</th>
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<tbody>
<tr>
<td>Individuals aged 65 or older with disabilities or long-term care illnesses who are currently residing in an institution for at least 90 days or currently being served on one of Alabama’s other HCBS waivers whose condition is such that their current waiver is not meeting their needs and admission to an institution is likely.</td>
</tr>
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<tr>
<th>Level of Care</th>
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<tbody>
<tr>
<td>Individuals require level of care available in a nursing facility (NF).</td>
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<tr>
<th>Respite Services</th>
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<tr>
<td>Respite Care is provided to participant unable to care for themselves and is furnished on a short-term basis because of the absence of, or need for relief of those persons normally providing the care. Respite services may include skilled or unskilled, and is based on the needs of the individual participant as reflected in the Plan of Care. Services are provided in order to meet the needs of the participant in the absence of the primary caregiver(s).</td>
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<tr>
<th>Respite Provider Eligibility</th>
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<tr>
<td>Information on becoming a provider of services: <a href="http://medicaid.alabama.gov/CONTENT/4.0_Programs/4.3.0_LTC/4.3.1.7_ACT_Waiver.aspx">http://medicaid.alabama.gov/CONTENT/4.0_Programs/4.3.0_LTC/4.3.1.7_ACT_Waiver.aspx</a> and <a href="http://medicaid.alabama.gov/CONTENT/8.0_Contact/8.2.5_Provider_Enrollment.aspx">http://medicaid.alabama.gov/CONTENT/8.0_Contact/8.2.5_Provider_Enrollment.aspx</a> Providers must be approved by the Commissioner of the Alabama Medicaid Agency. Personal care providers must be employed by a certified Home Care of Home Health Agency.</td>
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<tr>
<th>Caregiver Eligibility</th>
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<tbody>
<tr>
<td>Skilled Respite providers should be provided by a Licensed Practical Nurse (LPN), Registered Nurse (RN), or a Respite Care Worker. Unskilled respite services may be provided by a relative or legal guardian, but not by the legally responsible person.</td>
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<tr>
<th>Enrollment Limit</th>
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<tbody>
<tr>
<td>200: Year ending 03/31/2016</td>
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<table>
<thead>
<tr>
<th>How to Apply</th>
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<tbody>
<tr>
<td>Department of Rehabilitation Services</td>
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<table>
<thead>
<tr>
<th>Contact Information</th>
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</thead>
<tbody>
<tr>
<td>Alabama Department of Senior Services, Main State Office (800)243-5463 or visit <a href="http://www.alabamaageline.gov/">http://www.alabamaageline.gov/</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Link to Waiver Application</th>
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<tbody>
<tr>
<td>Link to application not available.</td>
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<tr>
<th>Expiration Date</th>
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<tr>
<td>03/31/2016</td>
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<tr>
<th>Date of Last Update</th>
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<tr>
<td>12/04/2015</td>
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</table>
### Description

This Alabama Medicaid waiver is designed to provide services to allow elderly and/or disabled individuals who would otherwise require care in a nursing facility to remain living at home or in the community. The program administrators do not intend for it to pay for 24 hour home care, but instead, to assist families in caring for their loved ones at home.

The objective of this waiver is to assist persons to live outside of nursing homes and to assist their loved ones in helping to care for them. Benefits are selected to help the individual, their family and caregivers achieve this objective. Services provided under this waiver are case management, personal care, homemaker services, respite care (skilled and unskilled), companion services, adult day health, and home delivered meals.

<table>
<thead>
<tr>
<th>Waiver Type</th>
<th>1915(c)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target Population-Eligibility</td>
<td>Individuals 65 years or older who are elderly and/or disabled.</td>
</tr>
<tr>
<td>Level of Care</td>
<td>Individuals require level of care available in a nursing facility (NF).</td>
</tr>
<tr>
<td>Respite Services</td>
<td>Skilled and unskilled respite care is provided to individuals unable to care for themselves and is furnished on a short-term basis because of the absence of, or need for relief of those persons normally providing the care. Skilled Respite is provided for the benefit of the participant and to meet participant’s needs in the absence of the primary caregiver(s) rather than to meet the needs of others in the participant’s household. Respite care is not an entitlement. It is based on the needs of the individual as reflected in the Plan of Care.</td>
</tr>
<tr>
<td>Respite Provider Eligibility</td>
<td>Information on becoming a provider of services: <a href="http://medicaid.alabama.gov/CONTENT/8.0_Contract/8.2.5_Provider_Enrollment.aspx">http://medicaid.alabama.gov/CONTENT/8.0_Contract/8.2.5_Provider_Enrollment.aspx</a> Also, you may contact the Local Area Agency on Aging. To find the local agency, contact Alabama Department of Senior Services</td>
</tr>
<tr>
<td>Caregiver Eligibility</td>
<td>Skilled and unskilled respite may be provided by a relative or legal guardian, but not the legally responsible person.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>9205: Year ending 09/30/2016</td>
</tr>
<tr>
<td>How to Apply</td>
<td>Contact the local Area Agency on Aging. To find the local agency, contact Alabama Department of Senior Services</td>
</tr>
<tr>
<td>Contact Information</td>
<td>Alabama Department of Senior Services, Main State Office (800)243-5463 or visit <a href="http://www.alabamaageline.gov/">http://www.alabamaageline.gov/</a></td>
</tr>
<tr>
<td>Link to Waiver Application</td>
<td>Link to application not available.</td>
</tr>
<tr>
<td>Expiration Date</td>
<td>09/30/2017</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>12/04/2015</td>
</tr>
</tbody>
</table>
Alaska Department of Health and Social Services
3601 C Street Suite 902
Anchorage, AK 99503
http://dhss.alaska.gov/

Home and Community-Based 1915(c) Waivers for Respite Support

Medicaid is a program in every state that pays for medical assistance for certain individuals and families with low incomes and resources. It is the largest source of funding for medical and health-related services for America’s poorest people. Because Medicaid is funded jointly by the federal and state governments, the services paid for vary from state to state. In addition to medical services, Medicaid will pay for home and community-based services (HCBS) through the state plan as well as through Medicaid waivers that offer services as a lower-cost alternative to treatment in a medical or long term care facility, such as a nursing home. Respite is usually paid for through one or more of the following types of waivers: research and demonstration (1115), managed care (1915b) and HCBS (1915c) waiver programs. This state’s Medicaid waivers that include respite are:

AK Alaskans Living Independently

Provides adult day, care coordination, respite, chore, environmental modifications, meals, residential supported living, specialized medical equipment and supplies, specialized private duty nursing, transportation for individuals ages 65 and older with a physical disability.

AK Adults w/Physical and Developmental Disabilities

Provides adult day, care coordination, day habilitation, residential habilitation, respite, supported employment, chore, environmental modifications, intensive active treatment, meals, residential supported living, specialized medical equipment, specialized private duty nursing, and transportation for individuals age 21 and older diagnosed with autism, development disability and intellectual disability.

AK Children w/Complex Medical Conditions

Provides care coordination, day habilitation residential habilitation, respite, supported employment, chore, environmental modifications, intensive active treatment, meals, nursing oversight and care management, specialized medical equipment, and transportation for individuals ages 0-21 who are diagnosed as medically fragile.

AK People w/Intellectual and DD

Provides care coordination, day habilitation, residential habilitation, respite, supported employment, chore, environmental modifications, intensive active treatment, meals, nursing oversight and care management, specialized medical equipment, specialized private duty nursing, and transportation for individual diagnosed with autism developmental or intellectual disabilities.
### AK Alaskans Living Independently (0261.R04.00)

**State Operating Agency:** DHSS Division of Senior and Disabilities Services (SDS)

<table>
<thead>
<tr>
<th>Description</th>
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<tbody>
<tr>
<td>The purpose of this waiver is to ensure that statewide, Medicaid-eligible individuals at least 21 years old with physical disabilities or functional needs associated with aging have the option of remaining in their homes or in a home-like setting. The objective of this waiver is to serve with appropriate home and community-based services in the amount, duration and frequency that will allow the individual to live as independently as possible in the community. It provides the following services: adult day, care coordination, respite, chore, environmental modifications, meals, residential supported living, specialized medical equipment and supplies, specialized private duty nursing, and transportation.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Waiver Type</th>
<th>1915 (c)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Target Population-Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals who are age 65 and individuals between age 21 and 64 who are diagnosed with a physical disability.</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>Level of Care</th>
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<tbody>
<tr>
<td>Individuals require level of care available in a nursing facility (NF).</td>
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<thead>
<tr>
<th>Respite Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respite assists participants by providing temporary relief from caretaking duties for the primary unpaid caregiver, court-appointed guardian, foster parent, or providers of family habilitation services. Respite may be provided in the participant’s home or the private residence of the respite provider. Respite may be provided at a nursing facility, general acute care hospital, licensed assisted living home that is not the participant’s residence or licensed foster home that is not the participant’s residence. When respite is provided in these other locations, the state will reimburse the cost of room and board during respite. The state will not pay for respite to provide oversight for other minor children in the home. A participant may receive personal care or habilitation services on the same day as respite if the state determines that the participant would be at risk of institutionalization without additional services. All respite services must be prior authorized. Daily respite is limited to 14 days per year, and hourly respite is limited to 520 hours per year unless the state determines that no other service options are available and that without respite services, the participant’s health and/or safety would be at risk or the participant would be at risk of institutionalization.</td>
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<table>
<thead>
<tr>
<th>Respite Provider Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information on becoming a provider of services: <a href="http://dhss.alaska.gov/dsds/Pages/provider/default.aspx">http://dhss.alaska.gov/dsds/Pages/provider/default.aspx</a></td>
</tr>
<tr>
<td>Providers should be a certified home and community-based service agency. All providers should have appropriate certifications and licensures and approval by the Division of Senior &amp; Disabilities Services.</td>
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<thead>
<tr>
<th>Caregiver Eligibility</th>
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<tbody>
<tr>
<td>Respite may be provided by the legal guardian, but not the legally responsible person or other relative.</td>
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<tr>
<th>Enrollment Limit</th>
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<tbody>
<tr>
<td>3536: Year ending 06/30/2016</td>
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</table>

<table>
<thead>
<tr>
<th>How to Apply</th>
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<tbody>
<tr>
<td>Aging and Disability Resource Center or Senior &amp; Disabilities Services to find a care coordinator. The care coordinator will help you to apply for the waiver.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alaska Department of Health and Social Services, Senior &amp; Disabilities Services</td>
</tr>
<tr>
<td>Main Office (907) 269-3666 or visit <a href="http://dhss.alaska.gov/Commissioner/Pages/Contacts/default.aspx">http://dhss.alaska.gov/Commissioner/Pages/Contacts/default.aspx</a></td>
</tr>
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<table>
<thead>
<tr>
<th>Link to Waiver Application</th>
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<tbody>
<tr>
<td>Link to application not available.</td>
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<tr>
<td>06/30/2016</td>
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<tr>
<th>Date of Last Update</th>
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<tr>
<td>12/04/2015</td>
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</tbody>
</table>
AK Adults with Physical and Developmental Disabilities (0262.R04.00)
State Operating Agency: DHSS Division of Senior and Disabilities Services (SDS)

Description
The purpose this waiver is to ensure individuals with intellectual or developmental disabilities and physical disabilities have the option of remaining in their homes or in a home-like setting. The objective of this waiver is to serve approximately 106 individuals per year with appropriate home and community-based services in the amount, duration and frequency that will allow the individual to live as independently as possible in the community. This waiver provides the following services: adult day, care coordination, day habilitation, residential habilitation, respite, supported employment, chore, environmental modifications, intensive active treatment, meals, residential supported living, specialized medical equipment, specialized private duty nursing, and transportation.

Waiver Type
1915 (c)

Target Population-Eligibility
Individuals 21 years and older who are diagnosed with Autism, a development disability or an intellectual disability.

Level of Care
Individuals require level of care available in a nursing facility (NF).

Respite Services
Respite care assists participants by providing temporary relief from caretaking duties for the participant’s primary unpaid caregiver, court-appointed guardian, foster parent, or providers of family habilitation services. Respite may be provided in the participant’s home or the private residence of the respite provider. Respite services may also be provided at a nursing facility, a general acute care hospital, a licensed assisted living home or foster home that is not the participant’s residence. When respite is provided in these other locations, the state will reimburse the cost of room and board during respite. The state will not pay for respite to provide oversight for other minor children in the home. A participant may receive personal care or habilitation services on the same day as respite if the state determines the participant would be at risk of institutionalization without additional services. All respite services must be prior authorized. Daily (per diem) respite is limited to 14 days per year, and hourly respite is limited to 520 hours per year unless the state determines that no other service options are available and that without respite services, the participant’s health and/or safety would be at risk or the participant would be at risk of institutionalization.

Respite Provider Eligibility
Information on becoming a provider of services: http://dhss.alaska.gov/dsds/Pages/provider/default.aspx
Providers should be a certified home and community-based service agency. All providers should have appropriate certifications and licensures and approved by the Division of Senior & Disabilities Services.

Caregiver Eligibility
Respite may be provided by the legal guardian, but not by the legally responsible person or other relative.

Enrollment Limit
103: Year ending 06/30/2016

How to Apply
Contact Aging & Disability Resource Center or SDS to find a care coordinator who will help you apply.

Contact Information
Alaska Department of Health and Social Services, Senior & Disabilities Services
Main Office (907) 269-3666 or visit: http://dhss.alaska.gov/dsds/Pages/default.aspx

Link to Waiver Application
Link to application not available.

Expiration Date
06/30/2016

Date of Last Update
12/04/2015

Medicaid Waivers for Respite Support – 2015-16
ARCH National Respite Network and Resource Center | www.archrespite.org
## AK Children w/ Complex Medical Conditions (0263.R04.00)

### State Operating Agency: DHSS Division of Senior and Disabilities Services (SDS)

<table>
<thead>
<tr>
<th>Description</th>
<th>The purpose of the Children with Complex Medical Conditions (CCMC) waiver is to ensure that statewide, Medicaid-eligible children with serious medical conditions have the option to remain in their homes or in a home-like setting. The objective is to serve children who have severe, chronic medical conditions resulting in a prolonged dependency on medical care or technology to maintain health and well-being. This waiver provides: care coordination, day habilitation residential habilitation, respite, supported employment, chore, environmental modifications, intensive active treatment, meals, nursing oversight and care management, specialized medical equipment, and transportation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiver Type</td>
<td>1915 (c)</td>
</tr>
<tr>
<td>Target Population-Eligibility</td>
<td>Children age 21 or younger who are diagnosed as medically fragile having a severe, chronic physical condition, absent home &amp; community-based services would be in a long-term care facility for more than 30 days per year and have prolonged dependency on medical care or technology to maintain health &amp; well-being.</td>
</tr>
<tr>
<td>Level of Care</td>
<td>Individuals require level of care available in a nursing facility (NF).</td>
</tr>
<tr>
<td>Respite Services</td>
<td>Respite care assists participants by providing temporary relief from caretaking duties for the participant’s primary unpaid caregiver, court-appointed guardian, foster parent, or providers of family habilitation services. Hourly respite may be provided in the participant’s home or the private residence of the respite provider. Daily (per diem) respite services may be provided only at a nursing facility, general acute care hospital, licensed assisted living home that is not the participant’s residence or a licensed foster home that is not the participant’s residence. When respite is provided in these locations, the state will reimburse the cost of room and board during respite. The state will not pay for respite to provide oversight for other minor children in the home. A participant may receive personal care or habilitation services on the same day as respite if the state determines the participant would be at risk of institutionalization without additional services. All respite must be prior authorized. Daily (per diem) respite is limited to 14 days per year, and hourly respite is limited to 520 hours per year unless the state determines that no other service options are available and that without respite, the participant's health and/or safety would be at risk.</td>
</tr>
<tr>
<td>Respite Provider Eligibility</td>
<td>Must be a certified and/or licensed provider. Senior and Disabilities Services administer an open and continuous provider certification process. Information on becoming a provider of services: <a href="http://dhss.alaska.gov/dsds/Pages/provider/default.aspx">http://dhss.alaska.gov/dsds/Pages/provider/default.aspx</a></td>
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<tr>
<td>Caregiver Eligibility</td>
<td>Respite may be provided by the legal guardian, but not the legally responsible person or other relative.</td>
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<tr>
<td>Enrollment Limit</td>
<td>315: Year ending 06/30/2016</td>
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<tr>
<td>How to Apply</td>
<td>Contact an Aging &amp; Disability Resource Center or Division of Senior &amp; Disabilities Services to find a care coordinator who will help you apply.</td>
</tr>
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</table>
| Contact Information | Alaska Department of Health and Social Services, Senior & Disabilities Services  
Main Office (907) 269-3666 or visit: [http://dhss.alaska.gov/dsds/Pages/default.aspx](http://dhss.alaska.gov/dsds/Pages/default.aspx) |
| Link to Waiver Application | Link to application not available. |
| Expiration Date | 06/30/2016 |
| Date of Last Update | 12/04/2015 |
**AK People with Intellectual and Developmental Disabilities (0260.R04.00)**

**State Operating Agency: Alaska Department of Health and Social Services, Division of Senior and Disabilities Services**

<table>
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<tr>
<th>Description</th>
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<tr>
<td>The purpose of this waiver is to ensure individuals of any age with intellectual or developmental disabilities have the option of remaining in their homes or in a home-like setting. It provides these services: care coordination, day habilitation, residential habilitation, respite, supported employment, chore, environmental modifications, intensive active treatment, meals, nursing oversight and care management, specialized medical equipment, specialized private duty nursing, and transportation.</td>
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<td>1915 (c)</td>
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<thead>
<tr>
<th>Target Population-Eligibility</th>
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<tbody>
<tr>
<td>Individuals of any age who are diagnosed as autism, developmental or intellectual disabilities</td>
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<tr>
<th>Level of Care</th>
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<tr>
<td>Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).</td>
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<tr>
<td>In-home or residential respite care assists participants by providing temporary relief from caretaking duties for the participant’s primary unpaid caregiver, court-appointed guardian, foster parent, or providers of family habilitation services. Respite may be provided in the participant’s home or the private residence of the respite provider. Respite may also be provided at a nursing facility, a general acute care hospital, a licensed assisted living home that is not the participant’s residence or a licensed foster home that is not the participant’s residence. When respite is provided in these other locations, the state will reimburse for the cost of room and board incurred during the respite care. The state will not pay for respite to provide oversight for other minor children in the home. A participant may also receive personal care or habilitation services on the same day as respite if the state determines the participant would be at risk of institutionalization. All respite services must be prior authorized. Daily (per diem) respite is limited to 14 days per year, and hourly respite is limited to 520 hours per year unless the state determines no other service options are available and without respite services, the participant’s health and/or safety would be at risk or the participant would be at risk of institutionalization.</td>
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<tr>
<th>Respite Provider Eligibility</th>
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<tr>
<td>Providers should be certified home and community-based service agencies and appropriately licensed per state requirements. Senior and Disabilities Services administer an open and continuous provider certification process. Information on becoming a provider of services: <a href="http://dhss.alaska.gov/dsds/Pages/provider/default.aspx">http://dhss.alaska.gov/dsds/Pages/provider/default.aspx</a></td>
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<td>2446: Year ending 06/30/2016</td>
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<td>Contact an Aging and Disability Resource Center or Senior &amp; Disabilities Services to find a care coordinator. The care coordinator will help you to apply for the waiver.</td>
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<tr>
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<tbody>
<tr>
<td>Alaska Department of Health and Social Services, Senior &amp; Disabilities Services Main Office (907)269-3666 or visit: <a href="http://dhss.alaska.gov/dsds/Pages/dd/default.aspx">http://dhss.alaska.gov/dsds/Pages/dd/default.aspx</a></td>
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<td>Link to application not available.</td>
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<tr>
<td>12/04/2015</td>
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</table>
Home and Community-Based 1915(c) Waivers/1115 Research and Demonstration Waivers for Respite Support

Medicaid is a program in every state that pays for medical assistance for certain individuals and families with low incomes and resources. It is the largest source of funding for medical and health-related services for America’s poorest people. Because Medicaid is funded jointly by the federal and state governments, the services paid for vary from state to state. In addition to medical services, Medicaid will pay for home and community-based services (HCBS) through the state plan as well as through Medicaid waivers that offer services as a lower-cost alternative to treatment in a medical or long term care facility, such as a nursing home. Respite is usually paid for through one or more of the following types of waivers: research and demonstration (1115), managed care (1915b) and HCBS (1915c) waiver programs.

All Arizona Home and Community-Based 1915(c) waivers have been incorporated into the 1115 Demonstration: Arizona’s Health Care Cost Containment System (AHCCCS).” All of the waiver services offered by the Home and Community-Based 1915(c) waivers including respite care are to continue to be provided in the MLTSS delivery system.

AZ Health Care Cost Containment System (AHCCCS) 1115 Demonstration

The new demonstration provides health care services through a prepaid, capitated managed care delivery model that operates statewide for both Medicaid state plan groups as well as demonstration expansion groups. The HCBS portion of AHCCCS, the Arizona LTC Services (ALTCS), covers benefits including acute care services, nursing facility days, Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) days, case management, behavioral health services, and home and community-based services (HCBS). HCBS covered by ALTCS include home health care, attendant care, homemaker services, community transition, DME and medical supplies, personal care, adult day health, hospice, respite care, transportation, environmental modification, life line alert, and home delivered meals.

Habilitation and day-care services are also covered for recipients with developmental disabilities.
# AZ Health Care Cost Containment System (AHCCCS) 1115 Demonstration

**State Operating Agency:** Arizona Health Care Cost Containment System (AHCCCS)

### Description

The new demonstration provides health care services through a prepaid, capitated managed care delivery model that operates statewide for both Medicaid state plan groups as well as demonstration expansion groups. Services are provided by ten private or county-owned managed health plans through specific provider networks, ensuring provider availability in both urban and rural locations. The Arizona Long-Term Care Services (ALTCS) program is managed by AHCCCS through nine program contractors who are responsible for the elderly and persons with disabilities (EPD) delivery system. Program contractors are responsible for providing all acute care services covered under AHCCCS to persons eligible for long-term care (LTC) services and are paid a capitation rate for each enrollee. The Arizona Department of Economic Security is the sole program contractor for Arizona LTC Services (ALTCS) statewide. Benefits covered under ALTCS include acute care services, Nursing Facility days, Intermediate Care Facility for the Mentally Retarded days, case management, behavioral health services, and home and community-based services (HCBS). HCBS covered by ALTCS include home health care, attendant care, homemaker services, community transition, DME and medical supplies, personal care, adult day health, hospice, respite care, transportation, environmental modification, life line alert, and home delivered meals.

Habilitation and day-care services are also covered for recipients with developmental disabilities.

<table>
<thead>
<tr>
<th><strong>Waiver Type</strong></th>
<th>1115</th>
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<tbody>
<tr>
<td><strong>Target Population-Eligibility</strong></td>
<td>Eligible recipients include persons with developmental disabilities, adults with physical disabilities and persons who are elderly (65 years and above).</td>
</tr>
<tr>
<td><strong>Level of Care</strong></td>
<td>Individuals require level of care available in a nursing facility or ICF/MR.</td>
</tr>
<tr>
<td><strong>Respite Services</strong></td>
<td>Offers in home and institutional respite care services. Respite is provided to individuals unable to care for themselves, furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care.</td>
</tr>
<tr>
<td><strong>Respite Provider Eligibility</strong></td>
<td>To determine provider eligibility, access the Arizona Health Care Cost Containment System website: <a href="https://azahcccs.gov/PlansProviders/NewProviders/registration.html">https://azahcccs.gov/PlansProviders/NewProviders/registration.html</a></td>
</tr>
<tr>
<td><strong>Caregiver Eligibility</strong></td>
<td>Caregiver eligibility not available.</td>
</tr>
<tr>
<td><strong>Enrollment Limit</strong></td>
<td>Enrollment limit not available.</td>
</tr>
<tr>
<td><strong>How to Apply</strong></td>
<td>You can access the Arizona Health Care Cost Containment System website and click on the population that best describes you or the person you are applying for: <a href="https://azahcccs.gov/Members/GetCovered/">https://azahcccs.gov/Members/GetCovered/</a></td>
</tr>
<tr>
<td><strong>Contact Information</strong></td>
<td>Contact your Arizona Long Term Care System (ALTCS) Office, which you can find on the website: <a href="https://azahcccs.gov/Members/GetCovered/">https://azahcccs.gov/Members/GetCovered/</a></td>
</tr>
<tr>
<td><strong>Link to Waiver Application</strong></td>
<td><a href="https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/az/az-hccc-pa2.pdf">https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/az/az-hccc-pa2.pdf</a></td>
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<td><strong>Expiration Date</strong></td>
<td>09/30/2016</td>
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<tr>
<td><strong>Date of Last Update</strong></td>
<td>01/26/2016</td>
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</table>
Home and Community-Based 1915(c) Waivers for Respite Support

Medicaid is a program in every state that pays for medical assistance for certain individuals and families with low incomes and resources. It is the largest source of funding for medical and health-related services for America’s poorest people. Because Medicaid is funded jointly by the federal and state governments, the services paid for vary from state to state. In addition to medical services, Medicaid will pay for home and community-based services (HCBS) through the state plan as well as through Medicaid waivers that offer services as a lower-cost alternative to treatment in a medical or long term care facility, such as a nursing home. Respite is usually paid for through one or more of the following types of waivers: research and demonstration (1115), managed care (1915b) and HCBS (1915c) waiver programs. This state’s Medicaid waivers that include respite are:

**AR Elder Choices**
- Provides adult day health care, respite, adult companion services, adult day care, adult family home and other related services for individuals who are age 65 or older.

**AR Alternative Community Services**
- Provides several support related services including respite and other supplemental support for individuals who have autism, intellectual disability or developmental disability with no age restrictions.
**Description**
The ElderChoices waiver offers certain home and community-based services as an alternative to nursing home placement. These services include: Adult Companion Services, Adult Day Care, Adult Day Health Care, Adult Family Homes, Chore Service, Home-Delivered Meals, Homemaker Services, Personal Emergency Response System, and Respite Care (In-home & Facility-Based).

Services are provided on a regular basis according to individualized service plans. Services adapt to changing needs and individual preferences; promote dignity, autonomy, privacy and safety; and permit family and community involvement. These services are designed to maintain participants at home in order to preclude or postpone institutionalization of the participant.

**Waiver Type** 1915 (c)

**Target Population-Eligibility** Individuals 65 years and older.

**Level of Care** Individuals require level of care available in a nursing facility (NF).

**Respite Services**
Respite is provided to waiver participants unable to care for themselves in the absence of the primary unpaid caregiver. Respite can be furnished on a short-term basis (8 hours or less per date of service) or on a long-term basis (a full 24 hours per date of service). Respite care can be provided in the individual’s home or place of residence; Medicaid certified hospitals or nursing facilities, community care residential facilities that are approved by the state such as residential care facilities, adult day care, adult day health care, or a licensed level II assisted living facility.

Respite care provides temporary relief to persons providing long-term care for elderly participants in their homes. It may be provided to meet an emergency need or to schedule relief periods in accordance with the regular caregiver’s need for temporary relief from continuous care giving. The period of relief makes it possible for the elderly participant to continue living in the community and avoid permanent institutionalization.

Participants may receive up to 4,800 units (1200 hours) per state fiscal year of in-home respite care, facility-based respite care, adult companion services, or a combination of the three. Adult Family Home participants are limited to 2,400 units (600 hours) of long-term facility-based respite per state fiscal year.

**Respite Provider Eligibility** Information on becoming a provider of services: Complete the ElderChoices Adult Family Homes Provider Certification Packet at the DHS Division of Aging and Adult Services website [www.daas.ar.gov/](http://www.daas.ar.gov/)

**Caregiver Eligibility** Respite may be provided by a relative, but not by the legally responsible person or the legal guardian.

**Enrollment Limit** 7,950: Year ending 06/30/2014; renewal application pending

**How to Apply** Call or visit your local Department of Human Services County office.

**Contact Information** Department of Human Services, Division of Aging and Adult Services (866) 801-3435

**Link to Waiver Application** Link to application not available.

**Expiration Date** 06/30/2014; renewal application submitted and pending

**Date of Last Update** 12/04/2015
### AR Alternative Community Services (ACS) Waiver (0188.R04.00)

**State Operating Agency:** Division of Developmental Disabilities Services (DDS)

#### Description
The purpose of the ACS waiver is to support individuals of all ages who have a developmental disability to live in the community. The goal is to create a flexible array of services that will allow people to reach their maximum potential in decision making, employment and community integration. The waiver provides several support related services including respite and other supplemental support for individuals who have autism, intellectual disabilities, or developmental disabilities for all ages.

All services must be delivered based on the approved Person Centered Service Plan assures input not only as to what services are needed and desired but also input from the individual and the legal guardian as to who will deliver the services, inclusive of the hiring of direct care professionals.

#### Waiver Type
1915 (c)

#### Target Population-Eligibility
Individuals of any age who have been diagnosed with: Autism, or a developmental and/or intellectual disability.

#### Level of Care
Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disability (ICF/IID).

#### Respite Services
Respite services are provided on a short-term basis to participants unable to care for themselves due to the absence of or need for relief of the non-paid primary caregiver. Respite may be provided in the following locations: participant’s home or private place of residence; private residence of a respite care provider; foster home; Medicaid certified ICF (independent care facility); group home; licensed respite facility; other community residential facility approved by the state, not a private residence; licensed day care facility, licensed day care home, or other lawful childcare setting (Note: the waiver will only pay for support staff required due to developmental disability, it will not pay for day care fees).

Receipt of respite does not necessarily preclude a participant from receiving other services on the same day. For example, a participant may receive day services, such as, supported employment on the same day as respite services.

#### Respite Provider Eligibility
Information on becoming a provider of services:
[http://humanservices.arkansas.gov/ddds/Pages/WaiverServiceProviders.aspx](http://humanservices.arkansas.gov/ddds/Pages/WaiverServiceProviders.aspx)

ACS Waiver services are delivered through private providers who are certified by the DDS Quality Assurance Section. The providers must first meet DDS certification requirements, and then be certified by DMS as a Medicaid provider for the ACS waiver.

#### Caregiver Eligibility
Respite may be provided by a relative, but not by the legally responsible person or the legal guardian.

#### Enrollment Limit
4,303: Year ending 06/2014; renewal application pending

#### How to Apply
Contact the Division of Developmental Disabilities Services (DDS) to apply.

#### Contact Information
Department of Human Services, Division of Developmental Disabilities Services (DDS) (501) 683-0569 or visit [www.arkansas.gov/dhs/ddds](http://www.arkansas.gov/dhs/ddds)

#### Link to Waiver Application
Link to application not available.

#### Expiration Date
06/30/14; renewal application submitted and pending

#### Date of Last Update
12/04/2015
Home and Community-Based 1915(c) Waivers for Respite Support

Medicaid is a program in every state that pays for medical assistance for certain individuals and families with low incomes and resources. It is the largest source of funding for medical and health-related services for America’s poorest people. Because Medicaid is funded jointly by the federal and state governments, the services paid for vary from state to state. In addition to medical services, Medicaid will pay for home and community-based services (HCBS) through the state plan as well as through Medicaid waivers that offer services as a lower-cost alternative to treatment in a medical or long term care facility, such as a nursing home. Respite is usually paid for through one or more of the following types of waivers: research and demonstration (1115), managed care (1915b) and HCBS (1915c) waiver programs. This state’s Medicaid waivers that include respite are:

**CA HCBS Waiver for Californians w/ DD**
- Provides behavioral intervention, community living arrangements, day service, home health aide, homemaker, prevocational services, respite care, supported employment (enhanced habilitation), chore, communication aides, community-based training, dental, environmental accessibility adaptations, FMS (financial management services), non-medical transportation, nutritional consultation, optometric/optician services, PERS (personal emergency response system), prescription lenses and frames, psychology services, skilled nursing, specialized medical equipment and supplies, specialized therapeutic services, speech/hearing and language services, transition/set up expenses, and vehicle modifications and adaptations for individuals diagnosed w/autism, developmental disability or intellectual disability for all ages.

**CA Nursing Facility/Acute Hospital Waiver**
- Provides case management/coordination, habilitation, home respite, waiver personal care services, community transition, continuous nursing and supportive services, environmental accessibility adaptations, facility respite, family/caregiver training, medical equipment operating expense, PERS(personal emergency response system)-installation and testing, private duty nursing including home health and shared services, and transitional case management for individuals diagnosed as medically fragile or technology dependent for all ages.

**CA Pediatric Palliative Care**
- Provides care coordination, home respite care, personal care, expressive therapies, family counseling, family training, out of home respite care, and pain and symptom management for individuals less than 21 years old diagnosed as medically fragile and technology dependent.

**CA Multipurpose Senior Services Program**
- Provides care management, respite care, supplemental personal care, adult day care, adult day support center, communication, housing assistance, nutritional services, protective services, purchased care management, supplemental chore, supplemental health care, supplemental protective supervision, and transportation for individuals 65 years and older.

**CA In-Home Operations**
- Provides case management/coordination, habilitation services, home respite, waiver personal care, community transition, environmental accessibility adaptations, facility respite, family training, medical equipment operating expense, PERS (personal emergency response system) including installation and testing, private duty nursing-including shared services, and transitional case management for individuals diagnosed as medically fragile or technology dependent individuals of all ages.
Description
This waiver provides: behavioral intervention, community living arrangements, day service, home health aide, homemaker, prevocational services, respite care, supported employment (enhanced habilitation), chores, communication aides, community-based training, dental, environmental accessibility adaptations, financial management services, non-medical transportation, nutritional consultation, optometric/optician services, PERS (personal emergency response system), prescription lenses and frames, psychology services, skilled nursing, specialized medical equipment and supplies, specialized therapeutic services, speech/hearing and language services, transition/set up expenses, vehicle modifications, and adaptations.

Waiver Type 1915(c)

Target Population-Eligibility
Individuals of any age who have been diagnosed with: Autism or a developmental and/or intellectual disability. A developmental disability begins before the 18th birthday, is expected to continue indefinitely, and presents a substantial disability including: Intellectual Disability, Cerebral Palsy, Epilepsy, Autism, and related conditions.

Level of Care
Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), or developmental disabilities.

Respite Services
In-home respite is intermittent or regularly scheduled temporary medical care and/or supervision of the participant. It typically includes support to: assist family so participant can stay at home; provide appropriate care and supervision to protect person’s safety in the absence of a family member; relieve family from constant demanding responsibility of providing care; and attend to basic self-help needs and other activities that would ordinarily be performed by the family.

Out of home Respite services are provided in licensed residential facilities.
Respite is obtained from a respite vendor, using vouchers and/or alternative respite options. Vouchers allow a family to choose their own respite provider through a payment, coupon or other authorization. A participant may receive up to 21 days of out-of-home respite services in a fiscal year, and up to 90 hours of in-home respite in a quarter unless intensity of care and supervision needs justify additional respite to maintain consumer in the family home, or an extraordinary event impacts the family’s ability to care for and supervise the consumer. Service limitations do not apply to family support respite.

Respite Provider Eligibility
Respite providers must be qualified and an enrolled Medi-Cal HCBS Waiver provider. If the participant is approved for participant-directed services, he or she must ensure the provider is qualified according to Medicaid standards and follows IRS Tax Laws. Information on becoming a provider of services: http://www.dhcs.ca.gov/services/ltc/Documents/BecomingaHCBSWaiverProvider.pdf

Caregiver Eligibility
Respite may be provided by a legal guardian or relative, but not by the legally responsible person.

Enrollment Limit
115,000: Year ending 03/28/2016

How to Apply
Contact local regional center for assistance with application process.

Contact Information
Dept of Health Care Services, MediCAL, Home & Community-based Services, Long Term Care Division
IHO Northern Regional Office (916) 552-9105 (Sacramento)
IHO Southern Regional Office (213) 897-6774 (Los Angeles)
or please visit http://www.dds.ca.gov/RC/RCList.cfm to access the directory of the 21 regional centers.

Link to Waiver Application
http://www.dds.ca.gov/Waiver/docs/ApprovedWaiverApplication_03292012.pdf

Expiration Date
03/28/2017

Date of Last Update
11/13/2015
**Description**

This waiver provides services for persons with long-term medical conditions, who meet the level of care requirements with the option of returning to and/or remaining in his/her home or home-like setting in the community in lieu of institutionalization. Services provided include the following: case management/coordination, habilitation, home respite, waiver personal care services, community transition, continuous nursing and supportive services, environmental accessibility adaptations, facility respite, family/caregiver training, medical equipment operating expense, PERS(personal emergency response system)-installation and testing, private duty nursing including home health and shared services, and transitional case management.

<table>
<thead>
<tr>
<th>Waiver Type</th>
<th>1915 (c)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target Population-Eligibility</strong></td>
<td>Individuals of any age who are diagnosed as medically fragile or technology dependent</td>
</tr>
<tr>
<td><strong>Level of Care</strong></td>
<td>Individuals require level of care available in an acute hospital, sub-acute nursing facility, skilled nursing facility B (skilled) or A (intermediate) level of care.</td>
</tr>
<tr>
<td><strong>Respite Services</strong></td>
<td>In-Home Respite benefit is intermittent or regularly scheduled temporary medical and/or non-medical care supervision provided to the participant in their home to: assist families to maintain the participant at home; provide appropriate care and supervision to protect the participant’s safety in the absence of family members or caregivers; relieve family members from the constantly demanding responsibility of caring for a participant; and attend to the participant’s medical and non-medical needs and other ADLs, which would ordinarily be performed by the service provider or family member. Out-of-Home or Facility Respite services provide medical care supervision to participants unable to care for themselves and are provided on a short-term basis due to the absence or need for relief of persons who normally provide care for the participant.</td>
</tr>
<tr>
<td><strong>Respite Provider Eligibility</strong></td>
<td>Information on becoming a provider of services: <a href="http://www.dhcs.ca.gov/services/ltc/Documents/BecomingaHCBSWaiverProvider.pdf">http://www.dhcs.ca.gov/services/ltc/Documents/BecomingaHCBSWaiverProvider.pdf</a> Must be qualified and enrolled Medi-Cal HCBS Waiver providers. For information or to request an application, contact In-Home Operations (IHO) at (916) 552-9105 or email: <a href="mailto:IHOwaiver@dhcs.ca.gov">IHOwaiver@dhcs.ca.gov</a></td>
</tr>
<tr>
<td><strong>Caregiver Eligibility</strong></td>
<td>In-Home respite may be provided by a legally responsible person, a relative, or a legal guardian; however out-of-home/facility respite cannot.</td>
</tr>
<tr>
<td><strong>Enrollment Limit</strong></td>
<td>3792: Year ending 12/31/2015</td>
</tr>
<tr>
<td><strong>How to Apply</strong></td>
<td>To request an application, call (916) 552-9105</td>
</tr>
<tr>
<td><strong>Contact Information</strong></td>
<td>Department of Health Care Services, MediCAL, Home and Community-based Services Programs, Long Term Care Division IHO Northern Regional Office (916) 552-9105 (Sacramento) IHO Southern Regional Office (213) 897-6774 (Los Angeles) or please visit <a href="http://www.dds.ca.gov/RC/RCList.cfm">http://www.dds.ca.gov/RC/RCList.cfm</a> to access the directory of the 21 regional centers.</td>
</tr>
<tr>
<td><strong>Link to Waiver Application</strong></td>
<td>Link to application not available.</td>
</tr>
<tr>
<td><strong>Expiration Date</strong></td>
<td>12/31/2016</td>
</tr>
<tr>
<td><strong>Date of Last Update</strong></td>
<td>12/04/2015</td>
</tr>
</tbody>
</table>
CA Pediatric Palliative Care (0486.R01.00)

State Operating Agency: The Children’s Medical Services (CMS) Branch, Systems of Care Division of DHCS

Description

The purpose of this waiver is to provide pediatric palliative care services to allow children, who have a medical condition with a complex set of needs, and their families the benefits of hospice-like care in addition to state plan services during the course of an illness, even when the child does not have a life expectancy of 6 months or less. The objective will be to minimize the use of institutions, especially hospitals, and improve the quality of life for the participant and family unit (siblings, parent/legal guardian, and significant others).

Services provided through the waiver include: care coordination, home respite care, personal care, expressive therapies, family counseling, family training, out of home respite care, and pain and symptom management.

Waiver Type

1915 (c)

Target Population-Eligibility

Children 20 years old or younger who are diagnosed as medically fragile or technology dependent with certain life limiting, life threatening medical conditions.

Level of Care

Individuals require level of care available in a hospital.

Respite Services

Respite care will be provided on an intermittent or short-term basis. Respite will include: care and supervision to protect the participant’s safety, relief for family members from the constantly demanding responsibility of caring for a child with a serious complex medical condition; and care which meets the participant’s medical needs and activities of daily living. Home respite will be provided in the participant’s residence. The need for and frequency of respite care will be identified by the participant and/or parent/legal guardian and Care Coordinator.

Out-of-home respite care will be provided outside of the home in a Congregate Living Health Facility and will be furnished on a short-term basis because of the absence or need for relief of those persons who normally provide care. The services provide will include appropriate care and supervision to ensure the participant’s safety and care which meets the participant’s medical needs and activities of daily living.

Up to 30 days of respite (combined in home and out of home respite care) is allowed per year.

Respite Provider Eligibility

See this link on becoming a PFC Waiver Provider:
http://www.dhcs.ca.gov/services/ppc/Pages/WaiverProvider.aspx#become

Caregiver Eligibility

Home respite may be provided by a relative or legal guardian, but not by legally responsible person. Out of home respite cannot be provided by a legally responsible person, a relative, nor a legal guardian.

Enrollment Limit

1800: Year ending 03/31/2016

How to Apply

Contact a California Children’s Services (CCS) Program.
http://www.dhcs.ca.gov/services/ppc/Pages/Apply.aspx

Contact Information

To contact local services based on county via telephone, please visit the California Department of Health Care Services website (CCS Program) to find the appropriate number.
http://www.dhcs.ca.gov/services/ppc/Pages/CCSProgram.aspx.

Link to Waiver Application

Link to application not available.

Expiration Date

03/31/2017

Date of Last Update

12/04/2015
### Description

The waiver provides comprehensive care management to assist individuals who are frail and elderly to remain at home and in the community. The goal is to arrange for and monitor the use of community services to prevent or delay institutional placement. Services provided include: care management, respite care, supplemental personal care, adult day care, adult day support center, communication, housing assistance, nutritional services, protective services, supplemental chore, supplemental health care, supplemental protective supervision, and transportation. Care Management is the cornerstone of MSSP. It involves the coordination and usage of existing community resources enabling participants to continue living at home. The care management team then works with the participant and family to develop an individualized care plan.

This waiver operates concurrently with an 1115 Bridge to Reform Demonstration Waiver known as the Coordinated Care Initiative (CCI) to integrate Managed Long-Term Services and Supports (MLTSS) is the Multipurpose Senior Services Program 1915(c) Home and Community-Based Waiver (MSSP).

### Waiver Type

| Description | 1915 (c); operates concurrently with 1115 demonstration |

### Target Population

| Eligibility | Individuals 65 years old and older |

### Level of Care

| Eligibility | Individuals require level of care available in a nursing facility (NF). |

### Respite Services

| Description | Respite services will include the supervision and care of a client while the family or other individuals who normally provide full time care take short-term relief or respite allows them to continue as caregivers. Respite may also be needed in order to cover emergencies and extended absences of the caregiver. As dictated by the client’s circumstances, services will be provided out-of-home through appropriate available resources. Respite care may be provided in Residential Care Facilities for the Elderly (RCFE). Intermediate Care Facilities (ICF’s) and RCFE’s cannot be used for long-term placement of MSSP clients. |

### Respite Provider Eligibility

| Description | Waiver services are delivered by agencies qualified and enrolled as Medi-Cal HCBS Waiver providers. Home Health Agencies are licensed and certified by the California Department of Public Health (CDPH). Hospitals, private nonprofit or proprietary agencies, NF’s, ICF’s, and RCFE’s are licensed and certified by MSSP site administrators. [http://www.cdph.ca.gov/pubsforms/forms/Documents/HHA-AppRequestLtrChecklist.pdf](http://www.cdph.ca.gov/pubsforms/forms/Documents/HHA-AppRequestLtrChecklist.pdf) |

### Caregiver Eligibility

| Description | Caregivers should be trained and experienced in homemaker services, personal care, or home health services, depending on the requirements in the client’s care plan. Respite cannot be provided by a legally responsible person, a relative, or a legal guardian. |

### Enrollment Limit

| Description | 6011: Year ending 06/30/2017 |

### How to Apply

| Description | Visit the Multipurpose Senior Service Program website for information. [http://www.dhcs.ca.gov/services/ltc/Pages/MSSP.aspx](http://www.dhcs.ca.gov/services/ltc/Pages/MSSP.aspx) |

### Contact Information

| Description | To contact local services based on county via telephone, please visit the Multipurpose Senior Service Program contacts website to find the appropriate number. [http://www.aging.ca.gov/Programs/MSSP/Contacts/](http://www.aging.ca.gov/Programs/MSSP/Contacts/) |

### Link to Waiver Application

| Description | Link to application not available. |

### Expiration Date

| Description | 06/30/2019 |

### Date of Last Update

| Description | 12/04/2015 |
**CA In Home Operations (0457.R01.00)**

**State Operating Agency:** In-Home Operations Branch, Department of Health Care Services

<table>
<thead>
<tr>
<th>Description</th>
<th>The In-Home Operations (IHO) program offers services in the home or in the community to Medi-Cal beneficiaries who would otherwise receive care in a skilled nursing facility. The waiver provides case management and coordination, habilitation services, home respite, waiver personal care, community transition, environmental accessibility adaptations, facility respite, family training, medical equipment operating expense, PERS-installation and testing, PERS (personal emergency response system), private duty nursing-including shared services, and transitional case management. The waiver participant has the option of selecting the provider of waiver services appropriate to his/her care needs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiver Type</td>
<td>1915 (c)</td>
</tr>
<tr>
<td>Target Population-Eligibility</td>
<td>Individuals of any age who are diagnosed as medically fragile or technology dependent</td>
</tr>
<tr>
<td>Level of Care</td>
<td>Individuals require level of care available in a nursing facility (NF). Limited to the following subcategories: Nursing Facility Distinct/Part (NF D/P), NF-B Pediatric, and Adult and Pediatric Sub-Acute Level-of-Care (LOC).</td>
</tr>
<tr>
<td>Respite Services</td>
<td>The Home Respite benefit is intermittent or regularly scheduled temporary medical and/or non-medical care supervision provided to the participant in their own home to do the following: Assist family members in maintaining the participant at home; Provide appropriate care and supervision to protect the participant’s safety in the absence of family members or caregivers; Relieve family members from the constantly demanding responsibility of caring for a participant; Attend to the participant’s medical and non-medical needs and other ADLs (activities of daily living), which would ordinarily be performed by the service provider or family member. Respite can be used up to 7 days in a row not to exceed 40 days in a year.</td>
</tr>
<tr>
<td>Respite Provider Eligibility</td>
<td>Waiver services are delivered utilizing qualified and enrolled Medi-Cal HCBS providers. For information on becoming a HCBS Waiver provider or to request an application, please contact In-Home Operations (IHO) at (916) 552-9105 or email: <a href="mailto:IHOwaiver@dhcs.ca.gov">IHOwaiver@dhcs.ca.gov</a></td>
</tr>
<tr>
<td>Caregiver Eligibility</td>
<td>In-home respite may be provided by a legally responsible person, a relative or legal guardian. Out-of-home respite cannot be provided by a legally responsible person, a relative, or a legal guardian.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>125 : Year ending 12/31/15</td>
</tr>
<tr>
<td>How to Apply</td>
<td>To request HCBS waiver services, a waiver application must be completed and returned to IHO. To request application, call (916) 552-9105.</td>
</tr>
</tbody>
</table>
| Contact Information | Department of Health Care Services, MediCAL, Home and Community-based Services Programs, Long Term Care Division  
IHO Northern Regional Office (916) 552-9105 (Sacramento)  
IHO Southern Regional Office (213) 897-6774 (Los Angeles)  
Or visit [http://www.dhcs.ca.gov/services/ltc/Pages/In-HomeOperations.aspx](http://www.dhcs.ca.gov/services/ltc/Pages/In-HomeOperations.aspx). |
| Expiration Date | 12/31/2019 |
| Date of Last Update | 11/13/2015 |
Home and Community-Based 1915(c) Waivers for Respite Support

Medicaid is a program in every state that pays for medical assistance for certain individuals and families with low incomes and resources. It is the largest source of funding for medical and health-related services for America’s poorest people. Because Medicaid is funded jointly by the federal and state governments, the services paid for vary from state to state. In addition to medical services, Medicaid will pay for home and community-based services (HCBS) through the state plan as well as through Medicaid waivers that offer services as a lower-cost alternative to treatment in a medical or long term care facility, such as a nursing home. Respite is usually paid for through one or more of the following types of waivers: research and demonstration (1115), managed care (1915b) and HCBS (1915c) waiver programs. This state’s Medicaid waivers that include respite are:

**CO Persons with Brain Injury**

- Provides adult day health, day treatment, personal care, respite, behavioral programming and education, consumer directed attendant support services, home modifications, in home support services, non-medical transportation, PERS (personal emergency response systems), specialized medical equipment and supplies/assistive devices, substance abuse counseling, supported living program, and transitional living programs for individuals ages 16 and older with brain injury that occurred prior to age 65.

**CO Elderly, Blind and Disabled**

- Provides adult day health, homemakers, personal care, respite, alternative care facility, community transition services, consumer directed attendant support services, home modifications, in home support services, non-medical transportation, PERS (personal emergency response systems), supplies/equipment/medication management for individuals ages 65 and older, individuals 18-64 who are physically disabled; and individuals of any age diagnosed with HIV/AIDS.

**CO Children’s Habilitation Residential Program**

- Provides habilitation, respite, behavioral assessment, behavioral services, professional services, supported community connections for individuals from birth through 20 years of age diagnosed with a developmental disability.

**CO Children’s Extensive Support**

- Provides homemakers, personal care, respite, vision, adapted therapeutic recreational equipment and fees, assistive technology, behavioral services, community connector, home accessibility adaptations, parent education, professional services, specialized medical equipment and supplies, vehicle modifications, and youth day services for individuals less than 18 years old diagnosed with a developmental disability or less than 5 years old diagnosed with a developmental delay who have a complex behavioral or medical condition and who require near constant line of sight supervision.

**CO Supported Living Services**

- Provides day habilitation, homemakers, personal care, prevocational, respite, supported employment, dental, vision, assistive technology, behavioral services, home accessibility adaptations, mentorship, nonmedical transportation, personal emergency response, professional services, specialized medical equipment and supplies, and vehicle modifications for individuals 18 years of age or older who are diagnosed with developmental disabilities.

**CO Children with Life Limiting Illness**

- Provides respite care, bereavement counseling, expressive therapy, massage therapy, palliative/supportive care services provided concurrently w/curative care services for individuals from birth through 18 years of age who are diagnosed as medically fragile with a life limiting illness.
**COLORADO**

**CO Persons with Spinal Cord Injury**

Provides adult day health, homemaker, personal care, respite, alternative therapies, consumer directed attendant support services, home modifications, in home support services, non-medical transportation, and PERS (personal emergency response systems) for individuals ages 65 and older and individuals 18-64 who are diagnosed with a physically disability.

**CO HCBS Waiver for Community Mental Health Supports**

Provides adult day, homemaker, personal care, respite, alternative care facility, consumer directed attendant support services, home modifications, non-medical transportation, PERS (personal emergency response systems), specialized medical equipment and supplies for individuals 18 years of age or older diagnosed with a major mental illness.
### Description
This waiver provides assistance to individuals with brain injuries that require long term supports and services in order to remain in a community setting. Services include adult day health, day treatment, personal care, respite, behavioral programming and education, consumer directed attendant support, environmental modifications, independent living skills training, mental health counseling, non-medical transportation, PERS (personal emergency response systems), specialized medical equipment and supplies/assistive devices, substance abuse counseling, supported living program and transitional living programs. Through a person-centered service planning process, participants assist a case manager, to identify those services and supports needed to prevent institutionalization.

### Waiver Type
1915 (c)

### Target Population-Eligibility
Individuals aged 16 and older whose brain injury occurred prior to the individual's 65th birthday.

### Level of Care
Individuals require level of care available in a hospital or nursing facility (NF).

### Respite Services
Respite is provided to individuals unable to care for themselves, furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care. Respite Care may be provided in a Class I nursing facility, an alternative care facility or by an employee of a certified personal care agency in the clients home. An individual may receive no more than 30 days of respite care in a calendar year. There shall be no duplication of this service and the personal care or homemaker services.

### Respite Provider Eligibility
Information on becoming a provider of services: [https://www.colorado.gov/pacific/hcpf/information-hcbs-service-provided](https://www.colorado.gov/pacific/hcpf/information-hcbs-service-provided) or to access the online provider enrollment tool: [https://www.colorado.gov/hcpf/provider-resources](https://www.colorado.gov/hcpf/provider-resources)

### Caregiver Eligibility
Relatives, other than a spouse, related to the individual receiving services by virtue of blood, marriage, adoption, or common law may be employed by a personal care/homemaker or home health agency to provide respite services. Relatives employed by an agency shall meet the same experience and qualification standards required of all agency employees. Relatives shall be employed by an agency and shall not be the individual's usual primary caregiver. There shall be no duplication of this service and the personal care. Respite cannot be provided by legal guardian or legally responsible person.

### Enrollment Limit
321: Year ending 06/30/2016

### How to Apply
Colorado Department of Health Care Policy and Financing, Single Entry Point (SEP) agencies by county or PEAK (Program Eligibility and Application Kit)

### Contact Information
Single Entry Point (SEP) agencies by county: [https://www.colorado.gov/pacific/hcpf/single-entry-point-agencies](https://www.colorado.gov/pacific/hcpf/single-entry-point-agencies) or PEAK (Program Eligibility and Application Kit): [https://peak.state.co.us/selfservice/](https://peak.state.co.us/selfservice/)

### Link to Waiver Application

### Expiration Date
06/30/2018

### Date of Last Update
11/13/2015
The Medicaid Waivers for Respite Support – 2015-16

**CO Elderly, Blind and Disabled (0006.R07.00)**

**State Operating Agency:** Department of Health Care Policy and Financing (DHCPF)

**Description**
This waiver provides assistance to individuals who require long term supports and services to remain in their own home, in the family residence, or in the community. These services include personal care, homemaker, respite care, adult day health, home modifications, non-medical transportation, personal emergency response systems (PERS), alternative care facility (ACF), community transition services (CTS), in home support services (IHSS), medication reminders, and consumer directed attendant support services (CDASS).

Through a person-centered service planning process, participants assist a case manager, to identify those services and supports needed to prevent placement in a nursing facility or hospital. An individual or their authorized representative may choose to self-direct services or choose to have the same services delivered through an approved agency-based model.

<table>
<thead>
<tr>
<th>Waiver Type</th>
<th>1915 (c)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target Population-Eligibility</td>
<td>Individuals ages 65 and older; individuals 18-64 who are physically disabled; individuals of any age diagnosed with HIV/AIDS.</td>
</tr>
<tr>
<td>Level of Care</td>
<td>Individuals require level of care available in a hospital or nursing facility (NF).</td>
</tr>
<tr>
<td>Respite Services</td>
<td>Respite is provided to individuals unable to care for themselves, furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care. An individual client may receive no more than 30 days of respite care in a calendar year.</td>
</tr>
<tr>
<td>Respite Provider Eligibility</td>
<td>Information on becoming a provider of services <a href="https://www.colorado.gov/pacific/hcpf/information-hcbs-service-provided">https://www.colorado.gov/pacific/hcpf/information-hcbs-service-provided</a> or to access the online provider enrollment tool: <a href="https://www.colorado.gov/hcpf/provider-resources">https://www.colorado.gov/hcpf/provider-resources</a></td>
</tr>
<tr>
<td>Caregiver Eligibility</td>
<td>Respite may be provided by a relative or legal guardian, but not by legally responsible persons.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>26,860: Year ending 06/30/2016</td>
</tr>
<tr>
<td>How to Apply</td>
<td>Colorado Department of Health Care Policy and Financing, Single Entry Point (SEP) agencies by county or PEAK (Program Eligibility and Application Kit)</td>
</tr>
<tr>
<td>Contact Information</td>
<td>Colorado Department of Health Care Policy and Financing, Single Entry Point (SEP) agencies by county <a href="https://www.colorado.gov/pacific/hcpf/single-entry-point-agencies">https://www.colorado.gov/pacific/hcpf/single-entry-point-agencies</a> or Visit PEAK (Program Eligibility and Application Kit) website: <a href="https://peak.state.co.us/selfservice/">https://peak.state.co.us/selfservice/</a></td>
</tr>
<tr>
<td>Link to Waiver Application</td>
<td>Link to application not available.</td>
</tr>
<tr>
<td>Expiration Date</td>
<td>06/30/2018</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>12/04/2015</td>
</tr>
</tbody>
</table>

Medicaid Waivers for Respite Support – 2015-16
ARCH National Respite Network and Resource Center | [www.archrespite.org](http://www.archrespite.org)
**CO HCBS Children’s Habilitation Residential Program (0305.R04.00)**

**State Operating Agency:** Department of Health Care Policy and Financing (DHCPF)

<table>
<thead>
<tr>
<th>Description</th>
<th>This waiver provides assistance to children and youth in out-of-home care who have been determined to have a developmental disability and require high levels of service to remain in the community. Habilitative services are tailored to the individual child's needs and provided by the foster parents, staff, and/or Child Placement Agency. This waiver provides habilitative services, and other services including behavioral assessment, behavioral services, professional services, supported community connections, and respite according to the child's needs. The habilitative services are structured to provide the child an opportunity to learn daily living skills, advocacy, social skills, and independent living skills in order to more successfully live within the community setting.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiver Type</td>
<td>1915 (c)</td>
</tr>
<tr>
<td>Target Population-Eligibility</td>
<td>Individuals from birth through 20 years of age who are diagnosed with developmental disabilities</td>
</tr>
<tr>
<td>Level of Care</td>
<td>Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).</td>
</tr>
<tr>
<td>Respite Services</td>
<td>Respite services are provided to participants residing in a foster home and unable to care for themselves because of the absence or need for relief of those persons who normally provide care for the waiver participant. Respite services are provided in a certified foster home or licensed respite care facility outside of the participant's normal foster home. Federal financial participation is not to be claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence. Respite care for a foster child in a certified foster home, other than the foster child’s identified foster home, shall occur for short term temporary relief of the foster parent for not more than 7 consecutive days per month not to exceed 28 days in a calendar year. During the time when respite for a foster child is occurring, the respite home may not exceed six foster children or a maximum of 8 total children with no more than 2 children under the age of 2. The respite home must be in compliance with all other applicable rules for family foster care homes.</td>
</tr>
<tr>
<td>Respite Provider Eligibility</td>
<td>Information on becoming a provider of services <a href="https://www.colorado.gov/pacific/hCPF/information-hcbs-service-provided">https://www.colorado.gov/pacific/hCPF/information-hcbs-service-provided</a> or to access the online provider enrollment tool: <a href="https://www.colorado.gov/hCPF/provider-resources">https://www.colorado.gov/hCPF/provider-resources</a></td>
</tr>
<tr>
<td>Caregiver Eligibility</td>
<td>Respite may not be provided by a relative, legal guardian, or legally responsible persons.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>139: Year ending 06/30/2016</td>
</tr>
<tr>
<td>How to Apply</td>
<td>To contact local services based on county via telephone, please visit the Colorado Department of Human Services website to find the appropriate number.</td>
</tr>
<tr>
<td>Contact Information</td>
<td>Colorado Department of Human Services, local services by county, please visit: <a href="https://sites.google.com/a/state.co.us/humanservices/home/services-by-county">https://sites.google.com/a/state.co.us/humanservices/home/services-by-county</a></td>
</tr>
<tr>
<td>Link to Waiver Application</td>
<td>Link to application not available.</td>
</tr>
<tr>
<td>Expiration Date</td>
<td>06/30/2019</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>12/04/2015</td>
</tr>
</tbody>
</table>
# CO Children’s Extensive Support (4180.R04.00)

**State Operating Agency:** Department of Health Care Policy and Financing (DHCPF), Division for Developmental Disabilities

## Description

This waiver provides specific targeted services and supports to children with developmental disabilities or delays who have a complex behavioral or medical condition and require near constant line of sight supervision. The waiver is designed to allow children to remain in the family home, support the long term stability of the family setting and prevent out-of-home placement for the child. The following services and supports are provided: homemaker, personal care, respite, vision, adapted therapeutic recreational equipment and fees, assistive technology, behavioral services, community connector, home accessibility adaptations, parent education, professional services, specialized medical equipment and supplies, vehicle modifications, and youth day services. Services and supports promote individual family choice through the individualized planning process and tailoring services to address unmet needs. Services supplement existing or newly developed natural supports and community resources.

## Waiver Type

1915 (c)

## Target Population- Eligibility

Individuals less than 18 years old diagnosed with a developmental disability and includes individuals diagnosed with a developmental delay if less than 5 years of age. Must demonstrate a medical or behavioral condition so intense that almost constant line of sight supervision is required to keep the child and others safe and must meet the Federal Social Security Administration's definition of disability.

## Level of Care

Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

## Respite Services

Respite is provided on a short-term basis because of the absence or need for relief to caregivers of the participant. Respite is to be provided in an age appropriate manner. Respite may be provided on an individual or group basis in the residence of the participant or respite care provider or in the community. Group respite may be provided overnight only by facilities approved to provide supervised overnight group accommodations. Federal financial participation is not available for the cost of room and board except when provided as part of respite care in a facility approved by the State that is not a private residence. Respite services shall be billed according to a unit rate or daily rate whichever is less. The total amount of respite provided in one plan year may not exceed 30 days and 1,880 additional 15 minute units in a plan year. The Department may approve a higher amount based on a documented increase in medical or behavioral needs reflected in the behavior plan for behavioral needs or in the medical records for medical needs.

## Respite Provider Eligibility

Information on becoming a provider of services: [https://www.colorado.gov/hcpf/provider-enrollment](https://www.colorado.gov/hcpf/provider-enrollment)

## Caregiver Eligibility

Respite may be provided by a relative or legal guardian, but not by legally responsible persons.

## Enrollment Limit

1292: Year ending 06/30/2016

## How to Apply

To contact local services based on county via telephone, please visit the Colorado Department of Health Care Policy and Financing Community Centered Boards’ website to find the appropriate number or Medicaid Customer Contact Center.

## Contact Information

Community Centered Board: [https://www.colorado.gov/pacific/hcpf/community-centered-boards](https://www.colorado.gov/pacific/hcpf/community-centered-boards)

Medicaid Customer Contact Center: (800) 221-3943 or visit [https://www.colorado.gov/hcpf/contact-hcpf](https://www.colorado.gov/hcpf/contact-hcpf)

## Link to Waiver Application

[https://www.colorado.gov/pacific/sites/default/files/HCBS-CES%20Waiver%20%28CO.4180.R04.00%29.pdf](https://www.colorado.gov/pacific/sites/default/files/HCBS-CES%20Waiver%20%28CO.4180.R04.00%29.pdf)

## Expiration Date

06/30/2019

## Date of Last Update

11/13/2015
**CO Supported Living Services (0293.R04.00)**  
**State Operating Agency:** Dept. of Health Care Policy and Financing (DHCPF), Division for Developmental Disabilities

| Description | The waiver provides services and supports for individuals with intellectual or developmental disabilities to remain in their homes and communities. The waiver promotes individual choice and decision-making through the individualized planning process and tailoring of services/supports to address prioritized, unmet needs and supplement existing natural supports and traditional community resources.

Individuals receiving services are responsible for their living arrangements which can include living with family or in their own home. Up to three persons receiving services can live together. Participants on this waiver do not require twenty-four (24) hour supervision on a continuous basis for services and supports offered on this waiver.

The waiver provides the following services: day habilitation, homemaker, personal care, prevocational, respite, supported employment, dental, vision, assistive technology, behavioral services, home accessibility adaptations, mentorship, nonmedical transportation, personal emergency response, professional services, specialized medical equipment and supplies, and vehicle modifications for individuals 18 years of age or older who are diagnosed with developmental disabilities. |
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td><strong>Waiver Type</strong></td>
</tr>
<tr>
<td><strong>Target Population-Eligibility</strong></td>
</tr>
<tr>
<td><strong>Level of Care</strong></td>
</tr>
</tbody>
</table>
| **Respite Services** | Respite services are provided on a short-term basis because of the absence or need for relief to those persons who normally provide care for the participant. Respite may be provided on an individual or group basis in home/private place of residence of the participant(s) or in the private residence of a respite care provider. Respite may be provided on an overnight group basis only by facilities approved to provide supervised overnight group accommodations.

Federal financial participation (FFP) is not to available for the cost of room and board except when provided as part of respite care furnished overnight group facilities. Respite services shall be billed according to a unit rate or daily rate whichever is less. A full day is 10 hours (15 minute units x 4 x 10) or greater within a twenty-four (24) service period. |
| **Respite Provider Eligibility** | Information on becoming a provider of services: [https://www.colorado.gov/hcpf/provider-enrollment](https://www.colorado.gov/hcpf/provider-enrollment) |
| **Caregiver Eligibility** | Respite may be provided by a relative or legal guardian, but not legally responsible persons. |
| **Enrollment Limit** | 5510: Year ending 06/30/2016 |
| **How to Apply** | To contact local services based on county via telephone, please visit the Colorado Department of Health Care Policy and Financing Community Centered Boards website to find the appropriate number or Medicaid Customer Contact Center. |
| **Contact Information** | Community Centered Board: [https://www.colorado.gov/pacific/hcpf/community-centered-boards](https://www.colorado.gov/pacific/hcpf/community-centered-boards)  
Medicaid Customer Contact Center: (800)221-3943  
or visit [https://www.colorado.gov/hcpf/contact-hcpf](https://www.colorado.gov/hcpf/contact-hcpf) |
| **Link to Waiver Application** | [https://www.colorado.gov/pacific/sites/default/files/HCBS-SLS%20Waiver%20Application.pdf](https://www.colorado.gov/pacific/sites/default/files/HCBS-SLS%20Waiver%20Application.pdf) |
| **Expiration Date** | 06/30/2019 |
| **Date of Last Update** | 11/13/2015 |
### CO Children with Life Limiting Illness (0450.R01.00)

**State Operating Agency:** Department of Health Care Policy and Financing (DHCPF)

#### Description
This waiver provides a home or community-based alternative to children with a life limiting illness by removing barriers to a continuum of care and current state plan traditional hospice requirements that preclude the pursuit of curative treatments while providing palliative care. It removes the requirement of physician certification that death is expected within six months. If curative treatments are provided along with palliative care, there can be an effective continuum of care throughout the life of the child.

Services are: In-home Respite Care including personal care, nursing or home health aide depending on the condition of the child; Expressive Therapies like creative art, music or play therapy; Palliative/Supportive Care such as pain/symptom management and care coordination; Integrative Therapies such as massage therapy and nutritional counseling; Therapeutic Grief Support and Bereavement Services.

#### Waiver Type
1915 (c)

#### Target Population-Eligibility
Individuals from birth through 18 years of age diagnosed as medically fragile with a life limiting illness that are at risk of hospitalization within one month without waiver services. Must meet the Social Security Administration definition of disability.

#### Level of Care
Individuals require level of care available in a hospital.

#### Respite Services
Respite is provided to participants who are unable to care for themselves on a short term basis because of the absence or need for relief of those persons normally providing care. Respite under this waiver is preferentially provided in the participant’s residence and may be provided by different levels of providers depending upon the needs of the participant. Respite may be provided in the community.

Skilled Respite Care must be provided by a either a licensed RN/LPN or CNA. Skilled respite is required for ongoing medical needs that can only be provided by an RN/LPN or CAN, (i.e., suctioning).

Unskilled respite is for individuals who will not have any medical needs requiring skilled care, such as a G-tube feeding. This includes the possibility of the need for skilled/medical intervention.

Respite Care may be provided for up to a maximum of 30 days per year.

Respite Care and State Plan nursing, home health aide, or private duty nursing services shall not be provided at the same time. Respite Care does not diminish services a participant is entitled to under Early Periodic Screening, Diagnosis and Treatment however; it will not duplicate those services.

#### Respite Provider Eligibility
Information on becoming a provider of services: [https://www.colorado.gov/hcpf/provider-enrollment](https://www.colorado.gov/hcpf/provider-enrollment)

#### Caregiver Eligibility
Respite may be provided by a relative or legal guardian, but not by legally responsible persons.

#### Enrollment Limit
200: Year ending 06/30/2016; renewal application pending

#### How to Apply
To contact local services based on county via telephone, please visit the Colorado Department of Health Care Policy and Financing Community Centered Boards website to find the appropriate number or Medicaid Customer Contact Center.

#### Contact Information
Colorado Department of Health Care Policy and Financing, Single Entry Point (SEP) agencies by county [https://www.colorado.gov/pacific/hcpf/single-entry-point-agencies](https://www.colorado.gov/pacific/hcpf/single-entry-point-agencies) or the Medicaid Customer Contact Center at (800) 221-3943 or visit [https://www.colorado.gov/hcpf/contact-hcpf](https://www.colorado.gov/hcpf/contact-hcpf)

#### Link to Waiver Application
[https://www.colorado.gov/pacific/sites/default/files/SCI%20DRAFT%20Waiver%20Amendment03-September%202014_0.pdf](https://www.colorado.gov/pacific/sites/default/files/SCI%20DRAFT%20Waiver%20Amendment03-September%202014_0.pdf)

#### Expiration Date
06/30/2015; renewal application submitted and pending

#### Date of Last Update
11/13/2015
CO Persons with Spinal Cord Injury (0961.R00.00)
State Operating Agency: Department of Health Care Policy and Financing

Description
This waiver provides assistance to individuals with spinal cord injuries residing in the Denver Metro Area who require long term supports and services in order to remain in a community setting. The waiver provides adult day health care, homemaker, personal care, respite, consumer directed attendant support services, home modifications, in home support services, medication reminder, non-medical transportation, and PERS (personal emergency response systems).

The effectiveness of these waiver services will be evaluated and may merit future expansion to persons outside the current geographic limitation and/or target populations served by other waiver programs.

Through a participant centered service planning process, participants assist the case manager to identify those services and supports needed to prevent institutionalization. There are opportunities for participant directed service delivery of personal care, homemaker, and home health care services. The participant and/or authorized representative may choose to direct these services or choose to have comparable services delivered by a traditional Medicaid provider agency.

Waiver Type
1915 (c)

Target Population-Eligibility
Individuals 18 years or older residing in the Denver Metro Area (Adams, Arapahoe, Denver, Douglas, and Jefferson counties) who have been diagnosed with a spinal cord injury.

Level of Care
Individuals require level of care available in a hospital and nursing facility (NF).

Respite Services
Services provided to individuals unable to care for themselves; furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care. Respite Care may be provided for no more than 30 days in each certification period.

Respite Provider Eligibility
Information on becoming a provider of services: https://www.colorado.gov/hcpf/provider-enrollment

Caregiver Eligibility
Relatives, other than a spouse, who are related to the individual receiving services by virtue of blood, marriage, adoption, or common law, may be employed by a personal care/homemaker or home health agency to provide respite services. Relatives employed by an agency shall meet the same experience and qualification standards required of all agency employees. Relatives shall be employed by an agency and shall not be the same person’s normally providing care. There shall be no duplication of this service and the personal care, homemaker, in home support services, or consumer directed attendant support services.

Enrollment Limit
109: Year ending 06/30/2016; renewal application pending

How to Apply
To contact local services based on county via telephone, please visit the Colorado Department of Health Care Policy and Financing Community Centered Boards website to find the appropriate number or Medicaid Customer Contact Center.

Contact Information
Colorado Department of Health Care Policy and Financing, Single Entry Point (SEP) agencies by county https://www.colorado.gov/pacific/hcpf/single-entry-point-agencies
Medicaid Customer Contact Center (800)221-3943 or visit https://www.colorado.gov/hcpf/contact-hcpf

Link to Waiver Application
Link to application not available.

Expiration Date
06/30/2015; renewal application submitted and pending

Date of Last Update
12/04/2015
**CO HCBS Waiver for Community Mental Health Supports (0268.R04.00)**

**State Operating Agency:** Department of Health Care Policy and Financing

<table>
<thead>
<tr>
<th>Description</th>
<th>This waiver provides a range of community-based services designed to support individuals with major mental illness to remain in the community. The services include adult day services, homemaker, personal care, respite, alternative care facility, consumer directed attendant support services, electronic monitoring, home modifications, non-medical transportation, PERS (personal emergency response systems) and specialized medical equipment and supplies. Through a participant-centered service planning process, participants assist the case manager to identify those services and supports needed to prevent placement in a nursing facility. There are opportunities for participant directed service delivery of personal care, homemaker, and health maintenance activities. The participant and/or authorized representative may choose to direct these services or choose to have comparable services delivered by a traditional Medicaid provider agency.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiver Type</td>
<td>1915 (c)</td>
</tr>
<tr>
<td>Target Population-Eligibility</td>
<td>Individuals 18 years of age or older diagnosed with a mental illness. Individuals with dementia (including Alzheimer’s disease or a related disorder) are not eligible.</td>
</tr>
<tr>
<td>Level of Care</td>
<td>Individuals require level of care available in a nursing facility (NF).</td>
</tr>
<tr>
<td>Respite Services</td>
<td>Services provided to individuals unable to care for themselves; furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care. Respite Care may be provided for no more than 30 days in each certification period.</td>
</tr>
<tr>
<td>Respite Provider Eligibility</td>
<td>Information on becoming a provider of services: <a href="https://www.colorado.gov/hcpf/provider-enrollment">https://www.colorado.gov/hcpf/provider-enrollment</a></td>
</tr>
<tr>
<td>Caregiver Eligibility</td>
<td>Respite may not be provided by relatives, legal guardians, or legally responsible persons.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>4011: Year ending 06/30/2016;</td>
</tr>
<tr>
<td>How to Apply</td>
<td>To contact local services based on county via telephone, please visit the Colorado Department of Health Care Policy and Financing Community Centered Boards website to find the appropriate number or Medicaid Customer Contact Center.</td>
</tr>
<tr>
<td>Contact Information</td>
<td>Colorado Department of Health Care Policy and Financing, Single Entry Point (SEP) agencies by county <a href="https://www.colorado.gov/pacific/hcpf/single-entry-point-agencies">https://www.colorado.gov/pacific/hcpf/single-entry-point-agencies</a> Medicaid Customer Contact Center (800-221-3943) or visit <a href="https://www.colorado.gov/hcpf/contact-hcpf">https://www.colorado.gov/hcpf/contact-hcpf</a></td>
</tr>
<tr>
<td>Link to Waiver Application</td>
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</tr>
<tr>
<td>Date of Last Update</td>
<td>12/04/2015</td>
</tr>
</tbody>
</table>
Home and Community-Based 1915(c) Waivers and Concurrent 1915(b) Managed Care Waivers for Respite Support

Medicaid is a program in every state that pays for medical assistance for certain individuals and families with low incomes and resources. It is the largest source of funding for medical and health-related services for America’s poorest people. Because Medicaid is funded jointly by the federal and state governments, the services paid for vary from state to state. In addition to medical services, Medicaid will pay for home and community-based services (HCBS) through the state plan as well as through Medicaid waivers that offer services as a lower-cost alternative to treatment in a medical or long term care facility, such as a nursing home. Respite is usually paid for through one or more of the following types of waivers: research and demonstration (1115), managed care (1915b) and HCBS (1915c) waiver programs. This state’s Medicaid waivers that include respite are:

CT Acquired Brain Injury-ABI Waiver I and II

Provides case management, homemaker, personal care, prevocational, respite, supported employment, ABI group day, chore, cognitive behavioral programs, community living support, companion, environmental accessibility adaptation, home delivered meals, independent living skill training, PERS (personal emergency response systems), specialized medical equipment and supplies, substance abuse programs, transitional living, transportation, and vehicle modifications for individuals 18 years and older with a brain injury. New enrollment in CT ABI stopped in 2014 with 12 slots added each year to CT ABI Waiver II for new CT ABI I participants.

CT Acquired Brain Injury-ABI Waiver II

Provides ABI group day, adult day health, case management, homemaker, personal care, prevocational, respite, supported employment, ABI recovery assistant II, ABI recovery assistant, chore, cognitive behavioral programs, community living support, companion, consultation, environmental accessibility modifications, home delivered meals, independent living skills training, PERS (personal emergency response systems), specialized medical equipment and supplies, substance abuse programs, transportation, vehicle modification for individuals 18 years and older diagnosed with a brain injury.

CT Employment and Day Supports

Provides adult day health, community-based day support options, respite, supported employment, independent support broker, peer support, assistive technology, behavioral support, individual goods and services, individualized day support, interpreter, specialized medical equipment and supplies, and transportation for individuals 18 years and older diagnosed with a developmental disability and individuals 3 years and older diagnosed with an intellectual disability.

CT Individual and Family Support

Provides adult day health, community companion homes (formerly community training homes), group day supports, individual supported employment (formerly supported employment), live-in companion, prevocational services, respite, independent support broker, assistive technology, behavioral support, companion supports (formerly adult companion), continuous residential supports, environmental modifications, group supported employment (formerly supported employment), health care coordination, individualized day supports, individualized home supports, individually directed goods and services, interpreter, nutrition, parenting support, peer support, PERS (personal emergency response systems), personal support, senior supports, shared living, specialized medical equipment and supplies, training and counseling services for unpaid caregivers, transportation, and vehicle modifications for individuals 18 years and older diagnosed with a developmental disability and individuals 3 years and older diagnosed with an intellectual disability.
CT Home and Community Supports Waiver for Persons with Autism

Provides community companion homes, live-in companion, respite, assistive technology, clinical behavioral support, community mentor, individuals good and services, interpreter, job coaching, life skills coach, non-medical transportation, PERS (personal emergency response systems), social skills group, and specialized driving assessment for individuals ages 3 and older diagnosed with autism.

CT Comprehensive Supports

Provides adult day health, community companion homes/community living arrangements, group day supports, live-in caregiver, prevocational, respite, supported employment, independent support broker, adult companion, assisted living, assistive technology, behavioral support, continuous residential supports, environmental modifications, health care coordination, individual goods and services, individualized day supports, individualized home supports, interpreter, nutrition, parenting support, PERS (personal emergency response systems), personal support, senior supports, shared living, specialized medical equipment and supplies, training and counseling services for unpaid caregivers, transportation, and vehicle modifications for individuals 18 years and older diagnosed with a developmental disability and individuals 3 years and older diagnosed with an intellectual disability.

CT Home Care Program for Elders

Provides case management, homemaker, adult family living/Foster Care, companion, chore, adult day health, personal emergency response systems, personal care (agency based), assistive technology, respite, transportation, home delivered meals, mental health counseling, personal care assistant, and environmental accessibility adaptations. Personal care assistant will be available as a fully self-directed model or as agency with choice, thus giving the participants more options for care for individuals 65 years and older.
Acquired Brain Injury Waiver I & Waiver II (0302.R03.00) & (1085.R00.00)

State Operating Agency: Department of Social Services, Social Work Services Division

Description
There are two ABI waiver programs, known as ABI Waiver I and ABI Waiver II. Both employ the principles of person-centered planning to develop an adequate, appropriate and cost-effective plan of care of home and community-based services to achieve personal outcomes that support the individual’s ability to live in the community. The waivers are designed to assist participants to relearn, improve or retain the skills needed to support community living.

Together, these waivers provide the following supports and services: case management, homemaker, personal care, prevocational, respite, supported employment, ABI group day, chore, cognitive behavioral programs, community living support, companion, environmental accessibility adaptation, home delivered meals, independent living skill training, PERS (personal emergency response systems), specialized medical equipment and supplies, substance abuse programs, transitional living, transportation, vehicle modifications, adult day health, ABI recovery assistant I & II, and consultation.

Waiver Type 1915(c)

Target Population-Eligibility
Individuals 18 years and older diagnosed with an acquired brain injury

Level of Care
Individuals require level of care available in a hospital, nursing facility (NF), or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

Respite Services
Respite services are provided to persons unable to care for themselves, and furnished on a short-term basis only in the individual’s home or place of residence, when person performing such services is absent or in need of relief.

Respite Provider Eligibility
Information on becoming a provider of services: https://www.ctdssmap.com/CTPortal/Provider/ProviderEnrollment/tabid/47/Default.aspx

Caregiver Eligibility
Waiver I: Respite may not be provided by relatives, legal guardians, or legally responsible persons.
Waiver II: Respite may be provided by a relative, but not by legal guardians, or legally responsible persons.

Enrollment Limit
434: Year ending 12/31/2015 --ABI Waiver I (no longer accepting new enrollees)
78: Year ending 11/30/2015-- ABI Waiver II (12 slots will be added each year in Waiver II to compensate for the attrition from ABI Waiver I)

How to Apply
Call Social Work Services Team at the DSS Central Office or your local DSS regional office/sub-office to ask for a Waiver Request Form. These numbers can be found here: http://www.ct.gov/dss/cwp/view.asp?a=2345&q=304868
Or download this form: http://www.ct.gov/dss/lib/dss/pdfs/w1130ABIRequestForm.pdf and return it to the address listed at the bottom.

Contact Information
Call 1-888-794-6337 for more information. If you get a busy signal and cannot connect to someone via this number, reference the website below for the phone number for the regional contact number: http://www.ct.gov/dss/cwp/view.asp?a=2345&q=304868

Expiration Date
12/31/2016 (ABI Waiver I)
11/30/2019 (ABI Waiver II)

Date of Last Update
12/04/2015
**CT Employment and Day Supports (0881.R00.00)**  
**State Operating Agency:** Department of Developmental Services (DDS)

**Description**  
This waiver is designed to support individuals who live with family or in their own homes and have a strong natural support system. There is a focus on young adults who are transitioning from school to work. The waiver includes the following services: adult day health, community-based day support options, respite, supported employment, independent support broker, peer support, assistive technology, behavioral support, individual goods and services, individualized day support, interpreter, specialized medical equipment and supplies, and transportation.

This waiver includes traditional service-delivery and participant-directed options. Participants may use their allocated funds in three ways:
- Self-direction whereby funds are used to self-manage services;
- Use funds to obtain services under a rate based system from a qualified service provider;
- Use funds to obtain services from a qualified service provider through a Purchase of Service contract.

<table>
<thead>
<tr>
<th>Waiver Type</th>
<th>1915(c)</th>
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<tbody>
<tr>
<td><strong>Target Population-Eligibility</strong></td>
<td>Individuals 18 years and older diagnosed with a developmental disability and individuals 3 years and older diagnosed with an intellectual disability</td>
</tr>
<tr>
<td><strong>Level of Care</strong></td>
<td>Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).</td>
</tr>
<tr>
<td><strong>Respite Services</strong></td>
<td>Respite is provided to individuals unable to care for themselves, furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care. Federal financial participation (FFP) will not be claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence. Respite may be provided in these location(s): individual's home or place of residence; DDS (Department of Developmental Services) certified respite care facility; DPH (Department of Public Health) certified residential camp program. Respite services may not be provided at the same time as Community Day Support Options, Adult Day Health, Individualized Day, or Supported Employment. Respite is limited to a maximum of 14 days per year. The per diem rate is utilized when the respite is provided for 13 or more hours in a 24-hour period.</td>
</tr>
<tr>
<td><strong>Caregiver Eligibility</strong></td>
<td>Respite cannot be provided by a legally responsible person, but can be provided by a relative, or a legal guardian who does not live in the participant’s house.</td>
</tr>
<tr>
<td><strong>Enrollment Limit</strong></td>
<td>1150: Year ending 03/31/2016</td>
</tr>
<tr>
<td><strong>How to Apply</strong></td>
<td>HelpLine staff will assist you to apply for appropriate community resources and services. Each DDS region has a HelpLine to assist families to access services.</td>
</tr>
</tbody>
</table>
| **Contact Information** | North Region: HelpLine (877) 437-4577  
South Region: HelpLine (877) 437-4567  
West Region: HelpLine (877) 491-2720 |
| **Link to Waiver Application** | Link to application not available. |
| **Expiration Date** | 03/31/2016 |
| **Last Update** | 12/04/2015 |
**CT Individual and Family Support (0426.R02.00)**

**State Operating Agency:** Department of Developmental Disabilities (DDS)

**Description**

This waiver provides services for eligible children and adults who live in a family home or one’s own home to live safe and productive lives; to support and encourage consumer-direction to maximize choice, control and efficient use of resources; and to serve more individuals through individualized and non-licensed service options. It provides adult day health, community companion homes (formerly community training homes), group day supports, individual supported employment, live-in companion, prevocational services, respite, independent support broker, assistive technology, behavioral support, companion supports (formerly adult companion), continuous residential supports, environmental modifications, group supported employment, health care coordination, individualized day supports, individualized home supports, individually directed goods and services, interpreter, nutrition, parenting support, peer support, PERS (personal emergency response systems), personal support, senior supports, shared living, specialized medical equipment and supplies, training and counseling services for unpaid caregivers, transportation, and vehicle modifications.

**Waiver Type** 1915(c)

**Target Population - Eligibility**

Individuals 18 years and older diagnosed with a developmental disability and individuals 3 years and older diagnosed with an intellectual disability

**Level of Care**

Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

**Respite Services**

Respite is provided to individuals unable to care for themselves, furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care. Respite may be provided in these locations: individual's home or place of residence; DDS certified respite care facility; or DDS certified residential camp program. Respite services may not be provided at the same time as adult day health, community companion home, group day, live-in companion, prevocational services, supported employment, companion supports, individualized home supports, parenting support, senior supports, individualized day supports or continuous residential support.

This service is not available to individuals who receive continuous residential supports.

Respite may be provided for up to 30 consecutive days. Respite services beyond 30 consecutive days will require approval from DDS (Department of Developmental Services).

**Respite Provider Eligibility**


**Caregiver Eligibility**

Respite can be provided by a relative, but not by legal guardians or legally responsible persons.

**Enrollment Limit**

4450: Year ending 01/31/2016  (2015 amendment increases waiver participant slots as follows: Year 3 by 150, Year 4 by 150, Year 5 by 150)

**How to Apply**

HelpLine staff will assist you to apply for appropriate community resources and services. Each DDS region has a HelpLine to assist families to access services.

**Contact Information**

North Region: HelpLine (877) 437-4577
South Region: HelpLine (877) 437-4567
West Region: HelpLine (877) 491-2720

**Link to Waiver Application**

Link to application not available.

**Expiration Date** 01/31/2018

**Date of Last Update** 12/04/2015
**CT Home and Community Supports Waiver for Persons with Autism (0993.R00.00)**

**State Operating Agency:** Department of Developmental Services (DDS)

### Description
This waiver serves persons with a diagnosis of autism spectrum disorder who live in a family or caregiver’s home, one’s own home or a Community Companion Home (formerly Community Training Home). Although these individuals will not have the diagnosis of mental retardation, they have substantial functional limitations which negatively impact their ability to live independently. These individuals and their caregivers need flexible and necessary supports and services to live safe and productive lives. This waiver will support and encourage the use of consumer-direction to maximize choice as well as control and efficiently use state and federal resources.

This waiver includes: community companion homes, live-in companion, respite, assistive technology, clinical behavioral support, community mentor, individuals good and services, interpreter, job coaching, life skills coach, non-medical transportation, PERS (personal emergency response systems), social skills group, and specialized driving assessment.

### Waiver Type
1915(c).

### Target Population - Eligibility
Individuals ages 3 and older diagnosed with a primary diagnosis of an Autism Spectrum Disorder, with impairment prior to age 22 years.

### Level of Care
Individuals require level of care available in an Intermediate Care Facility for the Mentally Retarded (ICF/MR).

### Respite Services
Respite services are provided to individuals unable to care for themselves, and furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care. Federal financial participation (FFP) will not be claimed for the cost of room and board except when provided as part of respite care furnished in an approved facility that is not a private residence. Respite may be provided for up to 30 consecutive days. Respite services beyond 30 consecutive days will require review and prior approval from DDS.

### Respite Provider Eligibility
Information on becoming a provider of services: http://www.ct.gov/dds/cwp/view.asp?a=3166&q=391058

### Caregiver Eligibility
Respite cannot be provided by a legally responsible person, but can be provided by a relative, or a legal guardian who does not live in the participant’s house.

### Enrollment Limit
122: Year ending 12/31/16

### How to Apply
HelpLine staff will assist you to apply for appropriate community resources and services. Each DDS region has a HelpLine to assist families to access services. Applications are available at http://www.ct.gov/dds/cwp/view.asp?a=2039&q=533014

### Contact Information
North Region: HelpLine (877) 437-4577
South Region: HelpLine (877) 437-4567
West Region: HelpLine (877) 491-2720

### Link to Waiver Application
Link to application not available.

### Expiration Date
12/31/2017

### Date of Last Update
12/04/2015
**CT Comprehensive Waiver (0437.R02.00)**

**State Operating Agency:** Department of Developmental Disabilities (DDS)

<table>
<thead>
<tr>
<th>Description</th>
<th>This waiver provides services for eligible children and adults living in a family home or one’s own home to live safe and productive lives; to support and encourage consumer-direction to maximize choice, control efficient use of resources; and serve an increased number of individuals through individualized and non-licensed service options. The waiver provides: adult day health, community companion homes/community living arrangements, group day supports, live-in caregiver, prevocational, respite, supported employment, independent support broker, adult companion, assisted living, assistive technology, behavioral support, continuous residential supports, environmental modifications, health care coordination, individual goods and services, individualized day supports, individualized home supports, interpreter, nutrition, parenting support, personal emergency response systems, peer support, personal support, senior supports, shared living, specialized medical equipment and supplies, training and counseling services for unpaid caregivers, transportation, and vehicle modifications.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiver Type</td>
<td>1915(c)</td>
</tr>
<tr>
<td>Target Population-Eligibility</td>
<td>Individuals 18 years and older diagnosed with a developmental disability and individuals 3 years and older diagnosed with an intellectual disability</td>
</tr>
<tr>
<td>Level of Care</td>
<td>Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).</td>
</tr>
<tr>
<td>Respite Services</td>
<td>Respite is provided to individuals unable to care for themselves, furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care. Federal financial participation (FFP) will not be claimed for the cost of room and board except when provided as part of respite care furnished in an approved facility that is not a private residence. Respite care may be provided in the following location(s): individual’s home or place of residence; DDS certified respite care facility; DDS certified residential camp program. Respite services may not be provided at the same time as adult day health, community companion home, group day, live-in companion, prevocational services, supported employment, companion supports, individualized home supports, parenting support, senior supports, individualized day supports, or continuous residential support. Respite may be provided for up to 30 consecutive days. Respite services beyond 30 consecutive days will require approval from DDS. This service is not available to individuals who receive Continuous Residential Supports.</td>
</tr>
<tr>
<td>Caregiver Eligibility</td>
<td>Respite can be provided by a relative, but not by legal guardian’s legally responsible persons.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>5400: Year ending 09/30/2016</td>
</tr>
<tr>
<td>How to Apply</td>
<td>HelpLine staff will assist you to apply for appropriate community resources and services. Each DDS region has a HelpLine to assist families to access services.</td>
</tr>
</tbody>
</table>
| Contact Information | North Region: HelpLine (877) 437-4577  
South Region: HelpLine (877) 437-4567  
West Region: HelpLine (877) 491-2720 |
| Link to Waiver Application | Link to application not available. |
| Expiration Date | 09/30/2018 |
| Date of Last Update | 12/04/2015 |
## CT Home Care Program for Elders (0140.R06.00)

**State Operating Agency:** Department of Social Services, Home and Community-based Services Unit

### Description

This waiver provides: Case Management, Homemaker, Adult Family Living/Foster Care, Companion, Chore, Adult Day Health, Personal Emergency Response Systems, Personal Care (Agency based), Assistive Technology, Respite, Transportation, Home Delivered Meals, Mental Health Counseling, Personal Care Assistant, and Environmental Accessibility Adaptations, ), Bill Payer Service, Recovery Assistant and Independent Support Broker. Personal Care Assistant will be available either as a fully self-directed model or as agency with choice. Support Broker also may be provided as a self-directed or agency based service and will be available after the participant has utilized a $500 benefit under the 1915k state plan option. In 2015, added a tiered care management service, Care Transitions and Chronic Disease Self-Management Program (both are evidence-based programs).

### Waiver Type

1915(c) operates concurrently with 1915(b)(4) for selective contracting of the care management service

### Target Population-Eligibility

Individuals 65 years and older

### Level of Care

Individuals require level of care available in a nursing facility (NF).

### Respite Services

Respite is provided to individuals unable to care for themselves, furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care. In home respite providers may include, but are not limited to, homemakers, companions or home health aides. Services may be provided in the home or outside of the home including, but not limited to, a licensed or certified facility such as a rest home with nursing supervision or chronic and convalescent nursing home. Federal financial participation (FFP) is not claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence.

Respite services provided in a licensed facility are limited to 30 days per calendar year per recipient. In home respite services are limited to 720 hours per year per recipient.

### Respite Provider Eligibility

Information on becoming a provider of services: [https://www.ctdssmap.com/CTPortal/Provider/ProviderEnrollment/tabid/47/Default.aspx](https://www.ctdssmap.com/CTPortal/Provider/ProviderEnrollment/tabid/47/Default.aspx)

### Caregiver Eligibility

Respite cannot be provided by a legally responsible person, a relative, nor a legal guardian.

### Enrollment Limit

15, 549: Year ending 06/30/2016

### How to Apply

Apply on online at: [https://www.ascendami.com/CTHomeCareForElders/default/](https://www.ascendami.com/CTHomeCareForElders/default/) For more information, or to start the application process call 1-800-445-5394 (toll-free) or 860-424-4904 locally in the Hartford area and select option 4.

### Contact Information

Department of Social Services, Home and Community-based Services Unit

Department of Social Services, Client Information Line and Benefit Center
(855) 626-6632 or visit: [www.connect.ct.gov](http://www.connect.ct.gov)

### Link to Waiver Application

Link to application not available.

### Expiration Date

06/30/2020

### Date of Last Update

12/04/2015
Home and Community-Based 1915(c) Waivers/1115 Research and Demonstration Waivers for Respite Support

Medicaid is a program in every state that pays for medical assistance for certain individuals and families with low incomes and resources. It is the largest source of funding for medical and health-related services for America’s poorest people. Because Medicaid is funded jointly by the federal and state governments, the services paid for vary from state to state. In addition to medical services, Medicaid will pay for home and community-based services (HCBS) through the state plan as well as through Medicaid waivers that offer services as a lower-cost alternative to treatment in a medical or long term care facility, such as a nursing home. Respite is usually paid for through one or more of the following types of waivers: research and demonstration (1115), managed care (1915b) and HCBS (1915c) waiver programs.

All Delaware Home and Community-Based (HCBS) 1915(c) Waivers have been incorporated into the 1115 Demonstration: “Diamond State Health Plan-Plus (DSHP-Plus).” All of the waiver services offered by the Home and Community-Based 1915(c) waivers including respite care are to continue to be provided in the MLTSS delivery system.

Delaware Diamond State Health Plan - Plus

Most individuals who receive benefits from both Medicaid and Medicare (dually eligible), workers with disabilities, and most individuals receiving care in institutional or home and community-based settings are eligible for DSHP-Plus. The DSHP-Plus program also expands Medicaid coverage of home and community-based services (HCBS) to individuals who are “at-risk” for institutionalization at a nursing facility. The PROMISE program additionally servers DSHP and DSHP-Plus enrollees, who are age 18 and over, have severe and persistent mental illness (SPMI) and/or a substance use disorder (SUD), and require HCBS to live and work in integrated settings. Demonstration enrollees that apply for PROMISE services are screened by the state Division of Substance Abuse and Mental Health (DSAMH) and must meet the standardized clinical and functional assessment developed for the state to enroll in PROMISE.
Delaware Diamond State Health Plan

State Operating Agency: Delaware Department of Health and Social Services, Division of Medicaid & Medical Services

Description
Most individuals who receive benefits from both Medicaid and Medicare (dually eligible), workers with disabilities, and most individuals receiving care in institutional or home and community-based settings are eligible for DSHP-Plus. The DSHP-Plus program also expands Medicaid coverage of home and community-based services (HCBS) to individuals who are “at-risk” for institutionalization at a nursing facility. The PROMISE program additionally serves DSHP and DSHP-Plus enrollees, who are age 18 and over, have severe and persistent mental illness (SPMI) and/or a substance use disorder (SUD), and require HCBS to live and work in integrated settings. Demonstration enrollees that apply for PROMISE services are screened by the state Division of Substance Abuse and Mental Health (DSAMH) and must meet the standardized clinical and functional assessment developed for the state to enroll in PROMISE. The DSHP and DSHP-Plus programs provide Medicaid state plan benefits and LTSS through a mandatory managed care delivery system with certain services paid for by the state on a fee-for-service basis. The PROMISE services are delivered fee-for-service; however, enrollees will continue to receive their non-behavioral health state plan services through their DSHP MCO.

Waiver Type 1115

Target Population - Eligibility
Medicaid eligible individuals not eligible for DSHP-Plus include those receiving care in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) or receiving HCBS who meet the ICF/IID level of care requirements, individuals in a hospital for 30 consecutive days, Qualified Medicare Beneficiaries, Specified Low Income Medicare Beneficiaries, Qualifying Individuals, and Qualified and Disabled Working Individuals. The Division of Developmental Disabilities Services provides long term care services for these individuals, but respite is no longer included in these services.

Level of Care
Level of care required varies.

Respite Services
Respite care includes services provided to participants unable to care for themselves furnished on a short-term basis because of the absence or need for relief of those persons who normally provide care for the participant. FFP is not claimed for the cost of room and board. This is provided both at home and in Nursing and Assisted Living Facilities. This service is limited to no more than fourteen (14) days per year. The managed care organization may authorize service request exceptions above these limits on a case-by-case basis when it determines that: No other service options are available to the member, including services provided through an informal support network; The absence of the service would present a significant health and welfare risk to the member; and Respite service provided in a nursing home or assisted living facility is not utilized to replace or relocate an individual's primary residence.

Respite Provider Eligibility
Information on becoming a provider can be found on the Delaware Health and Social Services website: http://www.dmap.state.de.us/home/index.html

Caregiver Eligibility
Caregiver eligibility is not available.

Enrollment Limit
Enrollment limit is not available.

How to Apply
To apply, contact your Medicaid case manager, or apply for Medicaid via the Delaware Assist website: https://assist.dhss.delaware.gov/

Contact Information
For questions regarding Diamond State Health Plan - Plus (DSHP - Plus), please email Dhss_dmma_dshp_plus@state.de.us
Or call the Division of Medicaid & Medical Assistance at (302)-255-4482

Link to Waiver Application
https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/de/de-dshp-ca.pdf

Expiration Date 12/13/2018

Date of Last Update 01/26/2016
HOME AND COMMUNITY-BASED 1915(C) WAIVERS FOR RESPITE SUPPORT

Medicaid is a program in every state that pays for medical assistance for certain individuals and families with low incomes and resources. It is the largest source of funding for medical and health-related services for America’s poorest people. Because Medicaid is funded jointly by the federal and state governments, the services paid for vary from state to state. In addition to medical services, Medicaid will pay for home and community-based services (HCBS) through the state plan as well as through Medicaid waivers that offer services as a lower-cost alternative to treatment in a medical or long term care facility, such as a nursing home. Respite is usually paid for through one or more of the following types of waivers: research and demonstration (1115), managed care (1915b) and HCBS (1915c) waiver programs. This state’s Medicaid waivers that include respite are:

**District of Columbia MR DD**

Provides day habilitation, employment readiness, in-home supports, residential habilitation, respite, supported employment, PCS, skilled nursing, art therapies, behavioral supports, dental, environmental accessibility and adaptations, family training, host home without transportation, individualized day supports, occupational therapy (OT), one-time transitional services, Personal Emergency Response System, physical therapy (PT), shared living, small group supported employment, speech/hearing/language services, supported living with transportation, supported living, transportation-community access, vehicle modifications and wellness services for individuals 18 years and older with intellectual or developmental disabilities.

**DC Elderly and Persons w/Disabilities**

Provides case management, homemaker, personal care aide, respite, assisted living, chore, environmental accessibility and adaptation, participant directed goods and services, participant directed personal care, and PERS (personal emergency responses systems) for individuals 65 and older individuals between the ages of 18-64 who have physical disabilities.
**DC Mental Retardation and Developmental Disabilities (MRDD) Waiver (0307.R03.00)**

**State Operating Agency:** Department on Disability Services

<table>
<thead>
<tr>
<th>Description</th>
<th>The purpose of this waiver is to assist participants in leading healthy, independent and productive lives to the fullest extent possible; promote the full exercise of their rights as citizens of the District of Columbia; and promote the integrity and well-being of their families. This waiver provides day habilitation, employment readiness, in-home supports, residential habilitation, respite, supported employment, personal care services, skilled nursing, art therapies, behavioral supports, dental, environmental adaptations, family training, host home without transportation, individualized day supports, occupational therapy (OT), one-time transitional services, personal emergency response systems, physical therapy (PT), shared living, small group supported employment, speech/hearing/language services, supported living with transportation, transportation-community access, vehicle modifications, and wellness services.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiver Type</td>
<td>1915(c); operates concurrently with 1915(b)</td>
</tr>
<tr>
<td>Target Population-Eligibility</td>
<td>Individuals 18 years and older who have been diagnosed as having developmental disabilities and/or intellectual disabilities.</td>
</tr>
<tr>
<td>Level of Care</td>
<td>Individuals require level of care available in an Intermediate Care Facility for the Individuals with Intellectual Disabilities (ICF/IID).</td>
</tr>
<tr>
<td>Respite Services</td>
<td>Respite provides relief to the family or primary caregiver to meet planned or emergency situations or scheduled time away from the individual, including vacations. Respite is only provided to those individuals who live in their own home, or their family home. Respite care will ensure individuals have access to community activities in the individual’s Plan of Care (POC). Community activities, including transportation to and from these activities, are included in the rate for Respite. These activities include ensuring school attendance, school activities, or other activities the individual would receive if they were not in respite. These community activities allow the individual’s routine to not be interrupted. Respite can be utilized on hourly or daily basis. Same day hourly billing cannot exceed reimbursement rate for daily respite. Federal financial participation (FFP) will not be claimed for room and board except as part of respite furnished in a facility approved by the District that is not a private residence. Respite is not available to individuals receiving supported living, host home, or residential habilitation services. Respite is limited to 720 hours or 30 days per individual, per calendar year. Services provided cannot exceed those authorized in the Plan of Care. Any request for hours in excess of 720 hours must have DDS approval with proper justification and documentation.</td>
</tr>
<tr>
<td>Respite Provider Eligibility</td>
<td>Information on becoming a provider of services: <a href="http://dds.dc.gov/page/hcbs-waiver-provider-application-process">http://dds.dc.gov/page/hcbs-waiver-provider-application-process</a></td>
</tr>
<tr>
<td>Caregiver Eligibility</td>
<td>Respite may be provided by a relative, but not by the legally responsible person or legal guardian.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>1692: Year ending 11/19/2015</td>
</tr>
<tr>
<td>How to Apply</td>
<td>Applications available online (<a href="http://dds.dc.gov/node/711822">http://dds.dc.gov/node/711822</a>). Submit electronically or mail to: 1125 15th Street NW, Intake and Eligibility Division/8th Floor, Washington, DC 20005. Once received, an Intake and Eligibility Coordinator is assigned to assist through the eligibility determination process</td>
</tr>
<tr>
<td>Contact Information</td>
<td>Department on Disability Services, 1125 15th Street, NW, Intake and Eligibility Division/8th Floor, Washington, DC 20005 (202) 730-1700 or email: <a href="mailto:dds@dc.gov">dds@dc.gov</a></td>
</tr>
<tr>
<td>Expiration Date</td>
<td>11/19/2017</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>11/13/2015</td>
</tr>
</tbody>
</table>
Description
This waiver serves individuals who are 65 years and older and individuals with physical disabilities in home and community-based settings, including assisted living facilities in lieu of nursing facilities. The objectives of this waiver are to ensure participants remain in home and community-based settings with supports; enhance the quality of life for participants by preserving independence and relationships with family and friends; and expand the range of health care services for participants.

The waiver provides the following services: case management, homemaker, personal care aide, respite, assisted living, chore, environmental accessibility and adaptation, participant directed goods and services, participant directed personal care, and PERS (personal emergency response systems).

Waiver Type
1915(c)

Target Population-Eligibility
Individuals age 65 and older and individuals 18-64 who are physically disabled who live in their own private residence, apartment, or an assisted living facility

Level of Care
Individuals require level of care available in a nursing facility (NF).

Respite Services
Respite services are provided to participants who are unable to care for themselves and are furnished on a short-term basis because of the absence or need for relief of those persons who normally provide care for the participant. Federal financial participation is not to be claimed for the cost of room and board except when provided as part of respite furnished in an approved facility approved that is not a private residence. Respite may cover the range of activities associated with the personal care aide or homemaker roles.

Respite services shall not include tasks usually performed by chore workers, including cleaning of areas not occupied by the recipient, cleaning laundry for family members of the recipient, and shopping for items not used by the recipient. Respite services shall not be provided to recipients who have no primary caregiver that is responsible for the provision of the recipient’s care on an ongoing basis.

Respite services are limited to a maximum of 480 hours per year. Requirements for respite services in excess of the established limits must be approved by Department of Health Care Finance prior to the provision of the services.

Respite Provider Eligibility
Information on becoming a provider of services: [http://dds.dc.gov/page/hcbs-waiver-provider-application-process](http://dds.dc.gov/page/hcbs-waiver-provider-application-process)

Caregiver Eligibility
Respite may be provided by a relative, but by the legally responsible person or legal guardian.

Enrollment Limit
4960 Year ending 01/03/2016

How to Apply
Contact DC Office on Aging. To find additional information, please visit: [http://dcoa.dc.gov/node/552862](http://dcoa.dc.gov/node/552862)

Contact Information
DC Office on Aging
500 K Street, NE, Washington, DC 20002
(202)724-5626 or email: [dcoa@dc.gov](mailto:dcoa@dc.gov)

Link to Waiver Application
Link to application not available.

Expiration Date
01/31/2017

Date of Last Update
12/04/2015
Home and Community-Based 1915(c) Waivers and Concurrent 1915(b) Managed Care Waivers for Respite Support

Medicaid is a program in every state that pays for medical assistance for certain individuals and families with low incomes and resources. It is the largest source of funding for medical and health-related services for America’s poorest people. Because Medicaid is funded jointly by the federal and state governments, the services paid for vary from state to state. In addition to medical services, Medicaid will pay for home and community-based services (HCBS) through the state plan as well as through Medicaid waivers that offer services as a lower-cost alternative to treatment in a medical or long term care facility, such as a nursing home. Respite is usually paid for through one or more of the following types of waivers: research and demonstration (1115), managed care (1915b) and HCBS (1915c) waiver programs. This state’s Medicaid waivers that include respite are:

**FL DD Individual Budgeting**

Provides residential habilitation, respite, support coordination, adult dental, occupational therapy (OT), physical therapy (PT), private duty nursing, respiratory therapy, skilled nursing, specialized medical equipment and supplies, specialized mental health counseling, speech therapy, transportation, behavioral analysis services, behavior assistant services, dietitian services, environmental accessibility adaptations, family and guardian training, life skills development, PERS, personal supports, residential nursing, special medical home care, and supported living coaching for individuals ages 3 and older diagnosed with autism, intellectual disability or developmental disability.

**FL Familial Dysautonomia Waiver**

Provides respite, support coordination, adult dental, behavioral services, consumable medical supplies, durable medical equipment, and non-residential support services for individuals 3 through 64 years old diagnosed as medically fragile.

**FL Model Waiver**

Provides respite, transition case management, assistive technology and service evaluation, and environmental accessibility adaptations for individuals from birth through age 20 diagnosed as medically fragile.

**FL Adults with Cystic Fibrosis**

Provides case management, chore services, counseling, dental services, homemaker services, massage therapy, personal care, personal emergency response system, physical therapy, prescribed drugs, respiratory therapy, respite Care, skilled nursing services, specialized medical equipment and supplies, vitamin and nutritional supplements and home delivered meals for individuals 18 years or older diagnosed with Cystic Fibrosis.

**FL Traumatic Brain and Spinal Cord Injury**

Provides residential habilitation, assistive technology, attendant care, behavior programming, community support coordination, consumable medical supplies, occupational therapy (OT), personal adjustment counseling, personal care, physical therapy (PT), transition case management, companion care, emergency alert response system-installation, emergency alert response system-monitoring/maintenance, environmental accessibility adaptations, life skills training, rehab engineering evaluation, transitional environmental accessibility adaptations for individuals with BI ages 18 no max age.

**FL Long-Term Care Managed Care**

Provides adult day health, case management, homemaker, respite, attendant care, intermittent/skilled nursing, medical equipment and supplies, occupational therapy (OT), personal care, physical therapy (PT), respiratory therapy, speech therapy, transportation, adult companion, assisted living, behavior management, caregiving training, home accessibility adaptations, home delivered meals, medication administration, medication management, nutritional assessment and risk reduction, PERS (personal emergency response systems), structured family caregiving for individuals aged 65 years and older and for individuals with physical disabilities between the ages of 18 and 64.
**FL Developmental Disabilities Individual Budgeting Waiver (0867.R01.00)**

**State Operating Agency:** Florida Agency for Persons with Disabilities (APD)

| Description | The purpose of the waiver is to promote and maintain the health of participants with developmental disabilities; to minimize the effects of illness and disabilities through the provision of needed supports and services in order to delay or prevent institutionalization; and to foster the principles of self-determination as a foundation for supports and services.

This waiver reflects the use of an individual budgeting model that allows more opportunities to participate in determining service choices. Each recipient and their parent/guardian are involved in the budget process to choose their array of services and providers, and making changes as their needs change without additional authorization.

The supports and services provided are: residential habilitation, respite, support coordination, adult dental, occupational therapy (OT), physical therapy (PT), private duty nursing, respiratory therapy, skilled nursing, specialized medical equipment and supplies, specialized mental health counseling, speech therapy, transportation, behavioral analysis services, behavior assistant services, dietitian services, environmental accessibility adaptations, family and guardian training, life skills development, personal emergency response systems, personal supports, residential nursing, special medical home care, and supported living coach. |
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<table>
<thead>
<tr>
<th>Waiver Type</th>
<th>1915(c)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target Population-Eligibility</td>
<td>Individuals ages 3 and older diagnosed with autism, intellectual disability or development disability.</td>
</tr>
<tr>
<td>Level of Care</td>
<td>Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).</td>
</tr>
<tr>
<td>Respite Services</td>
<td>Respite is provided to individuals unable to care for themselves, furnished on a short-term basis for a planned absence or need for relief of those persons normally providing their care. Respite may be provided in these locations: individual’s home, foster home, group home or assisted living facility. If a nurse is needed for respite, a prescription from a physician, ARNP, or physician assistant is required. Respite services are limited to the amount, duration, and scope of the service described on the recipient’s support plan and current approved cost plan.</td>
</tr>
<tr>
<td>Respite Provider Eligibility</td>
<td>Information on becoming a provider of services: <a href="http://apd.myflorida.com/providers/enrollment/">http://apd.myflorida.com/providers/enrollment/</a></td>
</tr>
<tr>
<td>Caregiver Eligibility</td>
<td>Respite may not be provided by relatives, legal guardians, or legally responsible persons.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>32,800: Year ending 03/14/2016</td>
</tr>
<tr>
<td>How to Apply</td>
<td>The local Agency for Persons with Disabilities (APD) office can assist individuals with the application process. The application can be found online at <a href="http://www.apdcare.org/customers/application/">http://www.apdcare.org/customers/application/</a>. The locations of the local APD offices can be found at <a href="http://www.apdcare.org/region/">http://www.apdcare.org/region/</a>.</td>
</tr>
<tr>
<td>Contact Information</td>
<td>Agency for Persons with Disabilities, 4030 Esplanade Way, Suite 380, Tallahassee, FL 32399-0950 (850) 488-4257, Toll-Free: (866)273-2273 or email <a href="mailto:APD.Info@apdcares.org">APD.Info@apdcares.org</a></td>
</tr>
<tr>
<td>Link to Waiver Application</td>
<td>Link to application not available.</td>
</tr>
<tr>
<td>Expiration Date</td>
<td>03/14/2019</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>12/04/2015</td>
</tr>
</tbody>
</table>
FL Familial Dysautonomia Waiver (40205.R01.00)
State Operating Agency: Agency for Health Care Administration, Medicaid Services Bureau

Description
This waiver serves participants diagnosed with Familial Dysautonomia. The waiver services are support coordination, respite services, non-residential support services, consumable medical supplies, durable medical equipment, behavior services, and dental services.

Waiver Type
1915(c)

Target Population-Eligibility
Individuals ages 3 - 64 years with a diagnosis of Familial Dysautonomia

Level of Care
Individuals require level of care available in a hospital.

Respite Services
Respite care is a service providing supportive care and supervision to a participant when the primary caregiver who is unable to perform these duties due to a planned brief absence, an emergency absence or when the caregiver is available, but temporarily physically unable to care for or supervise the participant for a brief period. Respite care may be provided in the participant's own home or family home. Respite services are determined individually and limited by the participant's plan of care or support plan.

Respite Provider Eligibility
Information on becoming a provider of services: http://apd.myflorida.com/providers/enrollment/

Caregiver Eligibility
Respite may not be provided by a relative, legal guardian, or legally responsible person.

Enrollment Limit
20: Year ending 12/31/2015

How to Apply
Application information is available at http://www.fdhc.state.fl.us/Medicaid/hcbs_waivers/fd.shtml

Contact Information
Contact the Agency for Health Care Administration, Medicaid Contact Center at (877)254-1055

Link to Waiver Application

Expiration Date
12/31/2019

Date of Last Update
11/13/2015
FL Model Waiver (40166.R04.00)

State Operating Agency: Department of Health, Children's Medical Services (CMS)

| Description | This waiver provides services to eligible children under 21 years of age who have degenerative spinocerebellar disease and are living at home or are medically fragile and have resided in a skilled nursing facility for at least 60 consecutive days prior to entrance on the waiver. Through these services, the goal is to delay or prevent institutionalization and allow these recipients to maintain stable health while living at home in their community. The Model Waiver is a deeming waiver in which parental income is disregarded and the child is considered to be a family of one. This type of waiver allows children who are otherwise ineligible for Medicaid to become Medicaid eligible for the waiver and all Medicaid State Plan services. Waiver services include: respite, transition case management, assistive technology and service evaluation, and environmental accessibility adaptations. |
|-------------|-------------------------------------------------------------------------------------------------
| Waiver Type | 1915(c) |
| Target Population-Eligibility | Individuals 20 years or younger diagnosed as having a degenerative spinocerebellar disease or deemed medically fragile and have resided in a skilled nursing facility for at least 60 consecutive days prior to enrollment. |
| Level of Care | Individuals require level of care available in a hospital and nursing facility (NF). |
| Respite Services | Respite is provided on a short-term basis as a temporary support to the recipient’s family. It may be provided in the absence of or for relief of the recipient’s family. Respite may be used to meet a range of recipient needs including family emergencies, planned absences, such as vacations, hospitalizations or business trips, relief from the stresses of caregiving, and giving the child respite from his family. Respite have been determined medically necessary are limited to the amount, duration, and scope of the service described on the recipient’s support plan and current approved cost plan. Respite providers are not reimbursed separately for transportation and travel cost. These costs are integral components of respite care services, and are included in the basic fee. Respite can be used to provide temporary relief to primary caregivers when this function cannot be accommodated by other providers (e.g., homemaker, home health aide, companion, day care, etc.) in conjunction with their assigned responsibilities. Respite care services can be provided on a 24-hour basis, but are limited to a total of ten 24-hour days per calendar year. |
| Respite Provider Eligibility | Information on becoming a provider of services: [http://apd.myflorida.com/providers/enrollment/](http://apd.myflorida.com/providers/enrollment/) |
| Caregiver Eligibility | Respite may not be provided by relatives, legal guardians, or legally responsible persons. |
| Enrollment Limit | 20: Year ending 06/30/16 |
| How to Apply | Application information is available at: [http://www.fdhc.state.fl.us/medicaid/hcbs_waivers/model.shtml](http://www.fdhc.state.fl.us/medicaid/hcbs_waivers/model.shtml) |
| Contact Information | To contact local services based on county via telephone, please visit the Children’s Medical Service website to find the appropriate number for statewide offices. [http://www.floridahealth.gov/AlternateSites/CMS-Kids/home/contact/area_offices.html](http://www.floridahealth.gov/AlternateSites/CMS-Kids/home/contact/area_offices.html) |
| Expiration Date | 06/30/2020 |
| Date of Last Update | 11/13/2015 |
FLORIDA

**FL Adults with Cystic Fibrosis (0392.R02.00)**  
**State Operating Agency:** Florida Department of Health (DOH)

<table>
<thead>
<tr>
<th>Description</th>
<th>This waiver program offers services and supports to maintain and promote the health and functioning of individuals with a medical diagnosis of Cystic Fibrosis (CF) through the provision of supports and services in order to delay or prevent hospitalization or institutionalization. The goal of the program is to provide a choice of services that will allow eligible recipients to live safely at home or in the community. Waiver services include case management, chore services, counseling, dental services, homemaker services, massage therapy, personal care, personal emergency response system, physical therapy, prescribed drugs, respiratory therapy, respite care, skilled nursing services, specialized medical equipment and supplies, vitamin and nutritional supplements and home delivered meals.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiver Type</td>
<td>1915(c)</td>
</tr>
<tr>
<td>Target Population-Eligibility</td>
<td>Individuals 18 years or older diagnosed with Cystic Fibrosis (CF).</td>
</tr>
<tr>
<td>Level of Care</td>
<td>Individuals require level of care available in a hospital.</td>
</tr>
<tr>
<td>Respite Services</td>
<td>Respite care services include hands on supportive care furnished to individuals who are unable (as the result of health complications) to care for themselves. Respite care is furnished on a short term basis when those persons normally providing the care to the recipient are absent for an extended period of time or are in need of relief for a shorter period of time. Housekeeping activities which are incidental to the performance of care may also be furnished as part of this activity. The service is performed in the recipient's place of residence.</td>
</tr>
<tr>
<td>Respite Provider Eligibility</td>
<td>Information on becoming a provider of services: <a href="http://apd.myflorida.com/providers/enrollment/">http://apd.myflorida.com/providers/enrollment/</a></td>
</tr>
<tr>
<td>Caregiver Eligibility</td>
<td>Respite may not be provided by relatives, legal guardians, or legally responsible persons.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>150: Year ending 06/30/2016</td>
</tr>
</tbody>
</table>
| Contact Information | Brain and Spinal Cord Injury Program (BSCIP)  
850-245-4045 (ex. 2744) |
| Expiration Date | 06/30/2017 |
| Date of Last Update | 12/04/2015 |
### FL Traumatic Brain and Spinal Cord Injury (0342.R03.00)
**State Operating Agency:** Florida Department of Health (DOH)

<table>
<thead>
<tr>
<th>Description</th>
<th>This purpose of this waiver is to maintain and promote the health and functioning of individuals with a brain or spinal cord injury through the provision of supports and services in order to delay or prevent hospitalization or institutionalization. The goal of the program is to provide a choice of services that will allow eligible recipients to live safely at home or in the community. Services include residential habilitation, assistive technology, attendant care, behavior programming, community support coordination, consumable medical supplies, occupational therapy (OT), physical therapy (PT), personal adjustment counseling, personal care, transition case management, companion care, emergency alert response system installation/monitoring/maintenance, environmental accessibility adaptations, life skills training, rehabilitation engineering evaluation, and transitional environmental accessibility adaptations.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiver Type</td>
<td>1915(c)</td>
</tr>
<tr>
<td>Target Population-Eligibility</td>
<td>Individuals 18 years or older diagnosed with a traumatic brain and/or spinal cord injury and medically stable, which is defined as the absence of any of the following: (1) An active, life threatening condition (e.g., sepsis, respiratory, or other condition requiring system therapeutic measures); (2) IV drip to control or support blood pressure; or (3) intracranial pressure or arterial monitor.</td>
</tr>
<tr>
<td>Level of Care</td>
<td>Individuals require level of care available in a nursing facility (NF).</td>
</tr>
<tr>
<td>Respite Services</td>
<td>This waiver does not include formal respite services, but offers companion care which is supervision, socialization and assistance of a non-medical nature. Companion services may include tasks such as meal preparation, laundry, shopping and community access as specified on the recipient’s plan of care. Companion services do not entail any invasive or hands-on nursing care. Providers may perform light housekeeping tasks that are incidental to the care and supervision of the recipient. All direct service professionals providing TBI/SCI waiver services have the responsibility to encourage the waiver participant’s independence, inclusion, and integration into the community. Companion care may be provided for a maximum of six (6) hours per day, 365 days per year.</td>
</tr>
<tr>
<td>Respite Provider Eligibility</td>
<td>Information on becoming a provider of services: <a href="http://apd.myflorida.com/providers/enrollment/">http://apd.myflorida.com/providers/enrollment/</a></td>
</tr>
<tr>
<td>Caregiver Eligibility</td>
<td>Companion care may be provided by relatives, but not legal guardians or legally responsible persons.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>410: Year ending 06/30/2016</td>
</tr>
<tr>
<td>Contact Information</td>
<td>Brain and Spinal Cord Injury Program (BSCIP) 850-245-4045 (ex. 2744)</td>
</tr>
<tr>
<td>Expiration Date</td>
<td>06/30/2017</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>11/13/2015</td>
</tr>
</tbody>
</table>
**FL Long-Term Managed Care (0962.R00.00)**  
**State Operating Agency: Agency for Health Care Administration, Division of Medicaid**

**Description**
This waiver combines home and community-based services (HCBS) for older adults and adults with physical disability previously provided by the Aged/Disabled Adult, Assisted Living, Channeling for the Frail Elderly and Nursing Home Diversion waivers. Eligible recipients receive HCBS through the Florida Long-Term Care Managed Care Program.

Waiver services include adult day health, case management, homemaker, respite, attendant care, intermittent/skilled nursing, medical equipment and supplies, occupational therapy (OT), physical therapy (PT), personal care, respiratory therapy, speech therapy, transportation, adult companion, assisted living, behavior management, caregiving training, home accessibility adaptations, home delivered meals, medication administration, medication management, nutritional assessment and risk reduction, personal emergency response systems, and structured family caregiving. Hospice is a state plan service covered under the 1915(b) waiver. Most long-term care members will be dually eligible for Medicare and Medicaid; thereby, having most hospice services reimbursed through Medicare.

**Waiver Type**
1915(c) operated concurrently with 1915(b) mandatory Managed Care waiver

**Target Population-Eligibility**
Individuals 65 years of age or older or age 18 or older diagnosed with a physical disability

**Level of Care**
Individuals require level of care available in a nursing facility (NF).

**Respite Services**
Respite care is provided to participants unable to care for themselves furnished on a short-term basis in the participant’s home due to the absence, or need, for relief of persons normally providing the care. Respite care does not substitute for the care usually provided by a registered nurse, a licensed practical nurse or a therapist.

**Respite Provider Eligibility**
Information on becoming a provider of services:  
http://ahca.myflorida.com/MCHQ/Licensee_Provider_Resources.shtml

**Caregiver Eligibility**
Respite may be provided by relatives and legally responsible persons, but not by legal guardians.

**Enrollment Limit**
50,390: Year ending 06/30/2016

**How to Apply**
Application information is available at:  
http://www.flmedicaidmanagedcare.com/

**Contact Information**
Contact Florida Statewide Medicaid Managed Care Helpline (877) 711-3662 or visit  

**Link to Waiver Application**
Amendment submitted in 2014.

**Expiration Date**
06/30/2016

**Date of Last Update**
11/13/2015
**GEORGIA**

**Department of Community Health (DCH)**
2 Peachtree Street, NW, Atlanta, GA 30303
https://dch.georgia.gov/

**Home and Community-Based 1915(c) Waivers for Respite Support**

Medicaid is a program in every state that pays for medical assistance for certain individuals and families with low incomes and resources. It is the largest source of funding for medical and health-related services for America’s poorest people. Because Medicaid is funded jointly by the federal and state governments, the services paid for vary from state to state. In addition to medical services, Medicaid will pay for home and community-based services (HCBS) through the state plan as well as through Medicaid waivers that offer services as a lower-cost alternative to treatment in a medical or long term care facility, such as a nursing home. Respite is usually paid for through one or more of the following types of waivers: research and demonstration (1115), managed care (1915b) and HCBS (1915c) waiver programs. This state’s Medicaid waivers that include respite are:

**GA Elderly and Disabled**
Provides adult day health, out-of-home respite, personal support services/personal support extended/consumer directed personal support services, occupational therapy (OT) in adult day health care, physical therapy (PT) in adult day health care, speech therapy in adult day health care, alternative living services, emergency response, enhanced care management, FMS (financial management services), home delivered meals, home delivered services, and skilled nurses services for individuals 65 years and older and for individuals with a physical disability who are less than 65 years old.

**Georgia New Options Waiver**
Provides community living support, prevocational, respite, support coordination, supported employment, specialized medical equipment, specialized medical supplies, community guide, FMS, adult dental, adult occupational therapy (OT), adult physical therapy (PT), adult speech/language therapy, behavioral supports consultation, behavioral support services, community access, environmental accessibility adaptation, individual directed goods and services, intensive support coordination, natural support training, skilled nursing services, transportation, and vehicle adaptation for individuals of any age with intellectual disabilities.

**GA Pediatric Program**
Provides medically fragile daycare service (full day more than 5 hrs.), and medically fragile daycare service (less or equal to 5 hrs.) for individuals from birth to age 5 who are diagnosed as medically fragile or technology dependent.

**GA Community-based Alternatives for Youth**
Provides behavioral assistance, care management, clinical consultative services, respite, supported employment, community transition, customized goods and services, expressive clinical services, family peer support, financial support, waiver transportation, and youth peer support for individuals ages 18-21 diagnosed with mental illness and individuals ages 4-17 diagnosed with SED (serious emotional disorder).

**GA Comprehensive Supports Waiver Program**
Provides community living support, prevocational services, respite, support coordination, supported employment, specialized medical equipment, specialized medical supplies, community guide, financial support services, adult dental, adult occupational therapy (OT), adult physical therapy (PT), adult speech and language therapy, behavioral supports consultation, behavioral support services, community access, community residential alternative, environmental accessibility adaptation, individual directed goods and services, intensive support coordination, natural support training, transportation, skilled nurses services (SNS), and vehicle adaptation for individuals of any age with intellectual or developmental disabilities.

**GA Independent Care Waiver Program**
Provides case management, adult day, alternative living service, behavioral support, counseling, enhanced case management, environmental modifications, FMS (financial management services), personal emergency response systems, personal support, respite care , skilled nursing, specialized medical equipment, and vehicle adaptation for individuals ages 21-64 with a physical disability.
**GA Elderly & Disabled Waiver Program (0112.R06.00)**

**State Operating Agency:** Georgia Department of Human Services, Division of Aging Services

**Description**
This waiver assists individuals who are older or have disabilities and functional impairments to continue to live in the community. The goals are to delay or prevent institutional care through the provision of cost effective home and community-based services and facilitate the transition of individuals from institutions to the community by providing community-based long term supports and services.

Services include: adult day health, out-of-home respite, personal support services/personal support extended/consumer directed personal support services, occupational therapy (OT)/physical therapy (PT)/speech therapy in adult day health care, alternative living services, emergency response, enhanced care management, financial management services, home delivered meals, home delivered services, and skilled nursing services. To promote independence and freedom of choice, the participant-directed services model is available to waiver participants who choose to direct their own care.

<table>
<thead>
<tr>
<th><strong>Waiver Type</strong></th>
<th>1915(c)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target Population-Eligibility</strong></td>
<td>Individuals 65 years and older and individuals with a physical disability who are less than 65 years</td>
</tr>
</tbody>
</table>

**Level of Care**
Individuals require level of care available in a nursing facility (NF).

**Respite Services**
Out-of-Home Respite provides temporary relief to the caregiver responsible for performing or managing the care of a person who is functionally impaired and cannot safely be left alone in the home. It enables the caregiver to meet planned or emergency needs of the family and is provided in an out-of-home setting approved by the state agency. Examples include Adult Day Health Care Center that also offers overnight care and Alternative Living Services (ALS) Group and/or Family Model facilities. Recipients of Out-of-Home Respite (which may include an overnight stay) are generally dependent upon a caregiver for personal care or the daily maintenance of a safe, clean environment.

Respite workers provide non-skilled tasks and services that are normally provided by the caregiver. Tasks such as preparing meals, reminding participants to take their medication, assisting with dressing, toileting, and bathing, are activities associated with respite and are arranged by the care coordinator, the caregiver and the provider. All Respite Care services are supervised by a Registered Nurse and identified tasks are based on the participant’s plan of care.

**Respite Provider Eligibility**
Information on providing services:

**Caregiver Eligibility**
Respite may not be provided by a relative, a legal guardian, or a legally responsible person.

**Enrollment Limit**
34,592: Year ending 09/30/2016

**How to Apply**
For information & assistance, eligibility screening, and referral to community services/resources, contact your regional Area Agency on Aging

**Contact Information**
Aging and Disability Network: Toll Free: (866) 552-4464
To contact local services based on county or city via telephone, please visit the Georgia Department of Human Services, Division of Aging Services website to find the appropriate number or visit: http://aging.dhs.georgia.gov/community-care-services-program

**Link to Waiver Application**
Link to application not available.

**Expiration Date**
09/30/2017

**Date of Last Update**
12/04/2015
# Georgia New Options Waiver (NOW) (0175.R05.00)

- **State Operating Agency:** Department of Behavioral Health and Developmental Disabilities, Division of Developmental Disabilities

## Description

The NOW waiver uses a participant-centered assessment process to determine the support needs and as the foundation to develop the Individual Service Plan and individual budget. Services include: community living support, prevocational, respite, support coordination, supported employment, specialized medical equipment and supplies, community guide, financial management services, adult dental, adult occupational therapy, adult physical therapy, adult speech/language therapy, behavioral supports consultation and services, community access, environmental accessibility adaptation, individual directed goods and services, intensive support coordination, natural support training, skilled nursing services (SNS), transportation, and vehicle adaptation.

Participants and their families may opt for participant-directed or traditional service delivery.

<table>
<thead>
<tr>
<th>Waiver Type</th>
<th>1915(c)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target Population-Eligibility</strong></td>
<td>Individuals with intellectual disabilities and developmental disabilities and /or related conditions with no age restrictions</td>
</tr>
<tr>
<td><strong>Level of Care</strong></td>
<td>Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).</td>
</tr>
</tbody>
</table>

### Respite Services

Respite provides brief periods of support or relief for caregivers or participants. It is provided when the usual caretakers need additional support or relief, when the participant needs relief or a break from the caretaker, when a participant is experiencing severe behavioral challenges and needs structured, short term support, or when relief from caregiving is needed due to unavoidable circumstances.

Respite may be provided in-home (provider delivers service in waiver participant’s home) or out-of-home (waiver participant receives service outside of their home), and may include overnight.

**Maintenance Respite** is planned or scheduled. It is provided: (1) when families or the usual caretakers need additional support or relief or (2) when the consumer needs relief or a break from the caretaker. **Emergency Respite** is a short term service for a waiver participant who requires a period of structured support, or respite is necessitated by unavoidable circumstances, such as a family emergency.

A participant may receive both Respite and Community Living Support services, but not simultaneously. No more than two to four members may receive Respite in a Respite Facility. DCH must authorize respite prior to service delivery at least annually.

**Respite Provider Eligibility**

For information to become a service provider: https://dbhdd.georgia.gov/applications-new-existing-providers

**Caregiver Eligibility**

Respite may be provided by a relative but not by a legal guardian or legally responsible person.

**Enrollment Limit**

7793: Year ending 09/30/2016

**How to Apply**

Contact the Georgia Department of Community Health for application details https://dch.georgia.gov/waivers

**Contact Information**

Georgia Department of Community Health, 2 Peachtree Street NW Atlanta, GA 30303
(404)656-6862

**Link to Waiver Application**


**Expiration Date**

09/30/2017

**Date of Last Update**

11/13/2015

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Medicaid Waivers for Respite Support – 2015-16
ARCH National Respite Network and Resource Center | www.archrespite.org
**GA Pediatric Program – GAPP (4116.R06.00)**

**State Operating Agency:** DCH, Division of Medical Assistance, Aging and Special Populations

<table>
<thead>
<tr>
<th>Description</th>
<th>This waiver offers a member-oriented program that provides skilled nursing care to children diagnosed with medically fragile conditions. The waiver works to promote optimal health for program participants by providing skilled nursing care in the medically fragile daycare setting. Therapies and other services are provided to enhance the quality of life of participants.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiver Type</td>
<td>1915(c)</td>
</tr>
<tr>
<td>Target Population-Eligibility</td>
<td>Individuals from birth to age 5 who are diagnosed as medically fragile or technology dependent and require skilled nursing care.</td>
</tr>
<tr>
<td>Level of Care</td>
<td>Individuals require level of care available in a hospital or nursing facility (NF).</td>
</tr>
<tr>
<td>Respite Services</td>
<td>This waiver does not provide respite, but offers a Medically Fragile Daycare service that provides specialized pediatric services in a licensed medical day care facility in accordance with a current approved Plan of Care. The Medically Fragile Daycare service provides assistance with acquisition, retention, or improvement in self-help, socialization and adaptive behavior and is focused on enabling the participant to attain or maintain maximum functional level and is coordinated with any physical, occupational, or speech therapies in the approved Plan of Care. Medical Day Care is furnished 4 or more hours per day on a regularly scheduled basis for 1 or more days per week. It may be authorized on a half or full day basis. Services include training, counseling, and monitoring services for primary and secondary caregivers specific to assisting with the functional skills of the child, teaching self-care or autonomy-related skills to the child and caregivers, and transition planning as children age out of the program, when there is a change in condition, and as other waiver programs become more appropriate. Personal support services typical in daycare settings are included, but are not the primary service. Meals and transportation are also included.</td>
</tr>
<tr>
<td>Respite Provider Eligibility</td>
<td>For information to become a service provider: <a href="https://dbhdd.georgia.gov/applications-new-existing-providers">https://dbhdd.georgia.gov/applications-new-existing-providers</a></td>
</tr>
<tr>
<td>Caregiver Eligibility</td>
<td>Medical Day Care services may not be provided by a relative, a legal guardian or legally responsible person.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>500: Year ending in 03/31/2016</td>
</tr>
<tr>
<td>How to Apply</td>
<td>Contact the Georgia Department of Community Health for application details: <a href="https://dch.georgia.gov/waivers">https://dch.georgia.gov/waivers</a></td>
</tr>
<tr>
<td>Contact Information</td>
<td>Medicaid Aging and Special Populations Office (404) 656-6862</td>
</tr>
<tr>
<td>Link to Waiver Application</td>
<td>Link to application not available.</td>
</tr>
<tr>
<td>Expiration Date</td>
<td>03/31/2018</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>12/04/2015</td>
</tr>
</tbody>
</table>
### Community-based Alternatives for Youth (01.R02.00)

**State Operating Agency:** Department of Behavioral Health and Developmental Disabilities (DBHDD)

**Description**
This waiver provides supports and for children and youth ages four through 17 and young adults ages 18 through 21 with serious emotional and behavioral disturbances. This waiver is designed to reduce the length of stay in out of home placements and increase the number of youth receiving community-based services transitioned or diverted from these facilities. The program uses a systems approach grounded in high fidelity Wraparound principles that targets youth served by multiple agencies, striving to coordinate and braid programs and funding to create a comprehensive behavioral system to ensure youth are placed and remain in intensive residential treatment only when necessary and that a coordinated system of services at the community level is available.

Services include: behavioral assistance, care management, clinical consultative services, respite, supported employment, community transition, customized goods and services, expressive clinical services, family peer support, financial support, waiver transportation, and youth peer support.

<table>
<thead>
<tr>
<th>Waiver Type</th>
<th>1915(c)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target Population-Eligibility</td>
<td>Children and youth aged 4-17 and youth/young adults age 18 through 21 with serious emotional and behavioral disturbances who have a primary diagnosis of mental illness and who are placed in or at risk of placement in a Psychiatric Residential Treatment Facility (PRTF).</td>
</tr>
<tr>
<td>Level of Care</td>
<td>Individuals require level of care available in a Psychiatric Residential Treatment Facility (PRTF).</td>
</tr>
<tr>
<td>Respite Services</td>
<td>Respite provides safe and supportive environments on a short-term basis for participants unable to care for themselves due to the absence or need for relief of persons who normally provide care for the participant and for support or relief from the caretaker of the youth participating in the waiver. The cost of room and board is only provided when furnished in a facility approved by the State. Respite is available 24 hours/7 days a week. Respite may be provided in-home or out-of-home in participant’s home or private place of residence; private residence of a respite provider; foster home; and group home. The need and plan for Respite must be documented in the approved ISP prior to service delivery at least annually. Respite can be planned or unplanned.</td>
</tr>
<tr>
<td>Respite Provider Eligibility</td>
<td>Information to become a provider: <a href="https://dbhdd.georgia.gov/applications-new-existing-providers">https://dbhdd.georgia.gov/applications-new-existing-providers</a></td>
</tr>
<tr>
<td>Caregiver Eligibility</td>
<td>Respite may be provided by a relative, legal guardian or a legally responsible person.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>225: Year ending in 09/30/2016</td>
</tr>
<tr>
<td>How to Apply</td>
<td>Contact the Georgia Department of Community Health for application details: <a href="https://dch.georgia.gov/waivers">https://dch.georgia.gov/waivers</a></td>
</tr>
</tbody>
</table>
| Contact Information | Georgia Department of Community Health  
|                    | 2 Peachtree Street NW, Atlanta, GA 30303  
|                    | (404)656-6862 |
| Link to Waiver Application | Link to application not available. |
| Expiration Date    | 09/30/2017 |
| Date of Last Update| 12/04/2015 |
Comprehensive Supports Waiver Program (0323.R03.00)

State Operating Agency: Department of Behavioral Health and Developmental Disabilities, Division of Developmental Disabilities

Description
This waiver supports individuals with intellectual and related developmental disabilities (I/DD) that require comprehensive and intensive services. Individuals eligible for this waiver need out-of-home residential support and supervision or intensive levels of in-home services to remain in the community. The waiver program uses a participant-centered process to determine the support needs of participants and for the development of the Individual Service Plan and the individual budget. This process includes features to enhance the predictability and consistent utilization management of the waiver funds as well as to support Georgia’s movement towards participant direction.

Program participants have the opportunity to elect to direct some of their waiver services and for traditional service delivery of all of their waiver services.

Services include: community living support, prevocational services, respite, support coordination, supported employment, specialized medical equipment, specialized medical supplies, community guide, financial support services, adult dental, adult occupational therapy (OT), adult physical therapy (PT), adult speech and language therapy, behavioral supports consultation, behavioral support services, community access, community residential alternative, environmental accessibility adaptation, individual directed goods and services, intensive support coordination, natural support training, transportation, skilled nurses services (SNS), and vehicle adaptation.

Waiver Type
1915(c)

Target Population-Eligibility
Individuals of any age with intellectual or developmental disabilities who do not qualify for the New Options Waiver Program

Level of Care
Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

Respite Services
Respite Services provide brief periods of support or relief for caregivers or individuals with disabilities when families or the usual caretakers are in need of additional support or relief, when the waiver participant needs relief or a break from the caretaker, when a participant is experiencing severe behavioral challenges and needs structured, short term support, or when relief from care giving is necessitated by unavoidable circumstances, such as a family emergency.

Respite may be provided in-home (provider delivers service in waiver participant’s home) or out-of-home (waiver participant receives service outside of their home), and may include overnight.

Maintenance Respite provides brief periods of support or relief for caregivers or individuals with disabilities. It is planned or scheduled respite and is provided: (1) when families or the usual caretakers are in need of additional support or relief; or (2) when the consumer needs relief or a break from the caretaker.

Emergency Respite is intended to be a short term service for a waiver participant who requires a period of structured support, or respite services are necessitated by unavoidable circumstances, such as a family emergency.

A participant may receive both Respite and Community Living Support services, but not simultaneously. No more than two to four members may receive Respite Services in a Respite Facility. Anyone serving as a representative for a waiver participant in self-directed services is not eligible to be a participant-directed individual respite provider. DCH must authorize respite prior to service delivery at least annually in conjunction with the Individual Service Plan development and any revisions.

Respite Provider Eligibility
Information on becoming a provider of services: https://dbhdd.georgia.gov/applications-new-existing-providers

Caregiver Eligibility
Respite may be provided by a relative but not by a legal guardian or legally responsible person.
<table>
<thead>
<tr>
<th><strong>Enrollment Limit</strong></th>
<th>8450: Year ending in 12/31/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How to Apply</strong></td>
<td>Contact the Georgia Department of Community Health for application details: <a href="https://dch.georgia.gov/waivers">https://dch.georgia.gov/waivers</a></td>
</tr>
</tbody>
</table>
| **Contact Information** | Georgia Department of Community Health  
2 Peachtree Street NW  
Atlanta, GA 30303  
(404) 656-6862 |
Link to renewal application |
| **Expiration Date** | 12/31/2015: Renewal application submitted April 1, 2016 |
| **Date of Last Update** | 5/30/2016 |
### GA Independent Care Waiver Program (4170.R04.00)

**State Operating Agency:** Department of Community Health (DCH)

<table>
<thead>
<tr>
<th>Description</th>
<th>This waiver offers services to individuals with significant physical disabilities and/or traumatic brain injury to live in their own homes or in the community instead of an institutional setting. The services offered are designed to supplement the care provided to individuals by their family and friends in the community. The waiver program offers both traditional model, agency delivered services and a consumer-directed model of service delivery with a focus on participant education around all possible services and service delivery models. Supports and services included are case management, adult day, alternative living service, behavioral support, counseling, enhanced case management, environmental modifications, FMS (financial management services), personal emergency response systems, personal support, respite care, skilled nursing, specialized medical equipment, and vehicle adaptation.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Waiver Type</strong></td>
<td>1915(c)</td>
</tr>
<tr>
<td><strong>Target Population-Eligibility</strong></td>
<td>Individuals between the age of 21-64 years of age with a diagnosis of a physical disability and/or a Traumatic Brain Injury</td>
</tr>
<tr>
<td><strong>Level of Care</strong></td>
<td>Individuals require level of care available in a nursing facility (NF).</td>
</tr>
<tr>
<td><strong>Respite Services</strong></td>
<td>Respite Services are provided when there is a temporary absence or need for relief of people normally providing care. The services maybe provide in the Individual’s home or place of residence or group home. Respite services are limited to 360 hours a year.</td>
</tr>
<tr>
<td><strong>Respite Provider Eligibility</strong></td>
<td>Information on becoming a provider of services: <a href="https://dbhdd.georgia.gov/applications-new-existing-providers">https://dbhdd.georgia.gov/applications-new-existing-providers</a></td>
</tr>
<tr>
<td><strong>Caregiver Eligibility</strong></td>
<td>Respite may be provided by a relative, but not by a legal guardian or legally responsible person.</td>
</tr>
<tr>
<td><strong>Enrollment Limit</strong></td>
<td>1514: Year ending 03/31/2016</td>
</tr>
<tr>
<td><strong>How to Apply</strong></td>
<td>Contact the Georgia Medical Care Foundation to begin application process. GMCF will ask potential members questions over the phone, have them submit an application and schedule an in-person assessment. Application information is available at: <a href="https://dch.georgia.gov/sites/dch.georgia.gov/files/IndependentCareWaiverProgram_FY14_Final_0.pdf">https://dch.georgia.gov/sites/dch.georgia.gov/files/IndependentCareWaiverProgram_FY14_Final_0.pdf</a> or visit: <a href="https://dch.georgia.gov/waivers">https://dch.georgia.gov/waivers</a></td>
</tr>
<tr>
<td><strong>Contact Information</strong></td>
<td>Georgia Medical Care Foundation 1-800-982-0411</td>
</tr>
<tr>
<td><strong>Expiration Date</strong></td>
<td>03/31/2016: Renewal application submitted April 1, 2016.</td>
</tr>
<tr>
<td><strong>Date of Last Update</strong></td>
<td>05/30/2016</td>
</tr>
</tbody>
</table>
Home and Community-Based 1915(c) Waivers for Respite Support

Medicaid is a program in every state that pays for medical assistance for certain individuals and families with low incomes and resources. It is the largest source of funding for medical and health-related services for America’s poorest people. Because Medicaid is funded jointly by the federal and state governments, the services paid for vary from state to state. In addition to medical services, Medicaid will pay for home and community-based services (HCBS) through the state plan as well as through Medicaid waivers that offer services as a lower-cost alternative to treatment in a medical or long term care facility, such as a nursing home. Respite is usually paid for through one or more of the following types of waivers: research and demonstration (1115), managed care (1915b) and HCBS (1915c) waiver programs. This state’s Medicaid waivers that include respite are:

HI HCBS for People with DD

Provides adult day health, individual employment supports, prevocational services, residential habilitation, respite, assistive technology, chore, environmental accessibility adaptations, group employment supports, non-medical transportation, personal assistance/habilitation, Personal Emergency Response System, skilled nursing, specialized medical equipment and supplies, training and consultation, vehicular modifications, and waiver emergency services for individual diagnosed with intellectual or developmental disabilities with no age restrictions.
**HI HCBS for People with DD (0013.R06.00)**

**State Operating Agency:** Department of Health (DOH)

<table>
<thead>
<tr>
<th>Description</th>
<th>This waiver enables persons with developmental disabilities (DD) or intellectual disabilities (ID) the choice to live in their homes and communities with appropriate quality supports designed to promote health and safety and independence. The following services are provide within this waiver program: adult day health, individual employment supports, prevocational services, residential habilitation, respite, assistive technology, chore, environmental accessibility adaptations, group employment supports, non-medical transportation, personal assistance/habilitation, Personal Emergency Response System, skilled nursing, specialized medical equipment and supplies, training and consultation, vehicular modifications, and waiver emergency services For certain services, participants may select and direct their services through the consumer directed option.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiver Type</td>
<td>1915(c)</td>
</tr>
<tr>
<td>Target Population-Eligibility</td>
<td>Individuals diagnosed with intellectual or developmental disabilities; no age restrictions</td>
</tr>
<tr>
<td>Level of Care</td>
<td>Individuals require level of care available in an Intermediate Care Facility for the Mentally Retarded (ICF/MR).</td>
</tr>
<tr>
<td>Respite Services</td>
<td>Respite services are only provided to participants living in family homes and are furnished on a short-term basis to provide relief to those persons who normally provide care for the participant. Respite may be provided in the participant’s own home, the private residence of a respite care worker, DD Domiciliary Home, DD Adult Foster Home, adult residential care home, and expanded adult residential care home. Federal financial participation (FFP) is not claimed for the cost of room and board in any of these settings. Respite is not available in long-term care facilities. No single episode of respite may exceed 14 consecutive days.</td>
</tr>
<tr>
<td>Respite Provider Eligibility</td>
<td>Information on becoming a provider of services: <a href="http://www.med-quest.us/providers/ProvidersApp.html">http://www.med-quest.us/providers/ProvidersApp.html</a></td>
</tr>
<tr>
<td>Caregiver Eligibility</td>
<td>Respite may be provided by a relative or legal guardian but not by a legally responsible person.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>3478: Year ending in 06/30/2016</td>
</tr>
<tr>
<td>How to Apply</td>
<td>Application information is available at <a href="http://health.hawaii.gov/ddd/how-to-apply/">http://health.hawaii.gov/ddd/how-to-apply/</a></td>
</tr>
<tr>
<td>Contact Information</td>
<td>To schedule an intake appointment: Oahu – (808) 733-1689; Hilo – (808) 974-4280; Kauai – (808) 241-3406; Kona – (808) 322-1906; Maui – (808) 243-4625; Molokai – (808) 553-3200; Waimea – (808) 887-6064</td>
</tr>
<tr>
<td>Expiration Date</td>
<td>06/30/2016</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>09/22/2015</td>
</tr>
</tbody>
</table>

Medicaid Waivers for Respite Support – 2015-16
ARCH National Respite Network and Resource Center | [www.archrespite.org](http://www.archrespite.org)
Home and Community-Based 1915(c) Waivers for Respite Support

Medicaid is a program in every state that pays for medical assistance for certain individuals and families with low incomes and resources. It is the largest source of funding for medical and health-related services for America’s poorest people. Because Medicaid is funded jointly by the federal and state governments, the services paid for vary from state to state. In addition to medical services, Medicaid will pay for home and community-based services (HCBS) through the state plan as well as through Medicaid waivers that offer services as a lower-cost alternative to treatment in a medical or long term care facility, such as a nursing home. Respite is usually paid for through one or more of the following types of waivers: research and demonstration (1115), managed care (1915b) and HCBS (1915c) waiver programs. This state’s Medicaid waivers that include respite are:

**ID Developmental Disabilities-DD Waiver**

Provides residential habilitation, respite, supported employment, specialized medical equipment and supplies, community support, FMS (financial management services), support broker, adult day care, behavior consultation/crisis management, chore, dental, environmental accessibility adaptation, home delivered meals, PERS (personal emergency response systems), skilled nursing, non-medical transportation for individuals 18 years and older diagnosed with autism, developmental disability or intellectual disability.

**ID Aged & Disabled Waiver**

Provides adult Health, day habilitation, homemaker, residential habilitation, respite, supported employment, attendant care adult residential care, chore, companion services, consultation, environmental accessibility adaptations, home delivered meals, nonmedical transportation, PERS (personal emergency response systems), skilled nursing, specialized medical equipment and supplies for individuals ages 65 and older and for individuals ages 18-64 who have physical disabilities.

**ID Children’s Developmental Disabilities Waiver**

Provides family education, habilitative supports, respite, community support services, financial management services, support broker services, crisis intervention family training, habilitative intervention, interdisciplinary training, and therapeutic consultations for individuals from birth to age 17 diagnosed with autism, intellectual disability or developmental disability.

**ID Act Early Waiver**

Provides family education, habilitative supports, respite, crisis intervention, family training, habilitative intervention, interdisciplinary training, and therapeutic consultation for individuals from 3-6 years old diagnosed with autism spectrum, intellectual disability or developmental disability.
## ID Developmental Disabilities (DD) Waiver (0076.R05.00)

**State Operating Agency:** Bureau of Developmental Disability Services

### Description
This waiver provides services to eligible participants with a developmental disability to prevent unnecessary institutional placement, provide for the greatest degree of independence possible enhance the quality of life, encourage individual choice, and achieve and maintain community integration.

Services include residential habilitation, respite, supported employment, specialized medical equipment and supplies, community support, financial management services, support broker, adult day care, behavior consultation/crisis management, chore, dental, environmental accessibility adaptation, home delivered meals, personal emergency response systems, skilled nursing, and non-medical transportation.

Participants may choose traditional or consumer directed waiver services. Those selecting traditional services must use a plan developer to develop a service plan and may elect residential habilitation services through: Certified Family Home (home of the provider) or Supported Living Services (home of the participant). The consumer directed services option requires the participant to have a support broker to assist the participant to make informed choices, participate in a person-centered planning process, and become skilled at managing his own supports. The participant must use a Medicaid enrolled fiscal employer agent to provide Financial Management Services (FMS). A participant cannot receive traditional services and consumer-directed services at the same time.

### Waiver Type
1915(c)

### Target Population
Individuals 18 years and older diagnosed with autism, developmental disability or intellectual disability.

### Level of Care
Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

### Respite Services
Respite provides short-term breaks from caregiving responsibilities to non-paid caregivers. The caregiver or participant is responsible for selecting, training, and directing the provider. While receiving respite care services, the waiver participant cannot receive other services which are duplicative in nature.

Respite provided under this waiver will not include room and board payments. Respite may be provided in the participant’s residence, the private home of the respite provider, the community, a Developmental Disabilities Agency or an Adult Day Health Facility.

### Respite Provider Eligibility
Information on becoming a provider of services:
http://www.healthandwelfare.idaho.gov/Providers/MedicaidProviders/ProviderEnrollment/tabid/265/Default.aspx

### Caregiver Eligibility
Respite may be provided by a relative or legal guardian but not by a legally responsible person.

### Enrollment Limit
4159: Year ending in 09/30/2016

### How to Apply
Application information is available online at:

### Contact Information
Idaho Developmental Disabilities Program

Department of Health and Welfare, Aid for Aged, Blind, and Disabled
1-877-456-1233, listen for option 3

### Link to Waiver Application
http://healthandwelfare.idaho.gov/Portals/0/Medical/DD%20Waiver.pdf

### Expiration Date
9/30/2017

### Date of Last Update
11/20/2015
Description
This waiver allows eligible participants to choose to live in a home or community setting rather than in an institution. This waiver offers services in home and community settings such as homes and apartments of participants, homes and apartments where participants live with family members, Certified Family Homes, and Residential Assisted Living Facilities.

This waiver provides adult Health, day habilitation, homemaker, residential habilitation, respite, supported employment, attendant care adult residential care, chore, companion services, consultation, environmental accessibility adaptations, home delivered meals, nonmedical transportation, PERS (personal emergency response systems), skilled nursing, specialized medical equipment and supplies.

Target Population-Eligibility
For individuals ages 65 and older and for individuals ages 18-64 who have physical disabilities;
To qualify for the disabled (physical) or disabled (other) target group, an individual must meet the definition of blindness or disability used by the Social Security Administration for Retirement, Survivors, and Disability Insurance and Supplemental Security Income benefits.

Level of Care
Individuals require level of care available in a nursing facility (NF).

Respite Services
Respite care services provide short-term breaks from care giving responsibilities to non-paid care givers. The care giver or participant is responsible for selecting, training, and directing the provider. While receiving respite care services, the waiver participant cannot receive other services which are duplicative in nature.

Respite care services provided under this waiver will not include room and board payments. Respite care services may be provided in the participant’s residence, a Certified Family Home, a Developmental Disabilities Agency, a Residential Assisted Living Facility, and an Adult Day Health Facility.

Respite Provider Eligibility
Information on becoming a provider of services: http://www.healthandwelfare.idaho.gov/Providers/MedicaidProviders/ProviderEnrollment/tabid/265/Default.aspx

Caregiver Eligibility
Respite may be provided by a relative or legal guardian but not by a legally responsible person.

Enrollment Limit
11,695: Year ending 09/30/2016

How to Apply
You may apply at a local office, by mail, or by fax. Contact Regional Medicaid Office: http://healthandwelfare.idaho.gov/ContactUs/tabid/127/Default.aspx

Contact Information
Self-Reliance Programs: 1-877-456-1233 (Toll Free)
Or
The Department of Health and Welfare, Aid for Aged, Blind, and Disabled
1-877-456-1233 (listen for option 3)

Link to Waiver Application
http://www.healthandwelfare.idaho.gov/Portals/0/Medical/MedicaidCHIP/AandDWaiver.pdf

Expiration Date
09/30/2017

Date of Last Update
11/20/15
### ID Children's Developmental Disabilities Waiver (0859.R01.00)

**State Operating Agency:** Division of Medicaid, Division of Family and Community Services (FACS)

**Description**
This waiver supports children and youth diagnosed with autism, intellectual disability or developmental disability to remain in their family home and community. Key elements include therapeutic interventions, support services, and family training and education including family education, habilitative supports and intervention, respite, community supports, financial management services, support broker services, crisis intervention family training, interdisciplinary training, and therapeutic consultations. Families partner with professionals to design and implement interventions that will work best for them and their child. The family can write the plan themselves, choose a non-paid plan developer or utilize the assigned case manager to be their plan developer. Their role is to assess the child and family's needs through a family-centered planning process that assists the plan developer to develop a service plan based on the family's wants and skill level. The plan lists prioritized services and objectives according to the family's goals. Once the program is implemented, the plan developer will be responsible for tracking progress and ensuring the child is receiving appropriate services with positive outcomes.

**Waiver Type**
1915(c); operates concurrently with a program authorized under 1915(i)

**Target Population - Eligibility**
Individuals from birth to age 17 diagnosed with autism, intellectual disability or developmental disability

**Level of Care**
Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

**Respite Services**
Respite provides supervision to the participant on an intermittent or short-term basis due to the need for relief of the primary unpaid caregiver, due to a family emergency or crisis, or may be used on a regular basis to provide relief to the caregiver. Respite may be provided in the participant’s home, the private home of the respite provider, a DD agency or in the community. Payment is not made for room and board. Limitations are that respite: must only be offered to participants living with an unpaid caregiver who requires relief, cannot exceed fourteen (14) consecutive days; must not be provided at the same time as other Medicaid services; must not be provided on a continuous, long-term basis as a daily service that would enable an unpaid caregiver to work; cannot be provided as group- or center-based respite when delivered by an independent respite provider; cannot duplicate other Medicaid reimbursed services.

**Respite Provider Eligibility**
Information on becoming a provider of services:
http://www.healthandwelfare.idaho.gov/Providers/MedicaidProviders/ProviderEnrollment/tabid/265/Default.aspx

**Caregiver Eligibility**
Respite may be provided by a relative but not by a legal guardian or legally responsible person.

**Enrollment Limit**
2329: Year ending in 06/30/2016

**How to Apply**
Regional service centers facilitate the application process. Contact information for regional centers:

**Contact Information**
Family and Community Services (FACS), 877-333-9681 or visit: [www.childrensDDservices.dhw.idaho.gov](http://www.childrensDDservices.dhw.idaho.gov) or Idaho CareLine to direct you to the correct region and county, 800-926-2588

**Link to Waiver Application**
http://healthandwelfare.idaho.gov/Portals/0/Medical/MedicaidCHIP/ChildrensDD_Waiver.pdf

**Expiration Date**
06/30/2019

**Date of Last Update**
11/20/15
ID Act Early (0887.R00.00)

State Operating Agency: Division of Medicaid, Division of Family and Community Services (FACS)

Description
This waiver’s key elements include an array of therapeutic interventions, support services, collaboration services, and it places an emphasis on family participation during treatment. Specific waiver services include family education, habilitative supports, respite, crisis intervention, family training, habilitative intervention, interdisciplinary training, and therapeutic consultation. Families will partner with professionals in order to design and implement interventions that will work best for them and their child. The family can write the plan themselves, choose a non-paid plan developer or utilize the assigned case manager to be their plan developer. Their role is to assess the child and family's needs through a family-centered planning process that assists the plan developer to develop a service plan based on the family’s wants and skill level. The plan lists prioritized services and objectives according to the family’s goals. Once the program is implemented, the plan developer will be responsible for tracking progress and ensuring the child is receiving appropriate services with positive outcomes.

Waiver Type
1915(c); operates concurrently with a program authorized under 1915(i)

Target Population-Eligibility
Children, ages 3-6, with a diagnosis of autism spectrum, developmental disability or intellectual disability

Level of Care
Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

Respite Services
Respite provides supervision to the participant on an intermittent or short-term basis because of the need for relief of the primary unpaid caregiver and is available in response to a family emergency or crisis, or may be used on a regular basis to provide relief to the caregiver. Respite may be provided in the participant’s home, the private home of the respite provider, a DD agency, or in the community. Payment for respite services are not made for room and board. Limitations are that respite: (1) must only be offered to participants living with an unpaid caregiver who requires relief, cannot exceed fourteen (14) consecutive days; must not be provided at the same time as other Medicaid services are being provided; must not be provided on a continuous, long-term basis as a daily service that would enable an unpaid caregiver to work; cannot be provided as group- or center-based respite when delivered by an independent respite provider; cannot duplicate other Medicaid reimbursed services.

Respite Provider Eligibility
Information on becoming a provider of services:
http://www.healthandwelfare.idaho.gov/Providers/MedicaidProviders/ProviderEnrollment/tabid/265/Default.aspx

Caregiver Eligibility
Respite may be provided by a relative but not by a legal guardian or legally responsible person.

Enrollment Limit
579: Year ending in 06/30/2016

How to Apply
Regional service centers facilitate the application process. Contact information for regional centers:

Contact Information
Family and Community Services (FACS), 877-333-9681 or visit: www.childrensDDservices.dhw.idaho.gov Idaho CareLine to direct you to the correct region and county, 800-926-2588

Link to Waiver Application
http://healthandwelfare.idaho.gov/Portals/0/Medical/MedicaidCHIP/ActEarlyWaiver%20.pdf

Expiration Date
06/30/2019

Date of Last Update
11/20/2015
Home and Community-Based 1915(c) Waivers and Concurrent 1915(b) Managed Care Waivers for Respite Support

Medicaid is a program in every state that pays for medical assistance for certain individuals and families with low incomes and resources. It is the largest source of funding for medical and health-related services for America’s poorest people. Because Medicaid is funded jointly by the federal and state governments, the services paid for vary from state to state. In addition to medical services, Medicaid will pay for home and community-based services (HCBS) through the state plan as well as through Medicaid waivers that offer services as a lower-cost alternative to treatment in a medical or long term care facility, such as a nursing home. Respite is usually paid for through one or more of the following types of waivers: research and demonstration (1115), managed care (1915b) and HCBS (1915c) waiver programs. This state’s Medicaid waivers that include respite are:

**IL Waiver for Adults w/DD**

Provides adult day care, developmental training, residential habilitation, supported employment-individual/group, occupational therapy (OT)-extended, physical therapy (PT)-extended, speech therapy-extended, service facilitation, adaptive equipment, behavior intervention/treatment, behavioral-psychotherapy/counseling, emergency home response services, home accessibility modifications, non-medical transportation, personal support, skilled nursing, temporary assistance (formerly crisis), training/counseling services for unpaid caregivers, vehicle modifications for individuals w/autism, DD, IID ages 18 years and older.

**IL HCBS Waiver for Persons w/Brain Injury**

Provides adult day care, day habilitation, homemaker, personal assistant, prevocational, respite, supported employment, home health aide, intermittent nursing, occupational therapy (OT), physical therapy (PT), speech therapy, cognitive behavioral therapies, environmental accessibility adaptations, home delivered meals, in-home shift nursing, personal emergency response systems, and specialized medical equipment for individuals of any age with brain injury.

**IL HCBS Waiver for Children that are Medically Fragile, Technology Dependent**

Provides respite, environmental accessibility adaptations, family training, medically supervised day care, nurse training, placement maintenance counseling, specialized medical equipment and supplies for individuals from birth through age 20 who are diagnosed as medically fragile and technology dependent.

**IL HCBS Waiver for Persons w/HIV or AIDS**

Provides adult day care, homemaker, personal assistant, respite, home health aide, intermittent nursing, occupational therapy (OT), physical therapy (PT), speech therapy, environmental accessibility adaptations, home delivered meals, in-home shift nursing, PERS (personal emergency response systems), and specialized medical equipment for individuals diagnosed with HIV/AIDS with no age restrictions (all ages)

**IL HCBS Waiver for Persons Who are Elderly**

Provides adult day care, in-home service, automated medication dispenser and emergency home response services for individuals aged 65 and older. Persons with physical disabilities may enroll at 60.

**IL Persons w/Disabilities**

Provides adult day care, homemaker, personal assistant, respite, home health aide, occupational therapy (OT), physical therapy (PT), speech therapy, environmental accessibility adaptations, home delivered meals, in-home shift nursing, intermittent nursing, PERS (personal emergency response systems), and specialized medical equipment individuals from birth through age 59 diagnosed as physically disabled.
IL Waiver for Adults w/DD (0350.R03.00)
State Operating Agency: Illinois Department of Human Services, Division of Developmental Disabilities (DHS-DDD)

Description
This waiver provides supports to adults with developmental disabilities ages 18 and over. These supports are designed to prevent or delay out-of-home placement or to provide residential services in the least restrictive community setting for participants who would otherwise need ICF/MR level of care. Services include adult day care, developmental training, residential habilitation, supported employment-individual/group, occupational therapy (OT)-extended, physical therapy (PT)-extended, speech therapy-extended, service facilitation, adaptive equipment, behavior intervention/treatment, behavioral-psychotherapy/ counseling, emergency home response services, home accessibility modifications, non-medical transportation, personal support, skilled nursing, temporary assistance (formerly crisis), training/ counseling services for unpaid caregivers, vehicle modifications. Participants may choose between participant-direction, including both budget and employer authority, and more traditional service delivery, or a combination of the two options. Participants who choose home-based supports may select from a menu of services based on their individual needs within an overall monthly services cost maximum. Participants may use domestic employees or direct service providers. When participants exercise employer authority and hire domestic employees, a Financial Management Services (FMS) entity is available. Participants also have a variety of therapies and other services available to them.

Residential service participants receive residential services from the qualified provider of their choice. Participants may select day programs and have a variety of therapies and other services.

Waiver Type
1915(c)

Target Population-Eligibility
Individuals with autism, developmental disabilities, or intellectual disabilities ages 18 and over.

Level of Care
Individuals require level of care available in an Intermediate Care Facility for the Mentally Retarded (ICF/MR).

Respite Services
This waiver does not offer formal respite services, but provides Adult Day Care which is provided 4 or more hours per day on a regularly scheduled basis for one or more days per week, or as specified in the service plan, in a non-institutional, community-based setting, encompassing both health and social services needed to ensure the optimal functioning of the participant. Snacks/meals and transportation to and from the Adult Day Care center is a part of the service.

Respite Provider Eligibility
Information on becoming a provider of services: https://www.dhs.state.il.us/page.aspx?item=52725 or call (217) 557-9282

Caregiver Eligibility
Adult Day Care may not be provided by a relative, legal guardian or legally responsible person.

Enrollment Limit
19,000: Year ending in 06/30/2016

How to Apply
Information on waiver: http://www2.illinois.gov/HFS/MEDICALPROGRAMS/HCBS/Pages/default.aspx

Contact Information
Independent Service Coordination (ISC) entities serve as the local point of access. To find the local office contact the Developmental Disabilities Helpline 1-888-DD-PLANS or 1-866-376-8446 (TTY) Local DHS offices may be found at: http://www.dhs.state.il.us/page.aspx?module=12 1-800-843-6154 (#3 on menu) or 1-800-447-6404 (TTY)

Link to Waiver Application
http://www2.illinois.gov/hfs/MedicalPrograms/HCBS/Documents/waiver0350.pdf

Expiration Date
06/30/2017

Date of Last Update
11/20/15
## IL HCBS Waiver for Persons with Brain Injury (0329.R03.00)

**State Operating Agency:** Department of Human Services, Division of Rehabilitation Services (DHS-DRS)

### Description
This waiver serves persons who are at risk for nursing facility level of care as the result of a brain injury. The waiver allows individuals to remain in their homes and receive a wide-array of services, including adult day care, day habilitation, homemaker, personal assistant, prevocational, respite, supported employment, home health aide, intermittent nursing, occupational therapy (OT), physical therapy (PT), speech therapist, cognitive behavioral therapies, environmental accessibility adaptations, home delivered meals, in-home shift nursing, PERS (personal emergency response systems), and specialized medical equipment.

Services specifically geared toward persons with brain injury include day habilitation, prevocational services, supported employment, and cognitive/behavioral therapy. The brain Injury waiver offers intense case management support.

The State delivers care coordination and waiver services through a mandatory managed care delivery system for those waiver participants enrolled in the Integrated Care Program (ICP). The ICP is implemented in the Illinois areas of suburban Cook (all zip codes that do not begin with 606), DuPage, Kane, Kankakee, Lake and Will Counties. Future areas/MCO plans will affect the population similarly.

### Waiver Type
1915(c). Operates concurrently with Section 1932 (a) State plan amendment (SPA) to implement mandatory managed care in Cook County and surrounding border counties.

### Target Population-Eligibility
Individuals of any age with brain injury and functional limitations directly resulting from the brain injury as documented by a physician/neurologist. Includes traumatic brain injury, anoxia, stroke, aneurysm, infection (encephalitis, meningitis), electrical injury, neoplasm of the brain, and toxic encephalopathy. Does not include degenerative, congenital or neurological disorders related to aging.

### Level of Care
Individuals require level of care available in a nursing facility (NF).

### Respite Services
Respite provides relief for unpaid family or primary caregivers currently meeting all service needs of the customer. Services are limited to personal assistant, homemaker, nurse, adult day care in order to provide customer’s activities of daily living during the periods of time when the primary caregiver is absent. It may be provided in individual’s home; or in and adult day care setting. Services are available for a maximum of 240 hours per year.

### Respite Provider Eligibility
Information on becoming a provider of services: [https://www.dhs.state.il.us/page.aspx?item=52725](https://www.dhs.state.il.us/page.aspx?item=52725) or call 217-557-9282

### Caregiver Eligibility
Respite may be provided by a relative, but not a legal guardian or legally responsible person.

### Enrollment Limit
4905: Year ending 06/30/2016

### How to Apply
Persons enrolled with a Medicaid managed care organization may contact their care coordinator about the need for in home services and for assistance with a referral. You may apply online: [https://wr.dhs.illinois.gov/wrpublic/wr/setReferral.do](https://wr.dhs.illinois.gov/wrpublic/wr/setReferral.do) or by phone (800) 843-6154 or 1-800-447-6404 (TTY)

### Contact Information
To find your local DHS-DRS office, please use the DHS office locator: [http://www.dhs.state.il.us/page.aspx?module=12](http://www.dhs.state.il.us/page.aspx?module=12)

### Link to Waiver Application
[http://www2.illinois.gov/hfs/SiteCollectionDocuments/waiverbraininjury.pdf](http://www2.illinois.gov/hfs/SiteCollectionDocuments/waiverbraininjury.pdf)

### Expiration Date
06/30/2017

### Date of Last Update
11/20/15
IL HCBS Waiver for Children that are Medically Fragile, Technology Dependent (0278.R03.00)
State Operating Agency: University of Illinois, Division of Specialized Care for Children at Chicago (DSCC)

Description
This waiver for children who are diagnosed as medically fragile or technology dependent (MFTD) allows eligible children to remain in their own homes rather than in an institutional setting. The waiver program offers coordination and support for in-home medical care. Nursing is the primary service received by waiver participants although it is not a waiver service. Waiver services include: respite, specialized medical equipment and supplies, environmental modifications, family training, nurse training, placement maintenance counseling, and medically supervised day care. The child's resources are considered, but parental income is not counted for Medicaid financial eligibility.

Waiver Type
1915(c)

Target Population-Eligibility
Individuals from birth through age 20 who are diagnosed as medically fragile or technology dependent. Individuals who require institutionalization solely because of a severe mental or developmental impairment are not eligible.

Level of Care
Individuals require level of care available in a hospital or nursing facility (NF).

Respite Services
Respite services are care and supportive services to enable the participant to remain in the community, or home-like environment, while periodically relieving the family of caregiving responsibilities. Respite is provided in the participant's home or a Children's Community-Based Health Care Center Model, licensed by the Illinois Department of Public Health. In home respite is provided by qualified licensed nurses and certified nurse's aides employed by an approved private duty nursing agency. Respite in the Children's Health Care Center is provided by nurses and certified nurse aides employed by the Center. Respite and private duty nursing services may not be provided simultaneously. The Children's Community-Based Health Care Center Model provides necessary technological support and nursing care as respite care in a stand-alone facility for a period of one to fourteen days. Authorization of respite at a children's respite center requires: prescription by the physician managing care; request by the child's parent(s) and/or guardian. Participant must be clinically stable. Respite may be provided in a home-like environment that serves no more than 12 children at a time, offering an alternative setting for waiver services normally provided in the child's home. Transportation is not part of this service.

Respite Provider Eligibility
Information on becoming a provider of services: http://dscc.uic.edu/for-providers/provider-criteria-2/

Caregiver Eligibility
Respite may not be provided by a relative, legal guardian or a legally responsible person.

Enrollment Limit
700: Year ending in 08/31/2016

How to Apply
To apply, you can print out forms to fill in by hand, fill in the forms electronically then print them, or contact a Specialized Care for Children Regional Office to request the forms be mailed to you http://dscc.uic.edu/find-an-office/

Contact Information
University of Illinois, Division of Specialized Care for Children
800-322-3722 or visit http://dscc.uic.edu/

Link to Waiver Application
http://www2.illinois.gov/hfs/SiteCollectionDocuments/MFTD10212015.pdf

Expiration Date
08/31/2017

Date of Last Update
11/20/2015
Description

This waiver serves persons with HIV/AIDS who are at risk for nursing facility level of care allowing them to remain in their homes with services and supports including adult day care, homemaker, personal assistant, respite, home health aide, intermittent nursing, occupational therapy (OT), physical therapy (PT), speech therapy, environmental accessibility adaptations, home delivered meals, in-home shift nursing, personal emergency response systems, and specialized medical equipment. The waiver is based on an independent living philosophy that encourages individuals to direct their own care. The most used service in the waiver is the personal assistant as it allows participants more privacy in directing their own care. If a waiver participant chooses this service, he or she may hire, train, and, if necessary, terminate the personal assistant or other individually hired provider such as a home health aide, licensed practical nurse, or registered nurse.

The State delivers care coordination and waiver services through a mandatory managed care delivery system for those waiver participants enrolled in the Integrated Care Program (ICP). The ICP is implemented in the Illinois areas of suburban Cook (all zip codes that do not begin with 606), DuPage, Kane, Kankakee, Lake and Will Counties.

The State includes dually enrolled Medicare and Medicaid waiver participants to the managed care delivery system. Waiver services will be administered under the Medicare Medicaid Alignment Initiative (MMAI) or the Managed Long-term Supports and Services (MLTSS) through a concurrent 1915(b) waiver. Under the MMAI, Illinois and CMS will contract with Health Plans to coordinate the delivery of and be accountable for all covered Medicare and Medicaid services for participating MMAI enrollees. For those participants who wish to opt-out of the MMAI, long term support services, including waiver services are provided using the same managed care Health Plans as chosen by the MA for MMAI. Initial implementation of the MMAI is for the greater Chicago and central Illinois regions.

Waiver Type

1915(c) - Operates concurrently with Section 1932 (a) State plan amendment (SPA) to implement mandatory managed care in Cook County and surrounding border counties.

Target Population - Eligibility

Individuals of any age diagnosed with HIV/AIDS with severe functional limitations, which are expected to last at least 12 months or for the duration of life.

Level of Care

Individuals require level of care available in a nursing facility (NF).

Respite Services

Respite services provide relief for unpaid family or primary care givers, who are currently meeting all service needs of the customer. Services are limited to personal assistant, homemaker, nurse, adult day care, and provided to a consumer to provide his or her activities of daily living during the periods of time it is necessary for the family or primary care giver to be absent.

Federal Financial Participation (FFP) will not be claimed for the cost of room and board except when provided as part of respite furnished in a facility approved by the State that is not a private residence. Respite may be provided in the individual’s home; or in an adult day care setting.

Provider Eligibility

Information on becoming a provider of services: https://www.dhs.state.il.us/page.aspx?item=52725 or call 217-557-9282

Caregiver Eligibility

Respite may be participant directed and provided by a relative, but not a legal guardian or legally responsible person.

Enrollment Limit

1531: Year ending in 09/30/2016

How to Apply

Persons who have medical services through a Medicaid managed care organization may contact their care coordinator about the need for in home services and for assistance with a referral.

You may apply online: https://wr.dhs.illinois.gov/wrpublic/wr/setReferral.do or by phone (800) 843-6154 or (800) 447-6404 (TTY)

Contact Information

To find your local DHS-DRS office, please use the DHS office locator:

Medicaid Waivers for Respite Support – 2015-16
ARCH National Respite Network and Resource Center | www.archrespite.org
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<th><strong>Link to Waiver Application</strong></th>
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<td><strong>Date of Last Update</strong></td>
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## IL HCBS Waiver for Persons Who are Elderly (0143.R05.00)

**State Operating Agency:** Illinois Department on Aging (IDoA)

### Description
The waiver for the elderly is part of the Community Care Program (CCP), a larger state program operated by the IDoA that serves Illinois seniors. The CCP offers services to persons age 60 and over who meet functional and financial eligibility criteria. Those meeting Medicaid eligibility are HCBS waiver participants. Those that do not meet Medicaid eligibility are funded with state only monies. There are 13 Planning and Service Areas (PSA) in Illinois, each managed and served by an Area Agency on Aging (AAA). IDoA works in partnership with these non-profit corporations and one unit of local government, the City of Chicago. Care coordinators educate participants on the available providers and assist them, if needed, in making an informed choice. Participants have a choice of waiver providers and if eligible, may receive CCP services from provider agencies have contracts with IDoA. Services available under the waiver include homemaker, adult day care, and emergency home response service. Other services are available through the Older Americans Act (OAA) and senior networks. Effective February 1, 2013, the State will deliver care coordination and waiver services through a mandatory managed care delivery system for those waiver participants enrolled in the Integrated Care Program (ICP). The ICP is implemented in the Illinois areas of suburban Cook (all zip codes that do not begin with 606), DuPage, Kane, Kankakee, Lake and Will Counties. Future areas/MCO plans will affect the population similarly.

### Waiver Type
1915(c) - Operates concurrently with Section 1932 (a) State plan amendment (SPA) to implement mandatory managed care in Cook County and surrounding border counties.

### Target Population-Eligibility
Persons who are aged 65 and older. Person with physical disabilities may enroll at age 60.

### Level of Care
Individuals require level of care available in a nursing facility (NF).

### Respite Services
This waiver does not offer formal respite services, but provides Adult Day Care which is provided 4 or more hours per day on a regularly scheduled basis for one or more days per week, or as specified in the service plan, in a non-institutional, community-based setting, encompassing both health and social services needed to ensure the optimal functioning of the participant. Snacks/meals and transportation to and from the Adult Day Care center is a part of the service.

### Respite Provider Eligibility
Information on becoming a provider of services: [https://www.dhs.state.il.us/page.aspx?item=52725](https://www.dhs.state.il.us/page.aspx?item=52725) or call 217-557-9282

### Caregiver Eligibility
Adult day care may not be provided by a relative, legal guardian or legally responsible person.

### Enrollment Limit
92,540: Year ending in 09/30/2016; renewal application submitted and pending approval.

### How to Apply
[http://www2.illinois.gov/hfs/MedicalPrograms/HCBS/Pages/Elderly.aspx](http://www2.illinois.gov/hfs/MedicalPrograms/HCBS/Pages/Elderly.aspx)

### Contact Information
Department on Aging Senior HelpLine (800)252-8966 or (888) 206-1327 (TTY)
Local CCP Care Coordination Unit contact information may be found online by visiting: [http://www.illinois.gov/aging/Pages/default.aspx](http://www.illinois.gov/aging/Pages/default.aspx)

### Link to Waiver Application
[http://www2.illinois.gov/hfs/SiteCollectionDocuments/waiverelderly.pdf](http://www2.illinois.gov/hfs/SiteCollectionDocuments/waiverelderly.pdf)

### Expiration Date
09/30/2019; renewal application submitted and pending

### Date of Last Update
11/20/15
**Description**

This waiver provides a consumer-directed program for persons with disabilities. Most beneficiaries hire, supervise, and terminate their own caregivers (personal assistants). The program was designed as an independent living model; under the philosophy that regardless of disabilities or abilities, all persons have the right and responsibility to determine the direction of their lives and to fully and meaningfully participate as members of society. The program offers a full array of services which include: personal assistants, homemaker, skilled professional nursing, certified nursing assistants, therapies, adult day care, emergency home response, respite, home delivered meals, environmental modifications, and special medical equipment and supplies.

The State delivers care coordination and waiver services through a mandatory managed care delivery system for those waiver participants enrolled in the Integrated Care Program (ICP). The ICP is implemented in the Illinois areas of suburban Cook, DuPage, Kane, Kankakee, Lake and Will Counties. It also serves Chicago, Rockford, Central Illinois, East St. Louis area of Illinois and the Quad cities.

Waiver participants dually enrolled in Medicare and Medicaid receive services through the managed care delivery system.

**Waiver Type**

1915(c). Operates concurrently with a 1915(b) managed care waiver and Section 1932(a) State plan amendment to implement mandatory managed care in Cook County and surrounding border counties.

**Target Population - Eligibility**

Individuals from birth through age 59 diagnosed with a severe disability, which is expected to last for 12 months or for the duration of life.

**Level of Care**

Individuals require level of care available in a nursing facility (NF).

**Respite Services**

Respite services provide relief for unpaid family or primary care givers, who are currently meeting all service needs of the customer. Services are limited to personal assistant, homemaker, nurse, adult day care, and provided to a consumer to provide his or her activities of daily living during the periods of time it is necessary for the family or primary care giver to be absent. FFP will not be claimed for room and board except when provided as part of respite furnished in a facility approved by the State that is not a private residence. It may be provided in the individual's home; or in an adult day care setting. Services are available for a maximum of 240 hours per year.

**Respite Provider Eligibility**

Information on becoming a provider of services: [https://www.dhs.state.il.us/page.aspx?item=52725](https://www.dhs.state.il.us/page.aspx?item=52725) or call 217-557-9282.

**Caregiver Eligibility**

Respite may be provided by a relative but not by a legal guardian or legally responsible person.

**Enrollment Limit**

34,993: Year ending in 09/30/2016

**How to Apply**

Services are accessed through local DHS-DRS offices. Local offices can be found by using the DHS office Locator ([http://www.dhs.state.il.us/page.aspx?module=12](http://www.dhs.state.il.us/page.aspx?module=12)). Persons who have Medicaid managed care may contact their care coordinator about the need for in home services and for assistance with a referral. You may apply online: [https://wr.dhs.illinois.gov/wrpublic/wr/setReferral.do](https://wr.dhs.illinois.gov/wrpublic/wr/setReferral.do) or by phone: 1-800-843-6154 or 1-800-447-6404 (TTY)

**Contact Information**

Developmental Disabilities Helpline, 1-888-DD-PLANS or 1-866-376-8446 (TTY)

Medicaid- HFS, Bureau of Long Term Care, Home and Community-Based Waiver Administrative Section [http://www2.illinois.gov/hfs/MedicalPrograms/HCBS/Pages/disabilities.aspx](http://www2.illinois.gov/hfs/MedicalPrograms/HCBS/Pages/disabilities.aspx)

**Link to Waiver Application**

[http://www2.illinois.gov/hfs/SiteCollectionDocuments/waiverdisabilities.pdf](http://www2.illinois.gov/hfs/SiteCollectionDocuments/waiverdisabilities.pdf)

**Expiration Date**

09/30/2019

**Date of Last Update**

11/20/2015
Home and Community-Based 1915(c) Waivers for Respite Support

Medicaid is a program in every state that pays for medical assistance for certain individuals and families with low incomes and resources. It is the largest source of funding for medical and health-related services for America’s poorest people. Because Medicaid is funded jointly by the federal and state governments, the services paid for vary from state to state. In addition to medical services, Medicaid will pay for home and community-based services (HCBS) through the state plan as well as through Medicaid waivers that offer services as a lower-cost alternative to treatment in a medical or long term care facility, such as a nursing home. Respite is usually paid for through one or more of the following types of waivers: research and demonstration (1115), managed care (1915b) and HCBS (1915c) waiver programs. This state’s Medicaid waivers that include respite are:

**Aged & Disabled (A&D) Waiver**

Provides adult day, attendant care, case management, homemaker, respite, adult family care, assisted living, community transition, environmental modifications assessment, environmental modifications, health care coordination, home delivered meals, nutritional supplements, Personal Emergency Response System, pest control, specialized medical equipment and supplies, structured family caregiving, transportation, and vehicle modifications for individuals 65 years and older and individuals from birth to age 64 with a disability.

**Traumatic Brain Injury**

Provides adult day, attendant care, case management, homemaker, residential based habilitation, respite, structured day program, supported employment, adult family care, behavior management/behavior program and counseling, community transition, environmental modifications, health care coordination, home delivered meals, nutritional supplements, Personal Emergency Response System, pest control, specialized medical equipment and supplies, transportation, and vehicle modifications for individuals diagnosed with brain injury with no age restrictions.

**Community Integration and Habilitation**

Provides adult day, case management, prevocational, rent and food for unrelated live-in caregiver, residential habilitation and support, respite, supported employment follow along, occupational therapy, physical therapy, psychological therapy, speech/language therapy, behavioral support, community-based habilitation-group or individual, community transition, electronic monitoring, environmental modifications, facility based habilitation—group or individual, facility based support services, family and caregiver training, intensive behavior intervention, music therapy, Personal Emergency Response System, recreational therapy, specialized medical equipment and supplies, structured family caregiving, transportation, wellness coordination, and workplace assistance for individuals diagnosed with autism, an intellectual disability and/or a developmental disability with no age restrictions.

**Family Supports**

Provides adult day, case management, prevocational, respite, occupational therapy, physical therapy, psychological therapy, speech/language therapy, behavioral support services, community-based habilitation-group or individual, extended services, facility based habilitation—group or individual, facility based support services, family and caregiver training, intensive behavioral intervention, music therapy, participant assistance and care, Personal Emergency Response System, recreational therapy, specialized medical equipment and supplies, transportation, and workplace assistance for individuals diagnosed with autism, an intellectual disability and/or a developmental disability with no age restrictions.

**PRTF Waiver**

Provides habilitation, respite, consultative clinical and therapeutic services, flex funds, non-medical transportation, training and support for unpaid caregivers, as well as wraparound facilitation/care coordination, and wraparound technician for individuals,
ages 18-20, diagnosed with a mental illness and children, between ages 6-17, diagnosed with SED (serious emotional disturbance).
Aged and Disabled (A&D) Waiver (0210.R05.00)
State Operating Agency: Office of Medicaid Policy and Planning, Indiana Division of Aging

Description
This waiver services supplement informal supports for people who require care in a nursing facility without waiver supports. Services can be used to help people remain in their homes, as well as assist people living in nursing facilities return to community settings such as their own homes, apartments, assisted living or adult family care. Services include adult day, attendant care, case management, homemaker, respite, adult family care, assisted living, community transition, vehicle and environmental modifications, assessment of modifications, health care coordination, home delivered meals, nutritional supplements, PERS (personal emergency response systems), pest control, specialized medical equipment and supplies, structured family caregiving, and transportation.

Waiver Type
1915(c)

Target Population - Eligibility
Individuals who have disabilities ages birth to 64 as well as individuals who are 65 or older. At age 65, participants in these disabled target subgroups seamlessly transition to the Aged target subgroup.

Level of Care
Individuals require level of care available in a nursing facility (NF).

Respite Services
Respite is provided temporarily or periodically in the absence of the usual caregiver and may be provided in an individual’s home or in the private home of the caregiver. The level of professional care provided depends on the needs of the individual. Allowable respite activities include home health aide and skilled nursing. Individuals requiring assistance with bathing, meal preparation, specialized feeding due to difficulty swallowing, refusing to eat, or not eating enough; dressing or undressing; hair and oral care; and weight bearing transfer assistance should be considered for respite home health aide under the supervision of a registered nurse. For needed infusion therapy; venipuncture; injection; wound care, decubitus, incision; ostomy care; and tube feedings, consider respite nursing services.

Respite may not be used as day/child care for primary caregivers to work or attend school; to provide service to a participant while participant is attending school; or to replace services that should be provided under the Medicaid State Plan. Respite must not duplicate any other service being provided under the participant’s service plan or to participants receiving Adult Family Care waiver, Structured Family Caregiving waiver, or Assisted Living waiver services.

Respite Provider Eligibility
To apply to be a Provider, contact: Director of Provider Relations, DDRS - Division of Disability and Rehabilitative Services at 402 W. Washington St., RM 453, MS 18, Indianapolis, IN 46207 - 7083
BDDSProvider@fssa.IN.gov Phone: 1-800-545-7763 Fax: (317)232-1240
Go to: http://www.in.gov/fssa/da/3476.htm#jump_provider

Caregiver Eligibility
Service may be provided by a relative, but not a legally responsible person or legal guardian.

Enrollment Limit
16,384: Year ending 06/30/2016

How to Apply
You may apply online at or in person at a local office, or call 1-800-403-0864 to request an application be mailed to you.

Contact Information
Any additional questions or inquiries may be submitted to the Waiver Provider Specialist by phone at 317-232-4650 or by email at dapproviderapp@fssa.in.gov
More information is available online at: www.in.gov/fssa/ddrs

Link to Waiver Application

Expiration Date
06/30/2018

Date of Last Update
09/11/2015
Traumatic Brain Injury (4197.R03.00)

State Operating Agency: Office of Medicaid Policy and Planning, Indiana Division of Aging

Description
This waiver offers services and supports to ensure that individuals with a traumatic brain injury receive appropriate services based on their needs and the needs of their families. Waiver services include adult day and/or family care, attendant care, case management, homemaker, residential based habilitation, respite, structured day program, supported employment, behavior management/behavior program and counseling, community transition, environmental and vehicle modifications, health care coordination, home delivered meals, nutritional supplements, personal emergency response systems, pest control, specialized medical equipment and supplies, and transportation.

Waiver Type
1915(c)

Target Population-Eligibility
Individuals of all ages diagnosed with a traumatic brain injury defined as a trauma that has occurred as a closed or open head injury by an external event that results in damage to brain tissue, with or without injury to other body organs. Examples of external agents are mechanical events that result in interference with vital functions. Traumatic brain injury means a sudden insult or damage to brain function, not of a degenerative or congenital nature. The insult or damage may produce an altered state of consciousness and may result in a decrease in cognitive, behavioral, emotional, or physical functioning resulting in partial or total disability not including birth trauma related injury.

Level of Care
Individuals require level of care available in a nursing facility (NF) or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

Respite Services
Respite services are those services that are provided temporarily or periodically in the absence of the usual caregiver. Service may be provided in an individual’s home or in the private home of the caregiver. The level of professional care provided under respite services depends on the needs of the individual. An individual requiring assistance with bathing, meal preparation and planning, specialized feeding, such as an individual who has difficulty swallowing, refuses to eat, or does not eat enough; dressing or undressing; hair and oral care; and weight bearing transfer assistance should be considered for respite home health aide under the supervision of a registered nurse. An individual requiring infusion therapy; venipuncture; injection; wound care for surgical, decubitus, incision; ostomy care; and tube feedings should be considered for respite nursing services. Allowable activities include home health and skilled nursing services. Respite may not be used as day/child care for primary caregivers to work/attend school; to assist participant while attending school; or to replace services that should be provided under the Medicaid State Plan. Respite must not duplicate any other service being provided under the participant’s service plan or to participants receiving Adult Family Care waiver service.

Respite Provider Eligibility
To apply to be a Provider: Director of Provider Relations, DDRS - Division of Disability and Rehabilitative Services, 402 W. Washington St., RM 453, MS 18, Indianapolis, IN 46207 – 7083, Email: BDDSprovider@fssa.IN.gov Phone: 1-800-545-7763 Fax: (317)232-1240

Caregiver Eligibility
Respite may be provided by a relative, but not by the legally responsible person or a legal guardian (i.e., parent of a minor child, spouse, attorney-in-fact (POA), health care representative).

Enrollment Limit
200: Year ending in 12/31/2016

How to Apply
Division of Aging, Home and Community-Based Services Waivers
402 West Washington Street, Room W382, MS07, P.O. Box 7083, Indianapolis, IN 46027
You may apply online or in person at a local office, or call 1-800-403-0864 to request an application.

Contact Information
Any additional questions or inquiries may be submitted to the Waiver Provider Specialist by phone at 317-232-4650 or by email at daproviderapp@fssa.in.gov
More information available online at: www.in.gov/fssa/ddrs

Link to Waiver Application
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Community Integration and Habilitation (0378.R03.00)

State Operating Agency: Division of Disability and Rehabilitative Services (DDRS), Bureau of Developmental Disabilities Services (BDDS)

Description
Participants may choose to live in their own home, family home, or community setting appropriate to their needs. The waiver services include adult day care; case management; prevocational; rent and food for unrelated live-in caregiver; residential habilitation and support; respite; supported employment follow along; occupational, physical, psychological, speech/language, and recreational therapy; behavioral support; community or facility based habilitation-group or individual; community transition; electronic monitoring; environmental modifications; facility based support services; family and caregiver training; intensive behavior intervention; music therapy; PERS (personal emergency response system); specialized medical equipment and supplies; structured family caregiving, transportation; wellness coordination; and workplace assistance.

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<th>Waiver Type</th>
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<tr>
<td>Target Population-Eligibility</td>
<td>Individuals of all ages diagnosed with autism, developmental disability (DD) or intellectual disability (IID), cerebral palsy, epilepsy or other conditions closely related to intellectual disability. “Other condition” (other than a sole diagnosis of mental illness) is an impairment similar in general intellectual functioning or adaptive behavior, or requires treatment or services similar to those required for a person with an intellectual disability. The IID, DD or other related condition must have an onset prior to age 22, be expected to continue and result in substantial functional limitations in at least three (3) of these major life activities: a) Self-care; b) Understanding and use of language; c) learning; d) mobility; e) self-direction; f) capacity for independent living; and g) economic self-sufficiency.</td>
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<tr>
<td>Level of Care</td>
<td>Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).</td>
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<tr>
<td>Respite Services</td>
<td>Respite are provided to participants unable to care for themselves that are furnished on a short-term basis in order to provide temporary relief to those unpaid persons normally providing care. Respite can be provided in the participant’s home or place of residence, respite caregiver’s home, a camp setting, an approved day habilitation facility, or a non-private residential setting (such as a respite home). Activities may include: assistance with toileting, feeding, daily living skills including assistance accessing the community and community activities, grooming and personal hygiene; meal preparation, serving and cleanup; administration of medications; supervision; individual services; and group services.</td>
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Respite Provider Eligibility
To apply to be a Provider: Director of Provider Relations of DDRS - Division of Disability and Rehabilitative Services at 402 W. Washington St., RM 453, MS 18 Indianapolis, IN 46207 - 7083

| Caregiver Eligibility | Respite may be provided by a relative, legal guardian, or legally responsible person. |
| Enrollment Limit | 9901: Year ending in 09/30/2016 |
| How to Apply | You may apply for by calling the local Bureau of Developmental Disabilities Services (BDDS) District Office to request an Application for Developmental Disabilities Services or by visiting the DDRS website. |
| Contact Information | See the state map (http://www.in.gov/fssa/ddrs/4088.htm) or call 1-800-545-7763 to locate your local office. Waiver application forms may also be accessed at: http://www.in.gov/fssa/ddrs/3349.htm. |
| Link to Waiver Application | http://www.in.gov/fssa/files/CHIW.pdf |
| Expiration Date | 09/30/2019 |
| Date of Last Update | 09/14/2015 |
Family Supports (0387.R03.00)

State Operating Agency: Division of Disability and Rehabilitative Services (DDRS), Bureau of Developmental Disabilities Services (BDDS) and the Bureau of Quality Improvement Services (BQIS)

Description
This waiver provides access to meaningful and necessary home and community-based supports, implements supports in a manner that respects the participant’s personal beliefs and customs, ensures that services are cost-effective, facilitates the participant’s involvement in the community where he/she lives and works, facilitates the participant’s development of social relationships in his/her home and work communities, and facilitates the participant’s independent living.

Waiver services include: adult day care; case management; prevocational; respite; occupational, physical, psychological, speech/language, and recreational therapy; behavioral support services; community-based and facility based habilitation-group or individual; extended services; facility based support services; family and caregiver training; intensive behavioral intervention; music therapy; participant assistance and care; PERS (personal emergency response system); specialized medical equipment and supplies; transportation; and workplace assistance.

Waiver Type 1915(c)

Target Population-Eligibility
Individuals of all ages diagnosed with Autism, a Developmental Disability (DD), or Intellectual Disability (IID). Other developmental disabilities eligible include cerebral palsy, epilepsy, autism, or other conditions closely related to intellectual disability. The “other condition” (other than a sole diagnosis of mental illness) is a condition that results in similar impairment of general intellectual functioning or adaptive behavior or requires treatment or services similar to those required for a person with an intellectual disability. The IID, DD or other related condition must have an onset prior to age 22, be expected to continue and result in substantial functional limitations in at least three (3) of the following areas of major life activities: a) Self-care; b) Understanding and use of language; c) Learning; d) Mobility; e) Self-direction; f) Capacity for independent living; and g) Economic self-sufficiency.

Level of Care
Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

Respite Services
Respite Care services are provided to participants unable to care for themselves that are furnished on a short-term basis in order to provide temporary relief to those unpaid persons normally providing care. Respite Care can be provided in the participant’s home or place of residence, in the respite caregiver’s home, in a camp setting, in a DDRS approved day habilitation facility, or in a non-private residential setting (such as a respite home).

Reimbursable activities include: assistance with toileting, feeding, daily living skills including assistance with accessing the community and community activities, grooming and personal hygiene; meal preparation, serving and cleanup; administration of medications; supervision; individual services; and group services (Unit rate divided by number of participants served).

Respite Provider Eligibility
To apply to be a Provider: Director of Provider Relations of DDRS - Division of Disability and Rehabilitative Services at 402 W. Washington St., RM 453, MS 18 Indianapolis, IN 46207 - 7083
BDDSprovider@fssa.IN.gov Phone: 1-800-545-7763 Fax: (317)232-1240

Caregiver Eligibility
Respite Services may be provided by legally responsible person, relative or legal guardian.

Enrollment Limit
14,171: Year ending 03/31/2016

How to Apply
Contact your local Bureau of Developmental Disabilities Services (BDDS) Office and request an Application Packet to apply for the FSW. Information on how to find your local district available at: BDDS District Field Services Locations and Maps

Contact Information
Locate your local BDDS offices: http://www.in.gov/fssa/files/BDDS.pdf or call 1-800-545-7763.

Link to Waiver Application
http://www.in.gov/fssa/files/FSW.pdf
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<td>Expiration Date</td>
<td>03/31/2020</td>
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<td>Date of Last Update</td>
<td>10/21/2015</td>
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## PRTF Waiver (03.R02.00)

**State Operating Agency:** Division of Mental Health and Addiction (DMHA), Office of Medicaid Policy and Planning (OMPP)

### Description
This waiver offers services solely for the transition of eligible children and youth from the Community Alternative to Psychiatric Residential Treatment Facility (CA-PRTF) Demonstration Grant following expiration of the Grant. This transition waiver promotes transformation of Indiana’s behavioral health system to provide intensive community-based care for children with high needs whose families, caretakers, and/or community would be able and willing to maintain the youth in a community setting with adequate and appropriate interventions and support. Services include: habilitation, respite, consultative clinical and therapeutic services, flex funds, non-medical transportation, training and support for unpaid caregivers, wraparound facilitation/care coordination and wraparound technician.

### Waiver Type
1915(c)

### Target Population-Eligibility
For individuals diagnosed with either a Mental Illness (age 18-20 years) or Serious Emotional Disturbance (Age 6-17 years). No new individuals will be accepted for the PRTF Waiver. Prior eligible participants continue to be eligible provided they continue to meet the target population eligibility.

### Level of Care
Individuals require level of care available in a Psychiatric Residential Treatment Facility (PRTF).

### Respite Services
Respite is provided to participants unable to care for themselves and is furnished on a short-term basis due to the absence or need for relief of those persons who normally provide care for the participant. It may be planned and provided on a routine basis (such as daily, weekly, monthly, or semi-annually) or may be unplanned when a caregiver has an unexpected situation requiring assistance in caring for the participant. Respite may be provided as an emergency in response to a crisis situation in the family.

Respite may be provided in the participant’s home or place of residence, or any facility licensed by the Indiana FSSA, Division of Family Resources or by the Indiana Department of Child Services. Respite must be provided in the least restrictive environment available and ensure the health and welfare of the participant. Participants needing consistent 24-hour supervision with regular monitoring of medications or behavioral symptoms should be placed in a facility under the supervision of a psychologist, psychiatrist, physician or nurse who meets respective licensing or certification requirements of his/her profession in the state of Indiana.

Respite is provided on an hourly basis for less than 7 hours in any one day; or at the daily rate for 7 to 24-hours in any one day. Crisis Respite is provided for a minimum of 8 to 24 hours billable at a daily rate. Twenty-four hour Respite cannot exceed 14 consecutive days. Respite cannot be provided as a substitute for regular childcare to allow the parent/guardian to hold a job or attend school.

### Respite Provider Eligibility
For information about becoming a provider please contact DMHA by calling: (317) 232-7800 or 1-800-901-1133 or visiting [http://www.in.gov/fssa/dmha/2756.htm](http://www.in.gov/fssa/dmha/2756.htm)

### Caregiver Eligibility
Respite services may be provided by a relative, but not a legal guardian or legally responsible person.

### Enrollment Limit
173: Year ending in 09/30/2016

### How to Apply
Waiver participants were enrolled in the CA-PRTF Grant as of September 30, 2012. No additional individuals may apply for or receive waiver services through the PRTF Transition Waiver.

### Contact Information
For additional information about the waiver please contact DMHA by calling (317) 232-7800 or 1-800-901-1133 or visiting [http://www.in.gov/fssa/dmha/6643.htm](http://www.in.gov/fssa/dmha/6643.htm).

### Link to Waiver Application
[http://www.in.gov/fssa/dmha/files/1915c_PRTF_Transition_Waiver_CMS_Application%281%29.pdf](http://www.in.gov/fssa/dmha/files/1915c_PRTF_Transition_Waiver_CMS_Application%281%29.pdf)

### Expiration Date
09/30/2017

### Date of Last Update
10/21/2015
Home and Community-Based 1915(c) Waivers for Respite Support

Medicaid is a program in every state that pays for medical assistance for certain individuals and families with low incomes and resources. It is the largest source of funding for medical and health-related services for America’s poorest people. Because Medicaid is funded jointly by the federal and state governments, the services paid for vary from state to state. In addition to medical services, Medicaid will pay for home and community-based services (HCBS) through the state plan as well as through Medicaid waivers that offer services as a lower-cost alternative to treatment in a medical or long term care facility, such as a nursing home. Respite is usually paid for through one or more of the following types of waivers: research and demonstration (1115), managed care (1915b) and HCBS (1915c) waiver programs. This state’s Medicaid waivers that include respite are:

Iowa HCBS Health & Disability Waiver

Provides adult day health, home health aide, homemaker, respite, nursing care, consumer directed attendant care-skilled, consumer directed attendant care-unskilled, counseling, financial management services, home and vehicle modification, home-delivered meals, independent support broker, individual directed goods and services, interim medical monitoring and treatment, nutritional counseling, personal emergency response, self-directed community support and employment, and self-directed personal care for individuals, ages 0-64, diagnosed with physical disabilities.

HCBS Elderly Waiver

Provides adult day health, case management, homemaker, respite, home health aide, nursing, financial management services, assistive devices, chore, consumer directed attendant care - skilled & unskilled, home and vehicle modifications, home delivered meals, independent support brokerage, individual directed goods and services, mental health outreach, nutritional counseling, personal emergency response or portable locator system, self-directed community support and employment, self-directed personal care, senior companion, and transportation for individuals ages 65 and older (no max age).

Children’s Mental Health (CMH) Waiver

Provides family and community support service, respite, environmental modifications and adaptive devices, as well as in-home family therapy for children, ages 0-17, diagnosed with a diagnosis of SED (serious emotional disturbance).

HCBS AIDS Waiver

Provides adult day health, homemaker, respite, home health aide, nursing services, financial management services, consumer directed attendant care-skilled, consumer directed attendant care-unskilled, counseling, home delivered meals, independent support broker, individual directed goods and services, self-directed community support and employment, and self-directed personal care for individuals with a diagnosis of HIV/AIDS with no age restrictions.

Brain Injury (BI) Waiver

Provides adult day care, case management, consumer directed attendant care-skilled, prevocational services, respite, supported employment, financial management services-consumer choices option, behavioral programming, consumer directed attendan care-unskilled, family counseling and training, home and vehicle modifications, independent support broker-consumer choices option, individual directed goods and services-consumer choices option, interim medical monitoring treatment, Personal Emergency Response System, self-directed community support and employment, self-directed personal care-consumer choices option, specialized medical equipment, supported community living, and transportation for individuals of all ages diagnosed with a brain injury.
Intellectual Disabilities (ID) Waiver

Provides adult day care, day habilitation, prevocational, residential based supported community living, respite, supported employment, home health aide, nursing, financial management services, independent support broker, individual directed goods and services, self-directed community support and employment, self-directed personal care, consumer directed attendant care (skilled), consumer directed attendant care (unskilled), home and vehicle modifications, interim medical monitoring and treatment, personal emergency response or portable locator system, supported community living, and transportation for individuals of all ages diagnosed with an intellectual disability.
# Iowa HCBS Health & Disability Waiver (4111.R06.00)

**State Operating Agency:** The Iowa Department of Human Services (DHS) Iowa Medicaid Enterprise (IME)

## Description

Through need based funding of individualized supports, eligible members may maintain their position within their homes and communities rather than default placement within an institutional setting. Participants have the option to choose between a variety of traditionally delivered and self-directed services. The following services are available: Adult Day Care, Consumer Directed Attendant Care, Counseling Services, Home and Vehicle Modification, Home-Delivered Meals, Home Health Aide, Homemaker, Interim Medical Monitoring and Treatment, Nursing, Nutritional Counseling, PERS (personal emergency response system), and Respite. Self-direct services available include: Financial Management and Independent Support brokerage services, Self-Directed Personal Care, Individual Directed Goods and Services and Self-Directed Community and Employment Supports.

## Waiver Type

1915(c)

## Target Population-Eligibility

Individuals ages 0-64 who have physical disabilities. Individual must be blind or disabled as determined by receipt of Social Security Disability benefits or by a disability determination made through the department. Disability determinations are made according to Supplemental Security Income guidelines under Title XVI or the Social Security Act or the disability guidelines for the Medicaid Employed People with Disabilities coverage.

Applicants age 25 and over: Must be ineligible for SSI for either excess income and/or deeming of a spouse’s income or resources. Members age 21 and over who are currently receiving services from the HD Waiver and are SSI eligible may remain on the waiver through age 46. Applicants under age 25 may be eligible for SSI or may be ineligible for SSI for either having excess income, deeming of a spouse’s income/resources or a combination of both factors.

## Level of Care

Individuals require level of care available in a nursing facility (NF) or in an Intermediate Care Facility for the Mentally Retarded (ICF/MR).

## Respite Services

Respite care services give temporary relief to the usual caregiver and provide all the necessary care that the usual caregiver would provide during that time period. The purpose of respite is to enable the participant to remain in his or her current living situation. Services provided outside the participant’s home shall not be reimbursable if the living unit where respite is provided is reserved for another person on temporary leave of absence. Basic individual respite means respite provide on a staff-to consumer ratio to one or higher to individuals without specialized needs requiring the care of a licensed registered nurse or licensed practical nurse. Group respite is respite provided on a staff to consumer ratio of less than one to one. Specialized respite means respite provide on a staff to consumer ration of one to one or higher to individuals with specialized medical needs requiring the care, monitoring or supervision of a licensed registered nurse or licensed practical nurse. The payment for respite is connected to the staff to consumer ratio. Respite care is not to be provided to persons during the hours in which the usual caregiver is employed except when the provider is a camp. Overlapping of services is avoided by the use of a service worker who manages all services. Respite may be provided in the home, camp setting, foster care setting, child care facility, and nursing facility. Federal Financial Participation is not claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence.

## Respite Provider Eligibility

For information on becoming a provider contact Provider Enrollment at 1-800-338-7909 (option 2) or in Des Moines 515-256-4609 (option 2) or by email at IMEProviderEnrollment@dhs.state.ia.us.

## Caregiver Eligibility

Respite may not be provided by the legally responsible person or legal guardian, but may be provided by a relative.

## Enrollment Limit

4282: Year ending in 10/31/2016

## How to Apply

Individuals can apply for waiver services at their local DHS office. To find the office nearest you please call 1-800-972-2017 or search online at [http://dhs.iowa.gov/dhs_office_locator](http://dhs.iowa.gov/dhs_office_locator).
Or contact: Iowa Department of Human Services located at 2309 Euclid Avenue, Des Moines, IA 50310  
Phone: 1-800-972-2017 TTY: 1-800-735-2942 |
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<td><strong>Link to Waiver Application</strong></td>
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<td><strong>Expiration Date</strong></td>
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<tr>
<td><strong>Date of Last Update</strong></td>
<td>10/21/2015</td>
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HCBS Elderly Waiver (4155.R05.00)  
State Operating Agency: Iowa Department of Human Services

Description
Through need based funding of individualized supports, eligible members may maintain their position within their homes. Participants have the option to choose between traditionally delivered and self-directed services. Participants may select the option to use both traditional delivered services and self-directed services. Services include Adult Day Health, Case Management, Homemaker, Respite, Home Health Aide Services, Nursing Services, Assistive Devices, Chore Services, Consumer Directed Attendant Care, Home and Vehicle Modification, Home-Delivered Meals, Mental Health Outreach, Nutritional Counseling, Personal Emergency Response or Portable Locator System, Senior Companion, and Transportation. Financial Management Services, Independent Support Brokerage Service, Self-Directed Personal Care, Individual Directed Goods and Services, and Self-Directed Community and Employment Supports are available for individuals who choose to self-direct their services.

Waiver Type
1915(c)

Target Population - Eligibility
Individuals who are 65 years or older.

Level of Care
Individuals require level of care available in a nursing facility (NF).

Respite Services
Respite gives temporary relief to the usual caregiver and provides necessary care during that time period. Services provided outside the member’s home shall not be reimbursable if the living unit where respite is provided is reserved for another person on temporary leave of absence. Respite may be provided in the home, camp setting, and nursing facility. Respite includes basic individual respite, specialized respite or group respite.

Basic individual respite is provided on a staff-to-member ratio of one or higher to members without specialized needs requiring the care of a licensed registered nurse or licensed practical nurse.

Group respite is provided on a staff to member ratio of less than one to one.

Specialized respite is provided on a staff to member ratio of one to one or higher to members with specialized medical needs requiring the care, monitoring or supervision of a licensed registered nurse or licensed practical nurse. Payment is connected to the staff to member ratio. Respite is not provided to persons during hours in which the usual caregiver is employed except when the provider is a camp.

Respite Provider Eligibility
For information on becoming a provider contact Provider Enrollment at 1-800-338-7909 (option 2) or in Des Moines 515-256-4609 (option 2) or by email at IMEProviderEnrollment@dhs.state.ia.us.

Caregiver Eligibility
Respite may be provided by a relative, but not by the legally responsible person or legal guardian.

Enrollment Limit
12,343: Year ending in 07/31/2016

How to Apply
Individuals can apply for waiver services at their local DHS office. To find the office nearest you please call 1-800-972-2017 or search online at [http://dhs.iowa.gov/dhs_office_locator](http://dhs.iowa.gov/dhs_office_locator).

Contact Information
Iowa Department of Human Services, 2309 Euclid Avenue, Des Moines, IA 50310
Phone: 1-800-972-2017 TTY: 1-800-735-2942

Expiration Date
07/31/2018

Date of Last Update
09/11/2015
Children’s Mental Health (CMH) Waiver (0819.R01.00)
State Operating Agency: Department of Human Services (DHS)

Description
This waiver provides an array of community-based services that allow members with serious emotional disturbance (SED) diagnosis to choose to have their individual needs met in a community-based setting rather than an institutional setting. Services include Environmental Modifications and Adaptive Devices, Family and Community Supports, In-home Family Therapy, and Respite.

Waiver Type
1915(c)

Target Population-Eligibility
Individuals, ages 0-17, diagnosed with a serious emotional disturbance (SED). SED means a diagnosable mental, behavioral, or emotional disorder that: (1) is of sufficient duration to meet diagnostic criteria for the disorder specified by the current edition of the Diagnostic and Statistical Manual (DSM) of Mental Disorders; and (2) has resulted in a functional impairment that substantially interferes with or limits member’s role or functioning in family, school, or community activities. SED shall not include developmental disorders, substance-related disorders, or conditions classified in DSM as other conditions that may be a focus of clinical attention, unless these conditions co-occur with another diagnosable SED. Psychological documentation that substantiates a mental health diagnosis of SED as determined by a mental health professional must be current within 12-months before application date.

Level of Care
Individual requires level of care available in an inpatient psychiatric facility for individuals 21 and under.

Respite Services
Respite care services give temporary relief to the usual caregiver and provide all the necessary care that the usual caregiver would provide during that period. The purpose of respite care is to enable the member to remain in the member’s current living situation. Respite shall be provided in an environment (member’s home, provider’s home, camp, etc.) as approved by the interdisciplinary team.

Limits: 1) Respite shall not be provided during the hours the usual caregiver is employed, except when member is attending a camp. 2) The usual caregiver cannot be absent from the home for more than 14 consecutive days during respite. 3) The interdisciplinary team determines if the member receives basic individual respite, specialized respite, or group respite. Respite provided for a period exceeding 24 consecutive hours to three or more members who require nursing care because of a mental or physical condition must be provided by a licensed health care facility. 5) Respite provided outside the member’s home shall not be reimbursable if the living unit where respite care is provided is reserved for another person on a temporary leave of absence. 6) Respite shall not be provided simultaneously with other residential, nursing, or home health aide services provided through the medical assistance program.

Respite Provider Eligibility
For information on becoming a provider contact Provider Enrollment at 1-800-338-7909 (option 2) or in Des Moines 515-256-4609 (option 2) or by email at IMEProviderEnrollment@dhs.state.ia.us.

Caregiver Eligibility
Respite may be provided by a relative, but not by the legally responsible person or legal guardian.

Enrollment Limit
1570: Year ending in 06/30/2016

How to Apply
Individuals can apply for waiver services at their local DHS office. To find the office nearest you please call 1-800-972-2017 or search online at http://dhs.iowa.gov/dhs_office_locator.

Contact Information
Iowa Department of Human Services, 2309 Euclid Avenue, Des Moines, IA 50310
Phone: 1-800-972-2017 TTY: 1-800-735-2942

Link to Waiver Application
Link to application not available.

Expiration Date
06/30/2018

Date of Last Update
09/11/2015
HCBS AIDS Waiver (0213.R04.00)
State Operating Agency: Department of Human Services (DHS) Iowa Medicaid Enterprise

Description
This waiver provides an array of community-based services that will allow members with a diagnosis of AIDS to choose to have their individual needs met in a community-based setting rather than an institutional setting. The individual will have the option to use both traditional delivered services and self-directed services. Services are consumer directed attendant care, counseling, adult day care, home delivered meals, homemaker, home health aide, nursing, respite, financial management services, independent support broker, self-directed personal care, self-directed community and employment support and self-directed goods and services for the individuals who chose to self-direct their services.

Waiver Type
1915(c)

Target Population-Eligibility
Individuals of all ages who have been diagnosed with HIV/AIDS.

Level of Care
Individuals require level of care available in a hospital or nursing facility (NF).

Respite Services
Respite care services are services provided to the member that give temporary relief to the usual caregiver and provide all the necessary care that the usual caregiver would provide during that time period. Staff to member ratios shall be appropriate to the member’s needs as determined by the member’s interdisciplinary team. The interdisciplinary team shall determine if the member shall receive basic individual respite, specialized respite or group respite. Basic individual respite means respite provided on a staff-to-member ratio of one to one to members without specialized needs requiring the care of a licensed registered nurse or licensed practical nurse; group respite is respite provided on a staff to member ratio of less than one to one; specialized respite means respite provide on a staff to member ratio of one to one to members with specialized medical needs requiring the care, monitoring or supervision of a licensed registered nurse or licensed practical nurse.

Respite care is not to be provided to persons during the hours in which the usual caregiver is employed except when provided in a residential 24 hours camp program.

Federal Financial Participation (FFP) is not claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence. A maximum of 14 consecutive days of 24-hour respite care may be reimbursed.

Respite Provider Eligibility
For information on becoming a provider contact Provider Enrollment at 1-800-338-7909 (option 2) or in Des Moines 515-256-4609 (option 2) or by email at IMEPProviderEnrollment@dhs.state.ia.us.

Caregiver Eligibility
Respite may be provided by a relative, but not by the legally responsible person or legal guardian.

Enrollment Limit
35: Year ending in 09/30/2016

How to Apply
Individuals can apply for waiver services at their local DHS office. To find the office nearest you please call 1-800-972-2017 or search online at http://dhs.iowa.gov/dhs_office_locator.

Contact Information
Iowa Department of Human Services, 2309 Euclid Avenue, Des Moines, IA 50310
Phone: 1-800-972-2017      TTY: 1-800-735-2942

Link to Waiver Application

Expiration Date
09/30/2019

Date of Last Update
09/11/2015
Brain Injury (BI) Waiver (0299.R03.00)
State Operating Agency: Iowa Department of Human Services (DHS) Iowa Medicaid Enterprise

Description
This objective of the Brain Injury waiver program is to transition ten members from Nursing Facilities and Intermediate Care Facilities for Persons with Mental Retardation to the community each year. Services are determined through a person-centered planning process with assistance from an interdisciplinary team consisting of the member, targeted case manager, service providers, and others the participant chooses. The member has the option to use both traditional and self-directed services. Services include: Case Management, Adult Day Care, Behavioral Programming, Consumer Directed Attendant Care, Family Counseling and Training, Day Habilitation, Home and Vehicle Modification, Interim Medical Monitoring and Treatment, Personal Emergency Response, Prevocational, Respite, Supported Community Living, Supported Employment, Specialized Medical Equipment, Transportation. The following services are available for the individuals who chose to self-direct their services: Financial Management Services, Independent Support brokerage services, Self-Directed Personal Care, Individual Directed Goods and Services and Self Directed Community and Employment Supports.

Waiver Type
1915(c)

Target Population-Eligibility
Individuals diagnosed with a brain injury-30 days old and above. Brain injury means clinically evident damage to the brain resulting directly or indirectly from trauma, infection, anoxia, vascular lesions or tumor of the brain, not primarily related to degenerative or aging processes, which temporarily or permanently impairs a person’s physical, cognitive, or behavioral functions. The person must have a diagnosis from the following list: Malignant neoplasms of brain, cerebrum; Malignant neoplasms of brain, frontal lobe; Malignant neoplasms of brain, temporal lobe; Malignant neoplasms of brain, parietal lobe; Malignant neoplasms of brain, occipital lobe; Malignant neoplasms of brain, ventricles; Malignant neoplasms of brain, cerebellum; Malignant neoplasms of brain, brain stem; Malignant neoplasms of brain, includes midbrain, peduncle, and medulla oblongata; Malignant neoplasms of brain, cerebral meninges; Malignant neoplasms of brain, cranial nerves; Secondary malignant neoplasm of brain; Secondary malignant neoplasm of other parts of the nervous system, includes cerebral meninges; Benign neoplasm of brain and other parts of the nervous system, brain; Benign neoplasm of brain and other parts of the nervous system, cerebral meninges; Benign neoplasm of brain and other parts of the nervous system, cranial nerves; Benign neoplasm of brain and other parts of the nervous system, cerebral meninges; Encephalitis, myelitis and encephalomyelitis; Intracranial and intraspinal abscess; Anoxic brain damage; Subarachnoid hemorrhage; Intracerebral hemorrhage; Other and unspecified intracranial hemorrhage; Occlusion of cerebral arteries; Transient cerebral ischemia; Acute, but ill-defined, cerebrovascular disease; Other and ill-defined cerebrovascular diseases; Fracture of vault of skull; Fracture of base of skull; Other and unspecified skull fractures; Multiple fractures involving skull or face with other bones; Concussion; Cerebral laceration and contusion; Subarachnoid, subdural, and extradural hemorrhage following injury; Other and unspecified intracranial hemorrhage following injury; Intracranial injury of other and unspecified nature; Poisoning by drugs, medicinal and biological substances; Toxic effects of substances; Effects of external causes; Drowning and nonfatal submersion; Asphyxiation and strangulation; Child maltreatment syndrome; Adult maltreatment syndrome.

Level of Care
Individuals require level of care available in a nursing facility (NF) or Intermediate Care Facility for the Mentally Retarded (ICF/MR).

Respite Services
Respite gives temporary relief to the usual caregiver and provides all the necessary care during that time period. Limitations include: 1) Services provided outside the member’s home shall not be reimbursable if the living unit where the respite is provided is reserved for another person on a temporary leave of absence; 2) Respite shall not be simultaneously reimbursed with other residential or respite services, HCBS BI waiver supported community living services, nursing, or brain injury home health aide services. 3) Respite may not be provided to persons during the hours in which the usual caregiver is employed except when the member is attending a camp. Respite cannot be provided to a member whose usual caregiver is a consumer-directed attendant care provider for the member. 4) Basic individual respite is provided on a staff-to-consumer ratio of one to one or higher to individuals.

Medicaid Waivers for Respite Support – 2015-16
ARCH National Respite Network and Resource Center | www.archrespite.org
without specialized needs requiring the care of a licensed registered nurse or licensed practical nurse.  
5) Group respite is provided on a staff-to-consumer ratio of less than one to one. 6) Specialized respite 
is provided on a staff-to-consumer ratio of one to one or higher to individuals with specialized medical 
needs requiring the care, monitoring or supervision of a licensed registered nurse or licensed practical 
nurse. 7) A maximum of 14 consecutive days of 24-hour respite care may be reimbursed. 8) Respite 
services provided for a period exceeding 24 consecutive hours to three or more individuals who require 
nursing care due to a mental or physical condition must be provided by a licensed health care facility.

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<tr>
<th>Respite Provider Eligibility</th>
<th>For information on becoming a provider contact Provider Enrollment at 1-800-338-7909 (option 2) or in Des Moines 515-256-4609 (option 2) or by email at <a href="mailto:IMEProviderEnrollment@dhs.state.ia.us">IMEProviderEnrollment@dhs.state.ia.us</a>.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregiver Eligibility</td>
<td>Respite may not be provided by the legally responsible person, a relative, or a legal guardian.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>1510: Year ending 09/30/2016</td>
</tr>
<tr>
<td>How to Apply</td>
<td>Individuals can apply for waiver services at their local DHS office. To find the office nearest you please call 1-800-972-2017 or search online at <a href="http://dhs.iowa.gov/dhs_office_locator">http://dhs.iowa.gov/dhs_office_locator</a>.</td>
</tr>
<tr>
<td>Contact Information</td>
<td>Iowa Department of Human Services, 2309 Euclid Avenue, Des Moines, IA 50310 Phone: 1-800-972-2017 TTY: 1-800-735-2942</td>
</tr>
<tr>
<td>Link to Waiver Application</td>
<td>Link to application not available.</td>
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<tr>
<td>Expiration Date</td>
<td>09/30/2019</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>09/11/2015</td>
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</tbody>
</table>
### Intellectual Disabilities (ID) Waiver (0242.R04.00)

**State Operating Agency:** Iowa Department of Human Services (DHS) Iowa Medicaid Enterprise

**Description**

This waiver provides an array of community-based services that allow members with a diagnosis of intellectual disability to choose to have their individual needs met in a community-based setting rather than an institutional setting. Services are determined through a person centered planning process with assistance from an interdisciplinary team consisting of the member, the targeted case manager, service providers, and others the participant chooses. The member will have the option to use both traditional delivered services and self-directed services.

The following services are available: Adult Day Care, Consumer Directed Attendant Care, Day Habilitation, Home and Vehicle Modification, Home Health Aide, Interim Medial Monitoring and Treatment, Nursing, Personal Emergency Response, Prevocational, Respite, Supported Community Living, Supported Community Living-Residential Based, Supported Employment, Transportation, Financial Management Services and Independent Support Brokerage Services, Self-Directed Personal Care, Individual Directed Goods and Services, and Self Directed Community and Employment Supports will be available for the individuals who chose to self-direct their services.

**Waiver Type** 1915(c)

**Target Population-Eligibility**

For all individuals with an intellectual disability- there is no age restriction. The diagnosis shall be made by a person who is a psychologist or psychiatrist, who is professionally trained to administer the tests required to assess intellectual functioning and to evaluate a person's adaptive skills. A diagnosis of an intellectual disability shall be made in accordance with the mental retardation criteria provided in the Diagnosis and Statistical Manual of Mental Disorders, Fourth edition.

**Level of Care**

Individuals require level of care available in an Intermediate Care Facility for the Mentally Retarded (ICF/MR).

**Respite Services**

Respite care services give temporary relief to the usual caregiver and provide all the necessary care that the usual caregiver would provide during that time period. The purpose of respite is to enable the member to remain in the member’s current living situation. Respite services include basic individual respite, specialized respite or group respite.

Basic individual respite means respite provided on a one to one basis to members without specialized needs requiring the care of a licensed registered nurse or licensed practical nurse; group respite is respite provided on a staff to member ratio of less than one to one; specialized respite means respite provide on a staff to member ratio of one to one  to members with specialized medical needs requiring the care, monitoring or supervision of a licensed registered nurse or licensed practical nurse.

Respite services may be provided in variety of settings and by different provider types including: Home Health Agency (HHA) may provide basic, group, and specialized respite; Residential Care Facility for persons with Intellectual Disabilities (RCF/ID) may provide basic, group or specialized respite; Homecare and Non-Facility based providers may provide basic, group and specialized respite; Hospital or Nursing Facility – skilled, may provide basic, group and specialized respite; Organized Camping programs (residential weeklong camp, group summer day camp, teen camp, group specialized summer day camp) may provide basic, group and specialized respite; Child Care Centers may provide basic, group and specialized respite; Nursing Facility may provide basic, group or specialized respite; Intermediate Care facilities for persons with Intellectual Disabilities (ICF/ID) may provide basic, group or specialized respite. Respite care is not to be provided to persons during the hours in which the usual caregiver is employed except when provided in a residential 24 hours camp program.

**Respite Provider Eligibility**

For information on becoming a provider contact Provider Enrollment at 1-800-338-7909 (option 2) or in Des Moines 515-256-4609 (option 2) or by email at IMEProviderEnrollment@dhs.state.ia.us.

**Caregiver Eligibility**

Respite may be provided by the legally responsible person, a relative, or a legal guardian.
<table>
<thead>
<tr>
<th>Enrollment Limit</th>
<th>14,203: Year ending in 6/30/2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>How to Apply</td>
<td>Individuals can apply for waiver services at their local DHS office. To find the office nearest you please call 1-800-972-2017 or search online at: <a href="http://dhs.iowa.gov/dhs_office_locator">http://dhs.iowa.gov/dhs_office_locator</a>.</td>
</tr>
</tbody>
</table>
| Contact Information   | Iowa Department of Human Services 2309 Euclid Avenue, Des Moines, IA 50310  
|                       | Phone: 1-800-972-2017  
|                       | TTY: 1-800-735-2942 |
| Link to Waiver Application | [https://dhs.iowa.gov/sites/default/files/IHQHCI_ID_Waiver_07202015.pdf](https://dhs.iowa.gov/sites/default/files/IHQHCI_ID_Waiver_07202015.pdf) |
| Expiration Date       | 6/30/2019                       |
| Date of Last Update   | 09/11/2015                      |
Home and Community-Based 1915(c) Waivers for Respite Support.

Medicaid is a program in every state that pays for medical assistance for certain individuals and families with low incomes and resources. It is the largest source of funding for medical and health-related services for America’s poorest people. Because Medicaid is funded jointly by the federal and state governments, the services paid for vary from state to state. In addition to medical services, Medicaid will pay for home and community-based services (HCBS) through the state plan as well as through Medicaid waivers that offer services as a lower-cost alternative to treatment in a medical or long term care facility, such as a nursing home. Respite is usually paid for through one or more of the following types of waivers: research and demonstration (1115), managed care (1915b) and HCBS (1915c) waiver programs. This state’s Medicaid waivers that include respite are:

In Kansas, the KanCare 1115 waiver provides managed care authority for the state’s HCBS waivers through concurrent section 1115(a)/1915(c) HCBS combination waivers.

**Autism Waiver**

Provides intensive individual supports, respite, consultative clinical & therapeutic services (autism specialist), family adjustment counseling, interpersonal communication therapy, parent support & training (peer-to-peer) for individuals from birth through age 5 diagnosed with autism.

**Serious Emotional Disturbance (SED) Waiver**

Provides attendant care, independent living/skills building, short term respite care, parent support and training, professional resource family care, and wraparound facilitation for individuals, ages 4-21, diagnosed with SED (Serious Emotional Disturbance).

**Technology Assisted (TA) Waiver**

Provides Long-Term Community Care Attendant Service, Medical Respite Care, financial management services, Health Maintenance Monitoring, Home Modifications, Intermittent Intensive Medical Care, Specialized Medical care for medically fragile and technology dependent Individuals’ ages 0-21.

**I/DD**

Provides day supports, overnight respite care, personal assistant, residential supports, supported employment, financial management services (financial management services), assistive services, medical alert rental, sleep cycle support, specialized medical care, supportive home care, and wellness monitoring for individuals age 5 and older diagnosed with autism, developmental disability or intellectual disability.

**Frail and Elderly**

Provides financial management services, adult day care, assistive technology, attendant care services-provider directed, attendant care services-self-directed, comprehensive support-provider directed, comprehensive support-self-directed, home telehealth, medication reminder, nursing evaluation visit, oral health, personal emergency response, sleep cycle support-self-directed, wellness monitoring for aged individuals 65 - no maximum age
Autism Waiver (0476.R01.00)

State Operating Agency: Kansas Department for Aging and Disability Services (KDADS)

Description
This waiver provides services to children who have received a diagnosis of an Autism Spectrum Disorder (ASD). The Waiver provides these services to participants and their families: Consultative Clinical and Therapeutic Services (Autism Specialist), Intensive Individual Supports, Respite Care, Parent Support and Training (peer to peer) Provider, and Family Adjustment Counseling, as part of a comprehensive package of services provided by KanCare health plans (Managed Care Organizations). Each waiver participant will have an Individualized Behavioral Program and plan of care (IBP/POC) developed by an Autism Specialist. It will describe both waiver and non-waiver services the child is to receive, their frequency, and the type of provider who is to furnish each service. The waiver has a service limit of three years with a one time, one year extension possible if deemed medically necessary.

Waiver Type
KanCare 1115(a) waiver provides managed care authority for the state’s HCBS waivers through concurrent Section 1115(a)/1915(c) HCBS combination waivers.

Target Population-Eligibility
Individuals, birth through age 5, with a diagnosis of Autism Spectrum Disorder, (ASD) including Autism, Asperger Syndrome, and Other Pervasive Developmental Disorder-Not Otherwise Specified from a Medical Doctor or Ph.D. Psychologist using an approved autism specific screening tool.

Level of Care
Individuals require level of care available in an inpatient psychiatric facility for ages 21 and under.

Respite Services
Respite Care provides temporary direct care and supervision for the child. The primary purpose is relief to families/caregivers of a child with an autism spectrum disorder. The service is designed to help meet the needs of the primary caregiver as well as the identified child. Normal activities of daily living are considered content of the service when providing respite care, and include support in the home, after school, or at night. Respite Care services are available to participants who have a family member who serves as the primary care giver who is not paid to provide any HCBS/Autism service for the child. Respite care is provided in planned or emergency segments and may include payment during the individual’s sleep time. Transportation to and from school/medical appointments/or other community-based activities, and/or any combination of the above is included in the rate for this service. Respite care does not duplicate any other Medicaid State Plan Service or service otherwise available to recipient at no cost. Respite is limited to 168 hours per calendar year.

Respite Provider Eligibility
Information on becoming a provider of services: https://www.kdads.ks.gov/provider-home

Caregiver Eligibility
Respite may not be provided by the legally responsible person, a relative, or a legal guardian.

Enrollment Limit
150: Year ending 12/31/2015

How to Apply
The application process begins with Home and Community-based Services (HCBS)/ Kansas Department of Aging and Disability Services (KDADS): https://www.kdads.ks.gov/commissions/csp/home-community-based-services-%28hcbs%29/program-list/autism

Contact Information

Link to Waiver Application

Expiration Date
12/31/2015

Date of Last Update
09/14/2015
### Serious Emotional Disturbance (SED) Waiver (0320.R03.00)

State Operating Agency: Kansas Department for Aging and Disability Services, Community Mental Health Centers (CMHC)

**Description**

This waiver provides intensive home and community-based supportive services in an effort to maintain children and youth diagnosed with Serious Emotional Disturbance (SED) within their homes and communities. This waiver provides six services to participants and their families that are not available to other Medicaid youth. These services are: wraparound facilitation, short term respite care, attendant care, independent living/skills building, parent support and training and professional resource family care. The participant’s Plan of Care is reviewed every 90 days, wraparound services are provided on an as needed basis, and there is an annual review of services as long as the participant receives SED Waiver services. Throughout this process, the participant’s needs, goals, objectives, resources, and strengths are identified. At any time, the participant, their family, or the therapist may identify a need for a change in supportive services for the participant. Waiver services are provided as part of a comprehensive package of services provided by KanCare health plans (Managed Care Organizations).

**Waiver Type**

KanCare 1115(a) waiver provides managed care authority for the state’s HCBS waivers through concurrent section 1115(a)/1915(c) HCBS combination waivers.

**Target Population-Eligibility**

Individuals between the ages of 4 and 18 diagnosed with SED. An age exception for clinical eligibility may be requested for participants under the age of 4 and over the age of 18 through age 21. Only a qualified mental health professional (QMHP) employed by one of the centers can determine if a child or youth meets the clinical criteria for SED Waiver eligibility. When the participant is transitioning out of the SED Waiver due to maximum age the CMHC evaluates the participant for adult community-based services and mental health supports. As the participant approaches the age of 22, a continuum of services will be identified by the participant and members of the wraparound team. The CMHC staff would link and access those identified services to the participant to achieve a successful transition. Coordination between the CMHC’s programs for children/youth and CMHC’s adult programs would occur to aid in the transition. If the participant meets the applicable criteria for another waiver then transition to that program would be supported by the CMHC using the approved methods in the waiver or program that is determined to best meet the participant’s needs.

**Level of Care**

Individuals require level of care available in an inpatient psychiatric facility for individuals age 21 and under.

**Respite Services**

Short-Term Respite Care provides temporary direct care and supervision for the participant. The primary purpose is to provide relief to the parents or caregivers of a participant with a serious emotional disturbance. The service is designed to help meet the needs of the primary caregiver, as well as the identified participant. Normal activities of daily living are considered content of the service when providing respite care. These include support in the home, after school, or at night; transportation to and from school, medical appointments, or other community-based activities, or any combination of the above.

Short-Term Respite Care can be provided in the participant’s home or place of residence or provided in other community settings. Other community settings include Licensed Family Foster Homes, Licensed Emergency Shelters, and Out-Of-Home Crisis Stabilization Houses/Units/Beds. Short-Term Respite Services provided by or in an IMD are not covered. This service cannot be provided in a Youth Residential Center. The participant must be present when during Respite Care. It may not be provided simultaneously with Professional Resource Family Care services and does not duplicate any other Medicaid state plan service or service otherwise available to participants at no cost. Children and youth in foster care will not be able to access short term respite care as this service is available under the foster care contract.

The cost of transportation is included in the rate paid to providers of this service.
<table>
<thead>
<tr>
<th>Respite Provider Eligibility</th>
<th>Information on becoming a provider of services: <a href="https://www.kdads.ks.gov/provider-home">https://www.kdads.ks.gov/provider-home</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregiver Eligibility</td>
<td>Respite may not be provided by the legally responsible person, a relative, or a legal guardian.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>13,943: Year ending 9/30/2015; renewal application submitted.</td>
</tr>
<tr>
<td>How to Apply</td>
<td>Contact your local community mental health center to begin the application process: <a href="https://kcdcinfo.ks.gov/resources/service-maps">https://kcdcinfo.ks.gov/resources/service-maps</a></td>
</tr>
<tr>
<td>Contact Information</td>
<td>To find your local community mental health center, contact KDADS at New England Building, 503 S. Kansas Ave. Topeka, KS 66603-3404 Phone: 855-200-ADRC (2372) Or visit: <a href="https://www.kdads.ks.gov/provider-home/providers/sed-waiver">https://www.kdads.ks.gov/provider-home/providers/sed-waiver</a></td>
</tr>
<tr>
<td>Expiration Date</td>
<td>[09/30/2015]; renewal application submitted and pending.</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>09/14/2015</td>
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</table>
# Technology Assisted (TA) Waiver (4165.R05.00)

**State Operating Agency:** Kansas Department for Aging and Disability Services (KDADS)

## Description

This waiver provides the opportunity to access long term care services intended to assist individuals in managing their healthcare limitations and to progress towards independence, productivity, and community integration and inclusion. Participants may choose participant-directed and/or agency directed (non-self-directed) services. Services available through this waiver under KanCare are: specialized medical care; long-term community care attendant services (agency-directed and self-directed); financial management services; health maintenance monitoring; home modification; intermittent intensive medical care; and medical respite care services. Case management services will be provided by KanCare health plans. All waiver participants have a plan of care. The plan of care will be developed and provided as a part of a comprehensive package of services offered by KanCare health plans (Managed Care Organizations).

## Waiver Type

KanCare 1115(a) waiver provides managed care authority for the state’s HCBS waivers through concurrent section 1115(a)/1915(c) HCBS combination waivers.

## Target Population-Eligibility

Individuals, age 0 through 21 years, who are diagnosed as medically fragile and dependent upon medical technology. TA waiver recipients who are approaching their 22nd birthday will transition to the HCBS Physically Disabled (PD), Mental Retardation and Developmental Disability (MR/DD) or Traumatic Brain Injury (TBI) waiver provided the participant meet the established criteria and request to transition to other waiver services by the participant’s 22nd birthday. Participants currently receiving waiver services will be assisted by his/her MCO Care Manager in the process of transitioning to other eligible waiver services or community resources. Kansas Response: In the event, the participant is assessed ineligible by the contracted independent assessor for the level of care, the participant will be assisted by the MCO care manager to transition to an alternate waiver for which he/she is eligible or other community program and resources within 45 days after receiving the notice of action from KDADS.

## Level of Care

Individuals require level of care available in a hospital.

## Respite Services

Medical Respite Care is a temporary service provided on an intermittent basis for the purpose of relieving the family of the care of a person who is diagnosed as technology dependent and medically fragile for short, specified periods of time. Respite care must be provided in the recipient’s place of residence or community and has its purpose to meet nonemergency or emergency family needs, restoration or maintenance of the physical and mental well-being of the child and/or family providing supervision, companionship and personal care to the child for the specified period of time. Providers of medical respite service is limited to a skilled nursing staff (RN or LPN) licensed to practice in Kansas under the direct supervision of a home health agency licensed by the Kansas Department of Health and Environment.

## Respite Provider Eligibility

Information on becoming a provider of services: [https://www.kdads.ks.gov/provider-home](https://www.kdads.ks.gov/provider-home)

## Caregiver Eligibility

Respite may not be provided by the legally responsible person, a relative, or a legal guardian.

## Enrollment Limit

666: Year ending 07/31/2016

## How to Apply

The application process begins with Home and Community-based Services (HCBS)/ Kansas Department of Aging and Disability Services (KDADS): [https://www.kdads.ks.gov/commissions/csp/home-community-based-services-%28hcbs%29/program-list/technology-assisted-program](https://www.kdads.ks.gov/commissions/csp/home-community-based-services-%28hcbs%29/program-list/technology-assisted-program)

## Contact Information

KDADS, New England Building 503 S. Kansas Ave. Topeka, KS 66603-3404
<table>
<thead>
<tr>
<th><strong>Link to Waiver Application</strong></th>
<th><a href="http://www.kancare.ks.gov/download/Approved_TA_Waiver_Entire_Application.pdf">http://www.kancare.ks.gov/download/Approved_TA_Waiver_Entire_Application.pdf</a></th>
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<tr>
<td><strong>Expiration Date</strong></td>
<td>07/31/2018</td>
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<tr>
<td><strong>Date of Last Update</strong></td>
<td>09/14/2015</td>
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</tbody>
</table>
KANSAS

Intellectual/Developmental Disability (I/DD) Waiver (0224.R04.00)

**State Operating Agency:** Kansas Department for Aging and Disabilities Services, Division of Community Services and Programs (CSP)

**Description**
This waiver provides persons who have intellectual and/or developmental disabilities access to services and supports which allow for these persons opportunities for choices that increase their independence, productivity, integration and inclusion in the community. These services include day, sleep cycle and residential supports; overnight respite care; personal assistant; supported employment; financial management services (FMS); assistive services; medical alert rental; specialized medical care; supportive home care; and wellness monitoring. Some services require licensure and that they are managed by the provider, others must be participant-directed, while others may be provided through either a provider managed or participant-directed method. Waiver services are a part of a comprehensive package of services provided by KanCare health plans (Managed Care Organizations).

**Waiver Type**
KanCare 1115(a) waiver provides managed care authority for the state’s HCBS waivers through concurrent section 1115(a)/1915(c) HCBS combination waivers.

**Target Population-Eligibility**
Individuals age 5 and older diagnosed with autism, developmental disability or intellectual disability. All participants must achieve a converted score of 35 or greater on the Developmental Disability Profile. In addition, participants between the ages of five and ten must achieve a score of at least 21 on the Children’s Assessment. Individuals whose sole diagnosis is Severe Persistent Mental Illness are not eligible for HCBS-I/DD services.

**Level of Care**
Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)

**Respite Services**
Overnight Respite Care is designed to provide relief for the individual’s family member who serves as an unpaid primary care giver. Respite is necessary for families who provide constant care for individuals so family members are able to receive periods of relief for vacations, holidays and scheduled periods of time off. Overnight Respite care is provided in planned segments and includes payment during the individual’s sleep time. It allows for respite providers to sleep and may be provided in the individual’s family home or place of residence, licensed foster home, facility approved by KDHE or KDADS which is not a private residence, or licensed respite care facility/home.

**Respite Provider Eligibility**
Information on becoming a provider of services: https://www.kdads.ks.gov/provider-home

**Caregiver Eligibility**
Overnight Respite care may not be provided by a participant’s spouse OR by a parent of a participant who is a minor child under eighteen years of age.

**Enrollment Limit**
9358: Year ending 6/30/2016

**How to Apply**

**Contact Information**

**Link to Waiver Application**

**Expiration Date**
06/30/2019

**Date of Last Update**
09/15/2015
### Description

The HCBS/FE waiver provides community-based services as an alternative to nursing facility care, to promote independence in the community setting and to ensure residency in the most integrated environment. Services available through the FE waiver are: Financial Management Services (FMS), Adult Day Care, Assistive Technology, Attendant Care Services (provider agency directed or self-directed), Comprehensive Support (provider agency directed or self-directed), Home Telehealth, Medication Reminder, Nursing Evaluation Visit, Oral Health Services, Personal Emergency Response, Sleep Cycle Support –Self Directed, and Wellness Monitoring. The FE waiver services are a part of a comprehensive package of services provided by KanCare health plans (Managed Care Organizations) and are part of a capitated rate. The health plans assign a case manager/care coordinator who will conduct a comprehensive needs assessment and develop a person-centered plan of care that includes both state plan services and, as appropriate, the FE services. Consumers continue to have a choice between consumer-directed (self-directed) services whereby they choose their attendants, or they may choose agency directed (non-self-directed) services using licensed home health agency staff as care attendants.

### Waiver Type

KanCare 1115(a) waiver provides managed care authority for the state’s HCBS waivers through concurrent section 1115(a)/1915(c) HCBS combination waivers.

### Target Population

Eligibility

Individuals ages 65 or older and meet the minimum threshold score on a functional assessment.

Level of Care

Individuals require level of care available in a nursing facility (NF).

### Respite Services

No specific respite services, but provides adult day health care services. This service provides a balance of activities to meet the interrelated needs and interests (e.g., social, intellectual, cultural, economic, emotional, and physical) of HCBS/FE participants.

### Respite Provider Eligibility

For information on becoming a provider, visit the Kansas Department for Aging and Disability Services Provider Information website.

### Caregiver Eligibility

Respite may not be provided by the legally responsible person, a relative, or a legal guardian.

### Enrollment Limit

7179: Year ending 12/31/2016

### How to Apply

You must first be enrolled in KanCare to enroll in this waiver program. You can apply online or request an application by calling 1-800-792-4884. Once enrolled you will then have a choice of one of the three health plans or MCOs (managed care organizations) which will help you enroll in this waiver program. All Home and Community-based Services, such as this waiver, are part of KanCare.

### Contact Information

Call the Frail/Elderly program manager at (785) 296-4980 for more information on the HCBS Frail/Elderly program. Or the Kansas Department for Aging and Disability Services office at 785-296-4986. Or visit the Kansas Department for Aging and Disability Services website.

### Link to Waiver Application


### Expiration Date

12/31/2019

### Date of Last Update

09/15/2015
Home and Community-Based 1915(c) Waivers for Respite Support

Medicaid is a program in every state that pays for medical assistance for certain individuals and families with low incomes and resources. It is the largest source of funding for medical and health-related services for America’s poorest people. Because Medicaid is funded jointly by the federal and state governments, the services paid for vary from state to state. In addition to medical services, Medicaid will pay for home and community-based services (HCBS) through the state plan as well as through Medicaid waivers that offer services as a lower-cost alternative to treatment in a medical or long term care facility, such as a nursing home. Respite is usually paid for through one or more of the following types of waivers: research and demonstration (1115), managed care (1915b) and HCBS (1915c) waiver programs. This state’s Medicaid waivers that include respite are:

Supports for Community Living (SCL) Waiver

Provides case management, community access, day training, personal assistance, residential support level I, respite, shared living, supported employment, OT (occupational therapy), PT (physical therapy), speech therapy, community guide, financial management services (financial management services), goods and services, natural supports training, transportation, community transition, consultative clinical and therapeutic service, environmental accessibility adaptation, person centered coaching, positive behavior supports, residential support level II, specialized medical equipment and supplies, technology assisted residential support, and vehicle adaptation for individuals, ages 3 and older, diagnosed with an intellectual or developmental disability.

Home and Community-based Services (HCBS) Waiver

Provides adult day health, case management, respite, goods and services, home and community supports, attendant care, home delivered meals, environmental and minor home adaptation for individuals who are either disabled or 65 and older.

Acquired Brain Injury

Provides adult day training, case management, respite, supported employment, behavioral services, counseling, group counseling, OT (occupational therapy), specialized medical equipment, speech therapy, community guide, financial management services (financial management services), goods and services, assessment/reassessment, community living supports, environmental and minor home modifications, and supervised residential care for individuals, age 18 and older diagnosed with a brain injury.

Michelle P Waiver

Provides adult day health, case management, community access, day training, personal assistance, respite, shared living, supported employment, OT (occupational therapy), physical therapy (PT), speech therapy, community guide, goods and services, natural supports training, transportation, assessment/reassessment, community transition, consultative clinical and therapeutic service, environmental accessibility adaptation, person centered coaching, positive behavior supports, specialized medical equipment and supplies, and vehicle adaptation for individuals diagnosed with mental retardation or developmental disability with no age restrictions.

Acquired Brain Injury, Long Term Care

Provides adult day health, adult day training, case management, respite, supported employment, behavioral services, counseling, group counseling, nursing supports, OT (occupational therapy), physical therapy (PT), specialized medical equipment, speech therapy, community guide, financial management systems (financial management services), goods and services, assessment/reassessment, community living supports, environmental and minor home modifications, family training, and supervised residential care for individuals 18 and older diagnosed with a brain injury.
**HCBS Transitions**

Provides adult day health, case management, homemaker, personal care, respite, supported employment, specialized medical equipment, OT (occupational therapy), physical therapy (PT), speech therapy, self-directed community guide, financial management systems (financial management services), self-directed goods and services, attendant care, environmental and minor home adaptations, family training, and supervised residential for individuals 65 and older or 18-64 who are diagnosed with a physical disability.
### Supports for Community Living (SCL) Waiver (0314.R03.00)

**State Operating Agency:** Division of Developmental and Intellectual Disabilities (DDID), Department of Behavioral Health, Developmental and Intellectual Disabilities (DBHDID)

**Description**
This waiver offers statewide availability of traditional services. Participants can choose to self-direct non-medical services also on a statewide basis. They can also choose either all traditional, all self-directed, or a combination (blend) of traditional and self-directed services. Services and supports include: case management, community access, day training, personal assistance, residential support level I, respite, shared living, supported employment, OT (occupational therapy), physical therapy (PT), speech therapy, community guide, FMS (financial management services), goods and services, natural supports training, transportation, community transition, consultative clinical and therapeutic service, environmental accessibility adaptation, person centered coaching, positive behavior supports, residential support level II, specialized medical equipment and supplies, technology assisted residential support, and vehicle adaptation.

<table>
<thead>
<tr>
<th>Waiver Type</th>
<th>1915(c)</th>
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<tbody>
<tr>
<td><strong>Target Population-Eligibility</strong></td>
<td>Individuals, ages 3 and older, diagnosed with an intellectual or developmental disability attributable to an intellectual disability or related condition.</td>
</tr>
<tr>
<td><strong>Level of Care</strong></td>
<td>Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).</td>
</tr>
<tr>
<td><strong>Respite Services</strong></td>
<td>Respite is provided to individuals living in their own or their family’s homes that are unable to independently care for themselves and is provided on a short term basis due to the absence of or need for relief of the primary caregiver. Respite may be provided in an individual’s own home, a private residence or other SCL certified residential setting. Receipt of respite does not preclude receiving other services on the same day. For example, a participant may receive day services (such as supported employment, day training, personal assistance, community access, etc.) on the same day as he/she receives respite care as long as the services are not provided at the same time. A provider may not use another person’s bedroom or another person’s belongings in order to provide respite for a different person. Respite care may not be furnished for the purpose of compensating relief or substitute staff for a waiver residential service. These services may not supplant educational services available under the IDEA (20 U.S.C. 1401 et seq.). Respite is limited to 830 hours per year.</td>
</tr>
<tr>
<td><strong>Respite Provider Eligibility</strong></td>
<td>Information on becoming a provider of services: <a href="http://dbhdid.ky.gov/ddid/scl-newprovider.aspx">http://dbhdid.ky.gov/ddid/scl-newprovider.aspx</a></td>
</tr>
<tr>
<td><strong>Caregiver Eligibility</strong></td>
<td>Respite may be provided by a relative or a legal guardian but not by the legally responsible person.</td>
</tr>
<tr>
<td><strong>Enrollment Limit</strong></td>
<td>4941: Year ending 08/31/2016; renewal application pending</td>
</tr>
<tr>
<td><strong>How to Apply</strong></td>
<td>Contact the Supports for Community Living Waiver Branch to begin the application process: <a href="http://dbhdid.ky.gov/ddid/scl.aspx">http://dbhdid.ky.gov/ddid/scl.aspx</a></td>
</tr>
</tbody>
</table>
| **Contact Information** | Supports for Community Living Waiver Branch, 275 E. Main Street 4CF, Frankfort, KY 40621  
Phone: (502) 564-7700  
Fax: (502) 564-8917 |
| **Expiration Date** | 08/31/2020; renewal application submitted and pending |
| **Date of Last Update** | 09/14/2015 |
**Home and Community-based Services (HCBS) Waiver (0144.R05.00)**

**State Operating Agency: Department for Aging and Independent Living**

| **Description** | This waiver provides supports and services to persons who are disabled or age 65 and older to allow them to remain in their home and community. The waiver offers statewide availability of traditional services and the ability to self-direct non-medical services. Participants can choose either all traditional, all participant-directed, or a combination (blend) of traditional and participant-directed services. Services include adult day health, case management, respite, goods and services, home and community supports, attendant care, home delivered meals, environmental and minor home adaptation. |
| **Waiver Type** | 1915(c) |
| **Target Population-Eligibility** | Individuals who are either disabled or 65 and older. No maximum age limit. |
| **Level of Care** | Individuals require level of care available in a nursing facility (NF). |
| **Respite Services** | Specialized respite is defined as short term care which is provided to a waiver member due to the need for relief of the primary caregiver or the sudden absence or illness of the primary caregiver who normally provides care for the individual. Respite cannot be used to provide respite to a paid caregiver. Services must be provided at a level to appropriately and safely meet the needs of the waiver member. Specialized respite care requires a skill level beyond normal babysitting. Specialized respite can be provided in conjunction with participant directed respite but not at the same time. Respite services shall only be provided by licensed home health agencies or adult day health agencies and can be provided in the home of the participant or adult day health care center or a combination of home and adult day healthcare center. Specialized respite service direct care staff must have 24 hour access to an RN for consultation and emergency services. |
| **Respite Provider Eligibility** | [http://www.chfs.ky.gov/dms/provEnr/](http://www.chfs.ky.gov/dms/provEnr/) or call (877) 838 5085 |
| **Caregiver Eligibility** | Respite may not be provided by the legally responsible person, a relative, or a legal guardian. |
| **Enrollment Limit** | 17,050: 06/30/2016 renewal application pending |
| **How to Apply** | Contact a home health agency or adult day health center in your area to complete a physician-ordered assessment. For more information on waiver program visit: [https://prd.chfs.ky.gov/Office_Phone/index.aspx](https://prd.chfs.ky.gov/Office_Phone/index.aspx) |
| **Contact Information** | Division of Community Alternatives, Home and Community-based Services Branch 275 East Main St., 6 W-B, Frankfort, KY 40621 Phone: (502) 564-5560 |
| **Expiration Date** | 06/30/2020; renewal application submitted and pending approval |
| **Date of Last Update** | 10/14/2015 |
**Acquired Brain Injury (ABI) (0333.R03.00)**

**State Operating Agency: Department for Medicaid Services (DMS)**

**Description**
This ABI waiver program focuses on intensive rehabilitation and retraining to assist individuals with acquired brain injury to reenter and function independently within a community given the community’s existing resources. Services include adult day training, case management, respite, supported employment, behavioral services, counseling, group counseling, OT, specialized medical equipment, speech therapy, community guide, financial management services, goods and services, assessment/reassessment, community living supports, environmental and minor home modifications and supervised residential care.

Waiver services are provided by various community-based licensed and certified agencies. The consumer directed option allows waiver members to choose an alternate delivery of their non-medical waiver services by recruiting and employing community individuals as service providers.

**Waiver Type**
1915(c)

**Target Population-Eligibility**
Individuals ages 18 or older diagnosed with a brain injury who can benefit from intensive rehabilitation services. Acquired brain injury does not include strokes treatable in nursing facilities providing routine rehabilitative services, spinal cord injuries in which there are not known or obvious injuries to the intracranial central nervous system, progressive dementia, depression and psychiatric disorders, mental retardation, and other birth defect-related disorders. Individuals who exhibit aggressive behavior that poses an imminent threat of serious injury or loss of life to staff, co-participants, and/or members of the community may not be served through the ABI Waiver.

**Level of Care**
Individuals require level of care available in a nursing facility (NF).

**Respite Services**
Respite is defined as short term care which is provided to a waiver recipient due to absence or need for relief of the primary caregiver or provided to an individuals who is unable to care for themselves during transition from a residential facility. Respite must be provided at a level to appropriately and safely meet the medical needs of the waiver recipient. Respite is considered an essential service to assist the recipient and family to prevent institutionalization. The Case Manager or Community Guide will assist individuals to access other supports or supports available through other available funding streams if their needs exceed the limit. Respite services shall be prior authorized. Reimbursement for respite care services shall be limited to no more than 5760 fifteen minute units per recipient per calendar year.

**Respite Provider Eligibility**
For information on becoming a provider: Contact the ABI Branch at 502-564-5198 or 866-878-2626

**Caregiver Eligibility**
Respite may be provided by the legally responsible person, legal guardian or relative.

**Enrollment Limit**
280: Year ending 12/31/2015

**How to Apply**
Complete the application available at [http://chfs.ky.gov/dms/acquired+brain+injury.htm#how](http://chfs.ky.gov/dms/acquired+brain+injury.htm#how) under the “How do I apply for Services?” section

**Contact Information**
Division of Community Alternatives, Acquired Brain Injury Branch, 275 E. Main St., 6W-B, Frankfort, KY 40621
Phone: 502-564-5198  Fax: 502-564-0249  Toll Free: 866-878-2626

**Expiration Date**
12/31/2016

**Date of Last Update**
09/15/2015
Michelle P Waiver (0475.R01.00)

State Operating Agency: The Division of Developmental and Intellectual Disabilities (DDID), Department of Behavioral Health, Developmental and Intellectual Disabilities (DBHID)

Description
This waiver program offers individualized community-based service to individuals who have intellectual or developmental disabilities. Services and supports include adult day health care, case management, community access, day training, personal assistance, respite, shared living, supported employment, occupational therapy, physical therapy, speech therapy, community guide, goods and services, natural supports training, transportation, assessment/reassessment, community transition, consultative clinical and therapeutic service, environmental accessibility adaptation, person centered coaching, positive behavior supports, specialized medical equipment and supplies, and vehicle adaptation.

The waiver offers statewide availability of traditional services. Participants can choose to self-direct non-medical services also on a statewide basis. They can also choose either all traditional, all self-directed, or a combination (blend) of traditional and self-directed services.

Waiver Type 1915(c)

Target Population- Eligibility
Individuals diagnosed with intellectual disability or developmental disability with no age restrictions.

Level of Care
Individuals require level of care available in an Intermediate Care Facility for person with Intellectual Disabilities (ICF/IID)

Respite Services
Respite Services are provided to individuals living in their own or family’s home who are unable to independently care for themselves. Respite services are provided on a short term basis due to the absence of or need for relief of the primary caregiver.
Respite may be provided in a variety of settings including the individual’s own home, a private residence or other MPW certified or licensed setting. Receipt of respite care does not preclude an individual from receiving other services on the same day. For example, a participant may receive day services (such as supported employment, day training, personal assistance, community access, etc.) on the same day as he/she receives respite care as long as the services are not provided at the same time. These services may not supplant educational services available under the IDEA (20 U.S.C. 1401 et seq.).

Respite Provider Eligibility
Information on becoming a provider of services: http://www.chfs.ky.gov/dms/provEnr/

Caregiver Eligibility
Respite may be provided by a relative or legal guardian but not by the legally responsible person.

Enrollment Limit 10,000: Year ending 08/31/2016

How to Apply
Contact your local Community Mental Health Center to schedule a Michelle P Waiver assessment. Additional information on waiver available at: http://chfs.ky.gov/dms/mpw.htm

Contact Information
For more information about the Kentucky Medicaid waiver program Michelle P Waiver, call 502-564-1647.
Division of Community Alternatives, 275 E. Main St. 6 W-B, Frankfort, KY. 40621

Link to Waiver Application
Link to application not available.

Expiration Date 08/31/2016

Date of Last Update 09/15/2015
**Description**

This ABI long term care waiver program provides supports and services for individuals with acquired brain injuries who have reached a plateau in their rehabilitation level, and require maintenance services to avoid institutionalization and live safely in the community. This waiver completes the continuum of care by complementing Kentucky’s existing ABI waiver, which focuses on intensive rehabilitation for individuals with ABI.

This waiver provides adult day health, adult day training, case management, respite, supported employment, behavioral services, counseling, group counseling, nursing supports, occupational therapy, physical therapy, specialized medical equipment, speech therapy, community guide, financial management services, goods and services, assessment/reassessment, community living supports, environmental and minor home modifications, family training, and supervised residential care. ABI Long Term waiver services are provided by various community-based licensed and certified agencies. The consumer directed option allows waiver members to choose an alternate delivery of their non-medical waiver services by offering them the opportunity to recruit and employ community individuals as service providers.

**Waiver Type**

1915(c)

**Target Population- Eligibility**

Individuals 18 and older diagnosed with a brain injury who have reached a plateau in their rehabilitation level, and require maintenance services to avoid institutionalization and live safely in the community.

**Level of Care**

Individuals require level of care available in a nursing facility (NF).

**Respite Services**

Respite care service is defined as short term care which is provided to a waiver recipient due to absence or need for relief of the primary caregiver, or provided to individuals who are unable to care for themselves during transition from a residential facility. Respite care services must be provided at a level to appropriately and safely meet the medical needs of the waiver recipient. Respite is considered an essential service to assist the recipient and family to prevent institutionalization. The Case Manager or Support Broker shall be responsible for assisting individuals to access other natural supports or supports available through other available funding streams if their needs exceed the above limit. Respite services shall be prior authorized.

Reimbursement for respite care services shall be limited to no more than 5,760 fifteen minute units per recipient per calendar year.

**Respite Provider Eligibility**

Information on becoming a provider of services:
Contact the ABI Branch at 502-564-5198 or 866-878-2626

**Caregiver Eligibility**

Respite may be provided by a legally responsible person, legal guardian or a relative.

**Enrollment Limit**

400: Year ending 06/30/2016

**How to Apply**


**Contact Information**

Division of Community Alternatives, Acquired Brain Injury Branch, 275 E. Main St., 6W-B Frankfort, KY 40621; Phone: 502-564-5198 Fax: 502-564-0249 Toll Free: 866-878-2626

**Link to Waiver Application**

Link to application not available.

**Expiration Date**

06/30/2016

**Date of Last Update**

09/15/2015
**HCBS Transitions Waiver (0967.R00.00)**

**State Operating Agency:** Department for Medicaid Services (DMS)

<table>
<thead>
<tr>
<th>Description</th>
<th>This waiver provides home and community-based services to individuals who have transitioned from a medical facility through the Kentucky Transitions Program and who would otherwise require the level of care provided in nursing facilities. The waiver program includes residential options and operates statewide. This waiver includes participant directed services, providing consumers an alternative to traditional service delivery. Consumers who elect and are eligible for participant directed services may access non-medical services while receiving medical services under the traditional agency option. Services offered under this waiver include adult day health, case management, homemaker, personal care, respite, supported employment, specialized medical equipment, occupational therapy, physical therapy, speech therapy, self-directed community guide, Financial Management Services, self-directed goods and services, attendant care, environmental and minor home adaptations, family training, and supervised residential care.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Waiver Type</strong></td>
<td>1915(c)</td>
</tr>
<tr>
<td><strong>Target Population-Eligibility</strong></td>
<td>Individuals 65 and older or 18-64 who are diagnosed with a physical disability and have transitioned from a medical facility through the Kentucky Transitions Program. Upon reaching the age of 65, participants with physical disabilities may continue to participate in the waiver.</td>
</tr>
<tr>
<td><strong>Level of Care</strong></td>
<td>Individuals require level of care available in a nursing facility (NF).</td>
</tr>
<tr>
<td><strong>Respite Services</strong></td>
<td>Respite services are defined as short term care which is provided to a waiver member living in his/her own or family’s home, due to absence or need for relief of the primary caregiver. Respite care services must be provided at a level to appropriately and safely meet the needs of the waiver member. Respite care services provided to children shall be required to be of a skill level beyond normal babysitting. Respite is considered an essential service to assist the recipient and family to prevent institutionalization. Respite services shall be prior authorized.</td>
</tr>
<tr>
<td><strong>Respite Provider Eligibility</strong></td>
<td><a href="http://www.chfs.ky.gov/dms/provEnr/">http://www.chfs.ky.gov/dms/provEnr/</a> or call (877) 838 5085</td>
</tr>
<tr>
<td><strong>Caregiver Eligibility</strong></td>
<td>Respite may be provided by the legally responsible person, legal guardian or relative.</td>
</tr>
<tr>
<td><strong>Enrollment Limit</strong></td>
<td>300: Year ending in 02/14/2016</td>
</tr>
<tr>
<td><strong>How to Apply</strong></td>
<td>Contact a home health agency or adult day health center in your area to complete a physician-ordered assessment. For more information on waiver program visit: <a href="https://prd.chfs.ky.gov/Office_Phone/index.aspx">https://prd.chfs.ky.gov/Office_Phone/index.aspx</a></td>
</tr>
<tr>
<td><strong>Contact Information</strong></td>
<td>Division of Community Alternatives, Home and Community-based Services Branch 275 East Main St., 6 W-B Frankfort, KY 40621 Phone: (502) 564-5560</td>
</tr>
<tr>
<td><strong>Expiration Date</strong></td>
<td>02/14/2018</td>
</tr>
<tr>
<td><strong>Date of Last Update</strong></td>
<td>09/15/2015</td>
</tr>
</tbody>
</table>
Home and Community-Based 1915(c) and concurrent managed care 1915(b) Waivers for Respite Support

Medicaid is a program in every state that pays for medical assistance for certain individuals and families with low incomes and resources. It is the largest source of funding for medical and health-related services for America’s poorest people. Because Medicaid is funded jointly by the federal and state governments, the services paid for vary from state to state. In addition to medical services, Medicaid will pay for home and community-based services (HCBS) through the state plan as well as through Medicaid waivers that offer services as a lower-cost alternative to treatment in a medical or long term care facility, such as a nursing home. Respite is usually paid for through one or more of the following types of waivers: research and demonstration (1115), managed care (1915b) and HCBS (1915c) waiver programs. This state’s Medicaid waivers that include respite are:

**Supports Waiver**
- Provides day habilitation, habilitation, prevocational services, respite, support coordination, supported employment, housing stabilization service, housing stabilization transition, and Personal Emergency Response System for individuals age 18 and older diagnosed with autism, intellectual disability or developmental disability.

**Residential Options Waiver (ROW)**
- Provides day habilitations, prevocational, respite care-out of home, shared living services, support coordination, supported employment, assistive technology/specialized medical equipment and supplies, dental, community living supports, companion care, environmental accessibility adaptations, host home, nursing, one-time transitional services, Personal Emergency Response System, professional services, and transportation-community access for individuals diagnosed with mental retardation, developmental disability or autism with no age restrictions.

**Children’s Choice (CC) Waiver**
- Provides center-based respite, support coordination, specialized medical equipment and supplies, aquatic therapy, art therapy, environmental accessibility adaptations, family support service, family training, hippotherapy/therapeutic horseback riding, housing stabilization, housing stabilization transition, music therapy, and sensory integration for individuals from birth to age 18 diagnosed with autism, intellectual disability or developmental disability.

**New Opportunities Waiver (NOW)**
- Provides center-based respite, day habilitation, employment related training, supported employment, supported living, skilled nursing, specialized medical equipment and supplies, adult companion care, community integration and development, environmental accessibility adaptations, housing stabilization, housing stabilization transition, individual and family support, one-time transitional, Personal Emergency Response System, professional services, remote assistance, and substitute family care for individuals ages 3 and older diagnosed with autism, intellectual disability or mental retardation.

**Adult Day Health Care**
- Provides adult day health care, support coordination, transition intensive support coordination, transition for aged individuals ages 65-no max, physically disabled ages 22-64, physically disabled (other) ages 22-64

**Community Choices**
- Provides adult day health care, caregiver temporary support, support coordination, assistive devices and medical supplies (assistive technology), environmental accessibility adaptation, home delivered meals, housing stabilization, housing transition or crisis intervention, monitored in-home caregiving, non-medical transportation, nursing, personal assistance services, skilled maintenance therapy, transition intensive support coordination, transition services for aged individuals ages 65 - no max age and physically disabled ages 21-64
Coordinated System of Care - SED Children

Provides crisis stabilization, independent living/skills building, parent support and training, short-term respite, youth support and training for individuals from birth to age 17 diagnosed with SED (serious emotional disturbance) or ages 18-21 diagnosed with a mental illness.
## Supports Waiver (0453.R02.00)

**State Operating Agency:** Office for Citizens with Developmental Disabilities

### Description
This waiver provides services and supports to individuals diagnosed with autism, intellectual disability or developmental disability. Waiver services include day habilitation, habilitation, prevocational services, respite, support coordination, supported employment, housing stabilization service, housing stabilization transition, and Personal Emergency Response System.

### Waiver Type
1915(c)

### Target Population-Eligibility
Individuals age 18 and older diagnosed with autism, intellectual disability or developmental disability.

### Level of Care
Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

### Respite Services
Respite can be provided in the participant’s home or private residence, or in a licensed respite care facility determined appropriate by the participant or responsible party. Respite in the participant’s home or private residence can be utilized to assist the participant in their home or in the community and to provide direct care as needed to complete everyday personal tasks. Center-based respite care is a service provided to participants who are unable to care for themselves; furnished on a short-term basis due to the absence or need for relief of those persons normally providing the care. Respite care will only be provided in a licensed center-based respite care facility. It is most commonly used when families take vacations, go away for the weekend, or have a sudden emergency such as a death in the family. It is not substitute family care. Respite shall not exceed 428 standard units of service in a plan year. Participants receiving respite may use this service in conjunction with other Supports/Waiver services as long as services are not provided during the same period in a day.

### Respite Provider Eligibility
Information on becoming a provider of services: [http://www.dhh.state.la.us/index.cfm/page/1921/n/409](http://www.dhh.state.la.us/index.cfm/page/1921/n/409)

### Caregiver Eligibility
Respite may not be provided by the legally responsible person, but may be provided by a relative or a legal guardian.

### Enrollment Limit
2050: Year ending 06/30/2016

### How to Apply
The Office for Citizens with Developmental Disabilities (OCDD) serves as the Single Point of Entry into the developmental disabilities services system. To apply for services, please visit the Regional Office or Human Services District and Authority near you.

### Contact Information
Call 1-866-783-5553 or click on the link to find your regional office/district/authority.

### Link to Waiver Application
Link to application not available.

### Expiration Date
06/30/2019

### Date of Last Update
09/14/2015
Residential Options Waiver (ROW) (0472.R01.00)
State Operating Agency: Office for Citizens with Developmental Disabilities

Description
This waiver provides opportunities for individuals with developmental disabilities to transition from ICF/DD facilities to home and community-based services by providing residential and support services. The waiver provides day habilitations, prevocational, respite care-out of home, shared living services, support coordination, supported employment, assistive technology/specialized medical equipment and supplies, dental, community living supports, companion care, environmental accessibility adaptations, host home, nursing, one-time transitional services, Personal Emergency Response System, professional services, and transportation-community access. The waiver includes Participant Direction of Services as an optional service delivery method. The participant-directed service is community living supports.

Waiver Type
1915(c)

Target Population-Eligibility
Individuals diagnosed with mental retardation, developmental disability or autism with no age restrictions.

Level of Care
Individuals require level of care available in an Intermediate Care Facility for the Mentally Retarded (ICF/MR).

Respite Services
Out of Home Respite Services-are provided on a short-term basis to participants who are unable to care for themselves due to the absence of or need for relief of caregivers who normally provide care and support. Services are provided by a Center-Based Respite provider. Community activities and transportation to and from these activities in which the participant typically engages in are to be available while receiving Out of Home Respite Services. These activities should be included in the participant’s approved Plan of Care. This will provide the participant the opportunity to continue to participate in typical routine activities. Transportation costs to and from these activities is included in the Out of Home Respite Services-rate. Out of Home are limited to 720 hours per Plan of Care year.

Respite Provider Eligibility
Information on becoming a provider of services:
http://new.dhh.louisiana.gov/index.cfm/page/1450/n/24

Caregiver Eligibility
Respite may not be provided by the legally responsible person, by a relative, or a legal guardian.

Enrollment Limit
425: Year ending 3/31/2016

How to Apply
The Office for Citizens with Developmental Disabilities (OCDD) serves as the Single Point of Entry into the developmental disabilities services system. To apply for services, please visit the Regional Office or Human Services District and Authority near you.

Contact Information
Call 1-866-783-5553 or click on the link to find your regional office/district/authority.

Link to Waiver Application
Link to application not available.

Expiration Date
03/31/2018

Date of Last Update
09/14/2015
Children’s Choice (CC) Waiver (0361.R03.00)

State Operating Agency: The Office for Citizens with Developmental Disabilities

Description
This waiver provides supports and services to children ages 0 through 18 with diagnosed with autism, intellectual disability or developmental disability. Waiver services include center-based respite, support coordination, specialized medical equipment and supplies, aquatic therapy, art therapy, environmental accessibility adaptations, family support service, family training, hippotherapy/therapeutic horseback riding, housing stabilization, housing stabilization transition, music therapy, and sensory integration. The waiver offers choice of self-direction as a service delivery option for family support service only.

Waiver Type 1915(c)

Target Population-Eligibility
Individuals from birth through age 18 diagnosed with autism, intellectual disability or developmental disability who live with their natural or adoptive families, stepfamilies, or other relative, legal guardian, or with foster families. Participants who will "age out" of the Children's Choice Waiver, upon reaching their 19th birthday, will transfer with their waiver slot to an appropriate HCBS waiver serving adults if they continue to meet the criteria for an ICF/DD level of care and other eligibility requirements. Transition to an appropriate HCBS waiver will begin in a sufficient timeframe to permit the participant to begin the new waiver services on his/her 19th birthday.

Level of Care
Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

Respite Services
Center-based respite care is a service provided to participants who are unable to care for themselves and is furnished on a short-term basis due to the absence or need for relief of those persons normally providing the care. Respite care will only be provided in a licensed center-based respite care facility. It is most commonly used when families take vacations, go away for the weekend, or have a sudden emergency such as a death in the family. It does not substitute for family care, foster home placement, or day care. Licensing requirements provide that bedrooms be occupied by one to four persons of appropriate age and sex; separate bathrooms be available for males and females; and three meals a day and snacks be provided. Services are provided according to the plan of care that takes into consideration the specific needs of the participant.

Respite Provider Eligibility
Information on becoming a provider of services: http://www.dhh.state.la.us/index.cfm/page/1921/n/409

Caregiver Eligibility
Respite may not be provided by a legally responsible person, relative, or legal guardian.

Enrollment Limit 1700: Year ending 06/30/2016

How to Apply
The Office for Citizens with Developmental Disabilities (OCDD) serves as the Single Point of Entry into the developmental disabilities services system To apply for services, please visit the Regional Office or Human Services District and Authority near you.

Contact Information
Call 1-866-783-5553 or click on the link to find your regional office/district/authority,

Link to Waiver Application
Link to application not available.

Expiration Date 06/30/2019

Date of Last Update 09/14/2015
New Opportunities Waiver (NOW)(0401.R02.00)

State Operating Agency: Department of Health and Hospitals, Office for Citizens for Developmental Disabilities (OCDD)

Description
The waiver is designed to enhance the home and community-based supports and services available to individuals with developmental disabilities or mental retardation. This waiver provides center-based respite, day habilitation, employment related training, supported employment, supported living, skilled nursing, specialized medical equipment and supplies, adult companion care, community integration and development, environmental accessibility adaptations, housing stabilization, housing stabilization transition, individual and family support, one-time transitional, PERS (personal emergency response systems), professional services, remote assistance, and substitute family care. The mission is to utilize the principle of self-determination and supplement the family and/or community supports while supporting dignity, quality of life, and security in the everyday lives of people while maintaining the individual in the community. This waiver includes a Self-Direction option for Individualized and Family Support (IFS).

Waiver Type
1915(c)

Target Population-Eligibility
Individuals, at least 3 years of age, diagnosed with Autism, a developmental disability, or mental retardation.

Level of Care
Individuals require level of care available in an Intermediate Care Facility for persons with Intellectual Disabilities (ICF/ID).

Respite Services
Respite supports and services provide relief for individuals who normally provide unpaid care to individuals unable to care for themselves, furnished on a short term basis, by a licensed respite facility. These services are necessary to keep individuals from being institutionalized. Respite care will be provided in a Licensed respite care facility, with the availability of community outings. Community outings include activities such as school attendance, or other school activities, or other activities the individual would receive if they were not in the center-based respite facility. Transportation to and from these activities are included in the rate for center-based respite. Community outings would provide the individual’s routine to continue without interruption. Individual and Family Support services will not be reimbursed while the participant is in a center-based respite facility. The service delivery method applies is provider managed under a licensed respite facility. Respite services are limited to 720 hours per recipient, per plan of care year.

Respite Provider Eligibility
Information on how to become a provider of services: http://www.dhh.state.la.us/index.cfm/page/1921/n/409

Caregiver Eligibility
Respite may not be provided by the legally responsible person, by a relative, or a legal guardian. Individual and family support services cannot be provided while an individual is in a center based respite care setting.

Enrollment Limit
9100: Year ending 6/30/2016

How to Apply
Contact The Office for Citizens with Developmental Disabilities. To apply for services, please visit the Regional Office or Human Services District and Authority near you.

Contact Information
Department of Health and Hospitals, Office for Citizens with Developmental Disabilities (225) 342-0095 or email: ocddinfo@la.gov

Expiration Date
06/30/2016

Date of Last Update
10/2/2015
**Adult Day Health Care (0121.R06.00)**  
**State Operating Agency:** Louisiana Department of Health and Hospitals- Office of Aging and Adult Services

<table>
<thead>
<tr>
<th>Description</th>
<th>The Adult Day Health Care (ADHC) Waiver provides adult day health care, support coordination, and transition intensive support coordination. The ADHC waiver does not provide the formal consumer direction option, however, it does promote self-determination principles for participants to maintain as much independence and control over their lives as feasible. The goals and objectives are to promote participants freedom to make choices in their lives and self-determination in exercising control over how, where, and with whom their lives will be lived; to ensure participant’s health and welfare; to ensure that participants have the support and assistance desired to care for themselves and engage in the community; to promote participant self-determination in identifying appropriate supports and/or services; and to enhance participants informal supports.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Waiver Type</strong></td>
<td>1915(c)</td>
</tr>
<tr>
<td><strong>Target Population-Eligibility</strong></td>
<td>Individuals who are 65 years of age and up or individuals with physical disabilities between the ages of 22-64 year.</td>
</tr>
<tr>
<td><strong>Level of Care</strong></td>
<td>Individuals require level of care available in a nursing facility (NF).</td>
</tr>
<tr>
<td><strong>Respite Services</strong></td>
<td>No specific respite service, but provides adult day health care services (ADHC). Services furnished as specified in the plan of care at an ADHC center, in a non-institutional, community-based setting encompassing both health/medical and social services needed to ensure the optimal functioning of the participant. ADHC includes: snacks/meals, transportation to and from participant's residence and ADHC, assistance with activities of daily living; individualized exercise program; and health/nursing.</td>
</tr>
<tr>
<td><strong>Respite Provider Eligibility</strong></td>
<td>For information about becoming a provider, go to the Aging and Adult Services Provider Resources website.</td>
</tr>
<tr>
<td><strong>Caregiver Eligibility</strong></td>
<td>Adult Day Health Services may be provided by a relative but not by a legal guardian or legally responsible person.</td>
</tr>
<tr>
<td><strong>Enrollment Limit</strong></td>
<td>935: Year ending in 06/30/2016</td>
</tr>
<tr>
<td><strong>How to Apply</strong></td>
<td>To add your name to the ADHC Waiver Request for Services Registry or if you have questions, call Louisiana Options in Long Term Care at 1-877-456-1146 (TTY: 1-855-296-0226). You can call Monday through Friday between the hours of 8 a.m. and 5 p.m. The call is free.</td>
</tr>
<tr>
<td><strong>Contact Information</strong></td>
<td>Contact your Aging and Adult Services Regional Office, which you can find here. Or contact the main office at (225)-219-1917.</td>
</tr>
<tr>
<td><strong>Link to Waiver Application</strong></td>
<td>Link to application not available.</td>
</tr>
<tr>
<td><strong>Expiration Date</strong></td>
<td>06/30/2017</td>
</tr>
<tr>
<td><strong>Date of Last Update</strong></td>
<td>09/15/2015</td>
</tr>
</tbody>
</table>
# Community Choices Waiver (0866.R01.00)

**State Operating Agency:** Department of Health and Hospitals-Office of Aging and Adult Services

<table>
<thead>
<tr>
<th>Description</th>
<th>The Community Choices (CC) Waiver offers comprehensive services to promote participants’ freedom to make choices in their lives and to exercise control over how, where, and with whom they live their lives; to ensure participants health and welfare; that they have the support to care for themselves and engage in the community; to promote self-determination; and enhance participants informal supports. Services include adult day health care, caregiver temporary support, support coordination, assistive devices and medical supplies (assistive technology), environmental accessibility adaptation, home delivered meals, housing stabilization, housing transition or crisis intervention, monitored in-home caregiving, non-medical transportation, nursing, personal assistance services, skilled maintenance therapy, transition intensive support coordination and transition services.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiver Type</td>
<td>1915(c)</td>
</tr>
<tr>
<td>Target Population-Eligibility</td>
<td>Individuals ages 65 or older or individuals with disabilities between the ages of 21and 64.</td>
</tr>
<tr>
<td>Level of Care</td>
<td>Individuals require level of care available in a nursing facility (NF).</td>
</tr>
<tr>
<td>Respite Services</td>
<td>Respite is called Caregiver Temporary Support in this waiver and is furnished on a short-term basis due to the absence or need for relief of caregivers during the time they are normally providing unpaid care for the participant. This service provides relief to unpaid caregivers to maintain the informal support system. Caregiver Temporary Support is provided in the participant’s home or place of residence or in these locations: Nursing Facilities, Assisted Living Facilities/Adult Residential Care Facilities, Respite Centers and Adult Day Health Care centers. Caregiver Temporary Support may be provided for the relief of the principal caregiver for participants who receive Monitored In-Home Caregiving services. Caregiver Temporary support may be utilized no more than 30 days or 29 overnight stays per plan of care year for no more than 14 consecutive calendar days or 13 consecutive overnight stays. The service limit may be increased based on documented need and prior approval by OAAS. Caregiver temporary support provided by nursing facilities, assisted living facilities and respite centers must include an overnight stay. When Caregiver temporary support service is provided by an ADHC center, services may be provided no more than 10 hours per day and no more than 50 hours per week.</td>
</tr>
<tr>
<td>Respite Provider Eligibility</td>
<td>For information about becoming a provider, go to the Aging and Adult Services Provider Resources website.</td>
</tr>
<tr>
<td>Caregiver Eligibility</td>
<td>Caregiver Temporary Support may not be provided by a relative, legally responsible party or guardian.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>5785: Year ending in 06/30/2019</td>
</tr>
<tr>
<td>How to Apply</td>
<td>To add your name to the CC Waiver, Request for Services Registry or if you have questions, call Louisiana Options in Long Term Care at 1-877-456-1146 (TTY: 1-855-296-0226). You can call Monday through Friday between the hours of 8 a.m. and 5 p.m. The call is free.</td>
</tr>
<tr>
<td>Contact Information</td>
<td>Contact your Aging and Adult Services Regional Office, which you can find here. Or contact the main office at (225)-219-1917.</td>
</tr>
<tr>
<td>Link to Waiver Application</td>
<td>Link to application not available.</td>
</tr>
<tr>
<td>Expiration Date</td>
<td>06/30/2019</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>09/15/2015</td>
</tr>
</tbody>
</table>
**Coordinated System of Care - SED Children (0889.R00.00)**

**State Operating Agency:** Office of Behavioral Health (OBH), Louisiana Department of Health and Hospitals (DHH)

**Description**
This waiver provides intensive home and community-based supportive services in an effort to maintain children and youth diagnosed with SED (serious emotional disturbance) to remain in their home and community. The SED waiver provides to children/youths and their families five services not available to other Medicaid youth. These services are: Independent Living and Skill Building, Short term respite, Youth Support and Training, Parent Support and Training, and Crisis Stabilization.

**Waiver Type**
1915(c) waiver operates concurrently with the Louisiana Behavioral Health Services 1915(b) waiver which provides authority for mandatory enrollment in managed care and limited choice of providers

**Target Population- Eligibility**
Individuals from birth to age 17 diagnosed with SED (serious emotional disturbance) or ages 18-21 diagnosed with a mental illness.

**Level of Care**
Individuals require level of care available in a hospital (psychiatric care within a general hospital or inpatient psychiatric hospital) or a nursing facility (NF).

**Respite Services**
Short Term Respite Care provides temporary direct care and supervision for the child/youth in the child’s home or a community setting that is not facility-based (i.e., not provided overnight in a provider-based facility). The primary purpose is relief to families/caregivers of a child with a serious emotional disturbance or relief of the child and is designed to help meet the needs of the primary caregiver as well as the child. Respite services help to de-escalate stressful situations and provide a therapeutic outlet for the child. Respite may be either planned or provided on an emergency basis. Normal activities of daily living are considered to be included in the service when providing respite care, and cannot be billed separately, including support in the home/after school/or at night, transportation to and from school/medical appointments/or other community-based activities, and/or any combination of the above. The cost of transportation is also included in the rate paid to providers of this service.

Short Term Respite Care can be provided in an individual’s home or place of residence or provided in other community settings such as at a relative’s home or in a short visit to a community park or recreation center. Respite Services provided by or in an Institution for Mental Disease (IMD) are not covered. The child must be present when providing Short Term Respite care. Short term Respite care may not be provided simultaneously with Crisis Stabilization Services and does not duplicate any other Medicaid State Plan Service or service otherwise available to recipient at no cost.

Short Term Respite Care pre-approved for the duration of 72 hours per episode with a maximum of 300 hours allowed per calendar year.

**Respite Provider Eligibility**

**Caregiver Eligibility**
Respite may be provided by a relative but not a legally responsible party or legal guardian.

**Enrollment Limit**
2400: Year ending 02/28/2016

**How to Apply**
The Louisiana Behavioral Health Partnership (LBHP) is the system of care for children who require specialized behavioral health services. LBHP is managed by Magellan Health Services of Louisiana.

**Contact Information**
Contact Magellan Healthcare at 1-800-424-4399; [http://www.magellanoflouisiana.com/](http://www.magellanoflouisiana.com/)

**Link to Waiver Application**
[Link to application not available.](#)

**Expiration Date**
02/28/2017

**Date of Last Update**
09/15/2015
Home and Community-Based 1915(c) Waivers for Respite Support

Medicaid is a program in every state that pays for medical assistance for certain individuals and families with low incomes and resources. It is the largest source of funding for medical and health-related services for America’s poorest people. Because Medicaid is funded jointly by the federal and state governments, the services paid for vary from state to state. In addition to medical services, Medicaid will pay for home and community-based services (HCBS) through the state plan as well as through Medicaid waivers that offer services as a lower-cost alternative to treatment in a medical or long term care facility, such as a nursing home. Respite is usually paid for through one or more of the following types of waivers: research and demonstration (1115), managed care (1915b) and HCBS (1915c) waiver programs. This state’s Medicaid waivers that include respite are:

Elderly and Adults with Disabilities Waiver

Provides adult day health, care coordination, personal care, respite, FMS (financial management services), skills training, supports brokerage, environmental modifications, home health services, homemaker, Personal Emergency Response System, self-directed personal care and transportation for individuals 65 and older or between 18-64 who are diagnosed with a physical disability.

Support Services for Adults with Intellectual Disabilities or Autistic Disorder Waiver

Provides community support, home support, respite, work support-group, assistive technology, career planning, employment specialist services, home accessibility adaptations, transportation, and work support for individuals 18 and older diagnosed with autism and intellectual disability.
Elderly and Adults with Disabilities Waiver (0276.R04.00)

State Operating Agency: Department's Office of Aging and Disability Services

Description
This waiver provides services which allow eligible persons who need nursing facility level of care to remain at home while receiving the necessary care that allows them to live independently in the community. This waiver provides adult day health, care coordination, personal care, respite, financial management services, skills training, supports brokerage, environmental modifications, home health services, homemaker, Personal Emergency Response System, self-directed personal care and transportation. The waiver participant may elect to receive services through a traditional agency model or may choose to self-direct personal care or in-home respite services.

Waiver Type
1915(c); operates concurrently with Section 1915(b)(4) Maine Non-emergency Transportation waiver, which allows for selective contracting/limit number of providers.

Target Population-Eligibility
Individuals 65 and older or between the ages of 18-64 years who are diagnosed with a physical disability. There are no changes to the participant's plan upon turning 65.

Level of Care
Individuals require level of care available in a nursing facility (NF).

Respite Services
Respite Care is provided to a waiver participant who is unable to care for his or her self, and who requires care on a short-term basis due to the temporary absence of, or to provide relief for, the caregiver who normally provides the care.
Respite shall be provided by a qualified person, in the member’s home, a licensed nursing facility or a licensed residential care setting. For respite services delivered in the member’s home, the appropriate staff for meeting the member’s needs (i.e., HHA/CNA or PSS) may be utilized and reimbursement shall be at that workers regular rate.

Respite Provider Eligibility
Information on becoming a provider of services: https://mainecare.maine.gov/ProviderHomePage.aspx

Caregiver Eligibility
Respite may be provided by a relative, or a legal guardian, but not be provided by the legally responsible person.

Enrollment Limit
1643: Year ending 06/30/2016

How to Apply
Apply for MaineCare Services. You can access the Long Term Care application at: http://www.maine.gov/dhhs/ofi/forms.shtml

Contact Information
Office of Aging & Disability Services
SHS #11, 41 Anthony Avenue, Augusta, ME 04333
Phone: (207) 287-9200 TTY: Maine relay 711
http://www.maine.gov/dhhs/oifs/oads/

Expiration Date
06/30/2018

Date of Last Update
09/14/2015
**Support Services for Adults with Intellectual Disabilities or Autistic Disorder Waiver (0467.R01.00)**

**State Operating Agency:** DHHS, Office of Maine Care Services (OMS), Office of Aging and Disability Services (OADS)

<table>
<thead>
<tr>
<th>Description</th>
<th>The waiver offers services to adults diagnosed with autism or intellectual disabilities who meet the ICF-IID level of care. The services provide the support necessary to assist the individual and their family to live as independently as possible. The program provides community support, home support, respite, work support-group, assistive technology, career planning, employment specialist services, home accessibility adaptations, transportation, and work support.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiver Type</td>
<td>1915(c); operates concurrently with Section 1915(b)(4) Maine Non-emergency Transportation waiver, which allows for selective contracting/limit number of providers.</td>
</tr>
<tr>
<td>Target Population-Eligibility</td>
<td>Individuals 18 years or older who are diagnosed with an intellectual disability or Autism and live with their family or on their own. To be eligible for this waiver under &quot;Autism&quot; participants must meet the following criteria: Autistic Disorder, Pervasive Developmental Disorder-Not otherwise Specified, Asperger's Syndrome, Rett's Disorder, and Childhood Disintegrative Disorder.</td>
</tr>
<tr>
<td>Level of Care</td>
<td>Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).</td>
</tr>
<tr>
<td>Respite Services</td>
<td>The services are provided to participants who are unable to care for themselves. The services are furnished on a short term basis because of the absence or need for relief of those persons who normally provide care for the participant. Respite may be provided in the participant’s home or other location as approved by a respite agency or DHHS. The service delivery method is provider managed.</td>
</tr>
<tr>
<td>Respite Provider Eligibility</td>
<td>Information on becoming a provider of services: <a href="https://mainecare.maine.gov/ProviderHomePage.aspx">https://mainecare.maine.gov/ProviderHomePage.aspx</a></td>
</tr>
<tr>
<td>Caregiver Eligibility</td>
<td>Respite may be provided by an approved provider agency or by a relative. The relatives must meet qualifications.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>2990: Year ending 12/30/2016; renewal waiver submitted and pending approval</td>
</tr>
<tr>
<td>How to Apply</td>
<td>Apply for MaineCare Services. You can access the Long Term Care application at: <a href="http://www.maine.gov/dhhs/ofi/forms.shtml">http://www.maine.gov/dhhs/ofi/forms.shtml</a> Contact The Office of Aging and Disability Services to connect you to the appropriate sources.</td>
</tr>
<tr>
<td>Contact Information</td>
<td>Department of Health and Human Services, Office of Aging and Disability Services Phone: (207)-287-9200 or visit: <a href="http://www.maine.gov/dhhs/oads/">http://www.maine.gov/dhhs/oads/</a></td>
</tr>
<tr>
<td>Link to Waiver Application</td>
<td>Link to application not available.</td>
</tr>
<tr>
<td>Expiration Date</td>
<td>6/30/2016; renewal waiver submitted and pending approval</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>10/2/2015</td>
</tr>
</tbody>
</table>
Home and Community-Based 1915(c) Waivers for Respite Support

Medicaid is a program in every state that pays for medical assistance for certain individuals and families with low incomes and resources. It is the largest source of funding for medical and health-related services for America’s poorest people. Because Medicaid is funded jointly by the federal and state governments, the services paid for vary from state to state. In addition to medical services, Medicaid will pay for home and community-based services (HCBS) through the state plan as well as through Medicaid waivers that offer services as a lower-cost alternative to treatment in a medical or long term care facility, such as a nursing home. Respite is usually paid for through one or more of the following types of waivers: research and demonstration (1115), managed care (1915b) and HCBS (1915c) waiver programs. This state’s Medicaid waivers that include respite are:

Waiver for Children with Autism Spectrum Disorder

The waiver provides residential habilitation, respite, adult life planning, environmental accessibility adaptations, family consultation, intensive individual support, and therapeutic integration for individuals, 1-21, diagnosed with autism.

Community Pathways Waiver

Provides community residential habilitation, day habilitation-traditional, live-in caregiver rent, medical day care, personal supports, respite, supported employment, support brokerage, assistive technology and adaptive equipment, behavioral supports, community learning services, community supported living arrangement, employment discovery and customization, environmental accessibility adaptations, environmental assessment, family/individual support, shared living, transition services, transportation and vehicle modifications for individuals diagnosed with a developmental or intellectual disability with no age restrictions.

Home and Community-based Options Waiver

Provides services for older adults and individuals with physical disabilities to live at home or an assisted living facility instead of a nursing facility. Services include: assisted living services (not including room and board), behavior consultation services, case management, fiscal intermediary services, dietitian and nutritionist services, medical day care, Senior Center Plus, all other standard Medicaid Services. This is a combination of the Older Adults and Community Living Waivers.

Model Waiver for Fragile Children

Provides case management, certified nursing assistant, medical day care, principal physician’s participation in the plan of care meeting, and private duty nursing for medically fragile individuals ages 0 - no maximum age.

Medical Day Care Services

Provides medical day care for individuals ages 65 years and older and persons with physical disabilities ages 16-64.

TBI Waiver

Provides day habilitation, individual support services, medical day care, residential habilitation, supported employment for individuals with brain injury age 22 – no maximum age.
Waiver for Children with Autism Spectrum Disorder (0339.R03.00)

State Operating Agency: Maryland State Department of Education, Division of Special Education/Early Intervention Services, Interagency Collaboration Branch

Description
This waiver provides services and supports to children with autism to enable them to remain safely in their home and community. Service Coordination is provided through the local school systems. The waiver provides residential habilitation, respite, adult life planning, environmental accessibility adaptations, family consultation, intensive individual support, and therapeutic integration.

Waiver Type
1915(c)

Target Population-Eligibility
Individuals who are diagnosed with Autism Spectrum Disorder and who are ages 1 through the end of the school year that the individual turns 21 years old.

Level of Care
Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

Respite Services
Respite is furnished on a short-term basis due to the absence or need for relief of those persons normally providing care. Respite includes assistance with activities of daily living for children unable to care for themselves. Respite offers relief to family members from the constant responsibility of attending to basic self-help needs and other activities that would be performed by the family. Respite may be provided in the child’s home or place of residence, a community setting, a Youth Camp certified by the Department of Health and Mental Hygiene or a site licensed by the Developmental Disabilities Administration to accommodate individuals for respite. The respite provider may take the recipient on short outings for exercise, recreation, shopping or other purposes while providing respite. Transportation time with the recipient is part of respite when taking the recipient out of the home. Respite may be provided 24 hours a day to enable the family to leave the home as needed. A family is afforded 336 hours of respite care each year to be used to meet the family’s and child’s needs. Respite may not be provided at the same time as Residential Habilitation, intensive individual support, family consultation, therapeutic integration or adult life planning services.

Respite Provider Eligibility
Information on becoming a provider of services:

Caregiver Eligibility
Respite may not be provided by the legally responsible person, by a relative, or a legal guardian.

Enrollment Limit
1200: Year ending 06/30/2016

How to Apply
Contact the Maryland State Department of Education (MSDE) or the Autism Waiver Registry to apply
http://www.marylandpublicschools.org/msde/divisions/earlyinterv/infant_toddlers/docs/
https://mmcp.dhmh.maryland.gov/docs/AutismWaiverFactSheet-08.pdf

Contact Information
Autism Waiver Registry - Toll free: (866) 417-3480
Maryland Dept. of Education (MSDE), Early Intervention and Preschool Special Education Office
200 West Baltimore Street, Baltimore, MD 21201 Phone: 410-767-0264 Fax: 410-333-8165
Department of Health and Mental Hygiene - 410-767-5220
https://mmcp.dhmh.maryland.gov/waiverprograms/Pages/Home.aspx

Link to Waiver Application
https://mmcp.dhmh.maryland.gov/docs/Autism_Waiver_Application_070109.pdf

Expiration Date
06/30/2019

Date of Last Update
09/14/2015
Community Pathways Waiver (0023.R06.00)
State Operating Agency: Developmental Disabilities Administration (DDA)

Description
This waiver merges the Independence Plus home and community-based services waiver for individuals with developmental disabilities with Community Pathways to create one waiver for people with developmental disabilities. The waiver includes self-directed and traditional service options. These services include: community residential habilitation, day habilitation-traditional, live-in caregiver rent, medical day care, personal supports, respite, supported employment, support brokerage, assistive technology and adaptive equipment, behavioral supports, community learning services, community supported living arrangement, employment discovery and customization, environmental accessibility adaptations, environmental assessment, family/individual support, shared living, transition, transportation, and vehicle modifications.

Waiver Type
1915(c)

Target Population-Eligibility
Individuals diagnosed with a developmental or intellectual disability with no age restrictions.

Level of Care
Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)

Respite Services
Respite is a relief service provided for the participant’s family or primary caregiving provider for participants unable to care for themselves. It is provided on a short-term basis because of the absence or need for relief of those persons who normally provide care for the participant.  
Respite is provided in a non-institutional setting to meet planned or emergency situations, giving caregivers a period of relief for scheduled or emergency time away from the individual. Respite can be provided in the individual’s home, a certified overnight camp, or other non-institutional setting approved by DDA. Participant’s self-directing services are considered the employer of record.

Respite services are not available for individuals receiving community residential habilitation. 
Respite servers may not exceed 45 days within each rolling year and may not be provided for more than 28 consecutive days unless approved by DDA.

Respite Provider Eligibility
Information on becoming a provider of services:  
https://mmcp.dhmh.maryland.gov/pages/Provider-Enrollment.aspx and  

Caregiver Eligibility
Respite may not be provided by the legally responsible person or a legal guardian, but may be by a relative (excludes spouses).

Enrollment Limit
16,175: Year ending 06/30/2016

How to Apply
Contact The DDA (Developmental Disabilities Administration) Services
http://dda.dhmh.maryland.gov/SitePages/howtoapply.aspx

Contact Information
Developmental Disabilities Administration: Telephone: (410)767-5600, Toll Free: 1-877-4MD-DHMH Fax: (410)767-5850, Or Contact Regional DDA office near you.

Link to Waiver Application
Not available. Check DDA website for waiver updates and other information:
http://dda.dhmh.maryland.gov/Pages/Waiver%20Renewal.aspx
http://dda.dhmh.maryland.gov/Pages/Community-Pathways-Waiver-Amendment-2.aspx
Respite Services:

Expiration Date
06/30/2018

Date of Last Update
09/14/2015
**Home and Community-based Options Waiver (0353.R02.00)**

**State Operating Agency:** Maryland Department of Health and Mental Hygiene

<table>
<thead>
<tr>
<th><strong>Description</strong></th>
<th>Provides services for older adults and individuals with physical disabilities in order for them to live at home or an assisted living facility instead of a nursing facility. Services include: assisted living services (not including room and board), behavior consultation services, case management, fiscal intermediary services, dietitian and nutritionist services, medical day care, Senior Center Plus, all other standard Medicaid Services. This is a combination of the Community Living Waiver that has expired and the Older Adults Waiver that will expire next year.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Waiver Type</strong></td>
<td>1915(c)</td>
</tr>
<tr>
<td><strong>Target Population-Eligibility</strong></td>
<td>Individuals who are age 18 and older and eligible for Medicaid.</td>
</tr>
<tr>
<td><strong>Level of Care</strong></td>
<td>Individuals require level of care available in a Nursing facility (NF)</td>
</tr>
<tr>
<td><strong>Respite Services</strong></td>
<td>This waiver does not provide specific respite services, but does provide medical day care. Medical Day Care is a program of medically supervised, health-related services provided in an ambulatory setting to medically handicapped adults who, due to their degree of impairment, need health maintenance and restorative services supportive to their community living. Medical Day Care includes the following services: (1) Health care services supervised by the director, medical director, or health director, which emphasize primary prevention, early diagnosis and treatment, rehabilitation and continuity of care. (2) Nursing services performed by a registered nurse or by a licensed practical nurse under the supervision of a registered nurse. (3) Physical therapy services, performed by or under supervision of a licensed physical therapist. (4) Occupational therapy services, performed by an occupational therapist. (5) Assistance with activities of daily living such as walking, eating, toileting, grooming, and supervision of personal hygiene. (6) Nutrition services. (7) Social work services performed by a licensed, certified social worker or licensed social work associate. (8) Activity Programs. (9) Transportation Services.</td>
</tr>
<tr>
<td><strong>Respite Provider Eligibility</strong></td>
<td>Information on becoming a provider of services: <a href="https://mmcp.dhmh.maryland.gov/pages/Provider-Enrollment.aspx">https://mmcp.dhmh.maryland.gov/pages/Provider-Enrollment.aspx</a> and <a href="https://mmcp.dhmh.maryland.gov/pages/provider-information.aspx">https://mmcp.dhmh.maryland.gov/pages/provider-information.aspx</a></td>
</tr>
<tr>
<td><strong>Caregiver Eligibility</strong></td>
<td>Medical Day Care services may not be provided by a legally responsible person, relative, or legal guardian.</td>
</tr>
<tr>
<td><strong>Enrollment Limit</strong></td>
<td>5405: Year ending 06/30/2016.</td>
</tr>
<tr>
<td><strong>How to Apply</strong></td>
<td>To apply, please contact the Maryland Department of Health and Mental Hygiene at 410-767-1739.</td>
</tr>
<tr>
<td><strong>Contact Information</strong></td>
<td>Persons interested in applying should consider the following: If you live in a nursing facility: Contact Medicaid’s Long Term Care and Waiver Services at: 410-767-1739 or 1-877-4MD-DHMH or for MD Relay Service 1-800-735-2258 for more information. If you live in the community: The waiver cannot accept new community applicants at this time. A Service Registry was developed for interested community individuals, please call the Waiver Services Registry at: 1-844-627-5465. Email: <a href="mailto:dhmh.healthmd@maryland.gov">dhmh.healthmd@maryland.gov</a> or call the Maryland Access Point at 1-844-627-5465. <a href="https://mmcp.dhmh.maryland.gov/longtermcare/Pages/Community-First-Choice.aspx">https://mmcp.dhmh.maryland.gov/longtermcare/Pages/Community-First-Choice.aspx</a></td>
</tr>
<tr>
<td><strong>Link to Waiver Application</strong></td>
<td><a href="https://mmcp.dhmh.maryland.gov/longtermcare/SiteAssets/SitePages/Community%20First%20Choice/CM%20Approved%20Community%20Options%20Waiver.pdf">https://mmcp.dhmh.maryland.gov/longtermcare/SiteAssets/SitePages/Community%20First%20Choice/CM%20Approved%20Community%20Options%20Waiver.pdf</a></td>
</tr>
<tr>
<td><strong>Expiration Date</strong></td>
<td>06/30/2016</td>
</tr>
<tr>
<td><strong>Date of Last Update</strong></td>
<td>12/4/2015</td>
</tr>
</tbody>
</table>
Model Waiver for Fragile Children (40118.R06.00)

State Operating Agency: DHMH Office of Health Services (OHS), Division of Nursing Services (DONS)

Description
The purpose of the Model Waiver (MW) is to provide home and community-based services to medically fragile individuals who, before the age of 22, would otherwise be institutionalized. The objectives are to provide health support services to waiver participant’s to maximize optimal health functioning and independence and provide support to the family and/or caregivers. Services provided include: Private duty nursing; Certified nursing assistant/home health aide; Case management; Physician participation in the Plan of Care development; and Medical day care.

Waiver Type
1915(c)

Target Population-Eligibility
Individuals of all ages who have medically fragile health conditions. Admission must be completed before the individual becomes 22 years old. The individual must meet the definition of a disabled child at the time application is made. The term “disabled child” means “a chronically ill or severely impaired child, younger than 22 years old, whose illness or disability may not require 24-hour inpatient care, but which, in the absence of home care services, may precipitate admission to or prolong stay in a hospital, nursing facility, or other long-term facility.”

Level of Care
Individuals require level of care available in a hospital or nursing facility (NF).

Respite Services
This waiver does not provide formal respite services, but does offer Medical Day Care which is a program of medically supervised, health-related services provided in an ambulatory setting to support individuals who, due to their degree of impairment, need health maintenance and restorative services to support community living.

Respite Provider Eligibility
Information on becoming a provider of services:

Caregiver Eligibility
Medical Day Care Services may not be provided by a relative, legal guardian or legally responsible person.

Enrollment Limit
216: Year ending 06/30/2016

How to Apply
To be eligible for this waiver you need to be enrolled in Maryland’s Medicaid program. Which you can find online at https://www.marylandhealthconnection.gov/how-to-enroll/ or you can Call (855)-642-8572. For information on enrollment in this waiver program contact the Maryland Access Point at 1-(844)-627-5465.

Contact Information
Contact The Coordinating Center at
Phone: (410)-987-1048, (301)-621-7830, or toll-free: 1-800-296-2242,
Or Contact the Maryland Relay Service at 1-800-735-2258
https://mmcp.dhmh.maryland.gov/waiverprograms/Pages/Home.aspx

Link to Waiver Application
https://mmcp.dhmh.maryland.gov/docs/Autism_Waiver_Application_070109.pdf

Expiration Date
06/30/2018

Date of Last Update
09/16/2015
### Medical Day Care Services (0645.R01.00)

**State Operating Agency**: DHMH Office of Health Services (OHS)

**Description**
The purpose of the Medical Day Care (MDC) Services Waiver is to provide community eligible Medicaid participants who require a nursing facility level of care a cost effective community-based alternative to institutional care. This waiver enables participants age 16 or older to stay connected to family and their community. Each participant has an individualized service plan designed to support their health and safety. The waiver provides health support services to maximize optimal health functioning and independence, and to serve as: respite/relief for families and/or caregivers, an integrated service within home and community-based care, rehabilitation or re-training of impaired functions, and as an alternative to or delay of institutional care.

All waiver services must be authorized through the service plan process, and only those waiver services that comply with the participant’s service plan will be reimbursed by Medicaid.

<table>
<thead>
<tr>
<th>Waiver Type</th>
<th>1915(c)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target Population-Eligibility</strong></td>
<td>Individuals who are ages 65 and older; or are ages 16-64 with disabilities.</td>
</tr>
<tr>
<td><strong>Level of Care</strong></td>
<td>Individuals require level of care available in a nursing facility (NF).</td>
</tr>
<tr>
<td><strong>Respite Services</strong></td>
<td>This waiver does not provide specific respite services, but does provide medical day care. Medical Day Care is a program of medically supervised health-related services provided in an ambulatory setting to adults with medical needs who, due to their degree of impairment, need health maintenance and restorative services supportive to their community living. Medical Day Care includes: (1) Health care services supervised by the director, medical director, or health director, which emphasize primary prevention, early diagnosis and treatment, rehabilitation and continuity of care; (2) Nursing services performed by a registered nurse or by a licensed practical nurse under the supervision of a registered nurse; (3) Physical therapy performed by or under supervision of a licensed physical therapist; (4) Occupational therapy performed by an occupational therapist; (5) Assistance with activities of daily living such as walking, eating, toileting, grooming, and supervision of personal hygiene; (6) Nutrition services; (7) Social work services performed by a licensed, certified social worker or licensed social work associate; (8) Activity Programs; and (9) Transportation Services.</td>
</tr>
</tbody>
</table>

| Respite Provider Eligibility | Information on becoming a provider of services: [https://mmcp.dhmh.maryland.gov/pages/Provider-Enrollment.aspx](https://mmcp.dhmh.maryland.gov/pages/Provider-Enrollment.aspx) and [https://mmcp.dhmh.maryland.gov/pages/provider-information.aspx](https://mmcp.dhmh.maryland.gov/pages/provider-information.aspx) |
| Caregiver Eligibility       | Medical Day Care may not be provided by a relative, legal guardian or legally responsible person. |
| Enrollment Limit            | 5480: Year ending in 06/30/2016 |
| How to Apply                | Contact the Department of Health and Mental Hygiene, Developmental Disabilities Administration Services, or your local regional office. Find more information on how to apply online: [http://dda.dhmh.maryland.gov/SitePages/howtoapply.aspx](http://dda.dhmh.maryland.gov/SitePages/howtoapply.aspx) |
| Contact Information         | Maryland Department of Health and Mental Hygiene
Email: dhmh.healthmd@maryland.gov or call 1-877-463-3464 [https://mmcp.dhmh.maryland.gov/longtermcare/Pages/Medical-Day-Care-Services.aspx](https://mmcp.dhmh.maryland.gov/longtermcare/Pages/Medical-Day-Care-Services.aspx) |
| Link to Waiver Application  | [https://mmcp.dhmh.maryland.gov/docs/MD.0645.R01.00.pdf](https://mmcp.dhmh.maryland.gov/docs/MD.0645.R01.00.pdf) |
| Expiration Date             | 06/30/2016 |
| Date of Last Update         | 09/15/2015 |
**TBI Waiver (40198.R02.00)**  
State Operating Agency: Mental Hygiene Administration (MHA)

### Description
The TBI Waiver program supports individuals with traumatic brain injury, who otherwise would have chronic stays in hospitals that are CARF accredited for brain injury rehabilitation, to live in a community setting. Services available through the TBI Waiver: residential habilitation, day habilitation, supported employment, medical day care and individual support services. Providers are required to be licensed by the Developmental Disabilities Administration and have expertise in the provision of services to individuals with TBI. There is no “enrollment cap” for eligible individuals who meet money follows the individual and/or money follows the person criteria.

### Waiver Type
1915(c)

### Target Population-Eligibility
Individuals who are ages 22 and older who have a brain injury.

### Level of Care
Individuals require level of care available in a hospital or nursing facility (NF).

### Respite Services
This waiver does not provide formal respite services, but does offer medical day care. Medical Day Care is a program of medically supervised, health-related services provided in an ambulatory setting to medically handicapped adults who, due to their degree of impairment, need health maintenance and restorative services supportive to their community living. Medical Day Care includes the following services:  
1. Health care services supervised by the director, medical director, or health director, which emphasize primary prevention, early diagnosis and treatment, rehabilitation and continuity of care.  
2. Nursing services performed by a registered nurse or by a licensed practical nurse under the supervision of a registered nurse.  
3. Physical therapy services, performed by or under supervision of a licensed physical therapist.  
4. Occupational therapy services, performed by an occupational therapist.  
5. Assistance with activities of daily living such as walking, eating, toileting, grooming, and supervision of personal hygiene.  
7. Social work services performed by a licensed, certified social worker or licensed social work associate.  
8. Activity Programs.  

### Respite Provider Eligibility
Information on becoming a provider of services:  
[https://mmcp.dhmh.maryland.gov/pages/Provider-Enrollment.aspx](https://mmcp.dhmh.maryland.gov/pages/Provider-Enrollment.aspx) and  

### Caregiver Eligibility
Medical Day Care Services may not be provided by a relative, legal guardian or legally responsible person.

### Enrollment Limit
112: Year ending 06/30/2016

### How to Apply
To apply, contact the Behavioral Health Administration at 410-402-8476, 1-877-4MD-DHMH or Maryland Relay Service at 1-800-735-2258.

### Contact Information
Contact, the Mental Hygiene Administration at (410) 767-6500; 1-877-463-3464 (toll free, Maryland)  
You may also contact the Brain Injury Resource Coordinator at 410-448-2924 or 1-800-444-6443.  

### Link to Waiver Application

### Expiration Date
06/30/2016

### Date of Last Update
12/8/2015
Medicaid Waivers for Respite Support – 2015-16
ARCH National Respite Network and Resource Center | www.archrespite.org

MASSACHUSETTS

MA Office of Medicaid
One Ashburton Place, 11th Floor, Boston, MA 02108
http://www.mass.gov/eohhs/gov/departments/dph/

Home and Community-Based 1915(c) Waivers for Respite Support
Medicaid is a program in every state that pays for medical assistance for certain individuals and families with low incomes and resources. It is the largest source of funding for medical and health-related services for America’s poorest people. Because Medicaid is funded jointly by the federal and state governments, the services paid for vary from state to state. In addition to medical services, Medicaid will pay for home and community-based services (HCBS) through the state plan as well as through Medicaid waivers that offer services as a lower-cost alternative to treatment in a medical or long term care facility, such as a nursing home. Respite is usually paid for through one or more of the following types of waivers: research and demonstration (1115), managed care (1915b) and HCBS (1915c) waiver programs. This state’s Medicaid waivers that include respite are:

MA Acquired Brain Injury Non-Residential Habilitation
Provides homemaker, personal care, respite, supported employment, adult companion, chore, day services, home accessibility adaptations, individual support and community habilitation, OT (occupational therapy), PT (physical therapy), specialized medical equipment, speech therapy, transitional assistance, and transportation for individuals ages 22 and older who are diagnosed with a brain injury.

MA Community Living
Provides center based day supports, group supported employment, individualized home supports, live-in caregiver, respite, day habilitation supplement, adult companion, assistive technology, behavioral supports and consultation, chore, community-based day supports, family training, home modifications and adaptations, individual goods and services, individual supported employment, individualized day supports, OT (occupational therapy), peer support, PT (physical therapy), specialized medical equipment and supplies, speech therapy, stabilization, transportation, and vehicle modifications for individuals ages 22 and older who are diagnosed with an Intellectual Disability.

MA Intensive Supports
Provides center based day supports, group supported employment, individualized home supports, live-in caregiver, residential habilitation, respite, day habilitation supplement, 24-hour self-directed home sharing support, adult companion, assistive technology, behavioral supports and consultation, chore, community-based day supports, family training, home modifications and adaptations, individual goods and services, individual supported employment, individualized day supports, OT (occupational therapy), peer support, PT (physical therapy), specialized medical equipment and supplies, speech therapy, stabilization, transitional assistance services, transportation, and vehicle modifications for individuals ages 22 and older diagnosed with an Intellectual Disability.

MA Adult Supports
Provides center based day supports, group supported employment, individualized home supports, respite, day habilitation supplement, adult companion, assistive technology, behavioral supports and consultation, chore, community-based day supports, family training, home modifications and adaptations, individual goods and services, individual supported employment, individualized day supports, OT (occupational therapy), peer support, PT (physical therapy), specialized medical equipment and supplies, speech therapy, stabilization, transportation, and vehicle modifications for individuals ages 22 and older who are diagnosed with an Intellectual Disability.

MA Frail Elder
Provides Alzheimer’s and dementia coaching, home health aide, homemaker, personal care, respite, chore, companion, environmental accessibility adaptation, grocery shopping and deliver, home based wandering response system, home delivered meals, home delivery of prepackaged medication, laundry, medication dispensing system, OT (occupational therapy), senior care

Medicaid Waivers for Respite Support – 2015-16
ARCH National Respite Network and Resource Center | www.archrespite.org
options, skilled nursing, supportive day program, supportive home care aide, transitional assistance, and transportation for
individuals who are physically disabled ages 60 to 64 and individuals ages 65 and older.

**MA TBI**

Provides homemaker, individual support and community habilitation, personal care, residential habilitation, respite, supported
employment, adult companion, chore, community-based substance abuse treatment, day services, home accessibility
adaptations, OT (occupational therapy), PT (physical therapy), specialized medical equipment, speech therapy, transitional
assistance, and transportation for individuals ages 18 and older who are diagnosed with a Traumatic Brain Injury.

**MA Children’s Autism Spectrum Disorder**

Provides community integration, expanded habilitation/education, homemaker, respite, assistive technology, behavioral
supports and consultation, family training, home modifications and adaptations, individual good and services, OT (occupational
therapy), PT (physical therapy), speech therapy, and vehicle modifications for children up to age 8 who are diagnosed with Autism.

**MA MFP Community Living**

Provides home health aide, homemaker, personal care, prevocational services, respite, supported employment, addiction
services, adult companion, chore, community crisis stabilization, community family training, community psychiatric support and
treatment, day services, home accessibility adaptations, independent living supports, individual support and community
habilitation, medication administration, OT (occupational therapy), peer support, PT (physical therapy), shared home supports,
skilled nursing, specialized medical equipment, speech therapy, supportive home care aide, transportation, and vehicle
modifications for individuals ages 18 to 64 who are physically disabled and for individuals who are 65 and older.
Acquired Brain Injury Non-Residential Habilitation (40702.R01.00)

State Operating Agency: Executive Office of Health and Human Services, the Massachusetts Rehabilitation Commission (MRC)

Description

The waiver’s goal is to transition Massachusetts Medicaid-eligible individuals who are diagnosed with a brain injury from nursing facilities and chronic or rehabilitation hospitals to their family or personal home. The waiver assists to furnish the home or community-based services to the participants following their transition from the institutional setting. The waiver provides services similar to an Individualized Service Plan (ISP), based on person-centered principles. The ISP is developed by an interdisciplinary team including the participant, case manager, his or her guardian, relevant waiver service providers, appropriate professionals, and representatives of Massachusetts Rehabilitation Commission where appropriate. The ISP planning process determines what waiver services and supports are needed to allow the waiver participant to live safely in the community. Transitional Assistance services needed are available for up to sixty days prior to discharge from a nursing facility into the community in order to facilitate a safe transition back into the community.

Waiver Type 1915(c)

Target Population- Eligibility

Individuals 22 years and older who are diagnosed with a brain injury.

Level of Care

Individuals require level of care available in a nursing Facility (NF).

Respite Services

Respite provides care on a short-term basis to participants who are unable to care for themselves due to the absence or need for relief for individuals who normally provide care for the participant. The services may provide relief informal caregivers in efforts to strengthen or support the informal support system. Respect care services may provide assistance in different health care settings including an Adult Foster Care Program by providing personal care services in a family-like setting, in a hospital (licensed acute care medical or surgical hospital bed), in a skilled nursing facility (NF) by assisting with daily living (eating, dressing, toileting, and bathing), in an Assisted Living Residence by providing personal care services, and in the home through a community respite provider who provides personal care services. Federal financial participation will only be claimed for the cost of room and board when provided as part of respite furnished in a facility approved by the State that is not a private residence.

Respite Provider Eligibility

Information on becoming a provider of services: http://www.mass.gov/eohhs/provider/
UMass Provider Network Administration Unit: (855)-300-7058

Caregiver Eligibility

Respite may be provided by a relative, but not a legal guardian or legally responsible person.

Enrollment Limit

100: Year ending 4/30/2016

How to Apply

If you are interested in applying for one of the ABI waivers or would like more information, please call ABI Waiver Information at 1-866-281-5602. Contact the Executive Office of Health and Human Services. To find the office nearest you, call the UMass ABI Waiver Unit at 1-(866)-281-5602, and fill out an application found here: http://www.mass.gov/eohhs/docs/masshealth/abi/abi-a-n.pdf

For additional resources and information, please visit the following website: http://www.mass.gov/eohhs/consumer/insurance/more-programs/acquired-brain-injury-waivers.html

Contact Information

UMASS ABI Waiver Unit: (866) 281-5602 or email: Abilinfo@umassmed.edu

Link to Waiver Application

Link to application not available.

Expiration Date

04/30/2018

Date of Last Update

10/9/2015
Community Living Waiver (0826.R01.00)

**State Operating Agency:** The Department of Developmental Services, Executive Office of Health and Human Services

**Description**
The waiver provides support to individuals in their communities to prevent the need for restrictive institutional care. Services are necessary due to a lack of adequate natural supports or a sufficient array of community services to support health and welfare in the community for individuals who live outside of the family home. The waiver provides support to assist the individual to acquire the skills necessary to work and access the community. The waiver also provides substantial assistance to the family and caregiver as to allow the individual to remain at home for the individuals who reside with their families. Through coordination of natural supports, Medicaid services, generic community resources and the services available in this waiver, individuals are able to live successfully in the community. Support brokerage is available to participants. Services may be delivered through the traditional provider based system. Individuals may choose both the model of service delivery and the provider.

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<thead>
<tr>
<th>Waiver Type</th>
<th>1915(c)</th>
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<tbody>
<tr>
<td><strong>Target Population-Eligibility</strong></td>
<td>Individuals 22 years or older who are diagnosed with an intellectual disability. Individuals who receive a moderate level of assistance and either live on their own in a home or in their family home and who meet the level of care for an ICF-IID.</td>
</tr>
<tr>
<td><strong>Level of Care</strong></td>
<td>Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).</td>
</tr>
<tr>
<td><strong>Respite Services</strong></td>
<td>Respite services are provided in either a licensed respite facility, in the individual’s home, in the family home, or in the home of an individual family provider to waiver individuals who are unable to care for themselves. Services are provided on a short-term, overnight basis where there is an absence or need for relief of those persons who normally provide care or due to needs. Respite care may be made available to participants who receive other services on the same day, such as Group or Individual Supported Employment, Centered Based Work Supports or adult day-care. However, payment will not be made for respite at the same time when other services that include care and supervision are provided. Respite may not be provided at the same time as Individualized Goods and Services, when a service rather than a good is being provided. Facility-based respite cannot be participant-directed. Others forms of respite may be self-directed. The choice of the type of respite is dependent on the waiver participant’s living situation. Services may be participant-directed, or purchased through either a Fiscal Management Service or through an Agency with Choice Model.</td>
</tr>
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</table>

**Respite Provider Eligibility**
For information on becoming a provider go to [http://www.mass.gov/eohhs/provider/insurance/masshealth/provider-enrollment/enrollment.html](http://www.mass.gov/eohhs/provider/insurance/masshealth/provider-enrollment/enrollment.html)

**Caregiver Eligibility**
Respite may be provided by a relative, but not by a legal guardian or legally responsible person.

**Enrollment Limit**
2566: Year ending 06/30/2016

**How to Apply**
If you are interested in applying, you need to fill out a waiver application. Your DDS Area Office, found here [http://www.dmr.state.ma.us/frmMain.asp](http://www.dmr.state.ma.us/frmMain.asp), can help you. DDS will conduct an assessment of your needs, assign you a priority for services, and will send you a letter to let you know if you are eligible for one of the Waiver Programs.

**Contact Information**
Department of Developmental Services, Waiver Management Unit, 500 Harrison Avenue, Boston, MA 02118  (888) 367-4435  [http://www.mass.gov/eohhs/gov/departments/dds/](http://www.mass.gov/eohhs/gov/departments/dds/)

**Link to Waiver Application**

**Expiration Date**
06/30/2018

**Date of Last Update**
1/16/2016

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Medicaid Waivers for Respite Support – 2015-16
ARCH National Respite Network and Resource Center | [www.archrespite.org](http://www.archrespite.org)
### Intensive Supports Waiver (0827.R01.00)

**State Operating Agency:** The Department of Developmental Services, Executive Office of Health and Human Services

#### Description
The waiver provides support to individuals in their communities, based on the severity of their functional impairments, to prevent the need for restrictive institutional care. Individuals have access to all state plan services. Individuals in this waiver need 24/7 support either in an out of home placement or with additional supports and supervision in the family home. For individuals who reside in the family home although natural supports and state plan supports are available, they are insufficient to meet the needs of the individual. The combination and coordination of waiver services, natural supports, Medicaid State Plan services, and generic community resources support the individual to continue to live successfully in the family home. Services may be participant-directed, or purchased through either a Fiscal Management Service or through an Agency with Choice Model. Support brokerage is available to participants. Services may also be delivered through the traditional provider based system. Individuals may choose both the model of service delivery and the provider.

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<tr>
<th>Waiver Type</th>
<th>1915(c)</th>
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<tbody>
<tr>
<td>Target Population-Eligibility</td>
<td>Individuals 22 years and older who are eligible for services who meet the ICF-ID level of care and are determined through an assessment process to require supervision and support 24 hours, 7 days per week to avoid institutionalization.</td>
</tr>
<tr>
<td>Level of Care</td>
<td>Individuals require level of care available in an Intermediate Care Facility for the Mentally Retarded (ICF/MR).</td>
</tr>
<tr>
<td>Respite Services</td>
<td>Services are provided in either a licensed respite facility, in the home of the participant, in the family home, or in the home of an individual family provider to waiver participants who are unable to care for themselves. Services are provided on a short-term, overnight basis. Respite care may be made available to participants who receive other services on the same day, such as Group or Individual Supported Employment, Centered Based Work Supports or adult day-care. However, payment will not be made for respite at the same time when other services that include care and supervision are provided. Respite may not be provided at the same time as Individualized Goods and Services, when a service rather than a good is being provided. Facility-based respite cannot be participant-directed. Other forms of respite may be self-directed. The choice of the type of respite is dependent on the individual's living situation. Federal financial participation (FFP) will only be claimed for the cost of room and board when provided as part of respite care furnished in a facility licensed by the state.</td>
</tr>
<tr>
<td>Respite Provider Eligibility</td>
<td>For more information on becoming a provider go to: <a href="http://www.mass.gov/eohhs/provider/insurance/masshealth/provider-enrollment/enrollment.html">http://www.mass.gov/eohhs/provider/insurance/masshealth/provider-enrollment/enrollment.html</a></td>
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<tr>
<td>Caregiver Eligibility</td>
<td>Respite may be provided by a relative, but not a legal guardian or legally responsible person.</td>
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<tr>
<td>Enrollment Limit</td>
<td>9218: Year ending 6/30/2016</td>
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<tr>
<td>How to Apply</td>
<td>If you are interested in applying, you need to fill out a waiver application. Your DDS Area Office can help you. Find your Area Office here: <a href="http://www.dmr.state.ma.us/frmMain.asp">http://www.dmr.state.ma.us/frmMain.asp</a></td>
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<td>Contact Information</td>
<td>Department of Developmental Services: Waiver Management Unit, 500 Harrison Avenue, Boston, MA 02118; Phone: (888) 367-4435 <a href="http://www.mass.gov/dds">www.mass.gov/dds</a></td>
</tr>
<tr>
<td>Link to Waiver Application</td>
<td>Link to application not available.</td>
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<tr>
<td>Expiration Date</td>
<td>06/30/2018</td>
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<tr>
<td>Date of Last Update</td>
<td>10/9/2015</td>
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</table>
Adult Supports Waiver (0828.R01.00)
State Operating Agency: The Department of Developmental Services, Executive Office of Health and Human Services

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<th>Description</th>
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<tr>
<td>The waiver provides community-based supports to individuals who have been determined through an assessment to require supports to reside successfully in the community. This includes individuals who live with family or in their own homes and who meet the level of care, but who have a strong natural or informal support system. Some participants may live in a home they manage and some may live with family and have significant behavioral, medical and/or physical supports. Individuals are able to live successfully in the community through the coordination of natural supports, Medicaid services, generic community resources, and the services made available through the waiver. For Individuals who live outside of the family home, these services are necessary due to a lack of adequate natural supports or a sufficient array of community services to support their health and welfare in the community. The waiver provides a level of support to assist the individual to develop and acquire work skills or to provide assistance to the family/caregiver to coordinate natural supports, Medicaid services, generic community resources, and the services available. Individuals are able to live successfully in the community for individuals who reside with their families.</td>
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<tr>
<th>Target Population-Eligibility</th>
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<tbody>
<tr>
<td>Individuals 22 years or older who are diagnosed with an Intellectual Disability.</td>
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<tr>
<th>Level of Care</th>
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<td>Individuals require level of care available in an Intermediate Care Facility for the Mentally Retarded (ICF/MR).</td>
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<td>Services are provided in either a licensed respite facility, in the home of the participant, in the family home, or in the home of an individual family provider to waiver participants who are unable to care for themselves. Services are provided on a short-term, overnight basis. Respite care may be made available to participants who receive other services on the same day, such as Group or Individual Supported Employment, Centered Based Work Supports or adult day-care. However, payment will not be made for respite at the same time when other services that include care and supervision are provided. Respite may not be provided at the same time as Individualized Goods and Services, when a service rather than a good is being provided. Respite may not be provided at the same time as Individualized Goods and Services, when a service rather than a good is being provided. Facility-based respite cannot be participant-directed. Other forms of respite may be self-directed. The choice of the type of respite is dependent on the individual’s living situation.</td>
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<td>For more information on becoming a provider go to: <a href="http://www.mass.gov/eohhs/provider/insurance/masshealth/provider-enrollment/enrollment.html">http://www.mass.gov/eohhs/provider/insurance/masshealth/provider-enrollment/enrollment.html</a></td>
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<td>Respite may be provided by a relative, but not a legal guardian or legally responsible person.</td>
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<td>2980: Year ending 6/30/2016</td>
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<td>If you are interested in applying, you need to fill out a waiver application. Your DDS Area Office can help you. Find your Area Office here: [<a href="http://www.dmr.state.ma.us">http://www.dmr.state.ma.us</a> frmMain.asp](<a href="http://www.dmr.state.ma.us">http://www.dmr.state.ma.us</a> frmMain.asp)</td>
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<tbody>
<tr>
<td>Department of Developmental Services: Waiver Management Unit, 500 Harrison Avenue, Boston, MA 02118; Phone: (888) 367-4435 <a href="http://www.mass.gov/dds">www.mass.gov/dds</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Link to Waiver Application</th>
</tr>
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<tbody>
<tr>
<td>Link to application not available.</td>
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<thead>
<tr>
<th>Expiration Date</th>
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<tr>
<td>06/30/2018</td>
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<table>
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<tr>
<th>Date of Last Update</th>
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<tbody>
<tr>
<td>10/9/2015</td>
</tr>
</tbody>
</table>
**Frail Elder Waiver (0059.R06.00)**

**State Operating Agency:** Executive Office of Health and Human Services, Executive Office of Elder Affairs

**Description**
The waiver helps and maintains individuals to stay in a home setting. This avoids delays or shortens nursing facility stays. Additionally, the waiver provides cost effective alternatives to support elders’ care needs. Many individuals who are elderly and who are nursing facility eligible prefer to remain in their homes in the community when sufficient supports can be put into place. The waiver makes such supports available to individuals who are considered frail. The waiver also includes individuals with a variety of needs that can be met through supports that range from basic to intensive levels.

<table>
<thead>
<tr>
<th>Waiver Type</th>
<th>1915(c)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target Population-Eligibility</td>
<td>Individuals 60 years and older who have been determined through an assessment process to meet a nursing facility level of care and require supports to reside successfully in the community.</td>
</tr>
<tr>
<td>Level of Care</td>
<td>Individuals require level of care available in a Nursing Facility (NF).</td>
</tr>
<tr>
<td>Respite Services</td>
<td>Respite is provided on a short-term basis to participants who are unable to care for themselves due to the absence or need for relief of those persons who normally provide care. Respite Care may be provided to relieve informal caregivers from the daily stresses and demands of caring for an individual. In addition to respite care is provided in the individual’s home or private place of residence. Respite Care services may be provided in an Adult Foster Care Program (personal care services in a family-like setting), in a hospital (licensed acute care medical/surgical hospital beds), in a rest home (residential care for clients in a supervised, supportive and protective environment), in a skilled nursing home (rehabilitative services such as physical, occupational, speech therapy, assistance with activities of daily living such as eating, dressing, toileting and bathing), in an assisted living residence (personal care services), in an adult day health program (program of health care and supervision, restorative services, socialization for elders who require skilled services or physical assistance with activities of daily living, nutrition, and personal care services), in an adult foster care program.</td>
</tr>
<tr>
<td>Respite Provider Eligibility</td>
<td>For more information on becoming a provider go to: <a href="http://www.mass.gov/eohhs/provider/insurance/masshealth/provider-enrollment/enrollment.html">http://www.mass.gov/eohhs/provider/insurance/masshealth/provider-enrollment/enrollment.html</a></td>
</tr>
<tr>
<td>Caregiver Eligibility</td>
<td>Respite may be provided by a relative, but not a legal guardian or legally responsible person.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>19,133: Year ending 12/31/2015</td>
</tr>
<tr>
<td>How to Apply</td>
<td>For information on how to apply as well as any other information about programs and services please contact your local Massachusetts Aging Service Access Points (ASAP’s) which you can find here: <a href="http://www.seniorconnection.org/aaa_asap.htm">http://www.seniorconnection.org/aaa_asap.htm</a></td>
</tr>
<tr>
<td>Contact Information</td>
<td>Executive Office of Elder Affairs, One Ashburton Place, Fifth floor, Boston, Massachusetts 02108 Phone: (617)-727-7750, (800)-243-4636 (nationwide), or (800)-872-0166 (TTY). Or visit our website at <a href="http://www.mass.gov/elders/">http://www.mass.gov/elders/</a> or call 1-800-AGE-INFO.</td>
</tr>
<tr>
<td>Link to Waiver Application</td>
<td>Link to application not available.</td>
</tr>
<tr>
<td>Expiration Date</td>
<td>12/31/2018</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>10/9/2015</td>
</tr>
</tbody>
</table>
### Description
This program allows individuals with TBI to stay in their homes or other community settings if supports can be put in place to maintain them safely in that setting. This program supports the choice of participants to remain in the community and provides services to help avoid or delay institutional placement. Waiver Services are provided according to an Individual Service Plan (ISP) developed based on person-centered principles with the Waiver participant. Individual waiver services are authorized according to the ISP and delivered through qualified contracted direct service providers.

### Waiver Type
1915(c)

### Target Population-Eligibility
Individuals who have a brain injury and are 18 years old or older. In this waiver, traumatic brain injury or TBI refers to brain damage resulting from: a blunt blow to the head; a penetrating head injury; crush injury resulting in compression to the brain; severe whiplash causing internal damage to the brain; or head injury secondary to an explosion. Brain damage secondary to other neurological insults (e.g. infection of the brain, stroke, anoxia, brain tumor, Alzheimer’s Disease and similar neuron-degenerative diseases) is not considered to be a traumatic brain injury.

### Level of Care
Individuals require level of care available in a hospital or nursing facility (NF).

### Respite Services
Waiver services are provided to participants unable to care for themselves on a short-term basis because of the absence or need for relief of those who normally provide care for the participant. Respite Care may be provided to relieve informal caregivers from the daily stresses and demands of caring for a participant in efforts to strengthen the informal support system. Respite may be provided in these locations: Respite in an Adult Foster Care Program provides personal care services in a family-like setting. A provider must meet the requirements set forth by MassHealth and must contract with MassHealth as an AFC provider; Respite in a Hospital is provided in licensed acute care medical/surgical hospital beds that have been approved by the Department of Public Health; Respite in a Skilled Nursing Facility provides skilled nursing care; rehabilitative services such as physical, occupational, and speech therapy; and assistance with activities of daily living such as eating, dressing, toileting and bathing. A nursing facility must be licensed by the Department of Public Health; Respite in an Assisted Living Residence provides personal care services by an entity certified by the Executive Office of Elder Affairs; Respite provided in respite facilities that are licensed by the Department of Developmental Disabilities. Respite services provided in an Adult Foster Care Program, Hospital, Skilled Nursing Facility, respite facilities, or Assisted Living Residence may include the costs of room and board.

### Respite Provider Eligibility
For more information on becoming a provider go to: [http://www.mass.gov/eohhs/provider/insurance/masshealth/provider-enrollment/enrollment.html](http://www.mass.gov/eohhs/provider/insurance/masshealth/provider-enrollment/enrollment.html)

### Caregiver Eligibility
Respite may be provided by a relative but not legal guardian or legally responsible person.

### Enrollment Limit
100: Year ending in 06/30/2016.

### How to Apply
For information on how to apply for the TBI Waiver contact:
UMass ABI Waiver Unit: Phone: 1-866-281-5602 E-mail: ABlinfo@umassmed.edu

### Contact Information
The Massachusetts Rehabilitation Commission Administrative Offices, 600 Washington Street, Boston, MA 02111 Phone: 1-800-245-6543 (Voice/TDD) or (617) 204-3600 or Contact MassHealth Waiver Information at 1-866-281-5602

### Link to Waiver Application
Link to application not available.

### Expiration Date
06/30/2019

### Date of Last Update
09/16/2015
<table>
<thead>
<tr>
<th>Description</th>
<th>The waiver provides community integration, expanded habilitation/education, homemaker, respite, assistive technology, behavioral supports and consultation, family training, home modifications and adaptations, individual good and services, OT (occupational therapy), PT (physical therapy), speech therapy, and vehicle modifications. The waiver helps ensure individuals can remain in their homes and actively participate with their families and community.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiver Type</td>
<td>1915(c)</td>
</tr>
<tr>
<td>Target Population-Eligibility</td>
<td>Children, up to the maximum age of eight years old, diagnosed on the Autism Spectrum. This includes individuals diagnosed with Rett Syndrome, Childhood Disintegrative Disorder, Pervasive Developmental Disorder-Not Otherwise Specified, and Asperger’s Syndrome.</td>
</tr>
<tr>
<td>Level of Care</td>
<td>Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).</td>
</tr>
<tr>
<td>Respite Services</td>
<td>The waiver provides services to participants unable to care for themselves that are furnished on a short-term basis due to the absence or need for relief of those persons who normally provides care for the participant. The services are either provided in the home of the participant or in the home of an individual care provider. Respite care may be available to participants who receive other services on the same day such as Expanded Habilitation, Education, but payment will not be made for respite at the same time when other services that include care and supervision are provided.</td>
</tr>
<tr>
<td>Caregiver Eligibility</td>
<td>Respite may be provided by a relative, but not a legal guardian or legally responsible person</td>
</tr>
<tr>
<td>How to Apply</td>
<td>Open enrollment process beginning October 16, 2015-October 30, 2015; following these dates contact 1-888-367-4435 or email <a href="mailto:AutismDivision@state.ma.us">AutismDivision@state.ma.us</a> for more information on other enrollment periods. <a href="http://www.mass.gov/eohhs/consumer/disability-services/services-by-type/intellectual-disability/support/autism-spectrum/developmental-services-autism-waiver-services.html">http://www.mass.gov/eohhs/consumer/disability-services/services-by-type/intellectual-disability/support/autism-spectrum/developmental-services-autism-waiver-services.html</a></td>
</tr>
<tr>
<td>Contact Information</td>
<td>The Executive Office of Health and Human Services, Department of Developmental Services 617-727-5608 or visit: <a href="http://www.mass.gov/eohhs/gov/departments/dds/">http://www.mass.gov/eohhs/gov/departments/dds/</a></td>
</tr>
<tr>
<td>Link to Waiver Application</td>
<td>Link to application not available.</td>
</tr>
<tr>
<td>Expiration Date</td>
<td>9/30/2020, renewal application not available.</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>05/2/2016</td>
</tr>
</tbody>
</table>
Money Follows the Person (MFP) Community Living (1027.R00.00)

State Operating Agency: The Massachusetts Rehabilitation Commission (MRC)

Description
The goal of this waiver is to transition MFP qualified Medicaid-eligible persons from nursing facilities, chronic or rehabilitation hospitals and psychiatric hospitals to MFP qualified community settings and to furnish home or community-based services to the waiver participants following their transition from the medical facility setting. Case Management for the MFP-CL waiver will be provided by contracted case management entities. These entities will be responsible for clinical determination of eligibility, level of care re-determination, participant needs assessment, service plan development and service authorization activities. MFP-CL waiver services will be provided pursuant to an Individualized Service Plan (ISP) that is developed with the Waiver participant through a person-centered planning process. The ISP will be developed by an interdisciplinary team that is coordinated by the Case Manager and includes the participant, his/her guardian if any, relevant waiver service providers, other persons as chosen by the applicant and other appropriate professionals. The ISP planning process will determine what MFP-CL waiver services and supports are needed to support the waiver participant to live safely in the community. Services provided by this waiver include: home health aide, homemaker, personal care, prevocational services, respite, supported employment, addiction services, adult companion, chore, community crisis stabilization, community family training, community psychiatric support and treatment, day services, home accessibility adaptations, independent living supports, individual support and community habilitation, medication administration, OT (occupational therapy), peer support, PT (physical therapy), shared home supports, skilled nursing, specialized medical equipment, speech therapy, supportive home care aide, transportation, and vehicle modifications. This waiver will be operated concurrently with a 1915(b) MFP Behavioral Health Waiver in order to provide access to managed behavioral health services to physically disabled or elderly waiver participants with concurrent behavioral health needs.

Waiver Type
1915(c); operates concurrently with the Section 1915(b) Money Follows the Person Behavioral Health Waiver which allows for mandated enrollment and elective contracting/limit number of providers.

Target Population-Eligibility
Individuals who are age 65 and older or Individuals 18-64 who are disabled.

Level of Care
Individuals require level of care available in a hospital or nursing facility (NF).

Respite Services
Respite services provided to participants unable to care for themselves that are furnished on a short-term basis because of the absence or need for relief of those persons who normally provide care for the participant. Respite Care may be provided to relieve informal caregivers from the daily stresses and demands of caring for a Participant in efforts to strengthen or support the informal support system. Respite Care services may be provided in the following locations: Respite Care in an Adult Foster Care Program provides personal care services in a family-like setting. A provider must meet the requirements set forth by MassHealth and must contract with MassHealth as an AFC provider; Respite Care in a Hospital is provided in licensed acute care medical/surgical hospital beds that have been approved by the Department of Public Health; Respite Care in a Skilled Nursing Facility provides skilled nursing care; rehabilitative services such as physical, occupational, and speech therapy; and assistance with activities of daily living such as eating, dressing, toileting and bathing. A nursing facility must be licensed by the Department of Public Health; Respite Care in a Rest Home provides a supervised, supportive and protective living environment and support services. Rest Homes must be licensed by the Department of Public Health; Respite Care in an Assisted Living Residence provides personal care services by an entity certified by the Executive Office of Elder Affairs; Respite care in the home of a Community Respite Provider home which provides personal care services in a home like setting. Provider must meet the site based requirements for respite of the Department of Developmental Services (DDS); Respite care in DDS Licensed Respite Facilities provides care and supervision in a setting licensed by the Department of Developmental Services. Federal financial participation will only be claimed for the cost of room and board when provided as part of respite care furnished in a facility approved by the State that is not a private residence.
<table>
<thead>
<tr>
<th><strong>Respite Provider Eligibility</strong></th>
<th>To become a provider contact: UMass Provider Network Administration Unit via Phone: 1-855-300-7058 or E-mail: <a href="mailto:ProviderNetwork@umassmed.edu">ProviderNetwork@umassmed.edu</a></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Caregiver Eligibility</strong></td>
<td>Respite may be provided by a relative but not a legal guardian or legally responsible person.</td>
</tr>
<tr>
<td><strong>Enrollment Limit</strong></td>
<td>350: Year ending in 03/31/2016</td>
</tr>
<tr>
<td><strong>Contact Information</strong></td>
<td>For further information about how to apply for the Community Services Waiver call: MassHealth Customer Service Center at 1-800-841-2900</td>
</tr>
<tr>
<td><strong>Link to Waiver Application</strong></td>
<td>Link to application not available.</td>
</tr>
<tr>
<td><strong>Expiration Date</strong></td>
<td>03/31/2018</td>
</tr>
<tr>
<td><strong>Date of Last Update</strong></td>
<td>09/16/2015</td>
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</tbody>
</table>
Michigan Department of Health and Human Services
201 Townsend Street, Lansing, Michigan, 48913
http://www.michigan.gov/mdch

Home and Community-Based 1915(c) Waivers for Respite Support and concurrent Managed Care 1915(b) waivers

Medicaid is a program in every state that pays for medical assistance for certain individuals and families with low incomes and resources. It is the largest source of funding for medical and health-related services for America’s poorest people. Because Medicaid is funded jointly by the federal and state governments, the services paid for vary from state to state. In addition to medical services, Medicaid will pay for home and community-based services (HCBS) through the state plan as well as through Medicaid waivers that offer services as a lower-cost alternative to treatment in a medical or long term care facility, such as a nursing home. Respite is usually paid for through one or more of the following types of waivers: research and demonstration (1115), managed care (1915b) and HCBS (1915c) waiver programs. This state’s Medicaid waivers that include respite are:

**MI Choice Renewal**

Provides adult day health, respite, supports coordination, specialized medical equipment and supplies, fiscal intermediary, goods and services, chore, community living supports, community transition services, counseling, environmental accessibility adaptations, home delivered meals, non-medical transportation, nursing, Personal Emergency Response System, private duty nursing, and training for individuals 65 years and older or between 18-64 diagnosed as physically disabled.

**MI Waiver for Children w/SED**

Provides respite, child therapeutic foster care, community living supports, community transition, family home care training, family support and training, home care training-non-family, therapeutic activities, therapeutic overnight camping, and wraparound for individuals, ages 0-21, diagnosed with a mental illness or a SED (serious emotional disturbance).

**MI Children’s Waiver Program**

Provides respite, enhanced transportation, fiscal intermediary, community living supports, environmental accessibility adaptations and specialized medical equipment and supplies, home care training-family, home care training-non-family, and specialty service for individuals, ages 0-17, diagnosed with autism, mental retardation, and developmental disability.

**MI Habilitation Supports**

Provides out-of-home non-vocational habilitation, prevocational services, respite, supported employment, supports coordination, enhanced medical equipment and supplies, enhanced pharmacy, goods and services, community living supports, environmental modifications, family training, Personal Emergency Response System, and private duty nursing for individuals diagnosed with a developmental disability with no age restrictions.

**MI Health Link HCBS**

Provides adult day program, respite, adaptive medical equipment and supplies, fiscal intermediary, assistive technology, chore, community transition, environmental modifications, expanded community living supports, home delivered meals, non-medical transportation, Personal Emergency Response System, preventive nursing services, private duty nursing for individuals 65 years and older or between 21-64 diagnosed as physically disabled.
Choice Renewal (0233.R04.00)

State Operating Agency: Michigan Department of Community Health (MDCH), Medical Services Administration (MSA)

### Description
The Choice waiver delivers home and community-based services to individuals 65 years and older or individuals between the ages of 18-64 diagnosed as physically disabled. This waiver is a Medicaid managed care program. Participants enrolled in Choice may not be enrolled simultaneously in another of Michigan’s home and community-based services waivers. Services include adult day health, respite, supports coordination, specialized medical equipment and supplies, fiscal intermediary, goods and services, chore, community living supports, community transition, counseling, environmental accessibility adaptations, home delivered meals, non-medical transportation, nursing, Personal Emergency Response System, private duty nursing, and training.

### Waiver Type
1915(c) waiver operates concurrently with 1915(b) Managed Care waiver

### Target Population-Eligibility
Individuals 65 years and older or between the ages of 18-64 diagnosed with physical disabilities

### Level of Care
Individuals require level of care available in a nursing facility (NF).

### Respite Services
Respite services are provided to participants unable to care for themselves and are furnished on a short-term basis due to the absence of, or need of relief for, those individuals normally providing services and supports for the participant. Services may be provided in the participant’s home, in the home of another, or in a Medicaid-certified hospital or a licensed Adult Foster Care facility. Respite does not include the cost of room and board, except when provided as part of respite furnished in a facility approved by MDCH that is not a private residence. Respite includes attendant care (participant is not bed-bound), such as companionship, supervision, and assistance with toileting, eating, and ambulation and basic care (participant may or may not be bed-bound), such as assistance with activities of daily living, a routine exercise regimen, and self-medication.

There is a 30-days-per-calendar-year-limit on respite services provided outside the home. The costs of room and board are not included except when respite is provided in a facility approved by the State that is not a private residence. Respite services cannot be scheduled on a daily basis, except for longer-term stays at an out-of-home respite facility. Respite should be used on an intermittent basis to provide scheduled relief of informal caregivers.

### Respite Provider Eligibility
Michigan uses CHAMPS online provider enrollment to enroll Medicaid and Medicaid Waiver Providers. Call (517) 335-5492 for more information.

### Caregiver Eligibility
Respite may be provided by a relative but not a legal guardian or legally responsible person.

### Enrollment Limit
16,400: Year ending 09/30/2016

### How to Apply
To get services in Michigan, contact the Michigan Department of Community Health Information Desk: 517-373-3740.

### Contact Information
Michigan Department of Community Health, Capitol View Building, 201 Townsend Street Lansing, Michigan 48913; Phone: 517-373-3740

### Link to Waiver Application

### Expiration Date
09/30/2018

### Date of Last Update
09/16/2015
**Waiver for Children with Serious Emotional Disturbances (SED) (0438.R02.00)**

**State Operating Agency:** Michigan Department of Community Health (MDCH)- Behavioral Health and Developmental Disabilities Administration (BHDDA)

**Description**
This waiver provides services for children with SED up to the child's 21st birthday to enable them to continue to live in their home and community. It provides respite, child therapeutic foster care, community living supports, community transition, family home care training, family support and training, home care training-non-family, therapeutic activities, therapeutic overnight camping, and wraparound. The waiver is limited to thirty-seven counties and twenty-four/five CMHSPs.

**Waiver Type**
1915(c) waiver operates concurrently with 1915(b) Managed Care waiver

**Target Population-Eligibility**
Individuals, ages 0-21, diagnosed with a mental illness or a SED (serious emotional disturbance). Individual must be under the age of 18 when approved for the waiver. This waiver has only been approved in a limited number of counties and Community Mental Health Service Programs (CMHSPs) found on the Behavioral Health and Developmental Disability website: [http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_7145-168285--.00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_7145-168285--.00.html)

**Level of Care**
Individuals require level of care available in a hospital.

**Respite Services**
Respite services are provided to individuals unable to care for themselves, furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care. Federal Financial participation (FFP) will not be claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence. Respite care can be provided in the participant’s home or place of residence, a family friend’s home in the community or foster home. [http://www.michigan.gov/documents/A_Family_Guide_to_Respite_139866_7.pdf](http://www.michigan.gov/documents/A_Family_Guide_to_Respite_139866_7.pdf)

**Respite Provider Eligibility**
Michigan uses CHAMPS online provider enrollment to enroll Medicaid and Medicaid Waiver Providers. Call (517) 335-5492 for more information.

**Caregiver Eligibility**
Respite may be provided by a relative but not a legal guardian or legally responsible person.

**Enrollment Limit**
969: Year ending 9/30/2016

**How to Apply**
Application for the SEDW is made through your CMHSP- with local Community Mental Health Services Programs (CMHSPs) which you can find here: [http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_7145-168285--.00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_7145-168285--.00.html)

**Contact Information**
Michigan Department of Health and Human Services, Behavioral Health and Developmental Disabilities Administration, 320 South Walnut Street, Lansing, Michigan 48913
Phone: (517)-373-4700 Customer Service Line: (844)-275-6324

**Link to Waiver Application**
Link to application not available.

**Expiration Date**
09/30/2018

**Date of Last Update**
09/16/2015
### Children’s Waiver Program (4119.R05.00)

**State Operating Agency:** MDCH, Mental Health and Substance Abuse Administration (MHSA)

<table>
<thead>
<tr>
<th>Description</th>
<th>Provides respite, enhanced transportation, fiscal intermediary, community living supports, environmental accessibility adaptations and specialized medical equipment and supplies, home care training-family, home care training-n on-family, and specialty service for individuals, ages 0-17, diagnosed with autism, mental retardation, and developmental disability.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Waiver Type</strong></td>
<td>1915(c) – Operates concurrently with 1915(b) managed care MI Children’s Waiver.</td>
</tr>
<tr>
<td><strong>Target Population-Eligibility</strong></td>
<td>Children, ages 0-17, diagnosed with autism, mental retardation, and developmental disability. The child must reside with his birth or legally adoptive parent(s) or with a relative who has been named the legal guardian, provided that the relative is not paid to provide foster care for that child.</td>
</tr>
<tr>
<td><strong>Level of Care</strong></td>
<td>Individuals require level of care available in an Intermediate Care Facility for the Mentally Retarded (ICF/MR).</td>
</tr>
<tr>
<td><strong>Respite Services</strong></td>
<td>Respite is provided to participants on a short-term basis because of the need for relief of those persons normally providing care. Respite is to relieve the child's family from daily stress and care demands. &quot;Short-term&quot; means respite is provided during a limited period of time (e.g., a few hours, a few days, weekends, or for vacations). Respite can be provided in the child’s home, a licensed family foster home, a licensed family group home, a licensed children’s camp, a licensed respite care facility approved by the State that is not a private residence, or a home of a friend or relative. Nurses may provide respite only in situations where the participant’s medical needs are such that a trained respite aide cannot care for the participant during times where the unpaid caregiver is requesting respite. The maximum monthly respite allocation is 96 hours. In addition to monthly respite, vacation respite can be used up to 14 days per year.</td>
</tr>
<tr>
<td><strong>Respite Provider Eligibility</strong></td>
<td>Michigan uses CHAMPS online provider enrollment to enroll Medicaid and Medicaid Waiver Providers. Call (517) 335-5492 for more information.</td>
</tr>
<tr>
<td><strong>Caregiver Eligibility</strong></td>
<td>Respite may be provided by a relative but not a legal guardian or legally responsible person.</td>
</tr>
<tr>
<td><strong>Enrollment Limit</strong></td>
<td>464: Year ending 09/30/2015</td>
</tr>
<tr>
<td><strong>How to Apply</strong></td>
<td>To apply, follow the office of Behavioral Health &amp; Developmental Disability instructions found on the following website: <a href="http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_7145-14669--,00.html">http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_7145-14669--,00.html</a></td>
</tr>
<tr>
<td><strong>Contact Information</strong></td>
<td>Michigan Department of Health and Human Services, Behavioral Health and Developmental Disabilities Administration, 320 South Walnut Street, Lansing, Michigan 48913</td>
</tr>
<tr>
<td>Phone: (517)-373-4700 Customer Service Line: (844)-275-6324</td>
<td></td>
</tr>
<tr>
<td><strong>Date of Last Update</strong></td>
<td>09/16/2015</td>
</tr>
</tbody>
</table>
Habilitation Supports Waiver (0167.R05.00)
State Operating Agency: Michigan Department of Community Health (MDCH), Behavioral Health and Development Disabilities Administration (BHDDA)

Description
This waiver provides community-based services to people with developmental disabilities. Waiver services include out-of-home non-vocational habilitation, prevocational services, respite, supported employment, supports coordination, enhanced medical equipment and supplies, enhanced pharmacy, goods and services, community living supports, environmental modifications, family training, Personal Emergency Response System, and private duty nursing. Participants enrolled in this waiver may not be enrolled simultaneously in another of Michigan’s §1915(c)-home and community-based waivers.

Waiver Type
1915(c) operates concurrently with the 1915(b) Managed Specialty Supports and Services Program as a managed care program.

Target Population- Eligibility
Individuals diagnosed with a developmental disability with no age restrictions.

Level of Care
Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

Respite Services
Respite care services are provided on a short-term, intermittent basis to relieve the participant’s family or other primary caregiver(s) from daily stress and care demands during times when they are providing unpaid care. "Short-term" means the respite service is provided during a limited period of time (e.g., a few hours, a few days, weekends, or for vacations). "Intermittent" means the respite service does not occur regularly or continuously. The service stops and starts repeatedly or with periods in between. "Primary" caregivers are typically the same people day after day who provide at least some unpaid supports. “Unpaid” means that respite may only be provided during those portions of the day when no one is being paid to provide the care, i.e., not a time when the participant is receiving a paid State Plan (e.g., home help) or waiver service (e.g., community living supports) or service through other programs (e.g., school). Since adult participants living at home typically receive home help services and hire their family members, respite is not available when the family member is being paid to provide the home help service, but may be available at other times throughout the day when the caregiver is not paid. Respite is not intended to be provided on a continuous, long-term basis where it is a part of daily services that would enable an unpaid caregiver to work full-time. In those cases, community living supports, or other services of paid support or training staff, should be used. The participant’s record must clearly differentiate respite hours from community living support services.

Respite may be provided in: the participants home; home of a friend or relative (not the parent of a minor or the spouse of the participant or the legal guardian); licensed foster care home or respite care facility; licensed camp in community settings accompanied by a respite worker; facility approved by the State that is not a private residence, such as group home or licensed respite care facility.

Respite Provider Eligibility
Michigan uses CHAMPS online provider enrollment to enroll Medicaid and Medicaid Waiver Providers. Call (517) 335-5492 for more information. CHAMPS Provider Enrollment information can be found on the Michigan Department of Health & Human Services website: http://michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542-42543_42546-104293--,00.html

Caregiver Eligibility
Respite may be provided by a relative but not by a legal guardian or legally responsible person. Respite care may not be provided by a parent of a minor participant, the spouse of the participant, or the primary unpaid caregiver.

Enrollment Limit
8268: Year ending 09/30/2015

How to Apply
Community Mental Health Services Programs for each county help screen individuals who may be eligible and will assist those individual with the application process. The Michigan Department of Community Health reviews and scores the application and determines who receives priority for this program.
| **Contact Information** | To apply, contact the number listed for your county found on the Behavioral Health and Developmental Disability website:  
http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_4899-178824--,00.html |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| **Expiration Date** | 09/30/2015-renewal application submitted and pending.  
| **Date of Last Update** | 09/16/2015 |
MI Health Link HCBS Waiver (1126.R00.00)

State Operating Agency: Michigan Department of Community Health, Medical Services Administration

Description
MI Health Link HCBS is a program that coordinates supports and services for individuals who are dually eligible for both Medicare and Medicaid programs based on age or disability. This waiver provides adult day program, respite, adaptive medical equipment and supplies, fiscal intermediary, assistive technology, chore, community transition, environmental modifications, expanded community living supports, home delivered meals, non-medical transportation, Personal Emergency Response System, preventive nursing services, and private duty nursing.

Participants enrolled in the MI Health Link HCBS waiver may not be enrolled simultaneously in another of Michigan’s 1915(c) home and community-based services waivers.

Waiver Type
1915(c) operates concurrently with the 1915(b) waiver called MI Health Link HCBS.

Target Population-Eligibility
Individuals 65 years and older or between ages 21 - 64 diagnosed with physical disabilities who live in the counties of Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, Macomb, St. Joseph, Van Buren, Wayne, or any county in the Upper Peninsula.

Level of Care
Individuals require level of care available in a nursing facility (NF).

Respite Services
Respite is provided on a short-term, intermittent basis to relieve the family or other primary caregiver from daily stress and care demands during times when providing unpaid care. Respite may not be used for relief needs of hourly or shift staff workers. It may not be provided on a continuous, long-term basis where it is a part of daily services that would enable an unpaid caregiver to work elsewhere full time.

Respite services may be provided in the enrollee's home, home of another, licensed Adult Foster Care or Home for the Aged facility. Cost of room and board is not covered except when respite is provided in a licensed Adult Foster Care home or licensed Home for the Aged.

The enrollee may not choose to have respite provided in the home of another person unless he or she is participating in an arrangement that supports self-determination. Respite services cannot be scheduled on a daily basis. It should be used on an intermittent basis to provide scheduled relief of informal caregivers.

Respite Provider Eligibility
Michigan uses CHAMPS online provider enrollment to enroll Medicaid and Medicaid Waiver Providers. Call (517) 335-5492 for more information.

Caregiver Eligibility
Respite may be provided by a relative but not a legal guardian, legally responsible person or primary or usual caregiver.

Enrollment Limit
5000: Year ending 12/31/2015

How to Apply
Call 1-800-803-7174 to speak with a local Michigan Medicare/Medicaid Assistance Program (MMAP) counselor who can help you, or visit: www.Michigan.gov/MIHealthLink

Contact Information
For information, call Michigan ENROLLS at 1-888-ENROLLS (1-888-367-6557) OR 1-800-975-7630

Link to Waiver Application

Expiration Date
12/31/2019

Date of Last Update
09/16/2015
Home and Community-Based 1915(c) Waivers and co-occurring Managed Care 1915(b) waivers for Respite Support

Medicaid is a program in every state that pays for medical assistance for certain individuals and families with low incomes and resources. It is the largest source of funding for medical and health-related services for America’s poorest people. Because Medicaid is funded jointly by the federal and state governments, the services paid for vary from state to state. In addition to medical services, Medicaid will pay for home and community-based services (HCBS) through the state plan as well as through Medicaid waivers that offer services as a lower-cost alternative to treatment in a medical or long term care facility, such as a nursing home. Respite is usually paid for through one or more of the following types of waivers: research and demonstration (1115), managed care (1915b) and HCBS (1915c) waiver programs. This state’s Medicaid waivers that include respite are:

**MN - Elderly**

Provides adult day, case management, homemaker, respite, extended state plan home health care, extended state plan personal care assistant, extended state plan private duty nursing, adult companion, adult day service bath, adult foster care, chore, consumer-directed community supports-environmental modifications and provisions, consumer-directed community supports-personal assistance, consumer-directed community supports-self-direction support activities, consumer-directed community supports-treatment and training, customized living services, environmental accessibility adaptations, family caregiver training and education, home delivered meals, managed care premiums, residential care services, specialized equipment and supplies, transitional services, and transportation for individuals ages 65 and older.

**MN - Traumatic Brain Injury (TBI)**

Provides adult day care, caregiver living expenses, case management, homemaker, prevocational services, respite, supported employment, extended home health care, extended personal care assistant, extended private duty nursing, 24 hr. emergency assistance, adult companion, adult day care bath, adult foster care, behavioral support, child foster care, chore, consumer directed community supports-self direction support activities, consumer directed community supports-environmental modifications and provisions, consumer directed community supports-personal assistance, consumer directed community supports-treatment and training, customized living-24 hr, customized living, environmental accessibility adaptations, family training and counseling, home delivered meals, housing access coordination, independent living skills therapies, independent living skills training, night supervision, residential care, specialized supplies and equipment, structured day program, transitional, and transportation for individuals, 0-64, diagnosed with brain injury.

**MN Community Alternative Care**

Provides adult day care, caregiver living expenses, case management, homemaker, respite, supported employment, extended home health care, extended personal care assistant, extended private duty nursing, 24-hr emergency assistance, adult foster care, behavioral support, child foster care, chore, consumer directed community supports-environmental modifications and provisions, consumer directed community supports-personal assistance, consumer directed community supports-self-directed support activities, consumer directed community supports-treatment and training, environmental accessibility adaptations, family training and counseling, home delivered meals, housing access coordination, independent living skills training, specialized equipment and supplies, transitional services, and transportation for individuals younger than 65 years old diagnosed as disabled.
MN Community Alternatives for Disabled Individuals

Provides adult day care, caregiver living expenses, case management, homemaker, prevocational, respite, supported employment, extended home health care, extended personal care assistance, extended state plan private duty nursing, 24-hr emergency assistance, adult companion, adult day care bath, adult foster care, behavioral support, child foster care, chore, consumer-directed community supports (CDCS)-personal assistance, CDCS-self-direction support activities, CDCS-environmental modifications/provisions, CDCS-treatment/training, customized living-24 hr., customized living, environmental accessibility adaptations, family training/counseling, home delivered meals, housing access coordination, independent living skills training, managed care premiums, residential care, specialized equipment/supplies, transitional services, and transportation for individuals than 65 years old diagnosed physical and other disabilities.

MN Developmental Disabilities

Provides adult day care, caregiver living expenses, case management, day training and habilitation, homemaker, prevocational, residential habilitation, respite, supported employment, extended personal care assistance, 24-hr emergency assistance, adult day care bath, assistive technology, chore, consumer directed community supports-environmental modifications and provisions, consumer directed community supports-personal assistance, consumer directed community supports-self-direction support activities, consumer directed community supports-treatment and training, crisis respite, environmental accessibility adaptations, family training and counseling, home delivered meals, housing access coordination, personal support, specialist services, transitional services, and transportation for individuals diagnosed with intellectual and developmental disabilities with no age restrictions.
### Elderly Waiver (0025.R07.00)

**State Operating Agency:** Aging and Adult Services Division, Continuing Care Administration

**Description**
The waiver provides community-based services in the most integrated and least restrictive setting to keep individuals ages 65 and older in their own homes or delay nursing facility admission. The waiver provides adult day, case management, homemaker, respite, extended state plan home health care, extended state plan personal care assistant, extended state plan private duty nursing, adult companion, adult day service bath, adult foster care, chore, consumer-directed community supports-environmental modifications and provisions, consumer-directed community supports-personal assistance, consumer-directed community supports-self-direction support activities, consumer-directed community supports-treatment and training, customized living services, environmental accessibility adaptions, family caregiver training and education, home delivered meals, managed care premiums, residential care services, specialized equipment and supplies, transitional services, and transportation. The waiver also includes an option for self-direction through the consumer-directed community supports (CDCS) service.

Waiver services are provided through two managed care options. The voluntary managed care option for this waiver is Minnesota Senior Health Options (MSHO) that provides care coordination and includes Medicaid and Medicare benefits.

Minnesota Senior Care Plus (MSC+) is the mandatory managed care program that is the basic Medicaid plan for enrollees aged 65 and older.

**Waiver Type**
1915(c); concurrently operated with 1915(a) voluntary managed care, 1915(b)(1) and 1915(b)(4) mandatory managed care authority

**Target Population-Eligibility**
Individuals ages 65 and older.

**Level of Care**
Individuals require level of care available in a nursing facility (NF).

**Respite Services**
Respite care may be provided to participants who are unable to care for themselves. It is furnished on a short-term basis due to the absence or need for relief of those who normally provide the care and are not paid or is only paid for a portion of the total time of care or supervision provided. The unpaid caregiver does not need to reside in the same home as the participant. Respite may be provided in the participant’s home or place of residence, a home licensed to provide foster care, a Medicare certified hospital or nursing facility, a building registered as housing with services delivered by a licensed home care provider, or a private home that is identified by the participant. Respite care may be provided in a private (unlicensed) home when it is determined by the case manager that the service and setting can safely meet the participant’s needs. The unlicensed home and caregiver cannot otherwise be in the business or routine practice of providing respite services. Coverage for respite care provided in licensed facilities will include both services and room and board, as appropriate. Room and board will not be covered for respite care provided in the participant’s home, participant’s family home, or in an unlicensed, private home.

In the event of a community emergency or disaster that required an emergency need to relocate a participant, out of-home respite services may be provided whether or not the primary caregiver resides at the same address as the participant, and whether the primary caregiver is paid or unpaid, provided the commissioner approves the request as a necessary expenditure related to the emergency or disaster. This does not allow the primary caregiver to provide respite services. Other limitations on this service may be waived by the commissioner, as necessary; in order to ensure that necessary expenditures related to protecting the health and safety of participants are reimbursed. In the event of an emergency involving the relocation of waiver participants, the Commissioner may approve the provision of respite services by unlicensed providers on a short-term, temporary basis.

Respite care is limited to 30 consecutive days per respite stay.
For provider eligibility information go to the Minnesota Department of Human Services website: [http://mn.gov/dhs/partners-and-providers/](http://mn.gov/dhs/partners-and-providers/)

Respite may not be provided by a relative, legal guardian or legally responsible person.

<table>
<thead>
<tr>
<th>Enrollment Limit</th>
<th>33,443: Year ending 06/30/2016</th>
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Contact your county or tribe for a long-term care consultation. By referencing the list provided on the Minnesota Department of Human Services website: [https://mn.gov/dhs/people-serve/seniors/services/home-community/contact-us/ltcc-contacts.jsp](https://mn.gov/dhs/people-serve/seniors/services/home-community/contact-us/ltcc-contacts.jsp) If you are already on Medical Assistance and enrolled in a health plan you should contact your health plan.

More information is available by calling the Senior Linkage Line at 800-333-2433. Or by consulting the Fact Page found on the Minnesota Department of Human Services website: [https://edocs.dhs.state.mn.us/lfserver/Public/DHS-5357-ENG](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-5357-ENG)

Link to Waiver Application

<table>
<thead>
<tr>
<th>Link to Waiver Application</th>
<th>Link to application not available</th>
</tr>
</thead>
</table>

Expiration Date 06/30/2018

Date of Last Update 09/16/2015
Traumatic Brain Injury (TBI) (4128.R06.00)
State Operating Agency: Disability Services Division, Continuing Care Administration

Description
This waiver program provides supports and services to individuals with brain injury who are at risk of the level of care provided in a specialized nursing facility or neurobehavioral hospital. Waiver services include adult day care, caregiver living expenses, case management, homemaker, prevocational services, respite, supported employment, extended home health care, extended personal care assistance, extended private duty nursing, 24 hr. emergency assistance, adult companion, adult day care bath, adult foster care, behavioral support, child foster care, chore, consumer directed community supports-self direction support activities, consumer directed community supports-environmental modifications and provisions, consumer directed community supports-personal assistance, consumer directed community supports-treatment and training, customized living-24-hr, customized living, environmental accessibility adaptations, family training and counseling, home delivered meals, housing access coordination, independent living skills therapies, independent living skills training, night supervision, residential care, specialized supplies and equipment, structured day program, transitional, and transportation. The waiver also includes an option for self-direction through the consumer directed community supports (CDCS) service.

Waiver Type
1915(c) waiver operates concurrently with 1915(b) waiver for case management services

Target Population-Eligibility
Individuals younger than age 65 with a diagnosis of traumatic, acquired or degenerative brain injury secondary to an event or disease; must be diagnosed as disabled.

Level of Care
Individuals require level of care available in a hospital or nursing facility (NF).

Respite Services
Respite care services are short-term services provided to a participant due to the absence or need for relief of the family member(s) or primary caregiver, normally providing the care. In order to be considered a primary caregiver, the person must be principally responsible for the care and supervision of the participant, must maintain his/her primary residence at the same address as the participant, and must be named as the owner or lessee of the primary residence. Respite may be provided in the following settings: participant’s home or place of residence; foster care home; Medicaid certified hospital; Medicaid certified nursing facility; day care centers or homes licensed to provide day care; and camps. Federal Financial Participation (FFP) will not be claimed for the cost of room and board except when provided as part of respite care furnished in a facility.

Out-of-home respite care must be provided in a setting approved by the lead agency.

In-home respite care shall only be provided by a nurse, home health aide, or personal care assistant in accordance with their scope of practice standards and under the supervision required by their respective license or service standard.

In the event of a community emergency or disaster that required an emergency need to relocate a participant, out-of-home respite services may be provided whether or not the primary caregiver resides at the same address as the participant, and whether the primary caregiver is paid or unpaid, provided the commissioner approves the request as a necessary expenditure related to the emergency or disaster. Other limitations on this service may be waived by the commissioner, as necessary, in order to ensure that necessary expenditures related to protecting the health and safety of participants are reimbursed. In the event of an emergency involving the relocation of waiver participants, the Commissioner may approve the provision of respite services by unlicensed providers on a short-term, temporary basis. Respite care is limited to 30 consecutive days per respite stay.

Respite Provider Eligibility
For provider eligibility information go the Minnesota Department of Human Services website: http://mn.gov/dhs/partners-and-providers/.

Caregiver Eligibility
Out-of-home and in-home respite may not be provided by a relative, legal guardian or legally responsible person.
<table>
<thead>
<tr>
<th>Enrollment Limit</th>
<th>2008: Year ending 03/31/2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>How to Apply</td>
<td>You can apply for this waiver at your local county agency or tribe <a href="https://edocs.dhs.state.mn.us/lfserver/Public/DHS-0005-ENG">https://edocs.dhs.state.mn.us/lfserver/Public/DHS-0005-ENG</a> (PDF).</td>
</tr>
<tr>
<td>Contact Information</td>
<td>For more information view the Brain Injury Waiver fact sheet: <a href="https://edocs.dhs.state.mn.us/lfserver/Public/DHS-5714-ENG">https://edocs.dhs.state.mn.us/lfserver/Public/DHS-5714-ENG</a> or if you have questions about what services are covered under a program, contact your local county agency or tribe (PDF) at <a href="https://edocs.dhs.state.mn.us/lfserver/Public/DHS-0005-ENG">https://edocs.dhs.state.mn.us/lfserver/Public/DHS-0005-ENG</a> or call the Minnesota Health Care Programs Member Helpdesk at 651-431-2670 or 800-657-3739.</td>
</tr>
<tr>
<td>Link to Waiver Application</td>
<td>Link to application not available.</td>
</tr>
<tr>
<td>Expiration Date</td>
<td>03/31/2016</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>09/16/2015</td>
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</tbody>
</table>
Community Alternative Care Waiver (4128.R06.00)

State Operating Agency: Disability Services Division, Continuing Care Administration

Description

This waiver provides community-based services as an alternative to institutional care for people who are chronically ill or medically fragile and at risk of extended care in a hospital. Waiver services include: adult day care, caregiver living expenses, case management, homemaker, respite, supported employment, extended home health care, extended personal care assistance, extended private duty nursing, 24-hour emergency assistance, adult foster care, behavioral support, child foster care, chore, consumer directed community supports-environmental modifications and provisions, consumer directed community supports-personal assistance, consumer directed community supports-self-directed support activities, consumer directed community supports-treatment and training, environmental accessibility adaptations, family training and counseling, home delivered meals, housing access coordination, independent living skills training, specialized equipment and supplies, transitional services, and transportation. The waiver also includes an option for self-direction through the consumer directed community supports (CDCS) service.

Waiver Type

1915(c) waiver operates concurrently with 1915(b) waiver for case management services

Target Population- Eligibility

Individuals younger than 65 years old who are diagnosed with a disability.

Level of Care

Individuals require level of care available in a hospital.

Respite Services

Respite care services are short-term services provided to a participant due to the absence or need for relief of the family member(s) or primary caregiver(s) who normally provide care. Respite may be provided in the individual’s home or place of residence, foster care home, Medicaid certified hospital, Medicaid certified nursing facility, day care centers or homes licensed to provide day care, and camps. In the event of a community emergency or disaster that required an emergency need to relocate a participant, out-of-home respite services may be provided whether or not the primary caregiver resides at the same address as the participant, and whether the primary caregiver is paid or unpaid, provided the commissioner approves the request as a necessary expenditure related to the emergency or disaster. This does not allow the primary caregiver to provide respite services. Other limitations on this service may be waived by the commissioner, as necessary; in order to ensure that necessary expenditures related to protecting the health and safety of participants are reimbursed. In the event of an emergency involving the relocation of waiver participants, the Commissioner may approve the provision of respite services by unlicensed providers on a short-term, temporary basis. Federal Financial Participation (FFP) will not be claimed for the cost of room and board except when provided as part of respite care furnished in a facility.

Respite Provider Eligibility

In order to be considered a primary caregiver, the person must be principally responsible for the care and supervision of the participant, must maintain his/her primary residence at the same address as the participant, and must be named as the owner or lessee of the primary residence. 

Out-of-home respite care must be provided in a setting approved by the lead agency. 

In-home respite care shall only be provided by a nurse, home health aide, or personal care assistant in accordance with their scope of practice standards and under the supervision required by their respective license or service standard.

Caregiver Eligibility

Respite may not be provided by a relative, legal guardian, or legally responsible person.

Enrollment Limit

484: Year ending 03/31/2016

How to Apply

You can apply for this waiver at your local county agency or tribe: https://edocs.dhs.state.mn.us/lfserv/Public/DHS-0005-ENG (PDF).
### Contact Information
For more information view the Community Alternative Care Waiver fact sheet: [https://edocs.dhs.state.mn.us/lfserver/Public/DHS-5711-ENG](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-5711-ENG) or if you have questions about what services are covered under a program, contact your local county agency or tribe (PDF) at [https://edocs.dhs.state.mn.us/lfserver/Public/DHS-0005-ENG](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-0005-ENG) or call the Minnesota Health Care Programs Member Helpdesk at 651-431-2670 or 800-657-3739.

### Link to Waiver Application
Link to application not available.

### Expiration Date
03/31/2018

### Date of Last Update
09/17/2015
## Community Alternatives for Disabled Individuals (0166.R05.00)

### State Operating Agency: Disability Services Division, Continuing Care Administration

### Description

This waiver provides community-based services as an alternative to institutional care for people who are at risk of the level of care provided in a nursing facility. Waiver services include adult day care, caregiver living expenses, case management, homemaker, prevocational, respite, supported employment, extended home health care, extended personal care assistance, extended state plan private duty nursing, 24-hr emergency assistance, adult companion, adult day care bath, adult foster care, behavioral support, child foster care, chore, consumer-directed community supports (CDCS)-personal assistance, CDCS-self-direction support activities, CDCS-environmental modifications/provisions, CDCS-treatment/training, customized living-24 hr., customized living, environmental accessibility adaptations, family training/counseling, home delivered meals, housing access coordination, independent living skills training, managed care premiums, residential care, specialized equipment/supplies, transitional services, and transportation. The waiver also includes an option for self-direction through the consumer directed community supports (CDCS) service.

### Waiver Type

1915(c) waiver operates concurrently with 1915(b) waiver for case management services

### Target Population-Eligibility

Individuals younger than 65 years old diagnosed with physical and other disabilities.

### Level of Care

Individuals require level of care available in a nursing facility (NF).

### Respite Services

Respite care services are short-term services provided to a participant due to the absence or need for relief of the family member(s) or primary caregiver, normally providing the care. In order to be considered a primary caregiver, the person must be principally responsible for the care and supervision of the participant, must maintain his/her primary residence at the same address as the participant, and must be named as the owner or lessee of the primary residence. Respite may be provided in the following settings: participant’s home or place of residence; foster care home; Medicaid certified hospital; Medicaid certified nursing facility; day care centers or homes licensed to provide day care; and camps. Federal Financial Participation (FFP) will not be claimed for the cost of room and board except when provided as part of respite care furnished in a facility.

*Out-of-home respite* care must be provided in a setting approved by the lead agency.

*In-home respite* care shall only be provided by a nurse, home health aide, or personal care assistant in accordance with their scope of practice standards and under the supervision required by their respective license or service standard.

In the event of a community emergency or disaster that required an emergency need to relocate a participant, out-of-home respite services may be provided whether or not the primary caregiver resides at the same address as the participant, and whether the primary caregiver is paid or unpaid, provided the commissioner approves the request as a necessary expenditure related to the emergency or disaster. Other limitations on this service may be waived by the commissioner, as necessary, in order to ensure that necessary expenditures related to protecting the health and safety of participants are reimbursed. In the event of an emergency involving the relocation of waiver participants, the Commissioner may approve the provision of respite services by unlicensed providers on a short-term, temporary basis. Respite care is limited to 30 consecutive days per respite stay.

### Respite Provider Eligibility

For provider eligibility information go to the Minnesota Department of Human Services website: [http://mn.gov/dhs/partners-and-providers/](http://mn.gov/dhs/partners-and-providers/).

### Caregiver Eligibility

Respite may not be provided by a relative, legal guardian or legally responsible person.
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<th>Enrollment Limit</th>
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<tr>
<td>How to Apply</td>
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<tr>
<td>Contact Information</td>
<td>If you have questions about what services are covered under a program, contact your local county agency or tribe (PDF) at <a href="https://edocs.dhs.state.mn.us/lfserver/Public/DHS-0005-ENG">https://edocs.dhs.state.mn.us/lfserver/Public/DHS-0005-ENG</a> or call the Minnesota Health Care Programs Member Helpdesk at 651-431-2670 or 800-657-3739.</td>
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<td>Link to Waiver Application</td>
<td>Link to application not available.</td>
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<tr>
<td>Expiration Date</td>
<td>09/30/2015</td>
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<tr>
<td>Date of Last Update</td>
<td>09/17/2015</td>
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</tbody>
</table>
**Developmental Disabilities (DD) Waiver (0061.R06.00)**

**State Operating Agency:** Disability Services Division, Continuing Care Administration

<table>
<thead>
<tr>
<th>Description</th>
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<tr>
<td>This waiver program provides supports for individuals who are at risk of the level of care provided in an intermediate care facility for persons with developmental disabilities. Waiver services include adult day care, caregiver living expenses, case management, day training and habilitation, homemaker, prevocational, residential habilitation, respite, supported employment, extended personal care assistance, 24-hr emergency assistance, adult day care bath, assistive technology, chore, consumer directed community supports-environmental modifications and provisions, consumer directed community supports-personal assistance, consumer directed community supports-self-direction support activities, consumer directed community supports-treatment and training, crisis respite, environmental accessibility adaptations, family training and counseling, home delivered meals, housing access coordination, personal support, specialist services, transitional services, and transportation. The waiver also includes an option for self-direction through the consumer directed community supports (CDCS) service.</td>
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<table>
<thead>
<tr>
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<tr>
<td>1915(c) waiver operates concurrently with 1915(b) waiver for case management services</td>
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<table>
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<tr>
<th>Target Population-Eligibility</th>
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<tbody>
<tr>
<td>Individuals diagnosed with intellectual and developmental disabilities with no age restrictions.</td>
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<thead>
<tr>
<th>Level of Care</th>
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<tbody>
<tr>
<td>Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).</td>
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<thead>
<tr>
<th>Respite Services</th>
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<tbody>
<tr>
<td>Respite care services are short-term services provided to a participant due to the absence or need for relief of the family member(s) or primary caregiver, normally providing the care. In order to be considered a primary caregiver, the person must be principally responsible for the care and supervision of the participant, must maintain his/her primary residence at the same address as the participant, and must be named as an owner or lessee of the primary residence. Respite may be provided in the following settings: participant’s home or place of residence; foster care home; Medicaid certified hospitals; day care centers or homes licensed to provide day care; home of an unlicensed caregiver when the lead agency and family agree that the caregiver is able to meet the participant’s health and safety needs. Out-of-home respite care must be provided in a setting approved by the lead agency. The amount and location of respite care will be based on the participant’s needs and include day and overnight services. Federal Financial Participation (FFP) will not be claimed for the cost of room and board except when provided as part of respite care furnished in a facility. Room and board payments will not be made for respite care provided in the participant’s home, participant’s family home, or in an unlicensed private residence. In the event of a community emergency or disaster that required an emergency need to relocate a participant, out-of-home respite services may be provided whether or not the primary caregiver resides at the same address as the participant, and whether the primary caregiver is paid or unpaid, provided the commissioner approves the request as a necessary expenditure related to the emergency or disaster. Other limitations on this service may be waived by the commissioner, as necessary; in order to ensure that necessary expenditures related to protecting the health and safety of participants are reimbursed. In the event of an emergency involving the relocation of waiver participants, the Commissioner may approve the provision of respite services by unlicensed providers on a short-term, temporary basis. Respite care is limited to 30 consecutive days per respite stay.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Respite Provider Eligibility</th>
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</thead>
<tbody>
<tr>
<td>For provider eligibility information go to the Minnesota Department of Human Services website: <a href="http://mn.gov/dhs/partners-and-providers/">http://mn.gov/dhs/partners-and-providers/</a></td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Caregiver Eligibility</th>
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<tbody>
<tr>
<td>Respite may not be provided by a relative, legal guardian or legally responsible person.</td>
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<table>
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<tr>
<th>Enrollment Limit</th>
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<tbody>
<tr>
<td>17,374: Year ending 06/30/2016</td>
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</table>
### How to Apply
You can apply for this waiver at your local county agency or tribe [https://edocs.dhs.state.mn.us/lfserver/Public/DHS-0005-ENG](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-0005-ENG) (PDF).

### Contact Information
Reference the Developmental Disabilities Waiver fact sheet: [https://edocs.dhs.state.mn.us/lfserver/Public/DHS-5713-ENG](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-5713-ENG) or if you have questions about what services are covered under a program, contact your local county agency or tribe (PDF) at [https://edocs.dhs.state.mn.us/lfserver/Public/DHS-0005-ENG](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-0005-ENG) or call the Minnesota Health Care Programs Member Helpdesk at 651-431-2670 or 800-657-3739.

### Link to Waiver Application
Link to application not available.

### Expiration Date
06/30/2017

### Date of Last Update
09/17/2015
Managed Care 1915(b) and/or Home and Community-Based 1915(c) Waivers for Respite Support

Medicaid is a program in every state that pays for medical assistance for certain individuals and families with low incomes and resources. It is the largest source of funding for medical and health-related services for America's poorest people. Because Medicaid is funded jointly by the federal and state governments, the services paid for vary from state to state. In addition to medical services, Medicaid will pay for home and community-based services (HCBS) through the state plan as well as through Medicaid waivers that offer services as a lower-cost alternative to treatment in a medical or long term care facility, such as a nursing home. Respite is usually paid for through one or more of the following types of waivers: research and demonstration (1115), managed care (1915b) and HCBS (1915c) waiver programs. This state’s Medicaid waivers that include respite are:

**MS Elderly and Disabled**

Provides adult day care, case management, in-home respite, personal care, extended home health, home delivered meals, institutional respite care, physical therapy, speech therapy, and transition assistance for individuals 65 years and older or ages 21 – 64 diagnosed as physically disabled.

**MS Intellectual Disabilities/DD**

Provides day services-adults, in-home nursing respite, prevocational, supervised living, support coordination, supported employment, supported living, specialized medical supplies, therapy services, behavior support, community respite, crisis intervention, crisis support, home and community supports, host home, job discovery, and transition assistance for individuals diagnosed with autism, developmental disability, and intellectual disability with no age restrictions.

**MS TBI/Spinal Cord Injury**

Provides case management, personal care attendant, respite, environmental accessibility adaptations, specialized medical equipment and supplies, and transition assistance services for individuals diagnosed with a brain injury or physical disability with no age restrictions.

**MS PRTF Application**

Provides case management, respite, and wraparound for individuals 21 years old or younger diagnosed with a serious emotional disturbance (SED) or between the ages of 18-21 diagnosed with a mental illness.
**Elderly and Disabled Waiver (0272.R04.00)**

**State Operating Agency:** Long Term Care, Division of Elderly and Disabled Waiver Program

**Description**
The goal of the waiver is to provide the highest quality of care possible to assure the waiver participants can attain and maintain life in a home and community-based setting. If not for the services provided by this waiver, the participants would otherwise be institutionalized. The State has case management agencies that serve as the primary point of entry into the E&D Waiver. Under a provider agreement with DOM, the case management agencies are responsible for case management services for all E&D Waiver participants. The main objective of case management is continuity of care. Case management provides the comprehensive assessment by which a waiver participant’s needs, preferences and goals for services are determined and arranges for those services in an organized and coordinated manner. Periodic monitoring and reevaluation of the individualized service plan is also performed by the case management agency. This waiver provides adult day care, case management, in-home respite, personal care, extended home health, home delivered meals, institutional respite care, physical therapy, speech therapy, and transition assistance.

**Waiver Type**
1915(c)

**Target Population-Eligibility**
Individuals 65 years and older or ages 21 – 64 diagnosed as physically disabled.

**Level of Care**
Individuals require level of care available in a nursing facility (NF).

**Respite Services**
In-home respite services are provided to individuals unable to care for themselves, furnished on a short-term basis because of the absence or need for relief of those person's normally providing the care. Respite service is non-medical care and supervision provided to the participant in the absence of the client’s primary full-time, live-in caregiver/caregivers on a short-term basis. Services are to assist the caregiver/caregivers during a crisis situation and/or as scheduled relief to the primary caregiver/caregivers to prevent, delay or avoid premature institutionalization of the participant. **In-home respite services** are provided in the home of the participant. The participant must be homebound due to physical or mental impairments where they are normally unable to leave home unassisted, require 24 hour assistance of the caregiver, and unable to be left alone and unattended for any period of time.

**Institutional Respite Services** are services provided to participants who are unable to care for themselves and because of the absence or need for relief of those persons normally providing this care. Respite will be approved for no more than sixty (60) hours per month to any participant. Services can be used for up to thirty calendar days per fiscal year. The days do not have to be taken concurrently.

**Respite Provider Eligibility**
For Provider eligibility information go to the Mississippi Division of Medicaid website: [http://www.medicaid.ms.gov/providers/](http://www.medicaid.ms.gov/providers/)

**Caregiver Eligibility**
Neither In-home nor institutional respite may not be provided by relative, legal guardian or legally responsible person.

**Enrollment Limit**
20,500: Year ending 06/30/2016

**How to Apply**
If you have questions about eligibility or if you want to apply for Medicaid, call toll-free 1-800-421-2408 or contact your nearest Regional Office which you can find on the following website:

**Contact Information**
For more information about the Elderly and Disabled (E&D) Waiver contact the Division of Medicaid Long Term Care at: Office of the Governor, Division of Medicaid, Bureau of Long Term Care, 550 High Street, Walter Sillers Building, Suite 1000, Jackson, Mississippi 39201-1399
Or Phone: 1-800-421-2408, or 1-601-359-6141
<table>
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<tbody>
<tr>
<td><strong>Expiration Date</strong></td>
<td>06/30/2017</td>
</tr>
<tr>
<td><strong>Date of Last Update</strong></td>
<td>09/17/2015</td>
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</tbody>
</table>
### Intellectual Disabilities/DD Waiver (0282.R04.00)

**State Operating Agency:** Department of Mental Health (DMH), Bureau of Intellectual and Developmental Disabilities (BIDD), Division of HCBS

#### Description
This waiver provides access to meaningful and necessary home and community-based services and supports; to provide services in a culturally competent, person-centered manner; to provide services and supports that facilitate an individual living as independently as possible in his/her community including the facilitation of social relationships and work. This waiver provides day services-adults, in-home nursing respite, prevocational, supervised living, support coordination, supported employment, supported living, specialized medical supplies, therapy services, behavior support, community respite, crisis intervention, crisis support, home and community supports, host home, job discovery, and transition assistance for individuals diagnosed with autism, developmental disability, and intellectual disability with no age restrictions. Services are available statewide without regard to age.

<table>
<thead>
<tr>
<th>Waiver Type</th>
<th>1915(c)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target Population-Eligibility</strong></td>
<td>Individuals diagnosed with autism, developmental disability, and intellectual disability with no age restrictions.</td>
</tr>
<tr>
<td><strong>Level of Care</strong></td>
<td>Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).</td>
</tr>
<tr>
<td><strong>Respite Services</strong></td>
<td>In-Home Nursing Respite is provided by a registered or licensed practical nurse. In-Home Nursing Respite provides temporary, periodic relief to those persons normally providing care for the eligible individual. In-Home Nursing Respite staff provides all the necessary care the usual caregiver would provide during the same time period. In-Home Nursing Respite may also be provided when the usual caregiver is unexpectedly absent or incapacitated due to hospitalization, illness, injury or upon their death, depending on individual circumstances. The nurse may accompany the individual on short outings. In-Home Nursing Respite is provided to individuals who are unable to care for themselves in the absence or need for relief of the primary caregiver. In-Home Nursing Respite is provided in the individual’s family home. In-Home Nursing Respite is not available for people who receive Supported Living, Supervised Living, Host Home services, or who live in any other type of staffed residence. In-Home Nursing Respite is not available to individuals who are in the hospital, an ICF/MR, nursing home, or other type of rehabilitation facility. Private Duty Nursing through EPSDT must be carefully coordinated with waiver services and be closely monitored to ensure EPSDT services are exhausted before waiver services are utilized. Community Respite is provided in a community setting (DMH certified site which is not a private residence) and is designed to provide caregivers an avenue of receiving respite while the individual is in a setting other than his/her home. Community Respite is designed to provide caregivers a break from constant care giving and provide the individual with a place to go which has scheduled activities to address individual preferences/requirements and also provides for the health and socialization needs of the individual. Community Respite services are generally provided in the afternoon, early evening, and on weekends. The Community Respite provider must assist the individual with toileting and other hygiene needs. Individuals must be offered and provided choices about snacks and drinks. There must be meals available if Community Respite is provided during a normal meal time such as breakfast, lunch or dinner. Community Respite is not used in place of regularly scheduled day activities such as Supported Employment, Day Services-Adult, Prevocational Services or services provided through the school system. Individuals who receive Host Home services, Supervised Living, and Supported Living cannot receive Community Respite. Community Respite cannot be provided overnight.</td>
</tr>
<tr>
<td>Respite Provider Eligibility</td>
<td>For Provider eligibility information go to the Mississippi Division of Medicaid website: <a href="http://www.medicaid.ms.gov/providers/">http://www.medicaid.ms.gov/providers/</a></td>
</tr>
<tr>
<td>Caregiver Eligibility</td>
<td>Both respite services may not be provided by a relative, legal guardian or legally responsible person.</td>
</tr>
</tbody>
</table>

**Medicaid Waivers for Respite Support – 2015-16**
ARCH National Respite Network and Resource Center | www.archrespite.org
Enrollment Limit 2700: Year ending 06/30/2016

How to Apply If you have questions about eligibility or if you want to apply for Medicaid, call toll-free: 1-800-421-2408 or contact your nearest Regional Office.

Contact Information For more information about the program, you can contact the: Bureau of Intellectual and Developmental Disabilities (BIDD), Division of HCBS, Department of Mental Health, Robert E. Lee Building, Suite 1101, 239 N. Lamar Street, Jackson, Mississippi 39201 or Phone: 1-877-210-8513 or 1-601-359-1288
You may also contact the Division of Medicaid at: 1-800-421-2408 or 601-359-9545


Expiration Date 06/30/2018

Date of Last Update 09/17/2015
### Traumatic Brain Injury (TBI)/Spinal Cord Injury Waiver (0366.R02.00)

**State Operating Agency:** Mississippi Department Rehabilitation Services (MDRS)

**Description**
This waiver strives to identify the needs of the dependent participant and provide services in the most cost efficient manner possible with the highest quality of care and without the need for institutionalization. This is accomplished through the utilization of a comprehensive Long Term Support Services (LTSS) assessment process that provides a No Wrong Door entry concept for individuals seeking long term care services and is designed to fill two primary functions: 1) determine eligibility for Medicaid long term care across both institutional and HCBS settings; and 2) facilitate informed choices by persons applying for services. The services provided under the TBI/SCI Waiver are case management, personal care attendant service, environmental accessibility adaptation, specialized medical equipment and supplies, respite, and transition assistance.

**Waiver Type**
1915(c) waiver operates concurrently with 1915(b) waiver for case management services

**Target Population-Eligibility**
Individuals diagnosed with a traumatic brain injury or spinal cord injury with no age restrictions.

**Level of Care**
Individuals require level of care available in a nursing facility (NF).

**Respite Services**
Respite services are provided to individuals unable to care for themselves; furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care.
- In-home Companion Respite - 288 hours per year allowed.
- In-home Nursing Respite - 288 hours per year allowed.
- Institutional Respite - 720 hours per year allowed.

**Respite Provider Eligibility**
For Provider eligibility information go to the Mississippi Division of Medicaid website: [http://www.medicaid.ms.gov/providers/](http://www.medicaid.ms.gov/providers/)

**Caregiver Eligibility**
In-home Companion Respite, In-home Nursing Respite, and Institutional Respite may not be provided by a relative, legal guardian or legally responsible person.

**Enrollment Limit**
2400: Year ending 06/30/2016

**How to Apply**
Anyone who is eligible to receive services under this waiver must first be approved through the Division of Medicaid. To begin the application process contact the Division of Medicaid Long Term Care at:
Office of the Governor, Division of Medicaid, Bureau of Long Term Care, 550 High Street, Walter Sillers Building, Suite 1000, Jackson, Mississippi 39201-1399
Or Phone: 1-800-421-2408, 1-601-359-6141

**Contact Information**
For more information contact the Division of Medicaid Long Term Care at: Office of the Governor, Division of Medicaid, Bureau of Long Term Care, 550 High Street, Walter Sillers Building, Suite 1000, Jackson, Mississippi 39201-1399
Or Phone: 1-800-421-2408, 1-601-359-6141
You may also contact the Department of Rehabilitation Services at 1-800-443-1000.

**Link to Waiver Application**

**Expiration Date**
06/30/2020

**Date of Last Update**
09/17/2015
### Psychiatric Residential Treatment Facility (PRTF) Application (01.R02.00)

**State Operating Agency:** Division of Medicaid, Bureau of Mental Health Programs

<table>
<thead>
<tr>
<th>Description</th>
<th>The purpose of this waiver is to continue serving active participants in the CA-PRTF Demonstration Waiver. The goal is to provide waiver services at the home and community level for participants who meet the level of care for PRTF and who would otherwise be receiving services in a PRTF. This waiver provides case management, respite, and wraparound for individuals 21 years old or younger diagnosed with a serious emotional disturbance (SED) or between the ages of 18-21 diagnosed with a mental illness. The waiver will provide for transition for those who age out of the program and for those who complete treatment.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiver Type</td>
<td>1915(c)</td>
</tr>
<tr>
<td>Target Population-Eligibility</td>
<td>Individuals 21 years old or younger diagnosed with a serious emotional disturbance (SED) or between the ages of 18-21 diagnosed with a mental illness.</td>
</tr>
<tr>
<td>Level of Care</td>
<td>Individuals require level of care available in a Psychiatric Residential Treatment Facility (PRTF). [PRTF 1915(c) Waiver Only]</td>
</tr>
<tr>
<td>Respite Services</td>
<td>Respite is defined as services provided to participants unable to care for themselves that are furnished on a short-term basis because of the absence or need for relief of those persons who normally provide care for the participant. MS will provide in-home respite as a service defined under wraparound. Respite as a direct service will be out-of-home Respite in either a PRTF or an acute psychiatric unit of a hospital. Federal Financial Participation (FFP) will be claimed for room and board when respite is provided in these locations. Respite in a PRTF or acute psychiatric unit of a hospital will be limited to 29 consecutive days per episode and 45 days per State fiscal year. The 29 consecutive days and 45 days per fiscal year limit may be met with a combination of PRTF Respite and Acute Psych Respite.</td>
</tr>
<tr>
<td>Respite Provider Eligibility</td>
<td>For Provider eligibility information go to the Mississippi Division of Medicaid website: [<a href="http://www.medicaid.ms.gov/providers/">http://www.medicaid.ms.gov/providers/</a>]</td>
</tr>
<tr>
<td>Caregiver Eligibility</td>
<td>Respite may not be provided by a relative, legal guardian or a legally responsible person.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>1: Year ending 09/30/2016</td>
</tr>
<tr>
<td>How to Apply</td>
<td>The PRTF Waiver is not open to new enrollees. Under this PRTF Waiver, participants will receive the same services previously offered in the CA-PRTF Demonstration Waiver. Active enrollees who continue to meet functional and financial criteria may remain in the waiver until they complete treatment or turn 22.</td>
</tr>
<tr>
<td>Contact Information</td>
<td>For more information contact the Division of Medicaid Long Term Care at: Office of the Governor, Division of Medicaid, Bureau of Long Term Care, 550 High Street, Walter Sillers Building, Suite 1000, Jackson, Mississippi 39201-1399  Or Phone: 1-800-421-2408, 1-601-359-6141</td>
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<tr>
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<tr>
<td>Date of Last Update</td>
<td>09/17/2015</td>
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**MISSOURI**

**Missouri Department of Health and Senior Services**  
912 Wildwood Drive, P.O. Box 570, Jefferson City, Missouri 65102  

**Home and Community-Based 1915(c) Waivers for Respite Support**

Medicaid is a program in every state that pays for medical assistance for certain individuals and families with low incomes and resources. It is the largest source of funding for medical and health-related services for America’s poorest people. Because Medicaid is funded jointly by the federal and state governments, the services paid for vary from state to state. In addition to medical services, Medicaid will pay for home and community-based services (HCBS) through the state plan as well as through Medicaid waivers that offer services as a lower-cost alternative to treatment in a medical or long term care facility, such as a nursing home. Respite is usually paid for through one or more of the following types of waivers: research and demonstration (1115), managed care (1915b) and HCBS (1915c) waiver programs. This state’s Medicaid waivers that include respite are:

**MO Autism**
- Provides in-home respite, personal assistant, assistive technology, behavior analysis, community specialist services, environmental accessibility adaptations-vehicle modifications, out of home respite, person centered strategies consultation, professional assessment and monitoring, specialized medical equipment and supplies (adaptive equipment), support broker, and transportation for individuals, 3-18, diagnosed with autism.

**MO Children w/DD (MOCDD)**
- Provides home respite, personal assistant, assistive technology, behavior analysis services, community specialist, crisis intervention, environmental accessibility adaptations-home/vehicle modifications, independent living skills development, out of home respite, person centered strategies consultation, professional assessment and monitoring, specialized medical equipment & supplies (adaptive equipment), support broker, and transportation for children, age 17 and younger, diagnosed with intellectual and developmental disabilities.

**MO DD Comprehensive**
- Provides community employment, group home, in home respite, individualized supported living, job preparation, personal assistant, assistive technology, behavior analysis service, co-worker supports, communication skills instruction, community specialist, community transition, counseling, crisis intervention, environmental accessibility adaptations-home/vehicle modifications, host home, independent living skills development, job discovery, occupational therapy, out of home respite, person centered strategies consultation, physical therapy, professional assessment and monitoring, specialized medical equipment and supplies (adaptive equipment), speech therapy, support broker, and transportation for individuals diagnosed with intellectual and developmental disabilities with no age restrictions.

**MO Division of DD Community Support**
- Provides community employment, in home respite, job preparation, personal assistant, assistive technology, behavior analysis service, co-worker supports, communication skills instruction, community specialist services, counseling, crisis intervention, environmental accessibility adaptations-home/vehicle modifications, independent living skills development, job discovery, occupational therapy, out of home respite, person centered strategies consultation, physical therapy, professional assessment and monitoring, specialized medical equipment and supplies (adaptive equipment), speech therapy, support broker, and transportation for individuals diagnosed with intellectual and developmental disabilities with no age restrictions.

**MO Aged and Disabled**
- Provides adult day care, basic respite, homemaker, advanced block respite, advanced daily respite, advanced respite, basic block respite, chore, home delivered meals, and nurse respite for individuals ages 65 and older or individuals ages 63 and 64 diagnosed with a physical disability.

**MO Adult Day Care**
- Provides adult day care for individuals ages 18-63, diagnosed with physical and other disabilities.
Autism Waiver (0698.R01.00)
State Operating Agency: Missouri Department of Mental Health, Division of Developmental Disabilities

Description
This waiver provides services and supports to children diagnosed with autism spectrum disorder to enable them to remain at home with their families. Waiver services include in-home respite, personal assistant, assistive technology, behavior analysis, community specialist services, environmental accessibility adaptations-vehicle modifications, out of home respite, person centered strategies consultation, professional assessment and monitoring, specialized medical equipment and supplies (adaptive equipment), support broker, and transportation.

Waiver Type
1915(c)

Target Population-Eligibility
Individuals diagnosed with Autism Spectrum Disorder; Must live with his/her family in the community. The child must have behavioral and/or social or communication deficits that require supervision, that impact the ability of the child's family providing care in the home, and that interferes with the child participating in activities in the community. No later than 3 months in advance of the participant's 19th birthday, the participant will be reassessed to determine next steps.

Level of Care
Individuals require level of care available in an Intermediate Care Facility for Individuals with Developmental Disabilities (ICF/IID).

Respite Services
In-home respite care is provided to individuals unable to care for themselves, on a short-term basis, due to the absence or need for relief of those persons normally providing the care. To be eligible for in-home respite care, the persons who normally provide care must be other than formal, paid caregivers. This service is not delivered in lieu of day care for children nor does it take the place of day habilitation programming for adults. While usually provided on a one-to-one basis, in-home respite may include assisting up to three individuals at a time. The service is provided in the individual’s place of residence. If the service includes overnight care, it must be provided in the individual’s place of residence.

Out of home respite is care provided outside the home in a licensed, accredited or certified waiver residential facility, ICF/MR or State Habilitation Center by trained and qualified personnel for a period of no more than 60 days per year. The purpose of respite care is to provide planned relief to the customary caregiver and is not intended to be permanent placement. Federal Financial Participation (FFP) is not claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence.

Respite Provider Eligibility
Information on provider eligibility can be found by calling the DMS Interactive Voice Response System at 1-800-392-0938 or following the directions on the following website: http://dmh.mo.gov/dd/provider/eligibility.html

Caregiver Eligibility
Respite may not be provided by a relative, legal guardian or legally responsible person for both In-home Respite and Out of Home Respite.

Enrollment Limit
175: Year ending 06/30/2016.

How to Apply
To apply or seek more information contact your local Regional office which you can find on the following website: http://dmh.mo.gov/dd/facilities/index.html

Contact Information
Contact the Missouri Department of Mental Health, Division of Developmental Disabilities at (573) 751-4054, toll free 800-207-9329. Or contact the Office of Autism Services within the Developmental Disabilities Division at 573-526-3848.

Link to Waiver Application
http://dmh.mo.gov/docs/dd/cmsapprovedautismwaiverapp.pdf

Expiration Date
06/30/2017

Date of Last Update
09/17/2015
**Children w/Developmental Disabilities (MOCDD) Waiver (4185.R04.00)**

**State Operating Agency:** Missouri Department of Mental Health, Division of Developmental Disabilities

### Description

This waiver provides a community-based system of care for children with developmental disabilities that includes a comprehensive array of services that meets the individualized support needs of children to allow them to remain at home with their families rather than enter an institution, group home or other out of home care. Waiver services include home respite, personal assistant, assistive technology, behavior analysis services, community specialist, crisis intervention, environmental accessibility adaptations-home/vehicle modifications, independent living skills development, out of home respite, person centered strategies consultation, professional assessment and monitoring, specialized medical equipment & supplies (adaptive equipment), support broker, and transportation. Services delivery methods include both provider managed and self-directed.

### Waiver Type

1915(c)

### Target Population-Eligibility

Children diagnosed with intellectual or developmental disabilities who are less than 18 years old; must live at home and not in a group home residential placement or in custody of the state.

### Level of Care

Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID).

### Respite Services

In-home respite care is provided to individuals unable to care for themselves, on a short-term basis, because of the absence or need for relief of those persons normally providing the care. To be eligible for in-home respite care, the persons who normally provide care to the individual must be other than formal, paid caregivers. This service is not delivered in lieu of day care for children nor does it take the place of Independent Living Skills Development. While ordinarily provided on a one-to-one basis, in-home respite may include assisting up to three individuals at a time. The service is provided in the individual's place of residence including overnight respite care.

Out of home respite is provided in a licensed, accredited or certified waiver residential facility, ICF/ID or State Habilitation Center by trained and qualified personnel for a period of no more than 60 days per year. The need for this service has to be an identified need through the planning process which would include the individual, guardian if applicable, the primary caregiver, other family members, service coordinator, and any other parties the individual requests. The purpose of respite care is to provide planned relief to the usual caregiver and is not intended to be permanent placement.

### Respite Provider Eligibility

Information on provider eligibility can be found by calling the DMS Interactive Voice Response System at 1-800-392-0938 or following the directions on the following website: [http://dmh.mo.gov/dd/provider/eligibility.html](http://dmh.mo.gov/dd/provider/eligibility.html)

### Caregiver Eligibility

Respite may not be provided by a relative, legal guardian or legally responsible person for both In-Home Respite and Out of Home Respite.

### Enrollment Limit

366: Year ending 09/30/2016

### How to Apply

To apply or seek more information contact your local Regional office which you can find on the following website: [http://dmh.mo.gov/dd/facilities/index.html](http://dmh.mo.gov/dd/facilities/index.html)

### Contact Information

Contact the Missouri Department of Mental Health, Division of Developmental Disabilities at (573) 751-4054, toll free 800-207-9329.

### Link to Waiver Application

[http://dmh.mo.gov/docs/dd/cmsapprovedmocddwaiverapp.pdf](http://dmh.mo.gov/docs/dd/cmsapprovedmocddwaiverapp.pdf)

### Expiration Date

09/30/2018

### Date of Last Update

09/17/2015
DD Comprehensive Waiver (0178.R05.00)

State Operating Agency: Missouri Department of Mental Health, Division of Developmental Disabilities

Description
This waiver provides a community-based system of care for individuals who have mental retardation and developmental disabilities and includes a comprehensive array of services that meets the individualized support needs of individuals in a community setting. Waiver services include community employment, group home, in home respite, individualized supported living, job preparation, personal assistant, assistive technology, behavior analysis service, co-worker supports, communication skills instruction, community specialist, community transition, counseling, crisis intervention, environmental accessibility adaptations-home/vehicle modifications, host home, independent living skills development, job discovery, occupational therapy, out of home respite, person centered strategies consultation, physical therapy, professional assessment and monitoring, specialized medical equipment and supplies (adaptive equipment), speech therapy, support broker, and transportation.

Service delivery methods include provider-managed for all waiver services and a self-directed option for personal assistant, community specialist, and support broker services.

Waiver Type
1915(c)

Target Population-Eligibility
Individuals of any age diagnosed with developmental or intellectual disabilities.

Level of Care
Individuals require level of care available in an Intermediate Care Facility for the Mentally Retarded (ICF/MR).

Respite Services
In-home respite care is provided to individuals unable to care for themselves, on a short-term basis, because of the absence or need for relief of those persons normally providing the care. To be eligible for in-home respite care, the persons who normally provide care to the individual must be other than formal, paid caregivers. This service is not delivered in lieu of day care for children nor does it take the place of day habilitation programming for adults. While ordinarily provided on a one-to-one basis, in-home respite may include assisting up to three individuals at a time. The service is provided in the individual’s place of residence. If the service includes overnight care, it must be provided in the individual’s place of residence.

Out of home respite is care provided outside the home in a licensed, accredited or certified waiver residential facility, ICF/MR or State Habilitation Center by trained and qualified personnel for a period of no more than 60 days per year. The need for this service has to be an identified need through the planning process which would include the individual, guardian if applicable, the primary caregiver, other family members, service coordinator, and any other parties the individual requests. The purpose of respite care is to provide planned relief to the customary caregiver and is not intended to be permanent placement. Federal Financial participation (FFP) is not claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence.

Respite Provider Eligibility
Information on provider eligibility can be found by calling the DMS Interactive Voice Response System at 1-800-392-0938 or following the directions on the following website: http://dmh.mo.gov/dd/provider/eligibility.html

Caregiver Eligibility
Respite may not be provided by a relative, legal guardian or legally responsible person in both In Home respite and Out of Home respite.

Enrollment Limit
8782: Year ending 06/30/2016

How to Apply
To apply or seek more information contact your local Regional office which you can find on the following website: http://dmh.mo.gov/dd/facilities/index.html
<table>
<thead>
<tr>
<th>Contact Information</th>
<th>Contact the Missouri Department of Mental Health, Division of Developmental Disabilities at (573) 751-4054, toll free 800-207-9329.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Link to Waiver Application</td>
<td><a href="http://dmh.mo.gov/docs/dd/cmsapprovedcompwaiverapp.pdf">http://dmh.mo.gov/docs/dd/cmsapprovedcompwaiverapp.pdf</a></td>
</tr>
<tr>
<td>Expiration Date</td>
<td>06/30/2016</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>09/17/2015</td>
</tr>
</tbody>
</table>
Description

This waiver provides a community-based system of care for individuals who have mental retardation and developmental disabilities that includes an array of services that meets the individualized support needs of individuals who have a place to live in the community (usually with family), but require other support services in order to remain in that living arrangement. Waiver services include community employment, in home respite, job preparation, personal assistant, assistive technology, behavior analysis service, co-worker supports, communication skills instruction, community specialist services, counseling, crisis intervention, environmental accessibility adaptations-home/vehicle modifications, independent living skills development, job discovery, occupational therapy, out of home respite, person centered strategies consultation, physical therapy, professional assessment and monitoring, specialized medical equipment and supplies (adaptive equipment), speech therapy, support broker, and transportation. Service delivery methods in this waiver include provider-managed (for all waiver services). There is a self-directed option for personal assistant, community specialist, and support broker.

Waiver Type 1915(c)

Target Population - Eligibility

Individuals of any age diagnosed with intellectual or developmental disabilities; Must have a place to live in the community, typically with family.

Level of Care

Individuals require level of care available in an Intermediate Care Facility for the Mentally Retarded (ICF/MR).

Respite Services

In-home respite care is provided to individuals unable to care for themselves, on a short-term basis, because of the absence or need for relief of those persons normally providing the care. To be eligible for in-home respite care, the persons who normally provide care to the individual must be other than formal, paid caregivers. This service is not delivered in lieu of day care for children nor does it take the place of day habilitation programming for adults. While ordinarily provided on a one-to-one basis, in-home respite may include assisting up to three individuals at a time. The service is provided in the individual’s place of residence. If the service includes overnight care, it must be provided in the individual’s place of residence.

Out of home respite is care provided outside the home in a licensed, accredited or certified waiver residential facility, ICF/MR or State Habilitation Center by trained and qualified personnel for a period of no more than 60 days per year. The need for this service has to be an identified need through the planning process which would include the individual, guardian if applicable, the primary caregiver, other family members, service coordinator, and any other parties the individual requests. The purpose of respite care is to provide planned relief to the customary caregiver and is not intended to be permanent placement. If the needs of the individual exceed the Community Support Waiver annual cap or the individual’s plan identifies an ongoing need for out of home services then the planning team would work to transition the individual to the Comprehensive DD waiver to meet their needs. Federal Financial Participation (FFP) is not claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence.

Respite Provider Eligibility

Information on provider eligibility can be found by calling the DMS Interactive Voice Response System at 1-800-392-0938 or following the directions on the following website: http://dmh.mo.gov/dd/provider/eligibility.html

Caregiver Eligibility

Respite may not be provided by a relative, legal guardian or legally responsible person for both In-Home respite and Out of Home respite.

Enrollment Limit

2054 : Year ending 06/30/2016
<table>
<thead>
<tr>
<th><strong>How to Apply</strong></th>
<th>To apply or seek more information contact your local Regional office which you can find on the following website: <a href="http://dmh.mo.gov/dd/facilities/index.html">http://dmh.mo.gov/dd/facilities/index.html</a></th>
</tr>
</thead>
<tbody>
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<td><strong>Contact Information</strong></td>
<td>Contact the Missouri Department of Mental Health, Division of Developmental Disabilities at (573) 751-4054, toll free 800-207-9329.</td>
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<td><strong>Link to Waiver Application</strong></td>
<td><a href="http://dmh.mo.gov/docs/dd/cmsapprovedcswapp.pdf">http://dmh.mo.gov/docs/dd/cmsapprovedcswapp.pdf</a></td>
</tr>
<tr>
<td><strong>Expiration Date</strong></td>
<td>06/30/2016</td>
</tr>
<tr>
<td><strong>Date of Last Update</strong></td>
<td>09/17/2015</td>
</tr>
</tbody>
</table>
**Aged and Disabled Waiver (0026.R07.00)**

**State Operating Agency:** Department of Health and Senior Services (DHSS), Division of Senior and Disability Services (DSDS)

<table>
<thead>
<tr>
<th>Description</th>
<th>This waiver provides a community-based system of care/services for aged individuals (65 and older) and individuals 63 and 64 years of age who have physical disabilities who live and wish to continue living independently in their or their family’s homes and to continue to enjoy the amenities available in their communities. Waiver services include adult day care, basic respite, homemaker, advanced block respite, advanced daily respite, advanced respite, basic block respite, chore, home delivered meals, and nurse respite.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiver Type</td>
<td>1915(c)</td>
</tr>
<tr>
<td>Target Population-Eligibility</td>
<td>Individuals age 65 and older and individuals 63 and 64 years old diagnosed as physically disabled</td>
</tr>
<tr>
<td>Level of Care</td>
<td>Individuals require level of care available in a nursing facility (NF).</td>
</tr>
<tr>
<td>Respite Services</td>
<td>Basic respite care services are maintenance and supervisory services provided to a participant with nonskilled needs in that individual's home because of the absence or need for relief of those persons who normally provide care for the participant. This service encompasses all the needs of a participant that might come up during the service provision that fall under supervision, companionship and direct client assistance, all the services that are required to maintain the participant in his/her home. Federal financial participation is not claimed for the cost of room and board within this service. Basic Respite is provided in 15-minute units and shall not exceed 32 units (equal to 8 hours) in any one 24-hour period. Basic Respite cannot overlap with any of the other respites that can be authorized. Advanced respite care services are maintenance and supervisory services provided to a participant with nonskilled needs that require specialized training in that individual's home because of the absence or need for relief of those persons who normally provide care for the participant. This service encompasses all the needs of a participant that might come up during the service provision that fall under supervision, companionship and direct client assistance, all the services that are required to maintain the participant in his/her home. Federal financial participation is not claimed for the cost of room and board within this service. Advanced Block Respite is provided in a block of 6-8 continuous hours and shall not exceed 2 units in any one 24-hour period. Participants appropriate for Advanced Respite care include, but are not limited to: (1) participants who are essentially bedfast, and require specialized care; (2) participants who have behavior disorders resulting in disruptive behavior especially due to Alzheimer’s disease which requires close monitoring; (3) participants who have health problems requiring manual assistance with oral medications; and(4) participants who have special monitoring and assistance needs due to swallowing problems. Advanced Block Respite cannot overlap with any of the other respites that can be authorized. Nurse respite care services are maintenance and supervisory services provided to a participant with skilled needs in that individual's home or private place of residence because of the absence or need for relief of those persons who normally provide care for the participant. This service encompasses all the needs of a participant that might come up during the service provision that fall under supervision, companionship and direct client assistance, all the services that are required to maintain the participant in his/her home. Federal financial participation is not claimed for the cost of room and board within this service. Nurse Respite is provided in blocks of 16 15-minute units (equal to 4 hours). Nurse Respite cannot overlap with any of the other respites that can be authorized.</td>
</tr>
<tr>
<td>Respite Provider Eligibility</td>
<td>Provider eligibility and information can be found on the following website: <a href="http://health.mo.gov/seniors/hcbs/">http://health.mo.gov/seniors/hcbs/</a></td>
</tr>
<tr>
<td>Caregiver Eligibility</td>
<td>Respite may not be provided by a relative, legal guardian or legally responsible person.</td>
</tr>
<tr>
<td><strong>Missouri</strong></td>
<td></td>
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<tr>
<td>-------------------</td>
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</tr>
<tr>
<td><strong>Enrollment Limit</strong></td>
<td>26,932: Year ending 06/30/2016</td>
</tr>
<tr>
<td><strong>How to Apply</strong></td>
<td>To apply, contact your local Area Agency on Aging which can be found here: <a href="http://health.mo.gov/seniors/pdf/AAARegion.pdf">http://health.mo.gov/seniors/pdf/AAARegion.pdf</a></td>
</tr>
</tbody>
</table>
| **Contact Information** | Contact the Missouri Division of Senior and Disability Services  
Area Agencies on Aging, Missouri Department of Health and Senior Services  
PO Box 570, Jefferson City, MO 65102  
Telephone: 573-526-4542  
Email: info@health.mo.gov |
| **Link to Waiver Application** | Link to application not available. |
| **Expiration Date** | 06/30/2018 |
| **Date of Last Update** | 09/17/2015 |
Adult Day Care Waiver (1021.R00.00)

State Operating Agency: The Department of Health and Senior Services (DHSS), Division of Senior and Disability Services (DSDS)

Description
This waiver is meant to 1) provide the targeted group of individual's choice between nursing facility institutional care and adult day care so they may remain in the community if they choose, and 2) maintain and improve a community-based system of care that diverts individuals from institutional care and residential care. It provides adult day care for individuals (ages 18-63) diagnosed with physical and other disabilities who live and wish to continue living in their communities. DSDS staff prior authorized waiver services. Services are delivered through providers that are enrolled with MHD as an Adult Day Care Waiver (ADCW) provider. Waiver services are prior authorized and claims for reimbursement are filed directly with the Medicaid Management Information System (MMIS) fiscal agent for processing and payment. MHD reimburses enrolled waiver providers directly.

Waiver Type 1915(c)

Target Population-Eligibility
Individuals, ages 18-63, diagnosed with physical and other disabilities

Level of Care
Individuals require level of care available in a nursing facility (NF).

Adult Day Care Services
Adult day care is provided in a licensed adult day care setting. Services include but are not limited to assistance with activities of daily living, planned group activities, food services, client observation, skilled nursing services as specified in the plan of care, and transportation. Planned group activities include socialization, recreation and cultural activities that stimulate the individual and help the client maintain optimal functioning. The provider must arrange or provide transportation to the adult day care facility at no cost to the participant. Reimbursement will be made for up to 120 minutes per day of transportation that is related to transporting an individual to and from the Adult Day Care setting. Meals provided as part of adult day care shall not constitute a "full nutritional regimen" (3 meals per day). This service is provided for up to 10 hours per day for a maximum of 5 days per week of which no more than eight (8), 15 minute units per day can be related to transporting an individual to and from the adult day care setting.

Adult Day Care Provider Eligibility
To enroll or find out eligibility information go to: http://mmac.mo.gov/providers/provider-enrollment/home-and-community-based-services/adult-day-care-waiver-services/. For help, email: mmac.ihscontracts@dss.mo.gov.

Caregiver Eligibility
Adult day care may not be provided by a relative, legal guardian or legally responsible person.

Enrollment Limit
2000: Year ending 12/31/2015

How to Apply
To apply, contact your local Area Agency on Aging which can be found here: http://health.mo.gov/seniors/pdf/AAARegion.pdf

Contact Information
Department of Social Services, Missouri Medicaid Audit & Compliance (MMAC) can be reached by calling 573-522-8689.

Link to Waiver Application

Expiration Date
12/31/2015

Date of Last Update
09/17/2015
Managed Care 1915(b) and/or Home and Community-Based 1915(c) Waivers for Respite Support

Medicaid is a program in every state that pays for medical assistance for certain individuals and families with low incomes and resources. It is the largest source of funding for medical and health-related services for America’s poorest people. Because Medicaid is funded jointly by the federal and state governments, the services paid for vary from state to state. In addition to medical services, Medicaid will pay for home and community-based services (HCBS) through the state plan as well as through Medicaid waivers that offer services as a lower-cost alternative to treatment in a medical or long term care facility, such as a nursing home. Respite is usually paid for through one or more of the following types of waivers: research and demonstration (1115), managed care (1915b) and HCBS (1915c) waiver programs. This state’s Medicaid waivers that include respite are:

**MT Big Sky**

Provides adult day health, case management, day habilitation, homemaker, personal assistance, prevocational, residential habilitation, respite, supported employment, occupational therapy, physical therapy, respiratory therapy, speech therapy and audiology, financial management services, independence advisor, community supports, community transition, consultative clinical and therapeutic services, consumer goods and services, dietetic services, environmental accessibility adaptations, family training and support, health and wellness, homemaker chore, non-medical transportation, nutrition, pain and symptom management, Personal Emergency Response System, post-acute rehabilitation services, private duty nursing, senior companion, specialized child care for medically fragile children, specialized medical equipment and supplies, supported living, and vehicle modifications for individuals 65 years and older or less than 65 diagnosed with physical and other disabilities.

**MT Children’s Autism Waiver**

Provides children's autism training, respite, waiver funded children's case management, adaptive equipment/environmental modifications, occupational therapy, speech therapy, transportation, individual goods and services, and program design and monitoring for children, ages 1-4, diagnosed with autism.

**MT HCBW for Individuals w/DD**

Provides day supports and activities, homemaker, job discovery/job preparation, live-in caregiver, residential habilitation, respite, supported employment-follow along support, waiver-funded children's case management, occupational therapy, physical therapy, psychological services, speech therapy, supports brokerage, adult companion services, adult foster support, assisted living, behavioral support, caregiver training and support, community transition, environmental modifications/adaptive equipment, individual goods and services, meals, nutritionist, personal care, Personal Emergency Response System, personal supports, private duty nursing, remote monitoring equipment, remote monitoring, retirement services, supported employment-co-worker support, supported employment-individual employment support, supported employment-small group employment support, and transportation for individual diagnosed with intellectual or developmental disabilities with no age restrictions.

**MT HCB Waiver for Adults w/Severe Disabling Mental Illness**

Provides adult day health, case management, supported living, personal assistance and specially trained attendant care, habilitation and residential habilitation as a sub-category, homemaking, peer support, respite care, outpatient occupational therapy, consultative clinical and therapeutic services including extended mental health services, substance-use related disorder service, dietetic and nutrition services, nursing services, Personal Emergency Response Systems, specialized medical equipment and supplies, substance use related disorder services, non-medical transportation, community transition, pain and symptom management, environmental accessibility adaptations, and health and wellness which includes illness management and recovery and wellness recovery action plan for individuals 18 and older diagnosed with a mental illness.
**MT Supports for Community Work and Living**

Provides job discovery/job preparation, respite, supported employment-follow along support, supports brokerage, behavioral support services, environmental modifications/adaptive equipment, individual goods and services, meals, Personal Emergency Response System, personal supports, supported employment-co-worker supports, supported employment-individual employment support, supported employment-small group employment support, and transportation for individuals ages 16 and older diagnosed with intellectual or developmental disabilities.

**MT Bridge Waiver (PRTF) (05.R02.00)**

Provides respite care, caregiver peer-to-peer support, consultative clinical and therapeutic services, education and support services, family support specialist, in-home therapy, non-medical transportation, supplemental supportive services, and wraparound facilitation for children ages 6-17 diagnosed with a serious emotional disturbance (SED).
**Big Sky Waiver (0148.R05.00)**  
**State Operating Agency:** Community Services Bureau of the Senior and Long Term Care Division

**Description**  
The waiver provides a vast array of traditional, self-directed and participant directed services. Wavier services include adult day health, case management, day habilitation, homemaker, personal assistance, prevocational, residential habilitation, respite, supported employment, occupational therapy, physical therapy, respiratory therapy, speech therapy and audiology, financial management services, independence advisor, community supports, community transition, consultative clinical and therapeutic services, consumer goods and services, dietetic services, environmental accessibility adaptations, family training and support, health and wellness, homemaker chore, non-medical transportation, nutrition, pain and symptom management, Personal Emergency Response System, post-acute rehabilitation services, private duty nursing, senior companion, specialized child care for medically fragile children, specialized medical equipment and supplies, supported living, and vehicle modifications.

**Waiver Type**  
1915(c) operates concurrently with 1915(b)(4) to limit case management providers

**Target Population - Eligibility**  
Individuals 65 years and older or less than 65 diagnosed with physical and other disabilities.

**Level of Care**  
Individuals require level of care available in a nursing facility (NF).

**Respite Services**  
Respite care is temporary, short-term care provided to participants in need of supportive care to relieve those persons who normally provide the care. Respite care is only utilized to relieve a non-paid caregiver. Respite care may include payment for room and board in adult residential facilities, nursing homes, hospitals, group homes or residential hospice facilities. Respite care can be provided in the participant’s residence or by placing the participant in another private residence, adult residential setting or other community setting, hospital, residential hospice, group home, therapeutic camp for children or adults with disabilities or licensed nursing facility. When respite care is provided, the provision of other duplicative services under HCBS is precluded (e.g., Adult Day Care).

**Respite Provider Eligibility**  
For information on becoming a provider, go to the Montana DPHHS website, found here: [http://dphhs.mt.gov/Portals/85/amdd/documents/ProviderEnrollment.pdf](http://dphhs.mt.gov/Portals/85/amdd/documents/ProviderEnrollment.pdf)

**Caregiver Eligibility**  
Respite may be provided by a relative, legal guardian or a legally responsible person.

**Enrollment Limit**  
3200: Year ending 06/30/2016

**How to Apply**  
To make a referral for Home & Community-based Services contact the Mountain Pacific Quality Health Foundation at 1-800-219-7035. Eligibility specialists at your County Office of Public Assistance (OPA office) can determine Medicaid eligibility, found on the Montana DPHHS website: [http://dphhs.mt.gov/hcsd/OfficeofPublicAssistance.aspx](http://dphhs.mt.gov/hcsd/OfficeofPublicAssistance.aspx)

**Contact Information**  
Contact your Regional Program Officers for more information. These can be found here: [http://dphhs.mt.gov/SLTC/csb/RPO](http://dphhs.mt.gov/SLTC/csb/RPO)

**Link to Waiver Application**  

**Expiration Date**  
06/30/2016

**Date of Last Update**  
09/17/2015
Children’s Autism Waiver (0667.R01.00)
State Operating Agency: Department of Public Health and Human Services, Developmental Disabilities Program (DDP)

**Description**
This waiver serves young children who are diagnosed with Autism Spectrum Disorder. Services are designed to improve skills in receptive and expressive communication, social interaction and activities of daily living, while reducing the inappropriate or problematic behaviors often associated with autism, using training techniques based on applied behavioral analysis. Waiver services include case management, program design and monitoring, children’s autism training, respite, adaptive equipment/environmental modifications, occupational therapy, physical therapy, speech therapy, transportation, and individual goods and services. Self-directed options are available for respite and transportation services.

**Waiver Type**
1915(c)

**Target Population-Eligibility**
Children, ages 1-4, diagnosed with Autism Spectrum Disorder; Children may be enrolled between the ages of 15 months through their fourth birthday.

**Level of Care**
Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

**Respite Services**
Respite care includes any services (e.g., traditional respite hours, recreation or leisure activities for the recipient and care giver; summer camp) designed to meet the safety and daily care needs of the recipient and the needs of the recipient’s care giver in relation to reducing stress generated by the provision of constant care to the individual receiving waiver services. These services are selected in collaboration with the parents and are provided by persons chosen and trained by the family.

**Respite Provider Eligibility**
For information on Providers and Provider eligibility, go to the DDP Qualified Provider Process for Medicaid Waiver Services website: http://dphhs.mt.gov/dsd/developmentaldisabilities/DDPproviderprocess

**Caregiver Eligibility**
Respite may be provided by a relative but not by a legal guardian or legally responsible party.

**Enrollment Limit**
110: Year ending 12/31/2015

**How to Apply**
Eligible children will be placed on the waiver’s waiting list. To determine eligibility and have your child placed on the waiting list, contact your Regional Developmental Disabilities Program Office, found here: http://dphhs.mt.gov/dsd/developmentaldisabilities/DevelopmentalDisabilitiesRegionalOffices

Parents of children who qualify for the waiver must agree to follow through with assigned objectives as outlined in the plan of care as a precondition to enrollment and continued participation – this is a serious time commitment requiring heavy parental involvement.

**Contact Information**
Contact the Developmental Disabilities Program (DDP) at (406)-444-2995.

**Link to Waiver Application**
http://dphhs.mt.gov/dsd/developmentaldisabilities/DDPcawwaiver

**Expiration Date**
12/31/2016

**Date of Last Update**
09/17/2015
HCBW for Individuals with DD (0208.R05.00)
State Operating Agency: Department of Public Health and Human Services, Developmental Disabilities Program (DDP)

### Description
Waiver services include day supports and activities, homemaker, job discovery/job preparation, live-in caregiver, residential habilitation, respite, waiver-funded children's case management, occupational therapy, physical therapy, psychological services, speech therapy, supports brokerage, adult companion services, adult foster support, assisted living, behavioral support, caregiver training and support, community transition, environmental modifications/adaptive equipment, individual goods and services, meals, nutritionist, personal care, Personal Emergency Response System, personal supports, private duty nursing, remote monitoring equipment, remote monitoring, retirement services, supported employment-follow along support, supported employment-co-worker support, supported employment-individual employment support, supported employment-small group employment support, and transportation. Between the ages of 16 and 21, individuals may choose either State Plan adult targeted case management or waiver-funded children's case management. All persons aged 22 years and older receive State Plan Targeted Case Management (TCM).

### Waiver Type
1915(c)

### Target Population - Eligibility
Individuals diagnosed with intellectual or developmental disabilities with no age restrictions.

### Level of Care
Individuals require level of care available in an Intermediate Care Facility for the Mentally Retarded (ICF/MR).

### Respite Services
Respite care includes any services (e.g., traditional respite hours, recreation or leisure activities for the individual to enable the caregiver to remain at home for a break; summer camp) designed to meet the safety and daily care needs of the individual and the needs of the individual's care giver in relation to reducing stress generated by the provision of constant care to the individual receiving waiver services. These services are selected in collaboration with the parents and are provided by persons chosen and trained by the family. FFP (Federal Financial Participation) will not be claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence. Age appropriate licensed day care is a respite care option for persons of all ages. Respite may not replace routine childcare that a caregiver is responsible to provide.

### Respite Provider Eligibility
For information on Providers and Provider eligibility, go to the DDP Qualified Provider Process for Medicaid Waiver Services website: [http://dphhs.mt.gov/dsd/developmentaldisabilities/DDPproviderprocess](http://dphhs.mt.gov/dsd/developmentaldisabilities/DDPproviderprocess)

### Caregiver Eligibility
Respite may be provided by a relative or legal guardian but not by a legally responsible person.

### Enrollment Limit
2750: Year ending 06/30/2016

### How to Apply
Eligible individuals will be placed on the waiver’s waiting list. To be placed on the waiting list please contact your Developmental Disabilities Regional Office found here: [http://dphhs.mt.gov/dsd/developmentaldisabilities/DevelopmentalDisabilitiesRegionalOffices](http://dphhs.mt.gov/dsd/developmentaldisabilities/DevelopmentalDisabilitiesRegionalOffices)

### Contact Information
Contact the Developmental Disabilities Program (DDP) at (406)-444-2995.

### Link to Waiver Application

### Expiration Date
06/30/2018

### Date of Last Update
09/17/2015
HCB Waiver for Adults w/Severe Disabling Mental Illness (0455.R01.00)

State Operating Agency: Department of Public Health and Human Services, Addictive and Mental Disorders Division

Description
The Behavioral Health Waiver for Adults with Severe Disabling Mental Illness (SDMI Waiver) is designed to provide an individual with SDMI a choice of receiving long term care services in a community setting as an alternative to receiving long term care services in a nursing home setting. Waiver services include adult day health, case management, supported living, personal assistance, specially trained attendant care, habilitation and residential habilitation, homemaking, peer support, respite care, outpatient occupational therapy, consultative clinical and therapeutic services including extended mental health services, substance-use related disorder service, dietetic and nutrition services, nursing services, Personal Emergency Response Systems, specialized medical equipment and supplies, substance use related disorder services, non-medical transportation, community transition, pain and symptom management, environmental accessibility adaptations, and health and wellness which includes illness management and recovery and wellness recovery action plan.

Waiver Type
1915(c)

Target Population-Eligibility
This waiver provides services for individuals 18 and older diagnosed with a severe disabling mental illness. Services are provided in five geographical areas based on an urban core. Those areas are Yellowstone County (including counties of Big Horn, Carbon, Stillwater and Sweet Grass), Silver Bow County (including counties of Beaverhead, Deer Lodge, Granite, Powell, and southern Jefferson) and Cascade County (including counties of Blaine, Chouteau, Glacier, Hill, Liberty, Pondera, Phillips, Teton and Toole), Missoula County (including Ravalli), and Lewis and Clark County (including northern Jefferson County).

Level of Care
Individuals require level of care available in a nursing facility (NF).

Respite Services
Respite care is temporary, short-term care provided to consumers in need of supportive care to relieve those persons who normally provide the care. Respite care is only utilized to relieve a non-paid caregiver. Respite care may include payment for room and board in adult residential facilities, nursing homes, or group homes. Respite care can be provided in the participant's residence or by placing the participant in another private residence, adult residential setting or other community setting, group home, or licensed nursing facility. When respite care is provided, the provision of other duplicative services under the waiver is precluded (e.g., Adult Day Care). If a participant requires assistance with activities of daily living during the respite hours, a personal assistant should be used under State Plan or Home and Community-based Services Personal Assistance Services.

Respite Provider Eligibility
For information on becoming a provider, go to the Montana DPHHS website, found here: http://dphhs.mt.gov/Portals/85/amdd/documents/ProviderEnrollment.pdf

Caregiver Eligibility
Respite may not be provided by a relative, legal guardian or legally responsible person.

Enrollment Limit
225: Year ending 06/30/2016; renewal application pending.

How to Apply
To make a referral for Home & Community-based Services contact the Mountain Pacific Quality Health (MPQH) at 1-800-219-7035.

Contact Information
To contact AMDD: call (406)-444-3964 or for general questions or concerns email hhsamddemail@mt.gov

Link to Waiver Application
http://dphhs.mt.gov/SLTC/2016HCBSWaiverRenewal
Dphhs.met.gov/Portals/85/amdd/documents/Professional%20Persons/SMDI%20Behavioral%20Health%20Renewal%20Application%20712015.pdf

Expiration Date
06/30/2020-renewal application submitted and pending.

Date of Last Update
09/17/2015
**Supports for Community Work and Living (1037.R00.00)**

**State Operating Agency:** Developmental Disabilities Program (DDP), Department of Public Health and Human Services

**Description**

All persons aged 16 years and older receive State Plan Targeted Case Management (TCM). About 1/3 of these case managers are DDP employees. The rest are employees of corporations contracting with the DDP for the provision of case management services. This waiver offers participant directed services and supports intended to allow individuals to maximize their independence and choice. Waiver services include job discovery/job preparation, respite, supported employment-follow along support, supports brokerage, behavioral support services, environmental modifications/adaptive equipment, individual goods and services, meals, Personal Emergency Response System, personal supports, supported employment-co-worker supports, supported employment-individual employment support, supported employment-small group employment support, and transportation.

**Waiver Type**

1915(c)

**Target Population-Eligibility**

Individuals ages 16 and older diagnosed with intellectual or developmental disabilities who live at home with their natural family and have caregiving needs that are largely met by unpaid family members; or, individuals who have most of the skills to live alone or with an unpaid roommate and who require modest levels of support or supervision.

**Level of Care**

Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

**Respite Services**

Respite care includes any services (e.g., traditional respite hours, recreation or leisure activities for the individual to enable the caregiver to remain at home for a break; summer camp) designed to meet the safety and daily care needs of the individual and the needs of the individual's care giver in relation to reducing stress generated by the provision of constant care to the individual receiving waiver services. These services are selected in collaboration with the parents and are provided by persons chosen and trained by the family. Age appropriate licensed day care is a respite care option for persons of all ages. Individuals aged 16 and older may receive support and supervision services in licensed adult day centers. Respite care will not overlap with, supplant, or duplicate other services provided through the waiver or Medicaid State plan services.

**Respite Provider Eligibility**

For information on Providers and Provider eligibility, go to the DDP Qualified Provider Process for Medicaid Waiver Services website:
http://dphhs.mt.gov/dsd/developmentaldisabilities/DDPproviderprocess

Go to the Provider Specification page for qualifications and standards for providers:

**Caregiver Eligibility**

Respite may be provided by a relative or legal guardian but not a legally responsible person.

**Enrollment Limit**

30: Year ending 09/30/2016

**How to Apply**

Eligible individuals will be placed on the waiver’s waiting list. To be placed on the waiting list please contact your Developmental Disabilities Regional Office found here:
http://dphhs.mt.gov/dsd/developmentaldisabilities/DevelopmentalDisabilitiesRegionalOffices

**Contact Information**

Contact the Developmental Disabilities Program (DDP) at (406)-444-2995.

**Link to Waiver Application**


**Expiration Date**

09/30/2018

**Date of Last Update**

09/17/2015
## Bridge Waiver (PRTF)(05.R02.00)

**State Operating Agency:** Developmental Services Division, Children's Mental Health Bureau

<table>
<thead>
<tr>
<th>Description</th>
<th>This waiver provides services for youth enrolled in the Montana PRTF Waiver/Grant on September 30, 2012. There will be no new enrollees into the Bridge Waiver. The Bridge Waiver will be a seamless transition from the PRTF Waiver/Grant as the services under the Bridge Waiver are the same services approved in the PRTF Waiver/Grant. These youth will receive home and community-based services using a wraparound facilitation process. Services include In-Home Therapy, Supplemental Supportive Services, Non-Medical Transportation, Consultative Clinical and Therapeutic Services, Education and Support Services, Respite, Wraparound Facilitation, Family Support Specialist, and Caregiver Peer-to-Peer Support.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiver Type</td>
<td>1915(c)</td>
</tr>
<tr>
<td>Target Population-Eligibility</td>
<td>Eligible youth include only those youth enrolled in the Montana PRTF Waiver/Grant on September 30, 2012, ages 6 through 17, meeting SED criteria</td>
</tr>
<tr>
<td>Level of Care</td>
<td>The level of care that an individual requires is the care available in a Psychiatric Residential Treatment Facility (PRTF). [PRTF 1915(c) Waiver Only]</td>
</tr>
<tr>
<td>Respite Services</td>
<td>Respite care includes services provided to youth unable to care for themselves that are furnished on a short-term basis because of the absence or need for relief of those persons who normally provide care for the youth. Respite providers are selected in collaboration with the parents/guardians. Services are provided by persons (i.e.: agency staff, neighbors or friends), employed and trained by an agency that provides respite care. Respite services can be offered in the youth’s home, out of home, or in a licensed facility (i.e., youth shelter or group home). Respite may not be provided in a psychiatric residential treatment facility (PRTF), or in a school setting. Room and board costs are excluded when furnished in residential settings.</td>
</tr>
<tr>
<td>Caregiver Eligibility</td>
<td>Respite may not be provided by a relative, legal guardian or a legally responsible person.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>1: Year ending 09/30/2016</td>
</tr>
<tr>
<td>How to Apply</td>
<td>Entrance to this waiver program is limited to ONLY youth who are already enrolled in the HCBS PRTF waiver on September 30, 2012. No new youth can be enrolled in this program.</td>
</tr>
<tr>
<td>Link to Waiver Application</td>
<td>Link to application not available.</td>
</tr>
<tr>
<td>Expiration Date</td>
<td>09/30/2017</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>09/17/2015</td>
</tr>
</tbody>
</table>
Managed Care 1915(b) and/or Home and Community-Based 1915(c) Waivers for Respite Support

Medicaid is a program in every state that pays for medical assistance for certain individuals and families with low incomes and resources. It is the largest source of funding for medical and health-related services for America’s poorest people. Because Medicaid is funded jointly by the federal and state governments, the services paid for vary from state to state. In addition to medical services, Medicaid will pay for home and community-based services (HCBS) through the state plan as well as through Medicaid waivers that offer services as a lower-cost alternative to treatment in a medical or long term care facility, such as a nursing home. Respite is usually paid for through one or more of the following types of waivers: research and demonstration (1115), managed care (1915b) and HCBS (1915c) waiver programs. This state’s Medicaid waivers that include respite are:

NE Day Services Waiver for Adults with Developmental Disabilities (DD)

Provides integrated community employment, prevocational workshop habilitation, respite, assistive technology and supports, behavioral risk services, community inclusion day habilitation, community living and day supports, home modification, medical risk services, personal emergency response systems (PERS), retirement services, team behavioral consultation, vehicle modification, vocational planning habilitation, workstation habilitation for individuals 21 years and older diagnosed with autism, mental retardation and developmental disability.

NE Comprehensive Developmental Disabilities (DD) Waiver for Adults

Provides group home residential habilitation, integrated community employment, prevocational workshop habilitation, respite, assistive technology and supports, behavioral risk services, community inclusion day habilitation, community living and day supports, companion home residential habilitation, extended family home residential habilitation, home mods, in-home residential habilitation, medical risk services, personal emergency response systems (PERS), retirement services, team behavioral consultation, vehicle mods, vocational planning habilitation, workstation habilitation for individuals 21 years and older diagnosed with autism, mental retardation and developmental disability.

NE HCBS for Aged & Adults & Children with Disabilities

Provides adult day health, chore, respite, assisted living service, assistive technology supports and home mods, extra care for children with disabilities, home again services, home delivered meals, independent skills building, nutrition services, personal emergency response systems (PERS), and transportation for individuals 65 and older as well individuals less than 65 who are diagnosed as physically disabled.

NE HCBS Waiver for Children with Developmental Disorders (DD) and their Families

Provides day habilitation, group home residential habilitation, homemaker, integrated community employment-individual employment support, prevocational habilitation, respite, behavioral risk service, community living and day supports, companion home residential habilitation, extended family home residential habilitation, habilitative child care, home modifications, in-home residential habilitation, medical risk services, team behavioral consultation, vocational planning habilitation, workstation habilitation for individuals from birth to age 21 diagnosed with intellectual or developmental disabilities.
NEBRASKA

**NE Day Services Waiver for Adults with Developmental Disabilities (DD) (0394.R02.00)**

**State Operating Agency:** Nebraska DHHS Division of Developmental Disabilities (DDD)

**Description**

This waiver allows individuals with intellectual or developmental disabilities to maximize their independence and participate to the fullest extent possible in their communities. A combination of non-specialized and specialized services are offered to participants, and their families as appropriate, to allow choice and flexibility for individuals to purchase the services and supports that only that person may need or prefer. Non-specialized services, known as Community Supports, are services directed by the individual or family/advocate and delivered usually by independent providers. These participant-directed services give the individual more control over the type of services received as well as control of the providers of those services. Specialized services are traditional services that provide residential and day habilitative training and are delivered by certified agency providers.

The services provided by this waiver include: integrated community employment, prevocational workshop habilitation, respite, assistive technology and supports, behavioral risk services, community inclusion day habilitation, community living and day supports, home modification, medical risk services, personal emergency response systems, retirement services, team behavioral consultation, vehicle modification, vocational planning habilitation and workstation habilitation.

**Waiver Type**

1915(c)

**Target Population-Eligibility**

Individuals 21 years or older who are diagnosed with autism, developmental disabilities, and intellectual disabilities.

**Level of Care**

Individuals require level of care available in an Intermediate Care Facility Individuals with Intellectual Disabilities (ICF/IID).

**Respite Services**

Respite is the temporary, intermittent relief to the usual non-paid caregiver(s) from the continuous support and care of the individual to allow the caregiver to pursue personal, social, and recreational activities such as personal appointments, shopping, attending support groups, club meetings, and religious services, and going to movies, restaurants, or on vacations. Components of the respite service are supervision, tasks related to the individual’s physical and psychological needs, and social/recreational activities.

Services are provided on a short-term basis because of the absence or need for relief of those unpaid persons who normally provide care for the individual. Meals provided as part of these services shall not constitute a full nutritional regimen (3 meals per day). Respite is available only to those individuals who live with their usual non-paid caregiver(s). Respite services cannot be used as adult/child care while the parents work or attend school. These services may be provided in the individual’s living situation and/or in a provider-operated residential community setting. Respite cannot exceed 30 days per waiver year. Respite services may be participant-directed or provider managed.

**Respite Provider Eligibility**

Information on becoming a provider of services: [http://dhhs.ne.gov/Pages/hcs_providers-more.aspx](http://dhhs.ne.gov/Pages/hcs_providers-more.aspx)

**Caregiver Eligibility**

Respite may not be provided by the legally responsible person, or the legal guardian. Respite may be provided by a relative. Respite cannot be provided by members living in the individual’s immediate household.

**Enrollment Limit**

1625: Year ending 12/31/2015

**How to Apply**

Contact Developmental Disabilities Service Coordination at (402) 471-8501. To find the office nearest you, call the Nebraska Health and Human Services Office in your area.

**Contact Information**

Nebraska Department of Health & Human Services, Division of Developmental Disabilities (402) 471-8501 or email: Dhhs.developmentaldisabilities@nebraska.gov
<table>
<thead>
<tr>
<th><strong>Link to Waiver Application</strong></th>
<th><a href="http://dhhs.ne.gov/developmental_disabilities/Documents/DDADDraftRenewalApplication7.15.15.pdf">http://dhhs.ne.gov/developmental_disabilities/Documents/DDADDraftRenewalApplication7.15.15.pdf</a></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Expiration Date</strong></td>
<td>12/31/2015: Renewal application submitted 7/15/2015.</td>
</tr>
<tr>
<td><strong>Date of Last Update</strong></td>
<td>11/06/2015</td>
</tr>
</tbody>
</table>
NEBRASKA

NE Comprehensive Developmental Disabilities (DD) Waiver for Adults (0396.R02.00)
State Operating Agency: Nebraska DHHS Division of Developmental Disabilities (DDD)

Description
This waiver allows individuals with intellectual or developmental disabilities to maximize their independence and participate to the fullest extent possible in their communities. A combination of non-specialized and specialized services are offered to waiver participants, and their families as appropriate, to allow choice and flexibility for individuals to purchase the services and supports that only that person may need or prefer. Non-specialized services, known as Community Supports, are services directed by the individual or family/advocate and delivered usually by independent providers. These self-directed, or participant-directed, services are intended to give the individual more control over the type of services received as well as control of the providers of those services. Specialized services are traditional services that provide residential and day habilitative training and are delivered by certified DD agency providers.

The services provided by this waiver include: integrated community employment, prevocational workshop habilitation, respite, assistive technology and supports, behavioral risk services, community inclusion day habilitation, community living and day supports, home modification, medical risk services, personal emergency response systems (PERS), retirement services, team behavioral consultation, vehicle modification, vocational planning habilitation, and workstation habilitation.

Waiver Type
1915(c)

Target Population-Eligibility
Individuals 21 years or older who are diagnosed with: Autism, Developmental Disabilities, and Mental Retardation.

Level of Care
Individuals require level of care available in an Intermediate Care Facility for the Mentally Retarded (ICF/MR).

Respite Services
Respite is the temporary, intermittent relief to the usual non-paid caregiver(s) from the continuous support and care of the individual to allow the caregiver to pursue personal, social, and recreational activities such as personal appointments, shopping, attending support groups, club meetings, and religious services, and going to movies, restaurants, or on vacations. Components of the respite service are supervision, tasks related to the individual’s physical and psychological needs, and social/recreational activities. Services are provided on a short-term basis because of the absence or need for relief of those unpaid persons who normally provide care for the individual. Meals provided as part of these services shall not constitute a full nutritional regimen (3 meals per day). Respite is available only to those individuals who live with their usual non-paid caregiver(s). These services may be provided in the individual’s living situation and/or in a provider-operated residential community setting. The Respite cannot exceed 30 days per waiver year. Respite services may be participant-directed or provider managed.

Respite Provider Eligibility
Information on becoming a provider of services: [http://dhhs.ne.gov/Pages/hcs_providers-more.aspx](http://dhhs.ne.gov/Pages/hcs_providers-more.aspx)

Caregiver Eligibility
Respite may not be provided by the legally responsible person, or the legal guardian. Respite may be provided by a relative. Respite cannot be provided by members living in the individual’s immediate household.

Enrollment Limit
4180: Year ending 12/31/2015

How to Apply
An assigned DHHS Service Coordinator assists the individual and their family in accessing services needed to meet the needs of the individual. First, eligibility must be determined by the Nebraska Developmental Disabilities Administration. Call them at (402)-471-8501. The eligibility process is stated in the presentation linked below:
[http://dhhs.ne.gov/developmental_disabilities/Documents/1aDDEligibilityPresentation.pdf](http://dhhs.ne.gov/developmental_disabilities/Documents/1aDDEligibilityPresentation.pdf)
| Contact Information | Nebraska Department of Health & Human Services, Division of Developmental Disabilities at (402) 471-8501 or email: dhhs.developmentaldisabilities@nebraska.gov  
| Link to Waiver Application | http://dhhs.ne.gov/developmental_disabilities/Documents/DDACDraftRenewalApplication7.15.15.pdf |
| Expiration Date | 12/31/2015: Renewal application submitted 7/15/2015. |
| Date of Last Update | 11/06/2015 |
Description
This waiver enables families with children or adults with disabilities to stay together, or to allow elderly and persons with disabilities to remain independent and participate in integrated community living and services. Based on a family-centered, client-directed philosophy with an emphasis on the use of informal and natural supports in the community. The majority of services are provided by independent contractors in order to allow services delivery in the rural and frontier areas of the state.

The services provided by this waiver include: adult day health, chore, respite, assisted living service, assistive technology supports and home mods, extra care for children with disabilities, home again services, home delivered meals, independent skills building, nutrition services, personal emergency response systems (PERS), and transportation.

Waiver Type 1915(c)

Target Population- Eligibility
Individuals who are age 65 and older and individuals less than 65 years old diagnosed with a physical disability.

Level of Care
Individuals require level of care available in nursing facility (NF).

Respite Services
Respite may be authorized for one or more of the following situations: An emergency or crisis arises which: requires the usual caregiver's absence; or places an unusual amount of stress on the usual caregiver; the usual caregiver requires health services (e.g., dental care, doctor appointments, hospitalization, temporary incapacity of caregiver); the usual caregiver needs relief for regular, prescheduled, personal activities (e.g., religious services, grocery shopping, or club meetings); the usual caregiver requires irregular periods of "time out" for rest and relaxation; or usual caregiver vacations. Respite may not be used to allow the usual caregiver to accept or maintain employment or pursue a course of study designed to fit him/her for paid employment or professional advancement. Respite services are provider managed.

Respite Provider Eligibility
Information on becoming a provider of services: http://dhhs.ne.gov/Pages/hcs_providers-more.aspx

Caregiver Eligibility
Respite may be provided by a relative or, legal guardian; but may not be provided by the legally responsible person.

Enrollment Limit
7200: Year Ending 07/31/2016

How to Apply
Contact Home and Community Services for information on applying for services at 1-800-358-8802. Children (0-3) services are offered through Early Childhood Planning Regions; children (3-7) at local DHHS offices; adults (18-64) at Indent Living Centers and adults (65 and older) at Area Agencies on Aging (These numbers can be found at http://dhhs.ne.gov/Pages/hcs_contact.aspx)

Contact Information
Nebraska Department of Health and Human Services, Respite Network Coordinator
1-866-737-7483 or visit http://dhhs.ne.gov/Pages/hcs_programs_ad-waiver.aspx

Link to Waiver Application
Link to application not available.

Expiration Date
07/31/2016

Date of Last Update
11/06/2015
NEBRASKA

NE HCBS Waiver for Children with Developmental Disorders (DD) and their Families (4154.R05.00)
State Operating Agency: Nebraska DHHS Division of Developmental Disabilities (DDD)

**Description**
This waiver is designed to offer quality home and community-based services so that children with intellectual or developmental disabilities (DD) may remain in their family home or local communities. A combination of non-specialized and specialized services are offered under this waiver for children and their families as appropriate, to allow choice and flexibility for individuals to purchase the services and supports that only that person may need or prefer.

Non-specialized services are services directed by the individual or family or guardian when the youth is a minor, and delivered usually by independent providers. Family-directed or participant-directed, services are intended to give the individual more control over the type of services received as well as control of the providers of those services. Non-specialized services provided include: Homemaker, Respite, Community Living and Day Supports, Home Modifications, and Habilitative Child Care.

Specialized services are traditional habilitation services that provide residential and day habilitative training and are delivered by certified DD agency providers. Specialized services provided include: group home habilitation, Integrated Community Employment, Prevocational Workshop habilitation, Behavioral Risk, Community Inclusion Day Habilitation, Companion Home Residential Habilitation, Extended Family Home Residential habilitation, In-Home Residential Habilitation, Medical Risk, Vocational Planning Habilitation, Workstation habilitation services, and Team Behavioral Consultation.

**Waiver Type** 1915(c)

**Target Population-Eligibility**
Individuals from birth through 20 years old who are diagnosed with: developmental disability or intellectual disability. For individuals continuing in Special Education beyond their 21st birthday, eligibility may continue until the Special Education services end.

**Level of Care** Individuals require level of care available in an Intermediate Care Facility for the Mentally Retarded (ICF/MR).

**Respite Services**
Respite is the temporary, intermittent relief to the usual non-paid caregiver(s) from the continuous support and care of the individual to allow the caregiver to pursue personal, social, and recreational activities such as personal appointments, shopping, attending support groups, club meetings, and religious services, or going to movies, restaurant, or on vacations. Components of the respite service are supervision, tasks related to the individuals physical and psychological needs, and social/recreational activities.

Services are provided on a short-term basis because of the absence or need for relief of those unpaid persons who normally provide care for the individual. These services may be provided in the individuals living situation and/or in the community in a provider-operated residential setting. Respite may be provided in the following locations(s): Individual's home or place of residence; Medicaid certified hospital; Medicaid certified nursing facility; Medicaid certified ICF/MR; or Group home. To avoid overlap or duplication of service, respite services are limited to those services not already covered under the Medicaid State Plan, EPSDT, or which can be procured from other formal or informal resources. Respite services will not duplicate other services provided through this waiver. Respite services are available only to individuals residing in their family home.

Children’s respite services are not available during “regular” school hours and days for children receiving shortened school days, special education services in the family home or away from the school building, or for children who are home schooled. Respite services may be participant-directed or provider managed.

**Respite Provider Eligibility**
Information on becoming a provider of services: [http://dhhs.ne.gov/Pages/hcs_providers-more.aspx](http://dhhs.ne.gov/Pages/hcs_providers-more.aspx)

**Caregiver Eligibility**
Respite may not be provided by be provided by the legally responsible person, or the legal guardian; but may be provided by a relative.
**NEBRASKA**

<table>
<thead>
<tr>
<th>Enrollment Limit</th>
<th>500: Year Ending 05/31/2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>How to Apply</td>
<td>Contact Developmental Disabilities Service Coordination. To find the office nearest you, call the Nebraska Health and Human Services Office in your area.</td>
</tr>
<tr>
<td>Contact Information</td>
<td>Nebraska Department of Health &amp; Human Services, Division of Developmental Disabilities; (402) 471-8501 or email: <a href="mailto:Dhhs.developmentaldisabilities@nebraska.gov">Dhhs.developmentaldisabilities@nebraska.gov</a></td>
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<td>Link to Waiver Application</td>
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<tr>
<td>Expiration Date</td>
<td>05/31/2017</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>11/06/2015</td>
</tr>
</tbody>
</table>
NEVADA

Nevada Department of Health and Human Services
4126 Technology Way, Suite 100
Carson City, Nevada 89706-2009
http://dhhs.nv.gov/

Home and Community-Based 1915(c) Waivers for Respite Support
Medicaid is a program in every state that pays for medical assistance for certain individuals and families with low incomes and resources. It is the largest source of funding for medical and health-related services for America’s poorest people. Because Medicaid is funded jointly by the federal and state governments, the services paid for vary from state to state. In addition to medical services, Medicaid will pay for home and community-based services (HCBS) through the state plan as well as through Medicaid waivers that offer services as a lower-cost alternative to treatment in a medical or long term care facility, such as a nursing home. Respite is usually paid for through one or more of the following types of waivers: research and demonstration (1115), managed care (1915b) and HCBS (1915c) waiver programs. This state’s Medicaid waivers that include respite are:

**NV HCBW for Persons with Physical Disabilities**
Provides case management, homemaker, respite, attendant care, specialized medical equipment and supplies, assisted living, chore, environmental accessibility adaptations, home delivered meals, and personal emergency response systems (PERS) for individuals 65 and older and individuals less than 65 years old diagnosed with physical disabilities

**NV Frail Elderly**
Provides case management, homemaker, respite, adult companion, adult day care, augmented personal care, chore, and personal emergency response systems (PERS) for individuals 65 and older.
**NV HCBW for Persons with Physical Disabilities (0053.R05.00)**

**State Operating Agency: Division of Health Care Financing and Policy Division of Health Care Financing and Policy (DHCFP) Continuum of Care**

<table>
<thead>
<tr>
<th>Description</th>
<th>This waiver provides the option of home and community-based services as an alternative to institutional nursing facility care and to allow for maximum independence for persons with physical disabilities who would otherwise need institutional nursing facility services. The services provided by this waiver include: case management, homemaker, respite, attendant care, specialized medical equipment and supplies, assisted living, chore, environmental accessibility adaptations, home delivered meals, and personal emergency response systems (PERS).</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Waiver Type</strong></td>
<td>1915(c)</td>
</tr>
<tr>
<td><strong>Target Population-Eligibility</strong></td>
<td>Individuals 65 and older and individuals of any age with physical disabilities.</td>
</tr>
<tr>
<td><strong>Level of Care</strong></td>
<td>Individuals require level of care available in a nursing facility (NF).</td>
</tr>
<tr>
<td><strong>Respite Services</strong></td>
<td>Respite is provided to participants unable to care for themselves; furnished on a short-term basis because of the absence or need for relief of those persons normally providing care for the participant. Services are provided in the participant’s home or place of residence. The respite caregiver may perform general assistance with ADLs (Activities of Daily Living) and IADLs (Instrumental Activities of Daily Living) and/or provide supervision to functionally impaired recipients to provide temporary relief for a primary caregiver. Respite care is limited to 120 hours per recipient, per year. Respite care is provider managed.</td>
</tr>
<tr>
<td><strong>Respite Provider Eligibility</strong></td>
<td>Provider eligibility information can be found at <a href="https://www.medicaid.nv.gov/providers/enroll.aspx">https://www.medicaid.nv.gov/providers/enroll.aspx</a> and <a href="mailto:adsdcontracts@adsd.nv.gov">adsdcontracts@adsd.nv.gov</a>.</td>
</tr>
<tr>
<td><strong>Caregiver Eligibility</strong></td>
<td>Respite may not be provided by be provided by the legally responsible person, or the legal guardian; but may be provided by a relative</td>
</tr>
<tr>
<td><strong>Enrollment Limit</strong></td>
<td>921: Year Ending 12/31/2015</td>
</tr>
<tr>
<td><strong>How to Apply</strong></td>
<td>Contact the Aging and Disability Services Division (ADSD) office nearest you. For a listing of regional offices visit <a href="http://adsd.nv.gov/Contact/Contact_AgingDisability/">http://adsd.nv.gov/Contact/Contact_AgingDisability/</a></td>
</tr>
<tr>
<td><strong>Contact Information</strong></td>
<td>Medicaid District Office: Carson City (775) 684-3651 Elko (775) 753-1191 LV (702) 668-4200 Reno (775) 687-1900</td>
</tr>
<tr>
<td><strong>Link to Waiver Application</strong></td>
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<tr>
<td><strong>Expiration Date</strong></td>
<td>12/31/2017</td>
</tr>
<tr>
<td><strong>Date of Last Update</strong></td>
<td>11/06/2015</td>
</tr>
</tbody>
</table>
**NV Frail Elderly (0152.R05.00)**

**State Operating Agency:** Department of Health & Human Services, Aging and Disability Services Division (ADSD)

**Description**
The purpose of the waiver is to offer the option of home and community-based services as an alternative to nursing facility care. Access to the services available in the waiver is voluntary. No individual is required to leave a nursing facility. Eligible applicants may be placed from an institution, another waiver program, or the community.

The services provided by this waiver include: case management, homemaker, respite, adult companion, adult day care, augmented personal care, chore services, personal emergency response systems (PERS), companion services, Adult Day Care, and Augmented Personal Care.

**Waiver Type**
1915(c)

**Target Population-Eligibility**
Individuals who are 65 years and older. Individuals may be placed from a nursing facility, an acute care hospital, another Home and Community-based Waiver, or the community.

**Level of Care**
Individuals require level of care available in a nursing facility (NF).

**Respite Services**
Respite is provided to individuals unable to care for themselves, furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care. Respite providers provide general assistance with Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL), as well as provide supervision for recipients with functional impairments in their home or place of residence (community setting). Services may be for 24-hour periods, and the goal is relief of the primary caregiver.

**Respite Provider Eligibility**
Provider eligibility information can be found at https://www.medicaid.nv.gov/providers/enroll.aspx and adsdcontracts@adsd.nv.gov.

**Caregiver Eligibility**
Respite may not be provided by the legally responsible person, a relative, or a legal guardian.

**Enrollment Limit**
2524: Year Ending 06/30/2020; renewal application pending

**How to Apply**
Contact the Aging and Disability Services Division (ADSD) office nearest you. For a listing of regional offices visit http://adsd.nv.gov/Contact/Contact_AgingDisability/

**Contact Information**
Aging and Disability Division Administrative Office:
Northern Nevada (775) 687-4210
Southern Nevada (702) 486-3545

**Link to Waiver Application**
http://dhcfp.nv.gov/uploadedFiles/dhcfp.nv.gov/content/Home/features/FEWaiverApplication70115.pdf

**Expiration Date**
06/30/2020; renewal application submitted and pending

**Date of Last Update**
11/06/2015
NEW HAMPSHIRE

Home and Community-Based 1915(c) Waivers for Respite Support

Medicaid is a program in every state that pays for medical assistance for certain individuals and families with low incomes and resources. It is the largest source of funding for medical and health-related services for America’s poorest people. Because Medicaid is funded jointly by the federal and state governments, the services paid for vary from state to state. In addition to medical services, Medicaid will pay for home and community-based services (HCBS) through the state plan as well as through Medicaid waivers that offer services as a lower-cost alternative to treatment in a medical or long term care facility, such as a nursing home. Respite is usually paid for through one or more of the following types of waivers: research and demonstration (1115), managed care (1915b) and HCBS (1915c) waiver programs. This state’s Medicaid waivers that include respite are:

**NH In Home Supports for Children with Developmental Disabilities (DD) Waiver**

Provides enhanced personal care, consultations, environmental and vehicle modifications, family support/service coordination, respite care for individuals from birth to age 21 diagnosed with autism, intellectual disabilities or developmental disabilities

**NH BDS Developmental Services Waiver**

Provides day services, residential habilitation/personal care, respite, service coordination, supported employment, assistive technology support, community support, crisis response, environmental and vehicle modifications, participant directed and managed services, specialty services for individuals diagnosed with autism, developmental disabilities and intellectual disabilities with no age restrictions.

**NH BDS Acquired Brain Disorder Services**

Provides day services, respite, service coordination, supported employment, assistive technology support, community support, crisis response, environmental and vehicle modification, participant directed and managed services, residential habilitation, personal care, specialty services for individuals age 22 and older diagnosed with brain injury.

**NH Choices for Independence**

Provides adult medical day, home health aide, homemaker, personal care, respite, adult family care, adult in-home services, community transition, consolidated services, environmental accessibility, home-delivered meals, non-medical transportation, personal emergency response systems (PERS), residential care facility, skilled nursing, specialized medical equipment, supportive housing services for aged individuals 65 years and older and individuals age 18-64 diagnosed with physical and other disabilities.
## Description
The purpose of this waiver is to provide assistance for families who have a child with developmental disabilities who requires long-term supports and services, or to individuals who require long-term supports and services. Using Participant Directed and Managed Services (PDMS), budget, families and individuals work with the State to identify, through a family or person-centered planning process, those specific services and supports offered under this waiver that are needed to avoid placement in an institutional setting.

The services provided by this waiver include: enhanced personal care, consultations, environmental and vehicle modifications, family support/service coordination, and respite care.

## Waiver Type
1915(c)

## Target Population-Eligibility
Individuals from birth through age 20 who are diagnosed with autism, developmental disabilities, and/or mental retardation. Waiver services are limited to individuals who live at home with his or her family.

## Level of Care
Individuals require level of care available in an Intermediate Care Facility for the Mentally Retarded (ICF/MR)

## Respite Services
Respite care services consist of the provision of short-term assistance, in or out of an eligible child’s/individual’s home, for the temporary relief and support of the family with whom the child/individual lives. Respite care is participant-directed.

## Respite Provider Eligibility

## Caregiver Eligibility
Respite may not be provided by a: legally responsible person, relative, or legal guardian.

## Enrollment Limit
455: Year ending 12/31/2015

## How to Apply
To apply for developmental services, contact the local Area Agency for Developmental Services in the geographical region where person resides ([http://www.dhhs.nh.gov/dcbcs/bds/agencies.htm](http://www.dhhs.nh.gov/dcbcs/bds/agencies.htm)) To apply for Medicaid, contact a local DHHS District Office to complete an application for assistance and schedule an interview with a Family Service Specialist.

## Contact Information
Bureau of Developmental Services, Division of Community-based Care Services ([http://www.dhhs.nh.gov/dcbcs/bds/contact.htm](http://www.dhhs.nh.gov/dcbcs/bds/contact.htm))
NH Department of Health and Human Services
Phone: (603) 271-5034

## Link to Waiver Application
Link to application unavailable

## Expiration Date
12/31/2015

## Date of Last Update
11/06/2015
### NH BDS Developmental Services Waiver (0053.R05.00)

**State Operating Agency:** Bureau of Developmental Services (BDS)

**Description**
The waiver provides services and supports that emphasize choice, control and involvement in service planning, individualized budget development, and service delivery. The waiver seeks to maximize individuals’ participation in their communities and offers an array of services intended to improve and maintain opportunities and experiences in living, socializing and recreating, personal growth, safety and health.

The services provided by this waiver include: day services, residential habilitation/personal care, respite, service coordination, supported employment, assistive technology support, community support, crisis response, environmental and vehicle modifications, participant directed and managed services, and specialty services.

**Waiver Type**
1915(c)

**Target Population-Eligibility**
Individuals from birth onwards diagnosed with: autism, developmental disabilities (DD), and/or mental retardation (MR).

**Level of Care**
Individuals require level of care available in an Intermediate Care Facility for the Mentally Retarded (ICF/MR).

**Respite Services**
Services provided to individuals unable to care for themselves; furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care. Respite services may be participant directed or provider managed.

**Respite Provider Eligibility**
Information about provider eligibility: [http://www.dhhs.nh.gov/ombp/medicaid/providerservices.htm](http://www.dhhs.nh.gov/ombp/medicaid/providerservices.htm)

**Caregiver Eligibility**
Respite may not be provided by the legally responsible person or legal guardian, but may be provided by a relative.

**Enrollment Limit**
4348: Year Ending 08/31/2016

**How to Apply**
To apply for developmental services, contact the local Area Agency for Developmental Services in the geographical region where person resides ([http://www.dhhs.nh.gov/dcbcs/bds/agencies.htm](http://www.dhhs.nh.gov/dcbcs/bds/agencies.htm)). To apply for Medicaid, contact a local DHHS District Office to complete an application for assistance and schedule an interview with a Family Service Specialist.

**Contact Information**
Bureau of Developmental Services, Division of Community-based Care Services ([http://www.dhhs.nh.gov/dcbcs/bds/contact.htm](http://www.dhhs.nh.gov/dcbcs/bds/contact.htm))

NH Department of Health and Human Services
Phone: (603) 271-5034

**Link to Waiver Application**
Link to application unavailable

**Expiration Date**
08/31/2016

**Date of Last Update**
11/06/2015
## NH BDS Acquired Brain Disorder Services (4177.R04.00)
### State Operating Agency: Bureau of Developmental Services (BDS)

**Description**
The waiver provides services and supports that emphasize choice, control and involvement in service planning, individualized budget development, and service delivery. The waiver seeks to maximize individuals’ participation in their communities and offers an array of services intended to improve and maintain opportunities and experiences in living, socializing and recreating, personal growth, safety and health.

The services provided by this waiver include: day services, respite, service coordination, supported employment, assistive technology support, community support, crisis response, environmental and vehicle modification, participant directed and managed services, residential habilitation, personal care, and specialty services.

### Waiver Type
1915(c)

### Target Population-Eligibility
Individuals with brain injury: The initial eligibility determination for the diagnosis of brain injury must occur between the age of 22 and 60. There is no upper age limit for services after the initial eligibility determination. Initial ABD Waiver eligibility is limited to those aged 22 through age 59. Once receiving ABD waiver services however, there is no requirement that an individual transition off of the ABD waiver upon reaching a certain age; there is no maximum age limit to continue receiving ABD waiver services if an individual was determined eligible for waiver services between the ages of 22 through 59.

### Level of Care
Individuals require level of care available in a nursing facility (NF).

### Respite Services
Services provided to individuals unable to care for themselves; furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care. Respite may not be accessed at the same time as Residential Habilitation/Personal Care Services; each of these services requires prior authorization by BDS and only one of the two services will be approved and Prior Authorized, not both.

### Respite Provider Eligibility
Information about provider eligibility: [http://www.dhhs.nh.gov/ombp/medicaid/providerservices.htm](http://www.dhhs.nh.gov/ombp/medicaid/providerservices.htm)

### Caregiver Eligibility
Respite may not be provided by the legally responsible person or a legal guardian, but may be provided by a relative.

### Enrollment Limit
260: Year Ending 10/31/2015

### How to Apply
To apply for developmental services, contact the local Area Agency for Developmental Services in the geographical region where person resides [http://www.dhhs.nh.gov/dcbcs/bds/agencies.htm](http://www.dhhs.nh.gov/dcbcs/bds/agencies.htm) . To apply for Medicaid, contact a local DHHS District Office to complete an application for assistance and schedule an interview with a Family Service Specialist.

### Contact Information
Bureau of Developmental Services, Division of Community-based Care Services [http://www.dhhs.nh.gov/dcbcs/bds/contact.htm](http://www.dhhs.nh.gov/dcbcs/bds/contact.htm)
NH Department of Health and Human Services
Phone: (603) 271-5034

### Link to Waiver Application
Link to application unavailable

### Expiration Date
10/31/2016

### Date of Last Update
11/06/2015
**NH Choices for Independence (0060.R06.00)**  
**State Operating Agency:** Division of Community-based Care Services, Bureau of Elderly and Adult Services (BEAS)

**Description**  
The goal of this waiver is to enable eligible seniors and adults with disabilities to choose and access covered services in their communities that will allow them to postpone or avoid institutional placements.  
The services provided by this waiver include: adult medical day, home health aide, homemaker, personal care, respite, adult family care, adult in-home services, community transition, consolidated services, environmental accessibility, home-delivered meals, non-medical transportation, personal emergency response systems (PERS), residential care facility, skilled nursing, specialized medical equipment, and supportive housing services.

**Waiver Type**  
1915(c)

**Target Population-Eligibility**  
Individuals who are: 65 years and older or between 18 and 64 years old who are diagnosed as disabled.

**Level of Care**  
Individuals require level of care available in a nursing facility (NF).

**Respite Services**  
Direct and indirect care provided to participants unable to care for themselves, furnished on a short term basis because of the absence of, or need for relief of, the usual caregiver(s). Services may be provided in the Participant’s home, in a licensed residential care facility or in a nursing facility.  
Respite services are provider managed.

**Respite Provider Eligibility**  
Information about provider eligibility: [http://www.dhhs.nh.gov/ombp/medicaid/providersonservices.htm](http://www.dhhs.nh.gov/ombp/medicaid/providersonservices.htm)

**Caregiver Eligibility**  
Respite may not be provided by the legally responsible person or legal guardian, but may be provided by a relative.

**Enrollment Limit**  
4359: Year Ending 06/30/2016

**How to Apply**  
To apply, contact New Hampshire ServiceLink at (866) 634-9412 or your local area agency on aging at [https://www.payingforseniorcare.com/longtermcare/find_aging_agencies_adrc_aaa.html?state=NH](https://www.payingforseniorcare.com/longtermcare/find_aging_agencies_adrc_aaa.html?state=NH)

**Contact Information**  
Contact Bureau of Elderly and Adult Services at (603) 271-9203 or go to the Home and Community Care website at [http://www.dhhs.nh.gov/dcbcs/beas/homecare.htm](http://www.dhhs.nh.gov/dcbcs/beas/homecare.htm) to find more information on the program.

**Link to Waiver Application**  

**Expiration Date**  
06/30/2017

**Date of Last Update**  
11/06/2015
Home and Community-Based 1915(c) Waivers for Respite Support and 1115 Managed Long-Term Services and Supports

Medicaid is a program in every state that pays for medical assistance for certain individuals and families with low incomes and resources. It is the largest source of funding for medical and health-related services for America’s poorest people. Because Medicaid is funded jointly by the federal and state governments, the services paid for vary from state to state. In addition to medical services, Medicaid will pay for home and community-based services (HCBS) through the state plan as well as through Medicaid waivers that offer services as a lower-cost alternative to treatment in a medical or long term care facility, such as a nursing home. Respite is usually paid for through one or more of the following types of waivers: research and demonstration (1115), managed care (1915b) and HCBS (1915c) waiver programs.

All New Jersey Home and Community-Based 1915(c) waivers have been incorporated into the 1115 Demonstration: “NJ Comprehensive Waiver” and are now operated as Managed Long Term Services and Supports. All of the waiver services offered by the Home and Community-Based 1915(c) waivers including respite care are to continue to be provided in the MLTSS delivery system.

NJ Comprehensive Waiver

This 1115 five year demonstration is a statewide health reform effort that will expand existing managed care programs to include long term services and supports and expand home and community-based services to some populations. It builds upon existing managed acute and primary care programs and established provider networks and combines several existing Medicaid and CHIP waiver and demonstration programs. As of July 1, 2014, all previous 1915(c) waiver programs were transitioned to Managed Long Term Supports and Services (MTLSS) under this demonstration.
NJ Comprehensive Waiver

State Operating Agency: NJ Department of Human Services, Division of Medical Assistance and Health Services

Description
This 1115 five year demonstration is a statewide health reform effort that will expand existing managed care programs to include long term services and supports and expand home and community-based services to some populations. It builds on existing managed acute and primary care programs and combines several existing Medicaid and CHIP waiver and demonstration programs. As of July 1, 2014, all previous 1915(c) waiver programs were transitions to Managed Long Term Supports and Services (MLTSS) under this demonstration.

MLTSS programs providing respite are focused on in this description. MLTSS refers to the delivery of long-term services and supports through New Jersey Medicaid's NJ FamilyCare managed care program so that ALL services are coordinated by NJ FamilyCare managed care organizations (also known as health plans). MLTSS provides comprehensive services and supports, whether at home, in an assisted living facility, in community residential services, or in a nursing home. MLTSS includes: personal care; respite; care management; home and vehicle modifications; home delivered meals; personal emergency response systems; mental health and addiction services; assisted living; community residential services; and nursing home care.

Waiver Type
1115

Target Population - Eligibility
MLTSS specific eligibility requirements include: individuals who are aged 65 years or older or individuals who have a disability who are under 65 years of age and determined to be blind or disabled by the Social Security Administration or the State of New Jersey.

Level of Care
The level of care that an individual requires is the care available in a nursing facility (NF).

Respite Services
Respite care is a service provided to individuals through the MLTSS program in the temporary absence or disability of a parent, guardian, or other immediate caregiver in accordance with guidelines developed by the Division of Developmental Disabilities. Respite services may be furnished either at the business location or private home of the provider, in the home of the individual with developmental disabilities, or in a location approved by the individual and or his/her legal guardian. Respite services may be furnished by: (1) agencies and/or individuals who are licensed according to New Jersey Administrative Code and/or Manuals of Standards for Licensed Group Homes and Supervised Apartments for the Developmentally Disabled, Standards for Skill Development Homes, Family Care Homes, and Family-Based Respite Care Homes, Standards for Community Residences for Persons with Head Injuries respectively); (2) agencies authorized by the New Jersey Department of Health and Senior Services to provide camp services under New Jersey Administrative Code 8:25; (3) certified Intermediate Care Facilities for the Mentally Retarded (ICF-MR); (4) home health agencies that are authorized Medicaid providers and/or are licensed by another State agency; and (5) agencies and/or individuals who are approved by, and under contract with, DDD.

Respite Provider Eligibility
For provider eligibility information, reference the MLTSS resources for providers on the Division of Medical Assistance and Health Services website:
http://www.state.nj.us/humanservices/dmahs/home/mltss_resources.html

Caregiver Eligibility
Respite may be provided by a legally responsible person but may not be provided by a relative or legal guardian.

Enrollment Limit
Enrollment Limits not available.

How to Apply
If you wish to apply for NJ FamilyCare MLTSS for yourself, you can do so by contacting your local County Welfare Agency (Board of Social Services), which you can find here:
or your Aging and Disability Resource Connection (ADRC), also known as the local county Area Agency
on Aging (AAA) found here:
http://www.state.nj.us/humanservices/doas/home/saaaa.html
If you are applying on behalf of your child or an individual under 21 years of age, you can do so by
contacting your local County Welfare Agency or the Division of Disabilities Services (DDS) at 1-888-285-
3036 (press 2 after prompt and then press 1 after next prompt) to speak with an Information and
Referral Specialist.

Contact Information
Contact the Division’s Medicaid Eligibility Help Desk at 609-631-6505 or visit the Division of Medical
Assistance and Help Services website:
http://www.state.nj.us/humanservices/dmahs/home/waiver.html
For information about respite and home and community-based services in New Jersey, go to:
www.state.nj.us/humanservices/dmahs/home/mltss_resources.html
For adults, contact your local Aging and Disability Resource Connection (ADRC), also known as the local
county Area Agency on Aging (AAA) which may be found here:
http://www.state.nj.us/humanservices/doas/home/saaaa.html
For children, contact the Division of Disability Services I&R Specialist at: 1-888-285-3036

Link to Waiver Application
Link to application unavailable

Expiration Date
06/30/2017

Date of Last Update
12/10/2015
NEW MEXICO

The New Mexico Human Services Department (HSD)
P.O. Box 2348
Santa Fe, NM 87504-2348
http://www.hsd.state.nm.us/default.aspx

Managed Care 1915(b) and/or Home and Community-Based 1915(c) Waivers for Respite Support
Medicaid is a program in every state that pays for medical assistance for certain individuals and families with low incomes and resources. It is the largest source of funding for medical and health-related services for America’s poorest people. Because Medicaid is funded jointly by the federal and state governments, the services paid for vary from state to state. In addition to medical services, Medicaid will pay for home and community-based services (HCBS) through the state plan as well as through Medicaid waivers that offer services as a lower-cost alternative to treatment in a medical or long term care facility, such as a nursing home. Respite is usually paid for through one or more of the following types of waivers: research and demonstration (1115), managed care (1915b) and HCBS (1915c) waiver programs. This state’s Medicaid waivers that include respite are:

NM Developmental Disabilities (DD) Waiver
Provides case management, community integrated employment, customized community supports, living supports, personal support, respite, nutritional counseling, occupational therapy (OT) for adults, physical therapy (PT) for adults, speech and language therapy for adults, supplemental dental care, adult nursing, assistive technology, behavior support consultation, crisis support, customized in-home supports, environmental mods, independent living transition, intensive medical living supports, non-medical transportation, personal support technology/on-site response, preliminary risk screening and consultation related to inappropriate sexual behavior, socialization and sexuality education for individuals with autism, intellectual disabilities (IID), and developmental disabilities (DD) ages 0 - no max age

NM Mi Via – ICF/MR Waiver
Provides consultant/support guide, customized community supports, employment supports, homemaker/direct support services, respite, home health aide services, skilled therapy for adults, personal plan facilitation, assisted living, behavior support consultation, community direct support, customized in-home living supports, emergency response services, environmental modifications, nutritional counseling, private duty nursing for adults, related goods, specialized therapies, transportation for individuals with autism, developmental disabilities (DD), and intellectual disabilities (IID) ages 0 - no max age

NM Medically Fragile Waiver
Provides case management, home health aide, respite, nutritional counseling, skilled therapy for adults, behavior support consultation, private duty nursing, specialized medical equipment and supplies for medically fragile individuals ages 0 - no max age
# NM Developmental Disabilities (DD) Waiver (0173.R05.00)

**State Operating Agency:** Department of Health, Developmental Disabilities Supports Division (DOH/DDSD)

| **Description** | The purpose of the program is to provide assistance to individuals who require long-term supports and services so that they may remain in the family residence, in their own home or small community living residences. The services provided by this waiver include: case management, community integrated employment, customized community supports, living supports, personal support, respite, nutritional counseling, occupational therapy (OT) for adults, physical therapy (PT) for adults, speech and language therapy for adults, supplemental dental care, adult nursing, assistive technology, behavior support consultation, crisis support, customized in-home supports, environmental mods, independent living transition, intensive medical living supports, non-medical transportation, personal support technology/on-site response, preliminary risk screening and consultation related to inappropriate sexual behavior, and socialization and sexuality education. |
| **Waiver Type** | 1915(c) |
| **Target Population-Eligibility** | Individuals of any age who are diagnosed with: autism, developmental disabilities, and/or an intellectual disability prior to their 22 birthday. Waiver Services are intended for individuals who have developmental disabilities limited to Mental Retardation (MR) or a Specific Related Condition as determined by the Department of Health/Developmental Disabilities Supports Division. |
| **Level of Care** | The level of care that an individual requires is the care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) |
| **Respite Services** | Respite is a flexible family support service furnished on a short-term basis to provide support to the individual and give the primary, unpaid caregiver relief and time away from his/her caregiving duties. Respite includes: assisting with routine activities of daily living (e.g., bathing, toileting, preparing or meal preparation and eating), enhancing self-help skills, providing opportunities for play and other recreational activities; assisting to enhance self-help skills, leisure time skills and community and social awareness; providing opportunities for community and neighborhood integration and involvement; and providing opportunities for the individual to make his/her own choices regarding daily activities. Respite may be provided in the individual’s home, provider’s home, a community setting of the family's choice (e.g. community center, swimming pool, and park); or a center with others receiving care. |
| **Respite Provider Eligibility** | Information about provider eligibility and enrollment can be found here: [http://archive.nmhealth.org/ddsd/providerinformation/providerinfopg1.htm](http://archive.nmhealth.org/ddsd/providerinformation/providerinfopg1.htm) Then go to the application for provider enrollment here: [http://archive.nmhealth.org/ddsd/providerinformation/ProviderEnrollmentApplicationPage.htm](http://archive.nmhealth.org/ddsd/providerinformation/ProviderEnrollmentApplicationPage.htm). |
| **Caregiver Eligibility** | Respite may not be provided by a: legally responsible person, relative, or legal guardian. |
| **Enrollment Limit** | 4306: Year Ending 06/30/2016 |
| **How to Apply** | Contact your local Developmental Disabilities Supports Division Regional Office ([http://actnewmexico.org/contacts.html](http://actnewmexico.org/contacts.html)) and ask to speak with an Intake and Eligibility worker. For more general information on the application process, reference this fact sheet: [http://actnewmexico.org/downloads/act_nm-fact_sheet-application_and_allocation.pdf](http://actnewmexico.org/downloads/act_nm-fact_sheet-application_and_allocation.pdf) |
| **Contact Information** | DDSD Toll Free Telephone: 1-877-696-1472; Primary DDSD Telephone: 1-505-476-8973; Human Services Department’s Medical Assistance Division (MAD) at (505) 827-3100 |
| **Link to Waiver Application** | Link to application unavailable. |
| **Expiration Date** | 06/30/2016 - However in 2019 this waiver will be rolled into the Centennial Care program. Information on Centennial Care can be found here: [http://www.hsd.state.nm.us/Centennial_Care.aspx](http://www.hsd.state.nm.us/Centennial_Care.aspx) |
| **Date of Last Update** | 12/08/2015 |
NM Mi Via – ICF/MR Waiver (D448.R01.00)

State Operating Agency: Department of Health, Developmental Disabilities Supports Division (DOH/DDSD)

Description

The goal of this waiver is to provide a community-based alternative to institutional care that facilitates greater participant choice, direction and control over services and supports. Participants are offered a multi-faceted education program, including information, tools, training and support, in order to make informed choices and to plan, direct and manage their services and supports.

The services provided by this waiver include: consultant/support guide, customized community supports, employment supports, homemaker/direct support services, respite, home health aide services, skilled therapy for adults, personal plan facilitation, assisted living, behavior support consultation, community direct support, customized in-home living supports, emergency response services, environmental modifications, nutritional counseling, private duty nursing for adults, related goods, specialized therapies, and transportation.

Waiver Type

1915(c)

Target Population-Eligibility

Individuals of any age who are diagnosed with autism, developmental disabilities (DD), and/or intellectual disabilities, and related conditions limited to cerebral palsy, autism (including Asperger syndrome), seizure disorder, chromosomal disorders (e.g., Downs), syndrome disorders, inborn errors of metabolism, and developmental disorders of brain formation. The renewed waiver also includes eligibility categories "Aged or Disabled, or Both" and Specific Recognized Subgroups such as: Medically Fragile (minimum age 0; no maximum age limit). Participant must be able to self-direct their services.

Level of Care

The level of care that an individual requires is the care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

Respite Services

Respite is a flexible family support service, the primary purpose of which is to provide support to the participant and give the primary caregiver time away from his/her duties. Respite Services include assistance with routine activities of daily living (e.g., bathing, toileting, preparing or assisting with meal preparation and eating), enhancing self-help skills, and providing opportunities for leisure, play and other recreational activities; assisting the participant to enhance self-help skills, leisure time skills and community and social awareness; providing opportunities for community and neighborhood integration and involvement; and providing opportunities for the participant to make his/her own choices with regard to daily activities. Respite services are furnished on a short-term basis and can be provided in the participant’s home, the provider’s home, in a community setting of the family’s choice (e.g., community center, swimming pool, and park) or at a center in which other individuals are provided care.

Respite Provider Eligibility

Respite services may be provided by eligible homemaker and companion providers; licensed registered or licensed practical nurses; or hospital, nursing facility or intermediate care facility for the mentally retarded (ICF/MR), as appropriate. Additionally, workers must: Be 18 years of age or older; Demonstrate capacity to perform required tasks; Be able to communicate successfully with the participant; and pass a criminal background check and abuse registry screen. More information about provider eligibility and enrollment can be found here: http://archive.nmhealth.org/ddsd/providerinformation/providerinfopg1.htm

Then go to the application for provider enrollment here: http://archive.nmhealth.org/ddsd/providerinformation/ProviderEnrollmentApplicationPage.htm

Caregiver Eligibility

Respite may be provided by the legally responsible person, relative or legal guardian. A legally responsible individual (parent of a minor child and spouse) may be paid to provide Mi Via Waiver services under extraordinary circumstances in order to insure the participant’s health and welfare and avoid institutionalization. Extraordinary circumstances include the inability of the legally responsible person to find other qualified, suitable caregivers when the legally responsible individual would otherwise be absent from the home and, thus, must stay at home to ensure the participant’s health and safety.
<table>
<thead>
<tr>
<th><strong>Enrollment Limit</strong></th>
<th>Renewal application approved for another five years but does not go into effect until 03/30/2016. 879: Year ending 3/30/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How to Apply</strong></td>
<td>If you are not yet in a Waiver program, you have to register for services with the DOH/DDSD Intake and Eligibility Unit at (505)-841-5552. Otherwise, contact your regional office which is found on the Mi Via website <a href="http://archive.mivianm.org/about.htm">http://archive.mivianm.org/about.htm</a>.</td>
</tr>
<tr>
<td><strong>Contact Information</strong></td>
<td>Contact: DDSD at 505-841-6523; or General Information: 505-841-5511 or 505-841-2917</td>
</tr>
<tr>
<td><strong>Link to Waiver Application</strong></td>
<td>Link to application unavailable</td>
</tr>
<tr>
<td><strong>Expiration Date</strong></td>
<td>9/30/2020 - However in 2019 this waiver will be rolled into the Centennial Care program. Information on Centennial Care can be found here: <a href="http://www.hsd.state.nm.us/Centennial_Care.aspx">http://www.hsd.state.nm.us/Centennial_Care.aspx</a></td>
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<td><strong>Date of Last Update</strong></td>
<td>11/10/2015</td>
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</table>
**NM Medically Fragile Waiver (0223.R04.00)**

**State Operating Agency:** Department of Health, Developmental Disabilities Supports Division (DOH/DDSD)

**Description**
The purpose of this waiver is to help individuals who have a medically fragile condition and a developmental disability or are developmentally delayed or at risk for developmental delay and meet ICF/MR with conditions that require frequent and ongoing medical supervision out of institutions. The services provided by this waiver include: case management, home health aide, respite, nutritional counseling, skilled therapy for adults, behavior support consultation, private duty nursing, and specialized medical equipment and supplies. Each participant receives services as indicated on an Individual Service Plan (ISP) which are overseen by the case management agency. This waiver program uses traditional service delivery methods.

**Waiver Type**
1915(c)

**Target Population-Eligibility**
Individuals of any age who: Have been diagnosed as medically fragile before reaching the age of 22. Have been diagnosed with a developmental disability/mental retardation, or specific related condition: Cerebral palsy, Autism, Seizure disorder, Chromosomal disorders, Syndrome disorders, Inborn errors of metabolism, developmental disorders of brain formation, and meet financial eligibility.

**Level of Care**
The level of care that an individual requires is the care available in an Intermediate Care Facility for the Mentally Retarded (ICF/MR)

**Respite Services**
Respite services are provided to participants unable to care for themselves that are furnished on a short-term basis to allow the primary caregiver a limited leave of absence in order to reduce stress, accommodate caregiver illness, or meet a sudden family crisis or emergency. By permitting the caregiver a specific and limited break from the daily routine of providing care, burnout is avoided and the primary caregiver receives a source of support and encouragement to continue home care services. Respite may be provided in the following locations: participant's home or private place of residence, the private residence of a respite care provider, specialized foster care home, Medicaid certified hospital, Medicaid certified nursing facility, or a Medicaid certified ICF/MR. The participant and/or participant representative has the option and gives final approval of where the respite services are provided. The institution(s) and agency(s) are required to coordinate all services with the participant and/or the participant representative. Respite services include: medical and non-medical health care; personal care bathing; showering; skin care; grooming; oral hygiene; bowel and bladder care; catheter and supra-pubic catheter care; preparing or assisting in preparation of meals and eating; as appropriate, administering enteral feedings; providing home management skills; changing linens; making beds; washing dishes; shopping; errands; and calls for maintenance; assisting with enhancing self-help skills; promoting use of appropriate interpersonal communication skills and language; working independently without constant supervision/observation; providing body positioning, ambulation and transfer skills; arranging for transportation to medical or therapy services; assisting in arranging health care needs and follow-up as directed by the primary care giver, physician, and case manager; ensuring the health and safety of the recipient at all times.

**Respite Provider Eligibility**
Information about provider eligibility and enrollment can be found here: [http://archive.nmhealth.org/ddsd/providerinformation/providerinfopg1.htm](http://archive.nmhealth.org/ddsd/providerinformation/providerinfopg1.htm)

Then go to the application for provider enrollment here: [http://archive.nmhealth.org/ddsd/providerinformation/ProviderEnrollmentApplicationPage.htm](http://archive.nmhealth.org/ddsd/providerinformation/ProviderEnrollmentApplicationPage.htm)

**Caregiver Eligibility**
Respite may not be provided by a: legally responsible person, relative, or legal guardian.

**Enrollment Limit**
Open enrollment at any time. Currently going through the renewal process.
| How to Apply | Contact the Medically Fragile Waiver Program at: 505-841-2913 to complete an application over the phone. |
| Contact Information | DDSD Toll Free Telephone: 1-877-696-1472; Primary DDSD Telephone: 1-505-476-8973 |
| Link to Waiver Application | Link to application unavailable |
| Expiration Date | 06/30/2015; Renewal application submitted and accepted for five year period, beginning in March 2016. However in 2019 this waiver will be rolled into the Centennial Care program. Information on Centennial Care can be found here: [http://www.hsd.state.nm.us/Centennial_Care.aspx](http://www.hsd.state.nm.us/Centennial_Care.aspx) |
| Date of Last Update | 10/30/2015 |
Home and Community-Based 1915(c) Waivers for Respite Support and 1115 Managed Long-Term Services and Supports

Medicaid is a program in every state that pays for medical assistance for certain individuals and families with low incomes and resources. It is the largest source of funding for medical and health-related services for America’s poorest people. Because Medicaid is funded jointly by the federal and state governments, the services paid for vary from state to state. In addition to medical services, Medicaid will pay for home and community-based services (HCBS) through the state plan as well as through Medicaid waivers that offer services as a lower-cost alternative to treatment in a medical or long term care facility, such as a nursing home. Respite is usually paid for through one or more of the following types of waivers: research and demonstration (1115), managed care (1915b) and HCBS (1915c) waiver programs. Many states are transforming their Medicaid programs and moving traditional HCBS waiver services to some form of Managed Long Term Services and supports.

Many of New York’s Home and Community-Based Services (HCBS) 1915(c) waivers have been, or are being, incorporated into the 1115 Demonstration: “Partnership Plan” and will be operated as Managed Long Term Services and Supports (MLTSS). The transition to MLTSS is occurring in phases with specific populations transitioning through 2020. Thus far only NY Long Term Home Health Care Program, NY Nursing Home Transition and Diversion, and Traumatic Brain Injury waivers are part of the demonstration, however the others will move over in the future. All of the waiver services offered by the HCBS 1915(c) waivers including respite care are to continue to be provided in the MLTSS delivery system.

Partnership Plan Demonstration

The demonstration is designed to permit New York to use a managed care delivery system to deliver benefits to Medicaid recipients, create efficiencies in the Medicaid program, and enable the extension of coverage to certain individuals who would otherwise be without health insurance. The state’s goal in implementing the Partnership Plan section 1115(a) demonstration is to improve access to health services and outcomes for low-income New Yorkers by: improving access to health care for the Medicaid population; improving the quality of health services delivered; expanding access to family planning services; and expanding coverage with resources generated through managed care efficiencies to additional low-income New Yorkers. Respite services continue for those populations previously served through HCBS 1915(c) waivers.

OPWDD Comprehensive Waiver

Provides day habilitation, live-in caregiver, prevocational, residential habilitation, respite, supported employment, community transition services, agency with choice financial management services (FMS), individual directed goods and services, support brokerage, assistive technology-adaptive devices, community habilitation, environmental modifications (home accessibility), family education and training, intensive behavioral services, pathway to employment, and plan of care support services for individuals with autism, intellectual disabilities (ID), developmental disabilities (DD) ages 0 - no maximum age. Also serves those eligible for both Medicaid and Medicare.

Care at Home III, IV or VI Waivers (CAH)

These waivers provide case management, respite, and assistive technology to individuals with autism, intellectual disabilities (ID), and developmental disabilities (DD) ages 0 – 17.

NY Bridges to Health for Children with SED Waiver

Provides day habilitation, health care integration, skill building, special needs community advocacy and support, accessibility modifications, adaptive and assistive equipment, crisis avoidance and management and training, crisis respite, family/caregiver supports and services, immediate crisis response services, intensive in-home supports and services, planned respite, vocational services for individuals w/mental illness ages 19-20 and with Severe Emotional Disabilities (SED) ages 0-18.
NY Bridges to Health for Children with Developmental Disabilities (DD) Waiver

Provides day habilitation, health care integration, skill building, special needs community advocacy and support, accessibility modifications, adaptive and assistive equipment, crisis avoidance and management and training, crisis respite, family/caregiver supports and services, immediate crisis response services, intensive in-home supports and services, planned respite, vocational services for individuals with autism, Developmental Disabilities (DD), Intellectual Disabilities (IID) ages 0-20.

NY Bridges to Health for Children who are Medically Fragile Waiver

Provides day habilitation, health care integration, skill building, special needs community advocacy and support, accessibility modifications, adaptive and assistive equipment, crisis avoidance and management and training, crisis respite, family/caregiver supports and services, immediate crisis response services, intensive in-home supports and services, planned respite, vocational services for individuals with medically fragile conditions ages 0-20.

NY Care at Home I/II Waivers

Provides case management, bereavement services, expressive therapies, family palliative care education (training), home and vehicle modifications, massage therapy, pain and symptom management, and respite for individuals with physical disabilities ages 0-17.

NY OMH SED Waiver

Provides for crisis response, family support, individualized care coordinator (case management), intensive in-home, respite, and skill building for individuals with mental illness and severe emotional disabilities (SED) ages 5 – 21.
## NY Partnership Plan Demonstration

**State Operating Agency:** The New York State Department of Health

### Description

The demonstration is designed to permit New York to use a managed care delivery system for benefits to Medicaid recipients, create efficiencies in the Medicaid program, and to extend coverage to certain individuals who would otherwise be without health insurance. The state’s goal in implementing the Partnership Plan section 1115(a) demonstration is to improve access to health services and outcomes for low-income New Yorkers by: improving access to health care for the Medicaid population; improving the quality of health services delivered; expanding access to family planning services; and expanding coverage with resources generated through managed care efficiencies to additional low-income New Yorkers. This demonstration provides a variety of traditional Medicaid services, including long-term services and supports for specific populations; but this description focuses on respite.

### Waiver Type

1115

### Target Population

**Eligibility**

Individuals previously eligible for the NY Long Term Home Health Care Program, NY Nursing Home Transition and Diversion, and Traumatic Brain Injury waivers and the AIDS Home Care Program (AHCP) now are eligible for respite under this waiver. These include individuals who are: 65 years and older; are between birth and 64 years and have physical disabilities; or have a diagnosis of AIDS, infected with HIV or have an illness or disability attributable to such infection. Also eligible are those diagnosed with traumatic brain injury (TBI) or a related condition, are between ages 18 and 64, and injured after age 18. Individuals with a TBI with structural non-degenerative brain damage as the primary diagnosis are eligible for the waiver. In addition, a limited number of individuals with anoxia, toxic poisoning, encephalitis, and other neurologic conditions which result in conditions similar to a traumatic brain injury will also be served. Individuals with gestational or birth difficulties such as cerebral palsy or autism who have a progressive degenerative disease, are not eligible for the waiver.

### Level of Care

The level of care that an individual requires is that which is available in nursing facility (NF).

### Respite Services

Respite is an individually designed service intended to provide relief to natural, non-paid supports who provide primary care and support to a waiver participant. The primary location for the provision of respite is in the waiver participant’s home, or where appropriate, temporarily in an institutional setting. Respite may be provided outside of the participant’s home in settings such as in the home of a relative or other individual’s private residence or in an institutional setting such as a hospital or nursing facility.

### Respite Provider Eligibility

In order to participate in the Medicaid Program, providers are required to enroll with the DOH. For provider enrollment information, please refer to eMedNY at [http://www.emedny.org/info/ProviderEnrollment/index.html](http://www.emedny.org/info/ProviderEnrollment/index.html)

### Caregiver Eligibility

Respite may not be provided by a legally responsible person, legal guardian, or a relative.

### Enrollment Limit

Enrollment limit unavailable.

### How to Apply

To apply for this waiver you must be enrolled in Medicaid. You can make an appointment to apply for Medicaid through your local LDSS: [http://www.health.ny.gov/health_care/medicaid/ldss.htm](http://www.health.ny.gov/health_care/medicaid/ldss.htm)

Once enrolled in Medicaid, you can request to be enrolled in the Partnership Plan through your LDSS.

### Contact Information

For general help contact the Medicaid Helpline: 1-800-541-2831, for information about Medicaid Managed Care call: 1-800-505-5678.

To find out more about Managed Care in New York access the Managed Care page of the NY Department of Health website: [http://www.health.ny.gov/health_care/managed_care/index.htm](http://www.health.ny.gov/health_care/managed_care/index.htm)


### Link to Waiver Application


### Expiration Date

06/26/2016 (Renewal application pending)

### Date of Last Update

01/15/2016
NY OPWDD Comprehensive Waiver (Currently Being Overhauled into the “People First Waiver”)

State Operating Agency: The New York State Office for People with Developmental Disabilities (NYS-OPWDD)

**Description**

The goal of the waiver is to serve more people with a wider range of individualized community-based services that are less expensive than institutional care. Through participant directed service model, services are delivered in various ways in accordance with the needs of the waiver participants. The current renewal includes necessary changes to implement FIDA-IDD (Fully Integrated Duals Advantage for Individuals with Intellectual and Developmental Disabilities) incorporating OPWDD Waiver services as part of a purely voluntary managed care plan that will be operational in 2016 in nine down-state counties.

The services provided by this waiver include: day habilitation, live-in caregiver, prevocational, residential habilitation, respite, supported employment, community transition services, agency with choice financial management services (FMS), individual directed goods and services, support brokerage, assistive technology-adaptive devices, community habilitation, environmental modifications (home accessibility), family education and training, intensive behavioral services, pathway to employment, and plan of care support services. This is a new service provision model that encourages increased use of community resources to meet the needs and enrich the lives of persons with developmental disabilities.

There are currently no plans to move this waiver to the 1115 “Partnership Plan” demonstration; however, there will be in the future. In order to stay up to date access the NYS-OPWDD website; this can be found in the Contact Information section below.

<table>
<thead>
<tr>
<th><strong>Waiver Type</strong></th>
<th>1915(c) HCBS operating concurrently with 1915(a)(1)(a) voluntary managed care waiver</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target Population-Eligibility</strong></td>
<td>Individuals between the birth death who are diagnosed as having one or more of the following: autism, developmental disability (DD), or an intellectual disability (ID) including those dually eligible or both Medicaid and Medicare. There is no minimum or maximum age requirement for participation in this waiver.</td>
</tr>
<tr>
<td><strong>Level of Care</strong></td>
<td>The level of care that an individual requires is the care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).</td>
</tr>
<tr>
<td><strong>Respite Services</strong></td>
<td>In-home respite and out-of-home respite services are provided to participants unable to care for themselves that are furnished on a short-term basis because of the absence or need for relief of those persons who normally provide care for the participant. Respite care is not furnished or provided for the purpose of compensating relief or substitute staff in certified community residences. Respite services are provided in the following locations: individual’s home or place of residence; Family Care home; Medicaid certified ICF/DD; Individualized Residential Alternative (IRA), or Community Residence (CR); and free-standing Respite facility under the auspices of OMRDD. Federal financial participation will not be claimed for the cost of room and board except when provided as part of respite care in a facility approved by the State that is not a private residence.</td>
</tr>
<tr>
<td><strong>Respite Provider Eligibility</strong></td>
<td>Qualified providers are required to enroll with the DOH. For provider enrollment information, please refer to: eMedNY at <a href="http://www.emedny.org/info/ProviderEnrollment/index.html">http://www.emedny.org/info/ProviderEnrollment/index.html</a></td>
</tr>
<tr>
<td><strong>Caregiver Eligibility</strong></td>
<td>Respite may not be provided by a: Legally Responsible Person (parent, spouse or adult children (including sons and daughters-in-law), Legal Guardians. Respite may be provided by a qualified relative who is at least 18 years of age, does not fall into any of the above categories, and does not live in the same residence as the participant.</td>
</tr>
<tr>
<td><strong>Enrollment Limit</strong></td>
<td>1944: Year ending 03/31/2021.</td>
</tr>
<tr>
<td><strong>How to Apply</strong></td>
<td>To apply, contact your regional Developmental Disabilities State Operations Office; which you can find via the NYS-OPWDD website: <a href="http://www.opwdd.ny.gov/node/1211">http://www.opwdd.ny.gov/node/1211</a> Or you may contact a provider agency that serves the county in which the person lives.</td>
</tr>
<tr>
<td><strong>Contact Information</strong></td>
<td>Contact the Office for People with Developmental Disabilities at INFORMATION LINE 1-(866)-946-9733 if you have general questions about the waiver. Otherwise you may contact one of the People First</td>
</tr>
</tbody>
</table>
Waiver Liaisons in your area; which you can find here:
http://www.opwdd.ny.gov/opwdd_services_supports/people_first_waiver/documents/ddso_waiver_liasons

For more general information about the services provided by this waiver or to check on the progress of the waiver renewal process, reference the People First Transformation page on the NYS-OPWDD website:
http://www.opwdd.ny.gov/opwdd_services_supports/people_first_waiver/HCBS_waiver_services

There is also a very helpful Access to Services Resource Booklet provided by the NYS-OPWDD that describes how to access waiver services and navigate the entire process; which can be found here:
http://www.opwdd.ny.gov/welcome-front-door/resource-booklet

<table>
<thead>
<tr>
<th>Link to Waiver Application</th>
<th><a href="http://www.opwdd.ny.gov/node/6216">http://www.opwdd.ny.gov/node/6216</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Expiration Date</td>
<td>03/31/2021</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>06/15/2016</td>
</tr>
</tbody>
</table>
**Description**

The three Care at Home (CAH) Medicaid Home and Community-based Waivers previously operated by OPWDD have been combined into one HCBS waiver. The OPWDD CAH waiver provides services to children with severe developmental disabilities and complex medical conditions living at home with their families. The Care At Home waiver program allows Medicaid to pay for some services not provided through "regular" Medicaid, such as case management, respite, home adaptations and vehicle modification that can make home care an option for children and their families. Services include case management, respite, and assistive technology services. There are currently no plans to move this waiver to the 1115 "Partnership Plan" demonstration; however, there will be in the future. In order to stay up to date access the NYS-OPWDD website; this can be found in the Contact Information section below.

**Waiver Type**

1915(c)

**Target Population - Eligibility**

Individuals between the age of 0 and 17 who demonstrate complex health care needs, i.e., require medical therapies designed to replace or compensate for a vital body function or to avert immediate threat of life by reliance on medical devices, nursing care, and monitoring of prescribed medical therapy for the maintenance of life expected to continue for more than twelve months. All children who reach the 17th birthday begin transition planning one year before they will reach the age limit of eighteen (18). In most instances, the case managers transition the children to the general developmental disability HCBS Waiver that is also operated by OPWDD. Some families opt to use only state plan services. CAH III further specifies that individuals enrolled in this waiver must be unmarried.

**Level of Care**

Intermediate Care Facility for the Individuals with Intellectual Disabilities (ICF/IID) with the subcategory of medically fragile children.

**Respite Services**

Services provided to participants unable to care for themselves that are furnished on a short-term basis because of the absence or need for relief of those persons who normally provide care for the person.

**Respite Provider Eligibility**

Respite providers must be on contract with the local Developmental Disabilities Services Office (DDSO). Providers must apply through the local DDSO, which does the initial screening for character and competence of the agency. After receiving local DDSO approval, central office reviews and approves the application. The third step is forwarding the application to DOH for final approval. At each step the respective agency level staff evaluates the provider based on available data to support its competence to deliver respite services appropriately.

**Caregiver Eligibility**

Respite may not be provided by a legally responsible person, relative, or legal guardian.

**Enrollment Limit**

600

**How to Apply**

Contact your regional Care at Home (CAH) Coordinator in order to begin the application process. You can find your regional coordinator via the NYS-OPWDD website: [http://www.opwdd.ny.gov/node/3563](http://www.opwdd.ny.gov/node/3563)

**Contact Information**

Contact the Office for People with Developmental Disabilities at INFORMATION LINE 1-(866)-946-9733 for more general questions about the CAH waivers.

For general information about services and eligibility, access the NYS-OPWDD website: [http://www.opwdd.ny.gov/opwdd_services_supports/supports_for_independent_and_family_living/CAre_at_Home](http://www.opwdd.ny.gov/opwdd_services_supports/supports_for_independent_and_family_living/Car_e_at_Home)

Otherwise, you can contact your regional coordinator found in the How to Apply section above.

**Link to Waiver Application**

Link to application unavailable.

**Expiration Date**

Expiration date determined pending approval of waiver.

**Date of Last Update**

1/15/2016
NY Bridges to Health (B2H) for Children with SED Waiver

State Operating Agency: The New York State Office of Children and Family Services (OCFS) Division of Juvenile Justice and Opportunities for Youth (DJJOY)

Description
This waiver provides day habilitation, health care integration, skill building, special needs community advocacy and support, accessibility modifications, adaptive and assistive equipment, crisis avoidance and management and training, crisis respite, family/caregiver supports, immediate crisis response services, intensive in-home supports and services, planned respite, vocational services for individuals with mental illness or Severe Emotional Disabilities (SED). The waiver provides services not otherwise available to children with these disabilities within the context of their complicated family/caregiver circumstances to improve their overall health and welfare and avoid unwanted placement in a medical institution. B2H allows the State to supplement the Medicaid State Plan and other supports with an array of services tailored to address the unmet health care needs of this complex population in the least restrictive, most home-like, and integrated setting appropriate to their needs.

Waiver Type 1915(c)

Target Population-Eligibility
Children in the care and custody of either the Local Departments of Social Services (counties and New York City) (LDSS) or OCFS/DJJOY for children initially entering the waiver. Once enrolled, eligibility can continue after the child is discharged from LDSS or OCFS DJJOY custody. Must be diagnosed with: mental illness between the ages of 19 and 20 years old, or SED between 0 and 18 years old.

Level of Care
The individual must require the level of care at an inpatient psychiatric facility for individuals age 21 and under.

Respite Services
Planned respite services provide planned short-term relief for family/caregivers (non-shift staff) that are needed to enhance the family/caregiver’s ability to support the child’s disability and/or health care needs. This service may only be provided in a one-to-one, individual session. The service is direct care for the child by staff trained to support the child’s disability-related needs while providing relief from caregiver activities for the family/caregiver. This may occur on an hourly basis (in-home or out-of-home by an approved respite care and services provider or on a daily/overnight basis (in-home or out-of-home by an approved respite care and services provider.

Crisis respite provides emergency short-term relief for family/caregivers (non-shift staff) needed to resolve a crisis and segue back to the child’s successful functioning and engagement in Individualized Health Plan activities. Assists the family/caregivers in supporting the child’s disability and/or health care issues. This service may only be delivered in an individual, one-to-one session. The service provides direct care for a child while providing relief from caregiver activities for the family/caregiver during a crisis. Crisis respite may be provided on an hourly basis (in-home or out-of-home by an authorized foster care provider) or daily/overnight basis (in-home or out-of-home by an authorized foster care provider).

Respite Provider Eligibility
Local Departments of Social Services (LDSS) make the eligibility determinations, enrollment decisions and referrals to Health Care Integration Agencies (HCIA). HCIA employ Health Care Integrators (HCIs) and Waiver Service Providers (WSPs) who are responsible for coordinating and administering the services. [http://www.ocfs.state.ny.us/main/b2h](http://www.ocfs.state.ny.us/main/b2h)

Planned Respite Out-of-home, non-medical respite agencies must be approved respite care and services providers pursuant to the applicable regulation under subcontract with an HCIA.

Crisis Respite Not-for-profit respite provider agencies under subcontract with an HCIA. For out-of-home, non-medical respite, agencies must be authorized to provide foster care.

Caregiver Eligibility
Respite may not be provided by a Legally Responsible Person, Relative, or Legal Guardian.

Enrollment Limit
3929: Year ending 12/31/2015

How to Apply
Local Departments of Social Services (LDSS) initiate requests for waiver services and forward request to
# NEW YORK

| **Contact Information** | Contact The New York State Office of Children and Family Services  
| Phone: (518) 473-7793 |
| **Link to Waiver Application** | [http://ocfs.ny.gov/main/b2h/Application%20for%201915%20Home%20Community-Based%20Services%20Waiver%20SED%29.pdf](http://ocfs.ny.gov/main/b2h/Application%20for%201915%20Home%20Community-Based%20Services%20Waiver%20SED%29.pdf) |
| **Expiration Date** | 12/31/2015 (Renewal application in progress) |
| **Date of Last Update** | 01/15/2016 |
NY Bridges to Health for Children with Developmental Disorders (B2H DD) Waiver

State Operating Agency: The New York State Office of Children and Family Services (OCFS) Division of Juvenile Justice and Opportunities for Youth (DJJOY)

Description
This waiver provides day habilitation, health care integration, skill building, special needs community advocacy and support, accessibility mods, adaptive and assistive equipment, crisis avoidance and management and training, crisis respite, family/caregiver supports and services, immediate crisis response services, intensive in-home supports and services, planned respite, vocational services. B2H DD provides services not otherwise available to children with developmental disabilities within the context of their complicated family/caregiver circumstances to improve their overall health and welfare and avoid unwanted placement in a medical institution. The B2H DD waiver allows the State to supplement the Medicaid State Plan and other supports with an array of services tailored to address the unmet health care needs of this complex population in the least restrictive, most home-like, and integrated setting appropriate to their needs.

Waiver Type
1915(c)

Target Population-Eligibility
Children in the care and custody of either the Local Departments of Social Services (counties and New York City) (LDSS) or OCFS Division of Juvenile Justice and Opportunities for Youth (DJJOY) for children initially entering the waiver. Once enrolled, eligibility can continue after the child is discharged from LDSS and OCFS DJJOY custody. These participants are under 21 years old and diagnosed with: autism, developmental disability, and/or intellectual disability.

Level of Care
Participants’ disabilities are sufficiently severe to require placement in a medical institution. The individual has to meet the level of care required in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

Respite Services
Planned respite services provide planned short-term relief for family/caregivers (non-shift staff) that are needed to enhance the family/caregiver’s ability to support the child’s disability and/or health care issues. This service may only be provided in a one-to-one, individual session. The service is direct care for the child by staff trained to support the child’s disability-related needs while providing relief from caregiver activities for the family/caregiver. This may occur on an hourly basis (in-home or out-of-home by an approved respite care and services provider or on a daily/overnight basis (in-home or out-of-home by an approved respite care and services provider.

Crisis respite provides emergency short-term relief for family/caregivers (non-shift staff) needed to resolve a crisis and segue back to the child’s successful functioning and engagement in Individualized Health Plan activities. Crisis respite assists the family/caregivers in supporting the child’s disability and/or health care issues. This service may only be delivered in an individual, one-to-one session. The service provides direct care for a child while providing relief from caregiver activities for the family/caregiver during a crisis. Crisis respite may be provided on an hourly basis (in-home or out-of-home by an authorized foster care provider) or daily/overnight basis (in-home or out-of-home by an authorized foster care provider).

Respite Provider Eligibility
Local Departments of Social Services (LDSS) make the eligibility determinations, enrollment decisions and referrals to Health Care Integration Agencies (HCIA). HCIA employ Health Care Integrators (HCIs) and Waiver Service Providers (WSPs) who are responsible for coordinating and administering the services. http://www.ocfs.state.ny.us/main/b2h

Planned Respite Out-of-home, non-medical respite agencies must be approved respite care and services providers pursuant to the applicable regulation under subcontract with an HCIA.

Crisis Respite Not-for-profit respite provider agencies under subcontract with an HCIA. For out-of-home, non-medical respite, agencies must be authorized to provide foster care.

Caregiver Eligibility
Respite may not be provided by a: Legally Responsible Person, Relative, or Legal Guardian.

Enrollment Limit
676: Year ending 12/31/2015
<table>
<thead>
<tr>
<th><strong>How to Apply</strong></th>
<th>Local Departments of Social Services (LDSS) initiate requests for waiver services and forward request to the appropriate Health Care Integration Agency (HCIA)</th>
<th><a href="http://www.ocfs.state.ny.us/main/b2h">http://www.ocfs.state.ny.us/main/b2h</a></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contact Information</strong></td>
<td>Health Care Integration Agencies (HCIA)</td>
<td><a href="http://www.ocfs.state.ny.us/main/b2h">http://www.ocfs.state.ny.us/main/b2h</a></td>
</tr>
<tr>
<td></td>
<td>New York State Office of Children and Family Services</td>
<td>Phone: (518) 473-7793</td>
</tr>
<tr>
<td><strong>Expiration Date</strong></td>
<td>12/31/2015 (Renewal application in progress)</td>
<td></td>
</tr>
<tr>
<td><strong>Date of Last Update</strong></td>
<td>01/15/2016</td>
<td></td>
</tr>
</tbody>
</table>
### Description

The B2H MedF waiver provides day habilitation, health care integration, skill building, special needs community advocacy and support, accessibility modifications, adaptive and assistive equipment, crisis avoidance and management and training, crisis respite, family/caregiver supports, immediate crisis response services, intensive in-home supports and services, planned respite, vocational services for individuals with medically fragile conditions. It provides services not otherwise available to children with these conditions within the context of their complicated family/caregiver circumstances to improve their overall health and welfare and avoid unwanted placement in a medical institution. This waiver supplements the Medicaid State Plan and other supports with an array of services tailored to address the unmet health care needs of this complex population in the least restrictive, most home-like, and integrated setting appropriate to their needs.

### Waiver Type

1915(c)

### Target Population - Eligibility

Children in the care and custody of Local Departments of Social Services (counties and New York City) for initial entry into the waiver. Once enrolled, eligibility can continue after discharge from LDSS custody. Must be diagnosed as medically fragile and be under 21 years of age.

### Level of Care

The individual must require the level of care provided in a nursing facility (NF).

### Respite Services

**Planned respite** services provide planned short-term relief for family/caregivers (non-shift staff) that are needed to enhance the family/caregiver’s ability to support the child’s disability and/or health care issues. This service may only be provided in a one-to-one, individual session. The service is direct care for the child by staff trained to support the child’s disability-related needs while providing relief from caregiver activities for the family/caregiver. This may occur on an hourly basis (in-home or out-of-home by an approved respite care and services provider or on a daily/overnight basis (in-home or out-of-home by an approved respite care and services provider).

**Crisis respite** provides emergency short-term relief for family/caregivers (non-shift staff) needed to resolve a crisis and segue back to the child’s successful functioning and engagement in Individualized Health Plan activities. Crisis respite assists the family/caregivers in supporting the child’s disability and/or health care issues. This service may only be delivered in an individual, one-to-one session. The service provides direct care for a child while providing relief from caregiver activities for the family/caregiver during a crisis. Crisis respite may be provided on an hourly basis (in-home or out-of-home by an authorized foster care provider) or daily/overnight basis (in-home or out-of-home by an authorized foster care provider).

### Respite Provider Eligibility

Local Departments of Social Services (LDSSs) make the eligibility determinations, enrollment decisions and referrals to HCIs. HCIs employ Health Care Integrators (HCIs) and Waiver Service Providers (WSPs) who are responsible for coordinating and administering the services. [http://www.ocfs.state.ny.us/main/b2h](http://www.ocfs.state.ny.us/main/b2h)

**Planned Respite** Out-of-home, non-medical respite agencies must be approved respite care and services providers pursuant to the applicable regulation under subcontract with an HCA.

**Crisis Respite** Not-for-profit respite provider agencies under subcontract with an HCA. For out-of-home, non-medical respite, agencies must be authorized to provide foster care.

### Caregiver Eligibility

Respite may not be provided by a: Legally Responsible Person, Relative, or Legal Guardian.

### Enrollment Limit

181: Year ending 12/31/2015.

### How to Apply

Local Departments of Social Services (LDSS) initiate requests for waiver services and forward request to the appropriate Health Care Integration Agency (HCIA): [http://www.ocfs.state.ny.us/main/b2h](http://www.ocfs.state.ny.us/main/b2h)
<table>
<thead>
<tr>
<th><strong>NEW YORK</strong></th>
</tr>
</thead>
</table>
| **Contact Information** | Health Care Integration Agencies (HCIA): [http://www.ocfs.state.ny.us/main/b2h](http://www.ocfs.state.ny.us/main/b2h)  
The New York State Office of Children and Family Services Phone: (518) 473-7793 |
| **Expiration Date** | 12/31/2015 (Renewal application in progress) |
| **Date of Last Update** | 01/15/2016 |
NY Care at Home I/II (CAH I/II) Waiver
State Operating Agency: New York State’s Local Departments of Social Services (LDSS)

Description
The purpose of the waiver is to avoid unnecessary institutionalization for eligible children by providing appropriate access to NY Medicaid State Plan and waiver services. Provides case management, bereavement services, expressive therapies, family palliative care education (training), home and vehicle modifications, massage therapy, pain and symptom management, and respite. This waiver will be moved to the 1115 demonstration in the future; however, there are currently no plans to do so.

Waiver Type 1915(c)

Target Population-Eligibility
Children under the age of 18 who have physical disabilities.

Level of Care
The individual must require the level of care provided in a nursing facility or hospital.

Respite Services
Provides respite services to the participant’s informal caregiver(s) as temporary relief from their special child care duties. Respite care is provided in accordance with the participant’s plan of care, as approved by the physician, case manager, LDSS CAH I/II coordinator and in conference with the child and his/her family, so that essential medical tasks are continued to maintain the participant’s health and safety. Respite service is contingent upon the availability of providers. Respite is not provided when the participant is an inpatient of a hospital for a medical procedure.

Respite Provider Eligibility
NYSDOH maintains an open enrollment process, where applicable, for entities interested in approval as a CAH I/II Medicaid waiver provider. The provider must submit an application to NYSDOH waiver management staff demonstrating compliance with the qualifications and competencies necessary to meet waiver participant needs. In addition, the provider must complete the eMedNY provider enrollment process (http://www.emedny.org/info/ProviderEnrollment/index.html) to verify that the provider meets all federal and State requirements for Medicaid participation.

Caregiver Eligibility
Respite may not be provided by a: Legally Responsible Person, Relative, Legal Guardian

Enrollment Limit
Enrollment limit unavailable.

How to Apply
Contact your local Department of Social Services:
https://www.health.ny.gov/health_care/medicaid/ldss.htm

Contact Information
Contact New York State Department of Health (NYSDOH) CAH I/II staff at 518-486-6562 or your LDSS (each county’s number can be found here: https://www.health.ny.gov/health_care/medicaid/ldss.htm).
Or for more information, access the Care at Home I/II page on the Department of Health website: http://www.health.ny.gov/publications/0548/care_at_home_physically_disabled.htm, or email cah@health.ny.gov

Link to Waiver Application
Link to application unavailable.

Expiration Date
11/30/2012 (renewal application in progress)

Date of Last Update
01/16/2016
NY OMH SED (Serious Emotional Disturbance) Waiver
State Operating Agency: New York State Office of Mental Health (OMH)

Description
The goals of the HCBS Waiver include: serving children with complex health or mental health needs in their homes and communities, decreasing the need for placements in psychiatric inpatient levels of care, including Residential Treatment Facilities, increasing the array of Medicaid reimbursable community-based services available to these children/adolescents and their families, using a culturally sensitive, individualized, strength-based approach to build resiliency, assist achieving age related developmental tasks and promote emotional well-being, providing services and supports specifically needed by each unique family to develop the ability to care for their child in their home in a supportive environment, offering children and families a choice of providers, when possible; providing services that promote better outcomes that are also cost-effective, and demonstrating an integrated model of partnership with the family, treatment provider, waiver services and natural supports that are involved with the child and family.

The HCBS Waiver is available in 61 of New York State’s 62 counties. The Waiver does not operate in Oneida County which has a “look alike” program, Kids Oneida.

This waiver provides for crisis response, family support, individualized care coordinator (case management), intensive in-home, respite, prevocational, supportive employment, skill building and youth peer advocate services for individuals with Serious Emotional Disturbance (SED). Service delivery is both traditional and non-traditional.

This waiver has not yet been moved to the 1115 demonstration; however, it will be in the future.

Waiver Type
1915(c)

Target Population-Eligibility
Children and adolescents: With serious emotional disturbance; between the ages of 5 and 17 years (prior to 18th birthday), who demonstrate complex health and mental health needs, who are at imminent risk of admission to a psychiatric institution or have a need for continued psychiatric hospitalization, whose service and support needs cannot be met by just one agency/system, who are capable of being cared for in the home and/or community if services are provided, who have a viable and consistent living environment with parents/guardians who are able and willing to participate in the HCBS waiver. Participants aging out by virtue of reaching their 21st birthday are transitioned into the adult mental health system as needed by referring them to the Single Point of Access/Entry into the adult system in each county.

Level of Care
The child must meet the inpatient psychiatric facility level of care.

Respite Services
Respite workers temporarily care for the child, on an emergency or planned basis, providing relief from care-giving responsibilities for the family. Respite provides a needed break for the family and the child to ease the stress at home and promote overall wellness for the child and his/her family. Respite Workers supervise the child and engage the child in recreational activities that support his/her constructive interests and abilities. Respite activities include providing supervision and recreational activities that match the child’s developmental stage and/or transporting a child to school, an appointment or a program. Respite care may be provided on a planned or emergency basis, day or night, in the child’s home or in the community by trained respite workers with one child or a group of children enrolled in the SED Waiver.

Respite Provider Eligibility
Providers must demonstrate to OMH that they meet local, state, and federal rules and regulations. Both OMH and DOH review the services each year, to ensure participants' health and welfare. These rules and regulations can be found here:
http://www.omh.ny.gov/omhweb/guidance/hcbs/competencies/respite.html

Caregiver Eligibility
Respite may not be provided by a: legally responsible person, relative, or legal guardian.

Enrollment Limit
2002: Year ending 12/31/2018 (pending approval of renewal application)
<table>
<thead>
<tr>
<th><strong>NEW YORK</strong></th>
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<tbody>
<tr>
<td><strong>How to Apply</strong></td>
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<tr>
<td>Contact your local Department of Social Services (LDSS) <a href="https://www.health.ny.gov/health_care/medicaid/ldss.htm">https://www.health.ny.gov/health_care/medicaid/ldss.htm</a> or mental health office for information about referrals and the application process.</td>
</tr>
<tr>
<td><strong>Contact Information</strong></td>
</tr>
<tr>
<td>Office of Mental Health Facilities Directory: <a href="http://www.omh.ny.gov/omhweb/aboutomh/omh_facility.html">http://www.omh.ny.gov/omhweb/aboutomh/omh_facility.html</a> or the</td>
</tr>
<tr>
<td>Office of Mental Health Field Offices: <a href="http://www.omh.ny.gov/omhweb/aboutomh/FieldOffices.html">http://www.omh.ny.gov/omhweb/aboutomh/FieldOffices.html</a></td>
</tr>
<tr>
<td>Or send the Office of Mental Health an email via their website: <a href="http://www.omh.ny.gov/omhweb/email/compose_mail.asp?tid=CF_guidance_hcbs_3">http://www.omh.ny.gov/omhweb/email/compose_mail.asp?tid=CF_guidance_hcbs_3</a></td>
</tr>
<tr>
<td><strong>Link to Waiver Application</strong></td>
</tr>
<tr>
<td>Look under 2015 Notices and select Children’s Home and Community-based Services Waiver Program</td>
</tr>
<tr>
<td><strong>Expiration Date</strong></td>
</tr>
<tr>
<td>12/31/2013 (Renewal application in progress to extend to 12/31/18)</td>
</tr>
<tr>
<td><strong>Date of Last Update</strong></td>
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<tr>
<td>06/16/2016</td>
</tr>
</tbody>
</table>
Managed Care 1915(b) and/or Home and Community-Based 1915(c) Waivers for Respite Support

Medicaid is a program in every state that pays for medical assistance for certain individuals and families with low incomes and resources. It is the largest source of funding for medical and health-related services for America’s poorest people. Because Medicaid is funded jointly by the federal and state governments, the services paid for vary from state to state. In addition to medical services, Medicaid will pay for home and community-based services (HCBS) through the state plan as well as through Medicaid waivers that offer services as a lower-cost alternative to treatment in a medical or long term care facility, such as a nursing home. Respite is usually paid for through one or more of the following types of waivers: research and demonstration (1115), managed care (1915b) and HCBS (1915c) waiver programs. This state’s Medicaid waivers that include respite are:

NC Comprehensive Waiver (3.5)

Provides adult day health, day supports, personal care, residential supports, respite, supported employment, behavior consultant, community transition, crisis respite, crisis services, home and community supports, home modifications, individual caregiver training and education, individual goods and services (self-direction only), long term vocational supports, personal emergency response system (PERS), specialized consultative services, specialized equipment and supplies, transportation, and vehicle adaptations for individuals diagnosed with autism, developmental disabilities, and/or intellectual disabilities with no age restrictions.

NC Supports Waiver (3.5)

Provides adult day health, day supports, home and community supports, personal care, respite, supported employment, behavior consultation, crisis respite, crisis services, home modifications, individual and caregiver training, individual goods and services (SD only), long term vocational supports, personal emergency response system (PERS), specialized consultative services, specialized equipment and supplies, transportation, and vehicle adaptation for individuals diagnosed with autism, developmental disabilities, and/or intellectual disabilities with no age restrictions.

NC 2008 Community Alternatives Program for Disabled Adults CAP/DA Waiver

Provides adult day health, case management, institutional respite, personal care aide, care advisor, financial management services (FMS), personal assistance, assistive technology, community transition, home accessibility and adaptations, meal preparation and delivery, non-institutional respite, participant goods and services, personal emergency response system (PERS), specialized medical equipment supplies-nutritional supplements, specialized medical equipment supplies-reusable incontinence supplies, specialized medical equipment supplies-medication dispensing boxes, and training/education and consultative services for aged individuals 65 years and older and individuals between 18-64 years old diagnosed as disabled.

NC Community Alternatives Program for Children Waiver

Provides Community Alternatives Program for Children (CAP/C) personal care services in-home respite care, CAP/C personal care, case management, care advisor, financial management, CAP/C nursing services, CAP/C pediatric nurse aide in-home respite care, CAP/C pediatric nurse aide services, caregiver training and education, community transition funding, home modifications, in-home nurse respite, institutional respite, motor vehicle modifications, palliative care-counseling and bereavement counseling, palliative care-expressive therapies, personal assistant, waiver supplies-adaptive tricycle, waiver supplies-re-usable incontinence undergarments, and waiver supply-disposable liners for reusable incontinence undergarments for individuals, 0-20, diagnosed as medically fragile.
NC Innovations Waiver

Provides day supports, personal care, residential supports, respite, supported employment, assistive technology, community guide, community networking, community transition, crisis services, financial support services, home modifications, in home intensive support, in home skill building, individual good and services, natural supports education, specialized consultation, and vehicle modifications for individuals diagnosed with developmental disabilities, and/or intellectual disabilities with no age restrictions.
NC Comprehensive Waiver (3.5)(0662.R01.00)
State Operating Agency: North Carolina Division of Mental Health/Developmental Disabilities/Substance Abuse Services (DMH/DD/SAS)

Description
This waiver allows persons with developmental disabilities, mental retardation, and autism to remain living at home and in the community as an alternative to institutionalization. Participants in the Comprehensive Waiver have a Case Manager who assists them in finding and connecting with community resources, developing a Person Centered Plan, ensuring the participant’s health and safety needs are met, facilitating services and supports are provided in the Most Integrated Setting, and ensuring the participant is satisfied with the services and supports they are receiving. The Comprehensive Waiver does not apply to residents of Cabarrus, Davidson, Rowan, Stanly and Union Counties, which are covered by the Piedmont Innovations Waiver.

The services provided by this waiver include: adult day health, day supports, personal care, residential supports, respite, supported employment, behavior consultant, community transition, crisis respite, crisis services, home and community supports, home modifications, individual caregiver training and education, individual goods and services (self-direction only), long term vocational supports, personal emergency response system (PERS), specialized consultative services, specialized equipment and supplies, transportation, and vehicle adaptations. This waiver relies on person-centered plans.

Waiver Type
1915(c)

Target Population-Eligibility
Individuals, regardless of age, who have been diagnosed with: Autism, Developmental Disability (DD), and/or Mental Retardation (MR). Individuals who reside in counties that are covered by the Innovations Waiver are not eligible for this Comprehensive Waiver.

Level of Care
Individuals require level of care available in an Intermediate Care Facility for the Mentally Retarded (ICF/MR)

Respite Services
Respite is a service that provides periodic relief for the family or primary caregiver. This service may be provided in the participant’s home or in an out-of-home setting. Respite must not be used for participants who are living alone or with a roommate.

Community Respite provides periodic relief for the family or primary caregiver and may be provided either as an individual or in a group service and is provided in the community and not at a State Developmental Center. It can be provided in any of the following locations: participant’s home or place of residence or within the participant’s community or LME approved Respite providers home meeting requirements, other community care residential facility approved by the state that is not a private residence including alternative family living arrangement or certified respite provider’s home.

Institutional Respite is provided in an ICF-MR bed in a State Developmental Center.

Enhanced Respite is for individuals who have intense medical needs and require the expertise and supervision of a Registered Nurse (RN) or Licensed Practical Nurse (LPN) due to the complexity or critical nature of the activities provided.

Crisis Respite is a short-term service providing relief to the caregiver when a participant is experiencing a crisis and a period of structured support, programming, or both is required. Crisis respite may be used when: the participant cannot be safely supported at home due to his or her behavior and implementation of a formal behavior intervention has failed to stabilize the behaviors or all other approaches to ensure health and safety have failed. In addition, the service may be used as a planned respite stay for waiver participants who are unable to access regular respite due to the nature of the behaviors they exhibit.

Crisis respite care is provider managed; other respite services may be participant-managed or provider managed.

Respite Provider Eligibility
<table>
<thead>
<tr>
<th><strong>Caregiver Eligibility</strong></th>
<th>Crisis Respite: may not be provided by a legally responsible person, relative or a legal guardian of the client. Other respite services may be provided by a relative or a legal guardian of the participant as long as they not live in the participant’s home, and is a qualified employee of the respite provider agency, but may not be provided by a legally responsible person.</th>
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</thead>
<tbody>
<tr>
<td><strong>Enrollment Limit</strong></td>
<td>10325: Year ending 09/30/2016</td>
</tr>
<tr>
<td><strong>Contact Information</strong></td>
<td>Contact the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (919) 630-7582</td>
</tr>
<tr>
<td><strong>Link to Waiver Application</strong></td>
<td>Link to application unavailable</td>
</tr>
<tr>
<td><strong>Expiration Date</strong></td>
<td>09/30/2017</td>
</tr>
<tr>
<td><strong>Date of Last Update</strong></td>
<td>11/06/2015</td>
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</table>
**Description**

The Supports Waiver provides services and supports to participants with intellectual and developmental disabilities in their homes and communities as an alternative to institutionalization. This waiver relies on person-centered plans. Participants in the Comprehensive Waiver have a Case Manager who assists them in finding and connecting with community resources, developing a Person Centered Plan, ensuring the participant’s health and safety needs are met, facilitating services and supports are provided in the Most Integrated Setting, and ensuring the participant is satisfied with the services and supports they are receiving.

The services provided by this waiver include: adult day health, day supports, home and community supports, personal care, respite, supported employment, behavior consultation, crisis respite, crisis services, home modifications, individual and caregiver training, individual goods and services (SD only), long term vocational supports, personal emergency response system (PERS), specialized consultative services, specialized equipment and supplies, transportation, and vehicle adaptations.

<table>
<thead>
<tr>
<th>Waiver Type</th>
<th>1915(c)</th>
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<tbody>
<tr>
<td>Target Population-Eligibility</td>
<td>Individuals, regardless of age, who have been diagnosed with: Autism, Developmental Disability (DD), and/or Mental Retardation (MR). North Carolina residents who live in their own home or reside with their family with some support and service needs that can be met within the cost limit of $17,500. Participants who choose not to self-direct can live in licensed residential facilities. Individuals who reside in counties that are covered by the Innovations Waiver are not eligible for this Supports Waiver.</td>
</tr>
<tr>
<td>Level of Care</td>
<td>The level of care that an individual requires is the care available in an Intermediate Care Facility for the Mentally Retarded (ICF/MR).</td>
</tr>
<tr>
<td>Respite Services</td>
<td>Respite is a service that provides periodic relief for the family or primary caregiver. This service may be provided in the participant’s home or in an out-of-home setting. Respite must not be used for participants who are living alone or with a roommate. Community Respite provides periodic relief for the family or primary caregiver and may be provided either as an individual or in a group service and is provided in the community and not at a State Developmental Center. It can be provided in any of the following locations: participant’s home or place of residence or within the participant’s community or LME approved Respite providers home meeting requirements, other community care residential facility approved by the state that is not a private residence including alternative family living arrangement or certified respite provider’s home. Institutional Respite is provided in an ICF-MR bed in a State Developmental Center. Enhanced Respite is for individuals who have intense medical needs and require the expertise and supervision of a Registered Nurse (RN) or Licensed Practical Nurse (LPN) due to the complexity or critical nature of the activities provided. Crisis Respite is a short-term service providing relief to the caregiver when a participant is experiencing a crisis and a period of structured support, programming, or both is required. Crisis respite may be used when: the participant cannot be safely supported at home due to his or her behavior and implementation of a formal behavior intervention has failed to stabilize the behaviors or all other approaches to ensure health and safety have failed. In addition, the service may be used as a planned respite stay for waiver participants who are unable to access regular respite due to the nature of the behaviors they exhibit. Crisis respite care is provider managed; other respite services may be participant-managed or provider managed.</td>
</tr>
<tr>
<td><strong>Respite Provider Eligibility</strong></td>
<td>Information about provider eligibility: <a href="http://www2.ncdhhs.gov/dma/provenroll/index.htm">http://www2.ncdhhs.gov/dma/provenroll/index.htm</a>.</td>
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<tr>
<td><strong>Caregiver Eligibility</strong></td>
<td>Crisis Respite: may not be provided by a legally responsible person, relative or a legal guardian of the client. Other respite services may be provided by a relative or a legal guardian of the participant as long as they not live in the participant’s home, and is a qualified employee of the respite provider agency, but may not be provided by a legally responsible person.</td>
</tr>
<tr>
<td><strong>Enrollment Limit</strong></td>
<td>1150: Year ending 09/30/2016</td>
</tr>
<tr>
<td><strong>How to Apply</strong></td>
<td>To apply, contact your local Social Services Agency here: <a href="http://www2.ncdhhs.gov/dss/local/index.htm">http://www2.ncdhhs.gov/dss/local/index.htm</a> Reference the DMA website before calling to determine other materials you will need here: <a href="https://dma.ncdhhs.gov/medicaid/get-started/apply-for-medicaid-or-health-choice">https://dma.ncdhhs.gov/medicaid/get-started/apply-for-medicaid-or-health-choice</a></td>
</tr>
<tr>
<td><strong>Contact Information</strong></td>
<td>Contact the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (919) 630-7582</td>
</tr>
<tr>
<td><strong>Link to Waiver Application</strong></td>
<td>Link to application unavailable</td>
</tr>
<tr>
<td><strong>Expiration Date</strong></td>
<td>09/30/2017</td>
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<tr>
<td><strong>Date of Last Update</strong></td>
<td>11/06/2015</td>
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</table>
NC 2008 Community Alternatives Program for Disabled Adults (CAP/DA) Waiver (0132.R06.00)
State Operating Agency: NC Department of Health and Human Services (DHHS), Division of Medical Assistance (DMA)

Description
The CAP/DA waiver has two options for an individual to select, traditional services or consumer-direction. The traditional services of the waiver allows providers to take the lead role in directing beneficiaries service; whereas, consumer-directed care allows the beneficiary, or their appointed representative, to take lead in the development of the plan of care. This lead role offers the authority and responsibility to manage and make decisions regarding waiver services.

Services provided by this waiver include: adult day health, case management, institutional respite, personal care aide, case advisor, financial management services (FMS), personal assistance, assistive technology, community transition, home accessibility and adaptations, meal preparation and delivery, non-institutional respite, participant goods and services, personal emergency response system (PERS), specialized medical equipment supplies-nutritional supplements, specialized medical equipment supplies-reusable incontinence supplies, specialized medical equipment supplies - medication dispensing boxes, and training/education and consultative services. In addition, participants are eligible for State Plan services when medical necessity is determined.

Waiver Type 1915(c)

Target Population-Eligibility
Individuals who are 65 years and older or disabled and between the ages of 18 and 64 years old.

Level of Care
Individuals require level of care available in a Nursing Facility (NF).

Respite Services
Institutional Respite Care is the provision of temporary support to the primary caregiver(s) of the CAP/DA participant by taking over care of the participant for a limited period of time. The provision of this service takes place in a Medicaid, certified nursing facility or a hospital with swing beds. This service may be used to meet a wide variety of needs, including family or caregiver emergencies, relief of the caregiver, and planned vacations/special occasions when the caregiver needs to be away from town for some extended period of time. Institutional respite care is provider managed.

Non-Institutional Respite Care is the provision of temporary support to the primary unpaid caregiver(s) of the CAP/participant by taking over the tasks of primary caregiver for a limited period of time. These services are provided in the CAP/DA participant’s home and are provided by a Personal Care Aide working through a Homecare Agency Licensed by the State. This service may be used to meet a wide range of needs, including family emergencies; planned special circumstances (such as vacations, hospitalizations, or business trips); relief from the daily responsibility and stress of caring for a Beneficiary with a disability; or the provision of time for the caregiver(s) to complete essential personal tasks. Non-Institutional respite care may be provider managed or participant-directed.

The combined use of both Institutional Respite Care and Non-Institutional Respite Care must not exceed 30 calendar days or 720 hours in one fiscal year.

Respite Provider Eligibility
Information about provider eligibility: [http://www2.ncdhhs.gov/dma/provenroll/index.htm](http://www2.ncdhhs.gov/dma/provenroll/index.htm)

Caregiver Eligibility
Institutional Respite: Services may not be provided by a legally responsible person, relative or a legal guardian.
Non-Institutional Respite: Services may be provided the legally responsible person, relative, or legal guardian.

Enrollment Limit 13936: Year ending 09/30/2016

How to Apply
To apply, contact the lead Community Alternatives Program for Disabled Adults Waiver (CAP/DA) lead agency in your area ([http://www2.ncdhhs.gov/dma/cap/CAPDA_ContactList_050214.pdf](http://www2.ncdhhs.gov/dma/cap/CAPDA_ContactList_050214.pdf)). More
information on the waiver program is available at
http://dma.ncdhhs.gov/providers/programs-services/long-term-care/community-alternatives-
program-for-disabled-adults.

<table>
<thead>
<tr>
<th>Contact Information</th>
<th>Division of Medical Assistance, Clinical Policy Section</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>919-855-4100</td>
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</table>

|------------------------------|--------------------------------------------------------|

| Expiration Date              | 09/30/2018                                             |

| Date of Last Update          | 11/06/2015                                             |
**NC Community Alternatives Program for Children Waiver (CAP/C) (4141.R05.00)**

**State Operating Agency:** North Carolina Health and Human Services (DHHS)

### Description

The purpose of the CAP/C waiver is to provide a community alternative for children who have complex medical conditions who otherwise would be hospitalized or in a nursing facility. The program provides a package of services that support the recipient directly and indirectly by providing physical, educational, and emotional support to the recipient and his or her family and informal supports. With an appropriate package of supports, recipients will be able to remain safely at home, and they and their families can be independent, active members of their communities, all at a cost lower than that of institutionalization.

The services provided by this waiver include: Community Alternatives Program for Children (CAP/C) personal care services, in-home respite care, CAP/C personal care, case management, care advisor, financial management, CAP/C nursing services, CAP/C pediatric nurse aide in-home respite care, CAP/C pediatric nurse aide services, caregiver training and education, community transition funding, home modifications, in-home nurse respite, institutional respite, motor vehicle modifications, palliative care-counseling and bereavement counseling, palliative care-expressive therapies, personal assistant, waiver supplies-adaptive tricycle, waiver supplies-re-usable incontinence undergarments, and waiver supply-disposable liners for reusable incontinence undergarments.

Referrals to the CAP/C program may come from any source; most often from case managers, but also from hospital discharge planners, Early Intervention workers, physicians’ offices, and recipients themselves. There is a ‘no wrong door’ policy for entrance into the waiver. CAP/C accommodates both a traditional service delivery method and a participant-directed option.

<table>
<thead>
<tr>
<th>Waiver Type</th>
<th>1915(c)</th>
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<tbody>
<tr>
<td><strong>Target Population-Eligibility</strong></td>
<td>Individuals who: Are under the age of 21 (0-20), Are medically fragile, and Are residing in a private residential setting. The State defines ‘private residence’ as a traditional home that is not licensed or regulated as a group home or other board and care facility. Individuals may be living in licensed facilities or nursing facilities at the time of application but must be discharged to a private residence before they can actually begin participating in the waiver program.</td>
</tr>
<tr>
<td><strong>Level of Care</strong></td>
<td>The level of care that an individual requires is the care available in a Hospital or Nursing Facility (NF).</td>
</tr>
<tr>
<td><strong>Respite Services</strong></td>
<td>In-Home Respite: This waiver offers three types of in-home respite services: CAP/C Personal Care Services In-Home Respite; CAP/C Pediatric Nurse Aide In-Home Respite Care; and In-Home Nurse Respite. All in-home respite services are provided to participants unable to care for themselves that are furnished on a short-term basis because of the absence or need for relief of those informal support persons who normally provide care for the participant. Foster care services are not billed during the period that respite is furnished for the relief of the foster care provider. In-Home Respite care is provided in the individual's home or place of residence, including a level 1 foster home. Institutional Respite: Service provided to participants unable to care for themselves that are furnished on a short-term basis because of the absence or need for relief of those informal support persons who normally provide care for the participant. Foster care services are not billed during the period that respite is furnished for the relief of the foster care provider. Institutional respite care is provided in a Medicaid certified hospital or Medicaid certified nursing facility. All respite services are provider managed</td>
</tr>
<tr>
<td><strong>Respite Provider Eligibility</strong></td>
<td>Information about provider eligibility: <a href="http://www2.ncdhhs.gov/dma/provenroll/index.htm">http://www2.ncdhhs.gov/dma/provenroll/index.htm</a></td>
</tr>
<tr>
<td><strong>Caregiver Eligibility</strong></td>
<td>In-home respite may not be provided by a legal guardian or legally responsible person, but may be provided by a relative. Institutional respite may not be may not be provided by a legal guardian, legally responsible person, or relative.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>1631: Year ending 06/30/2015; renewal application pending</td>
</tr>
<tr>
<td>------------------</td>
<td>-------------------------------------------------------</td>
</tr>
<tr>
<td>How to Apply</td>
<td>To apply, the child in question must be enrolled in Medicaid. If the child is not enrolled in Medicaid they can be enrolled online via the ePASS public portal at <a href="https://epass.nc.gov/CitizenPortal/application.do">https://epass.nc.gov/CitizenPortal/application.do</a> Families on CAP/C have a case manager to assist them with identifying their needs. The case manager will develop a plan of care to meet your child’s needs, monitor, and coordinate the services and supplies in that plan of care. Case Management Providers and DMA Consultants by County: <a href="http://www2.ncdhhs.gov/dma/cap/capc/CAPC_Contacts_by_County_071514.pdf">http://www2.ncdhhs.gov/dma/cap/capc/CAPC_Contacts_by_County_071514.pdf</a></td>
</tr>
<tr>
<td>Contact Information</td>
<td>Department of Medical Assistance: 919-855-4100 Contact your local Social Services Agency for more information: <a href="http://www2.ncdhhs.gov/dss/local/">http://www2.ncdhhs.gov/dss/local/</a> More information about this program can be found on the NC Medical Assistance website: <a href="https://dma.ncdhhs.gov/medicaid/get-started/find-programs-and-services/community-alternatives-program-for-children">https://dma.ncdhhs.gov/medicaid/get-started/find-programs-and-services/community-alternatives-program-for-children</a></td>
</tr>
<tr>
<td>Link to Waiver Application</td>
<td>Link to application unavailable</td>
</tr>
<tr>
<td>Expiration Date</td>
<td>[06/30/2015]; renewal application submitted and pending</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>11/06/2015</td>
</tr>
</tbody>
</table>
**NC Innovations Waiver (0423.R02.00)**  
**State Operating Agency:** NC Department of Health and Human Services (DHHS), Division of Medical Assistance

### Description
This waiver is designed to provide an array of community-based services and supports that promote choice, control and community membership. These services provide a community-based alternative to institutional care. The services provided by this waiver include: day supports, personal care, residential supports, respite, supported employment, assistive technology, community guide, community networking, community transition, crisis services, financial support services, home modifications, in home intensive support, in home skill building, individual good and services, natural supports education, specialized consultation, and vehicle modifications. Participants may elect to direct their own services.

### Waiver Type
1915(c); 1915(b) Operates concurrently with the NC Mental Health, Intellectual and Developmental Disabilities and Substance Abuse Services Health Plan waiver, #NC-02.

### Target Population-Eligibility
Individuals of any age who have been diagnosed with developmental disabilities and/or intellectual disabilities. New participants must live with private families or in living arrangements in 6 beds or less.

### Level of Care
Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

### Respite Services
Respite services provide periodic support and relief to the primary caregiver(s) from the responsibility and stress of caring for the individual. This service enables the primary caregiver to meet or participate in planned or emergency events and to have planned time for him/her and/or family members. Respite may include in- and out-of-home services, inclusive of overnight, weekend care, and emergency care (family emergency based, not to include out-of-home crisis). This service may not be used as a daily service in individual support. This service is not available to individuals who receive residential supports and/or those who live in licensed residential settings or Alternative Family Living (AFL) Homes. Respite care is not provided by any individual who resides in the individual’s primary place of residence. Respite does not include transportation to/from school settings. This service is not available at the same time of day as in-home skill building, in-home intensive services, community networking, day supports, supported employment, residential supports, personal care, specialized consultation services, or one of the regular Medicaid services that works directly with the participant. Respite may not be used for participants who are living alone or with a roommate. Respite services may be participant-directed or provider managed.

### Respite Provider Eligibility
Information about provider eligibility: [http://www2.ncdhhs.gov/dma/provenroll/index.htm](http://www2.ncdhhs.gov/dma/provenroll/index.htm).

### Caregiver Eligibility
Respite may be provided by a relative or legal guardian, but may not be provided by a legally responsible person.

### Enrollment Limit
12488: Year ending 07/31/2016

### How to Apply
To apply, contact the Local Management Entity-Managed Care Organization in your county: [http://www2.ncdhhs.gov/mhddsas/services/advocacyandcustomerservice/cetmap1-2013.pdf](http://www2.ncdhhs.gov/mhddsas/services/advocacyandcustomerservice/cetmap1-2013.pdf)

### Contact Information
Contact the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (919) 630-7582

### Link to Waiver Application

### Expiration Date
07/31/2018

### Date of Last Update
11/06/2015
Home and Community-Based 1915(c) Waivers for Respite Support
Medicaid is a program in every state that pays for medical assistance for certain individuals and families with low incomes and resources. It is the largest source of funding for medical and health-related services for America’s poorest people. Because Medicaid is funded jointly by the federal and state governments, the services paid for vary from state to state. In addition to medical services, Medicaid will pay for home and community-based services (HCBS) through the state plan as well as through Medicaid waivers that offer services as a lower-cost alternative to treatment in a medical or long term care facility, such as a nursing home. Respite is usually paid for through one or more of the following types of waivers: research and demonstration (1115), managed care (1915b) and HCBS (1915c) waiver programs. This state’s Medicaid waivers that include respite are:

ND Traditional Intellectual Disability/Developmental Disability (IID/DD) Home and Community-Based Care (HCBS) Waiver
Provides adult day health, day supports, extended services, homemaker, residential habilitation, extended home health care, adult family foster care, behavioral consultation, environmental modifications, equipment and supplies, family care option, in home supports, infant development, parenting support, transportation costs for financially responsible caregiver for individuals diagnosed with intellectual disabilities and developmental disabilities with no age restrictions.

ND Medicaid Waiver for Medically Fragile Children
Provides institutional respite, program management or case management, dietary supplements, environmental modifications, equipment and supplies, in-home supports, individual and family counseling, transportation for individuals ages 3-17 diagnosed as for medically fragile.

ND Medicaid Waiver HCBS
Provides adult day care, adult residential care, case management, homemaker, respite care, supported employment, adult family foster care, chore, emergency response, environmental modifications, extended personal care, family personal care, home delivered meals, non-medical transportation, specialized equipment and supplies, transitional living for individuals age 65 and older or individuals 18-64 diagnosed as physically disabled.

ND Children’s Hospice Waiver
Provides case management, respite, hospice, skilled nursing, bereavement counseling, equipment and supplies, expressive therapy, and palliative for individuals age 21 or younger diagnosed as medically fragile.

ND Autism Spectrum Disorder Birth through Seven Waiver
Provides: respite, service management, assistive technology, program design and monitoring, and skills training for children ages 0-7 diagnosed with autism.
**Description**
The ID/DD HCBS waiver provides an array of provider managed and participant directed services in order for individuals of all ages to have the opportunity to receive community alternatives to institutional placement.
Services provided by this waiver include: adult day health, day supports, extended services, homemaker, residential habilitation, extended home health care, adult family foster care, behavioral consultation, environmental modifications, equipment and supplies, family care option, in home supports, infant development, parenting support, and transportation costs for financially responsible caregiver.

**Waiver Type**
1915(c)

**Target Population-Eligibility**
Individuals of any age who are intellectually or developmentally disabled.

**Level of Care**
Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

**Respite Services**
This waiver does not include formal respite services, but offers Adult Day Health/Adult Day Care which is a community-based service offered within a group setting designed to meet the needs of individuals who are functionally impaired. It is a structured, comprehensive service that provides a variety of social and related support services in a protective setting during part of a day. Adult Day Health/Adult Day Care is provider managed.

**Respite Provider Eligibility**
Information on becoming a provider of services: [http://www.nd.gov/dhs/services/medicalserv/medicaid/provider.html](http://www.nd.gov/dhs/services/medicalserv/medicaid/provider.html)

**Caregiver Eligibility**
Adult Day Health/Adult Day Care may not be provided by a legally responsible person, a relative or legal guardian.

**Enrollment Limit**
5365: Year ending 03/31/2016

**How to Apply**
Contact North Dakota Department of Human Services, Developmental Disabilities Division to find the office nearest you.

**Contact Information**
North Dakota Department of Human Services, Developmental Disabilities (DD) Division
LINK toll-free at 1-855-GO2LINK (1-855-462-5465) or [http://www.nd.gov/dhs/services/disabilities/dd-offices.html](http://www.nd.gov/dhs/services/disabilities/dd-offices.html)

**Link to Waiver Application**
Link to application unavailable

**Expiration Date**
03/31/2019

**Date of Last Update**
10/30/2015
### North Dakota

**ND Medicaid Waiver for Medically Fragile Children (0568.R01.00)**

**State Operating Agency:** North Dakota Department of Human Services, Developmental Disabilities (DD) Division

#### Description

The purpose of this waiver is to provide assistance for families who require long term supports and services to maintain children diagnosed as medically fragile in the family home setting while meeting the children’s unique medical needs. The services provided by this waiver include: institutional respite, program management or case management, dietary supplements, environmental modifications, equipment and supplies, in-home supports, individual and family counseling, and transportation.

#### Waiver Type

1915(c)

#### Target Population - Eligibility

Individuals 3-17 years old diagnosed as medically fragile.

#### Level of Care

Individuals require level of care available in a Nursing Facility (NF).

#### Respite Services

Institutional Respite: The purpose of Institutional Respite is to provide temporary relief to the eligible consumer’s legally responsible caregiver from the stresses and demands associated with having a child who is medically fragile. Institutional Respite is provided in a nursing facility or hospital which is capable of meeting the child’s unique medical needs while assuring their health and welfare. Institutional Respite can be provided for no longer than 14 consecutive days. Institutional Respite is participant-directed.

#### Respite Provider Eligibility

Provider must be a nursing facility or hospital certified as a Medicaid provider and licensed to operate in North Dakota by the Department of Health. For more information about provider eligibility: [http://www.nd.gov/dhs/services/medicalserv/medicaid/provider.html](http://www.nd.gov/dhs/services/medicalserv/medicaid/provider.html)

#### Caregiver Eligibility

Respite may not be provided by a legal guardian, relative, or legally responsible person.

#### Enrollment Limit

25: Year ending 05/31/2016

#### How to Apply

Contact Developmental Disabilities Division. To find the office nearest you, please visit: [http://www.nd.gov/dhs/locations/countysocialserv/index.html](http://www.nd.gov/dhs/locations/countysocialserv/index.html)

#### Contact Information

Department of Human Services, Developmental Disabilities Division
(701) 328-4630 or visit: [http://www.nd.gov/dhs/services/disabilities/dd-offices.html](http://www.nd.gov/dhs/services/disabilities/dd-offices.html)

#### Link to Waiver Application


#### Expiration Date

05/31/2016

#### Date of Last Update

10/30/2015
**ND Medicaid Waiver HCBS (0273.R04.00)**

**State Operating Agency:** North Dakota Department of Human Services (DHS), Long Term Care Continuum, Medical Services Division (MSD)

| Description | The goal is to adequately and appropriately sustain individuals in their own homes and communities and to delay or divert institutional care. In order to successfully meet the mandate, a consumer-centered, affordable delivery system has been established for delivery of in-home services. To accomplish these goals, an array of services is offered through the waiver. A system has been established to assess the needs of consumers, implement a care plan, monitor the progress of the care plan, and re-evaluate consumer needs on a regular basis. The service delivery system includes individual and agency service providers. The services provided by this waiver includes: adult day care, adult residential care, case management, homemaker, respite care, supported employment, adult family foster care, chore, emergency response, environmental modifications, extended personal care, family personal care, home delivered meals, non-medical transportation, specialized equipment and supplies, and transitional living. |
| Waiver Type | 1915(c) |
| Target Population-Eligibility | Individuals who are aged 65 years or older or individuals who are 18-64 years old and diagnosed as physically or otherwise disabled. |
| Level of Care | Individuals require level of care available in a Nursing Facility (NF) |
| Respite Services | Respite Care is for the purpose of providing temporary relief to the individual’s primary care provider from the stresses and demands associated with constant care or in emergencies. The primary caregiver’s need for relief is intermittent or occasional; the client requires a qualified caregiver during the primary caregiver’s absence; and/or the relief is not for the primary caregiver’s employment or to attend school. Respite care can be provided in the client’s residence, adult foster care home, hospital, nursing facility, swing bed facility, or in the private home of approved respite home care provider. To avoid duplication, respite care cannot be provided to individuals receiving adult residential services. Respite care is provider managed. |
| Respite Provider Eligibility | Information about provider eligibility: [http://www.nd.gov/dhs/services/medicalserv/medicaid/provider.html](http://www.nd.gov/dhs/services/medicalserv/medicaid/provider.html). |
| Caregiver Eligibility | Respite may not be provided by a legally responsible person or a legal guardian, but may be provided by a relative. |
| Enrollment Limit | 477: Year ending 03/31/2016 |
| How to Apply | Contact Medical Services Division [http://www.nd.gov/dhs/locations/countysocialserv/index.html](http://www.nd.gov/dhs/locations/countysocialserv/index.html). |
| Contact Information | Medical Services Division (701) 328-2321 or toll free number: 1-800-755-2604. |
| Link to Waiver Application | Link to application unavailable |
| Expiration Date | 03/31/2017 |
| Date of Last Update | 10/30/2015 |
**ND Children’s Hospice Waiver (0834.R01.00)**

**State Operating Agency:** North Dakota Department of Human Services (DHS), Home and Community - Based Services, Medical Services Division

**Description**

The purpose of this waiver is to keep children, who have a life limiting diagnosis that may be less than one year, between the ages of 0 to their 22nd birthday, in their home as much as possible, avoiding lengthy hospital stays and delay or divert institutional care. This waiver removes the hospice requirement of a physician certification that death is expected within six months and allows the family to provide treatments that are both curative and palliative for the child to successfully handle each day from time of diagnosis to death. The services provided by this waiver include: case management, respite, hospice, skilled nursing, bereavement counseling, equipment and supplies, expressive therapy, and palliative. Services are provided through the traditional service method.

**Waiver Type**

1915(c)

**Target Population - Eligibility**

Individuals who are aged 0-21 and diagnosed as medically fragile.

**Level of Care**

Individuals require level of care available in a Nursing Facility (NF).

**Respite Services**

Respite can provide temporary relief to the legally responsible caregiver in order for the caregiver to possibly but not be limited to accompanying other siblings to daily activities, provide relief for brief periods of time and complete all I Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs for the child. Child must be residing in their legally responsible caregiver’s home and respite must occur within this home. Respite is defined as taking total care of child for a short period of time (not overnight). The legal caregiver will be able to attend to other siblings, family members, take care of self needs or other tasks. This service will only be authorized when listed on the service plan as a need. The family can use respite in conjunction with a Home Health Aide (not a waiver service). Respite services are provider managed.

**Respite Provider Eligibility**

Information about provider eligibility: [http://www.nd.gov/dhs/services/medicalserv/medicaid/provider.html](http://www.nd.gov/dhs/services/medicalserv/medicaid/provider.html)

**Caregiver Eligibility**

Respite may not be provided by a legally responsible person, relative, or legal guardian.

**Enrollment Limit**

30: Year ending 06/30/2016.

**How to Apply**

Contact Medical Services Division [http://www.nd.gov/dhs/locations/countysocialser/index.html](http://www.nd.gov/dhs/locations/countysocialser/index.html)

**Contact Information**

Medical Services Division
(701) 328-2321 or toll free number: 1-800-755-2604.

**Link to Waiver Application**


**Expiration Date**

06/30/2018

**Date of Last Update**

10/30/2015
### Description
The waiver provides service options for children from birth through age 7 living with a primary caregiver who are diagnosed with autism. The goal of the waiver is to support the primary caregiver to maximize the child’s development and prevent out of home placements. The services provided by this waiver include: respite, service management, assistive technology, program design and monitoring, and skills training.

### Waiver Type
1915(c)

### Target Population-Eligibility
Individuals ages 0-7 who has been diagnosed with Autism.

### Level of Care
Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

### Respite Services
Respite services provided to participants unable to care for themselves that are furnished on a short-term basis because of the need for relief of the primary caregivers. Routine respite care may include hourly, daily and overnight support and may be provided in the individual’s place of residence, a facility approved by the State which is not a private residence, or in the private residence of the respite care provider. Respite is only available to primary caregivers in family settings. Respite care shall not be used as day/child care to allow the persons normally providing care to go to work or school. Respite care cannot be used to provide service to a participant while the participant is eligible to receive Part B services and could otherwise gain support through the Department of Public Instruction. Respite is only available to primary caregivers in family settings. Respite services may be participant-directed or provider managed.

### Respite Provider Eligibility

### Caregiver Eligibility
Respite may not be provided by a legally responsible person or a legal guardian, but may be provided by a relative.

### Enrollment Limit
47: Year ending 10/31/2015.

### How to Apply
Contact Autism Services Division or visit: [http://www.nd.gov/dhs/autism/](http://www.nd.gov/dhs/autism/)

### Contact Information
North Dakota Department of Human Services, Autism Services Division
701-328-8912, toll-free 800-755-2719 or dhsautism@nd.gov.

### Link to Waiver Application
Link to application unavailable

### Expiration Date
10/31/2018

### Date of Last Update
10/30/2015
Managed Care 1915(b) and/or Home and Community-Based 1915(c) Waivers for Respite Support
Medicaid is a program in every state that pays for medical assistance for certain individuals and families with low incomes and resources. It is the largest source of funding for medical and health-related services for America’s poorest people. Because Medicaid is funded jointly by the federal and state governments, the services paid for vary from state to state. In addition to medical services, Medicaid will pay for home and community-based services (HCBS) through the state plan as well as through Medicaid waivers that offer services as a lower-cost alternative to treatment in a medical or long term care facility, such as a nursing home. Respite is usually paid for through one or more of the following types of waivers: research and demonstration (1115), managed care (1915b) and HCBS (1915c) waiver programs. This state’s Medicaid waivers that include respite are:

**OH Level One Waiver**
Provides homemaker/personal care, institutional respite, specialized medical equipment and supplies, community respite, environmental accessibility adaptations, habilitation adult day support, vocational habilitation, home delivered meals, informal respite, non-medical transportation, personal emergency response systems, remote monitoring equipment, remote monitoring, residential respite, supported employment-adapted equipment, supported employment-community, supported employment-enclave, and transportation for persons with Intellectual Disability (IID)/Developmental Disability (DD), with no age restrictions.

**OH Home Care Waiver**
Provides adult day health center services, personal care aide, emergency response services, home care attendant, home delivered meals, home modifications, out-of-home respite, supplemental adaptive and assistive device services, supplemental transportation, waiver nursing services for individuals ages 0-59 with physical disabilities.

**OH Individual Options Waiver**
Provides homemaker/personal care, respite, adaptive and assistive equipment, adult family living, adult foster care, community respite, environmental accessibility adaptations, habilitation-adult day support, habilitation-vocational habilitation, home delivered meals, homemaker/personal care-daily billing unit, interpreter, non-medical transportation, nutrition, remote monitoring equipment, remote monitoring, residential respite, social work, supported employment-adapted equipment, supported employment-community, supported employment-enclave, transportation for individuals with intellectual disabilities (IID) or developmental disabilities (DD), with no age restrictions.

**OH Transitions Developmental Disabilities (DD) Waiver**
Provides adult day health services, personal care aide services, emergency response, home delivered meals, home modifications, out-of-home respite, supplemental adaptive and assistive devices, supplemental transportation, and waiver nursing services for individuals with autism, intellectual disabilities (IID) and developmental disabilities (DD), with no age restrictions.

**OH Passport Waiver**
Provides adult day, homemaker, personal care, alternative meals service, choices-home care attendant, chore, community transition, emergency response system, enhanced community living services, home delivered meals, home medical equipment and supplies, independent living assistance, minor home modifications-maintenance and repair, non-medical transportation, nutritional consultation, pest control, social work counseling, and transportation for individuals ages 65 years and older and individuals ages 60-64 who have physical disabilities.

**OH Self Empowered Life Funding (SELF) Waiver**
Provides community inclusion, residential respite, supported employment-enclave, participant-directed goods and services, participant/family stability assistance, support brokerage, clinical/therapeutic intervention, community respite, functional behavioral assessment, habilitation-adult day support, habilitation-vocational habilitation, integrated employment, non-medical transportation, remote monitoring equipment, and remote monitoring for individuals with intellectual and developmental disabilities (IID/DD), with no age restrictions.
OH Integrated Care Delivery System Waiver

Provides adult day health, homemaker, personal care, alternative meals service, assisted living service, choices-home care attendant service, chore, community transition, emergency response, enhanced community living, home care attendant, home delivered meals, home medical equipment and supplemental adaptive/assistive device services, home modifications/maintenance/repair, independent living assistance, nutritional consultation, out-of-home respite, pest control, social work counseling, nursing, and waiver transportation for individuals 65 and older and individuals ages 18-64 with physical disabilities.
OH Level One Waiver (0380.R02.00)
State Operating Agency: Ohio Department of Development Disabilities (DODD)

Description
The services provided by this waiver include: homemaker/personal care, institutional respite, specialized medical equipment and supplies, community respite, environmental accessibility adaptations, habilitation adult day support, habilitation vocational habilitation, home delivered meals, informal respite, non-medical transportation, personal emergency response systems (PERS), remote monitoring equipment, remote monitoring, residential respite, supported employment-adapted equipment, supported employment-community, supported employment-enclave, and transportation. The traditional method of service delivery is used.

Waiver Type 1915(c)

Target Population- Eligibility
Individuals of any age who are diagnosed with an intellectual disability (IID) and/or a developmental disability (DD).

Level of Care
Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

Respite Services
Respite is provided to individuals unable to care for themselves and furnished on a short-term basis due to the absence or need for relief of those persons who normally provide care for the individuals. Community Respite is provided outside an individual’s home in a camp, recreation center, or other place where an organized community program or activity occurs. It shall not be provided in any residence or location where Adult Day Support or Vocational Habilitation is provided. Community Respite shall not be provided to an individual at the same time as Homemaker/Personal Care. Informal respite may be provided in the individual’s home or place of residence, home of a friend or family member, or sites of community activities. Residential/Institutional Respite shall only be provided in an intermediate care facility or other residential facility for individuals with intellectual disabilities; a residence, other than an ICF-IID or a facility where Residential Respite is provided by an agency provider.

All respite services are provider managed.

Respite Provider Eligibility
Information on becoming a provider of services: http://dodd.ohio.gov/Providers/BecomeAProvider/Pages/default.aspx

Caregiver Eligibility
Informal Respite may be provided by a relative or legal guardian, but may not be provided by the Legally Responsible Person. Other types of respite services may not be provided by a relative, legal guardian or the legally responsible person.

Enrollment Limit 16000: Year ending 06/30/2016

How to Apply
Contact Ohio Department of Developmental Disabilities to find the office nearest you.

Contact Information
Ohio Department of Developmental Disabilities
(800) 617-6733 or http://dodd.ohio.gov/CountyBoards/CNT/Pages/default.aspx

Link to Waiver Application
Link to application unavailable

Expiration Date 06/30/2016

Date of Last Update 10/30/2015
### Description
A broad range of services are included in this waiver in order to provide a viable home and community-based alternative to institutional care. The waiver offers traditional service delivery methods and participant direction practices that afford opportunities for participant choice and control. Participants have access to agency providers that are Medicare-certified, or are other approved Ohio Department of Job and Family Services (ODJFS)-administered waiver service providers. In addition, participants are able to choose non-agency providers who may include RNs/LPNs, neighbors and friends, and non-legally responsible family members, including legal guardians of adult children.

The services provided by this waiver include: adult day health center services, personal care aide, emergency response services, home care attendant, home delivered meals, home modifications, out-of-home respite, supplemental adaptive and assistive device services, supplemental transportation, and waiver nursing services.

### Waiver Type
1915(c)

### Target Population-Eligibility
Individuals from birth through age 59 with physical disabilities.

### Level of Care
Individuals require level of care available in a Hospital or Nursing Facility (NF)

### Respite Services
Out-of-Home Respite Services are services delivered to consumers in an out-of-home setting in order to allow respite for caregivers normally providing care. The service must include an overnight stay. The services the out-of-home respite provider must make available are: waiver nursing, Personal care aide services, Three meals per day that meet the consumer’s dietary requirements. Out-of-Home Respite Services do not duplicate coverage provided under the State plan; EPSDT services are not duplicated. Respite services are provider managed.

### Respite Provider Eligibility
Information on becoming a provider of services: [http://dodd.ohio.gov/Providers/BecomeAProvider/Pages/default.aspx](http://dodd.ohio.gov/Providers/BecomeAProvider/Pages/default.aspx)

### Caregiver Eligibility
Respite services may not be provided by a legally responsible person, relative, or a legal guardian.

### Enrollment Limit
8000: Year ending 06/30/2016.

### How to Apply
Contact Ohio Department of Medicaid’s Bureau of Long-Term Care Services and Supports to find the office nearest you.

### Contact Information
Ohio Department of Medicaid’s Bureau of Long-Term Care Services and Supports
614-466-6742

### Link to Waiver Application
Link to waiver application unavailable

### Expiration Date
06/30/2016

### Date of Last Update
10/30/2015
**OHIO**

**OH Individual Options Waiver (0231.R03.00)**  
State Operating Agency: Ohio Department of Development Disabilities (DODD)

<table>
<thead>
<tr>
<th>Description</th>
<th>The waiver provides home and community-based waiver services to persons with developmental disability, and/or Intellectual disability. These services are provided in community settings of the individual's choice and may include living with family, in adult foster care settings or in small congregate settings. The traditional method of service delivery is used. Providers include County Boards, agency providers and independent providers, for profit and not-for-profit. Services include: homemaking/personal care, respite, adaptive and assistive equipment, adult family living, adult foster care, community respite, environmental accessibility adaptations, habilitation-adult day support, habilitation-vocational habilitation, home delivered meals, homemaking/personal care-daily billing unit, interpreter, non-medical transportation, nutrition, remote monitoring equipment, remote monitoring, residential respite, social work, supported employment-adapted equipment, supported employment-community, supported employment-enclave, and transportation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiver Type</td>
<td>1915(c)</td>
</tr>
<tr>
<td>Target Population-Eligibility</td>
<td>Individuals from birth and older who are diagnosed with a developmental disability, and/or Intellectual disability.</td>
</tr>
<tr>
<td>Level of Care</td>
<td>Individuals require level of care available in an Intermediate Care Facility for the Intellectual Disabilities (ICF/IID).</td>
</tr>
<tr>
<td>Respite Services</td>
<td>Respite services are provided to individuals unable to care for themselves furnished on a short-term basis because of the absence or need for relief of those persons who normally provide care for the individuals. Residential Respite shall only be provided in an intermediate care facility for the mentally retarded (ICF/MR); or another residential facility; or a residence licensed by the department, where Residential Respite is provided by an agency provider. Community Respite shall only be provided outside of an individual’s home in a camp, recreation center, or other place where an organized community program or activity occurs. It may not be provided in any residence and shall not be simultaneously provided at the same location where Adult Day Support or Vocational Habilitation is provided. Respite services are provider managed.</td>
</tr>
<tr>
<td>Respite Provider Eligibility</td>
<td>Information on becoming a provider of services: <a href="http://dodd.ohio.gov/Providers/BecomeAProvider/Pages/default.aspx">http://dodd.ohio.gov/Providers/BecomeAProvider/Pages/default.aspx</a></td>
</tr>
<tr>
<td>Caregiver Eligibility</td>
<td>Respite services may not be provided by a legally responsible person, relative, or a legal guardian.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>21,000: Year ending 06/30/16</td>
</tr>
<tr>
<td>How to Apply</td>
<td>Contact Ohio County Boards of Developmental Disabilities to find the office nearest you.</td>
</tr>
</tbody>
</table>
| Contact Information | Ohio Department of Developmental Disabilities  
(800) 617-6733 or [http://dodd.ohio.gov/CountyBoards/CNT/Pages/default.aspx](http://dodd.ohio.gov/CountyBoards/CNT/Pages/default.aspx) |
| Link to Waiver Application | Link to application unavailable |
| Expiration Date | 06/30/2019 |
| Date of Last Update | 10/30/2015 |
### OH Transitions Developmental Disabilities (DD) Waiver (0383.R02.00)

**State Operating Agency**: Ohio Department of Developmental Disabilities (DODD)

| **Description** | The objective of this waiver is to provide services to individuals with developmental disabilities who were enrolled on the Transitions - Developmental Disabilities Waiver as of January 1, 2013. The traditional method of service delivery is used. The services provided by this waiver include: adult day health center services, personal care aide services, emergency response, home delivered meals, home modifications, out-of-home respite, supplemental adaptive and assistive devices, supplemental transportation, and waiver nursing services. |
| **Waiver Type** | 1915(c) |
| **Target Population-Eligibility** | Individuals from birth and older who are diagnosed with: Autism, a developmental disability, and/or intellectual disability. Eligibility includes individuals enrolled on the Ohio Home Care Waiver. |
| **Level of Care** | Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID). |
| **Respite Services** | Out-of-Home Respite Services are services delivered to individuals in an out-of-home setting that include an overnight stay in order to provide respite for caregivers normally providing care. Out-of-Home Respite Service providers must make available waiver nursing and personal care aide services and three meals per day that meet the individual’s dietary requirements. Out-of-home respite is limited to 90 days of services per waiver eligibility span. Respite services are provider managed. |
| **Link to Waiver Application** | Link to application unavailable |
| **Expiration Date** | 06/30/2020 |
| **Date of Last Update** | 10/30/2015 |
OH Passport Waiver (0198.R05.00)
State Operating Agency: Ohio Department of Aging (ODA)

**Description**
The services provided by this waiver include: adult day service, homemaker, personal care, alternative meals service, choices-home care attendant, chore, community transition, emergency response system, enhanced community living services, home delivered meals, home medical equipment and supplies, independent living assistance, minor home modifications-maintenance and repair, non-medical transportation, nutritional consultation, pest control, social work counseling, and transportation.

This waiver offers both participant-directed and provider managed service delivery methods.

<table>
<thead>
<tr>
<th><strong>Waiver Type</strong></th>
<th>1915(c)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target Population- Eligibility</strong></td>
<td>Participants must be 65 and older or between 60-64 years old diagnosed as physically disabled.</td>
</tr>
<tr>
<td><strong>Level of Care</strong></td>
<td>Individuals require level of care available in nursing facility (NF).</td>
</tr>
<tr>
<td><strong>Respite Services</strong></td>
<td>Out-of-home respite services are services delivered to individuals in an out-of-home setting in order to allow respite for caregivers normally providing care. The service must include an overnight stay. The services the out-of-home respite provider must make available are: waiver nursing; personal care aide services; and three meals per day that meet the participant’s dietary requirements. Personal care, homemaker, home delivered meals, home care attendant; consumer directed home care attendant, or adult day service may not be delivered concurrently with out of home respite. Out-of-home respite services do not duplicate coverage provided under the State plan. Respite services are provider managed.</td>
</tr>
<tr>
<td><strong>Respite Provider Eligibility</strong></td>
<td>Information on becoming a provider of services: <a href="http://dodd.ohio.gov/Providers/BecomeAProvider/Pages/default.aspx">http://dodd.ohio.gov/Providers/BecomeAProvider/Pages/default.aspx</a></td>
</tr>
<tr>
<td><strong>Caregiver Eligibility</strong></td>
<td>Respite services may not be provided by a legally responsible person, relative, or a legal guardian.</td>
</tr>
<tr>
<td><strong>Enrollment Limit</strong></td>
<td>30,822: Year ending 06/30/2016</td>
</tr>
<tr>
<td><strong>How to Apply</strong></td>
<td>Contact the Ohio Department of Aging to find the office nearest you.</td>
</tr>
</tbody>
</table>
| **Contact Information** | Ohio Department of Aging 1-800-266-4346 or [http://www.aging.ohio.gov/resources/areaagenciesonaging/](http://www.aging.ohio.gov/resources/areaagenciesonaging/)
PASSPORT Department 1-614-644-1737 |
| **Link to Waiver Application** | Link to application unavailable |
| **Expiration Date** | 06/30/2018 |
| **Date of Last Update** | 10/30/2015 |
## OH Self Empowered Life Funding (SELF) Waiver (0877.R00.00)

**State Operating Agency:** The Ohio Department of Developmental Disabilities (DODD)

### Description
The waiver offers a participant-direction service delivery model of services and supports, and an individualized planning and budgeting approach.

The services provided by this waiver include: community inclusion, residential respite, supported employment-enclave, participant-directed goods and services, participant/family stability assistance, support brokerage, clinical/therapeutic intervention, community respite, functional behavioral assessment, habilitation-adult day support, habilitation-vocational habilitation, integrated employment, non-medical transportation, remote monitoring equipment, and remote monitoring.

### Waiver Type
- **1915(c)**

### Target Population-Eligibility
- Individuals of any age who have developmental or intellectual disabilities (DD/IID).

### Level of Care
- Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

### Respite Services
- Respite services are provided to individuals unable to care for themselves that are furnished on a short-term basis because of the absence or need for relief of those persons who normally provide care for the individuals.

- **Residential Respite** shall only be provided in an ICF/IID; or a residential facility, other than an ICF/IID, or a residence, other than an ICF/IID, where Residential Respite is provided by an agency provider. Residential Respite is limited to 90 calendar days per waiver eligibility span.

- **Community Respite** shall only be provided outside of an individual’s home in a camp, recreation center, or other place where an organized community program or activity occurs. Community Respite is limited to 60 calendar days per waiver eligibility span.

- Respite services may be participant-directed or provider managed.

### Respite Provider Eligibility
Information on becoming a provider of services:
- [http://dodd.ohio.gov/Providers/BecomeAProvider/Pages/default.aspx](http://dodd.ohio.gov/Providers/BecomeAProvider/Pages/default.aspx)

### Caregiver Eligibility
- Neither Residential nor Community Respite may be provided by a legally responsible person, relative, or legal guardian.

### Enrollment Limit
- 900: Year ending 06/30/2016.

### How to Apply
Contact Ohio Department of Developmental Disabilities to find the office nearest you.

### Contact Information
Ohio Department of Developmental Disabilities
- 800-617-6733 or [http://dodd.ohio.gov/IndividualFamilies/ServiceFunding/Pages/WaiverTypes.aspx](http://dodd.ohio.gov/IndividualFamilies/ServiceFunding/Pages/WaiverTypes.aspx)

### Link to Waiver Application
- Link to application unavailable

### Expiration Date
- 06/30/2020

### Date of Last Update
- 10/30/2015
**OH Integrated Care Delivery System (ICDS) Waiver (1035.R00.00)**  
**State Operating Agency:** Office of Medical Assistance (OMA), Bureau of Managed Care

| **Description** | This demonstration waiver creates an Integrated Care Delivery System (ICDS) to meet the needs of individuals eligible for both Medicare and Medicaid by using a capitated managed care model. It offers services only to individuals who reside in the following counties: Fulton, Lucas, Ottawa, Wood, Lorain, Cuyahoga, Lake, Geauga, Medina, Summit, Portage, Stark, Wayne, Trumbull, Mahoning, Columbiana, Union, Delaware, Franklin, Pickaway, Madison, Clark, Green, Montgomery, Butler, Warren, Clinton, Hamilton and Clermont. It assures continuity of care by offering HCBS that are consistent with the services available in Ohio's five Nursing Facility level of care waivers (i.e., PASSPORT, Choices and Assisted Living waivers administered by the Ohio Department of Aging (ODA) and the Ohio Home Care and Transitions Il Aging Carve-Out waivers administered by the Ohio Office of Medical Assistance. Services include: adult day health, homemaker, personal care, alternative meals service, assisted living service, choices-home care attendant service, chore, community transition, emergency response, enhanced community living, home care attendant, home delivered meals, home medical equipment and supplemental adaptive and assistive device services, home modifications/maintenance/repair, independent living assistance, nutritional consultation, out-of-home respite, pest control, social work counseling, waiver nursing service, and waiver transportation. The waiver provides for self-direction of selected services. |
| **Waiver Type** | 1915(c), (1915(b)(1) and 1915 (b)(4); mandated enrollment to managed care and selective contracting. |
| **Target Population-Eligibility** | Individuals who are 18-64 with physical disabilities and individuals who are aged 65 and older. Must reside in one of these counties in Ohio: Fulton, Lucas, Ottawa, Wood, Lorain, Cuyahoga, Lake, Geauga, Medina, Summit, Portage, Stark, Wayne, Trumbull, Mahoning, Columbiana, Union, Delaware, Franklin, Pickaway, Madison, Clark, Green, Montgomery, Butler, Warren, Clinton, Hamilton and Clermont. |
| **Level of Care** | Individuals require level of care available in a hospital or intermediate or skilled nursing facility (NF). |
| **Respite Services** | Out-of-Home Respite Services are services delivered to individuals in an out-of-home setting to provide respite for caregivers normally providing care. The service must include an overnight stay and make available: Waiver nursing, Personal care aide services, and three meals per day that meet the consumer's dietary requirements. Out-of-Home Respite Services do not duplicate coverage provided under the State plan; EPSDT services are not duplicated. Respite services are provider managed. |
| **Respite Provider Eligibility** | Information on becoming a provider of services: [http://medicaid.ohio.gov/PROVIDERS/ManagedCare/IntegratingMedicareandMedicaidBenefits.aspx](http://medicaid.ohio.gov/PROVIDERS/ManagedCare/IntegratingMedicareandMedicaidBenefits.aspx) |
| **Caregiver Eligibility** | Out-of-Home Respite may not be provided by a legally responsible person, relative, or legal guardian. |
| **Enrollment Limit** | 39,365: Year ending 02/29/2016. |
| **How to Apply** | Contact Ohio Department of Medicaid to find the office nearest you. You must be enrolled in this waiver by MyCare Ohio, a system of managed care plans. |
| **Contact Information** | Ohio Medicaid Consumer Hotline (800) 324-8680 |
| **Link to Waiver Application** | Link to application unavailable |
| **Expiration Date** | 02/28/2019 |
| **Date of Last Update** | 10/30/2015 |
Managed Care 1915(b) and/or Home and Community-Based 1915(c) Waivers for Respite Support

Medicaid is a program in every state that pays for medical assistance for certain individuals and families with low incomes and resources. It is the largest source of funding for medical and health-related services for America’s poorest people. Because Medicaid is funded jointly by the federal and state governments, the services paid for vary from state to state. In addition to medical services, Medicaid will pay for home and community-based services (HCBS) through the state plan as well as through Medicaid waivers that offer services as a lower-cost alternative to treatment in a medical or long term care facility, such as a nursing home. Respite is usually paid for through one or more of the following types of waivers: research and demonstration (1115), managed care (1915b) and HCBS (1915c) waiver programs. This state’s Medicaid waivers that include respite are:

**OK Advantage Waiver**

Provides adult day health, case management, personal care, respite, prescribed drugs, skilled nursing, advanced supportive/restorative assistance, assisted living services, consumer-directed personal assistance supports and services, environmental accessibility modifications, home delivered meals, hospice care, institution transition, nursing, personal emergency response systems (PERS), specialized medical equipment and supplies, therapy services for individuals ages 65 and older, and individuals ages 21-64 diagnosed with physical and/or other disabilities.

**OK Community Waiver**

Provides adult day health, habilitation training specialist services, homemaker, prevocational, respite, supported employment, nursing, prescribed drugs, agency companion, audiology services, community transition, daily living supports, dental, environmental accessibility adaptations and architectural modifications, extended duty nursing, family counseling, family training, group home, intensive personal support, nutrition, Occupational Therapy (OT), Physical Therapy (PT), physician services (provided by a psychiatrist), psychological services, remote monitoring, specialized foster care, specialized medical supplies and assistive technology, speech therapy, and transportation for individuals ages 3 and older diagnosed with intellectual disabilities (IID).

**OK Homeward Bound Waiver**

Provides adult day health, habilitation training specialist services, homemaker, prevocational, respite, supported employment, nursing, prescribed drugs, agency companion, audiology services, daily living supports, dental, environmental accessibility adaptations and architectural modifications, extended duty nursing, family counseling, family training, group home, intensive personal support, nutrition, Occupational Therapy (OT), Physical Therapy (PT), physician services (provided by a psychiatrist), psychological services, remote monitoring, specialized foster care, specialized medical supplies and assistive technology, speech therapy, and transportation for individuals 21 and older diagnosed with intellectual disabilities (IID).

**OK In-Home Supports Waiver for Children**

Provides habilitation training specialist services, respite, environmental accessibility adaptations and architectural modifications, family training, Occupational Therapy (OT)/Physical Therapy (PT), self-directed good and services, and specialized medical supplies and assistive technology for individuals aged 3-17 diagnosed with intellectual disabilities (IID).

**OK In-Home Supports Waiver for Adults**

Provides adult day, habilitation training specialist services, homemaker, prevocational, respite, supported employment, prescribed drugs, audiology, dental, environmental accessibility adaptations and architectural modifications, family counseling, family training, nutrition services, Occupational Therapy (OT)/Physical Therapy (PT), physician services (provided by a psychiatrist), psychological services, self-directed good and services, specialized medical supplies and assistive technology, speech therapy, transportation for individuals ages 18 and older diagnosed with intellectual disabilities (IID).
OK Medically Fragile Waiver

Provides case management, personal care, respite, prescribed drugs, advanced supportive/restorative assistance, environmental modifications, home delivered meals, hospice care, institutional transition services, personal emergency response systems (PERS), private duty nursing, self-directed goods and services, skilled nursing, specialized medical equipment and supplies, respiratory therapy, Occupational Therapy (OT)/Physical Therapy (PT), speech therapy for individuals 19 and older diagnosed as medically fragile and technology dependent.
**OK Advantage Waiver (0256.R04.00)**

**State Operating Agency:** Oklahoma Department of Human Services (OKDHS), Aging Services Division

**Description**
Advantage Program is a home and community-based alternative to placement in a nursing facility to receive Medicaid-funded assistance for care. The program uses agency and individual self-direction methods of service delivery. The services provided by this waiver include: adult day health, case management, personal care, respite, prescribed drugs, skilled nursing, advanced supportive/restorative assistance, assisted living services, consumer-directed personal assistance supports and services, environmental accessibility modifications, home delivered meals, hospice care, institution transition, nursing, personal emergency response systems (PERS), specialized medical equipment and supplies, and therapy services.

**Waiver Type**
1915(c)

**Target Population-Eligibility**
Individuals who are aged 65 years or older as well as individuals ages 21-64 who are diagnosed as physically disabled or otherwise disabled. Eligibility is limited to persons with developmental disability without cognitive impairment related to the developmental disability.

**Level of Care**
The level of care that an individual requires is the care available in Nursing Facility (NF)

**Respite Services**
Respite Services are provided to individuals unable to care for themselves; furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care. In-Home Respite is provided in the individual's home or place of residence for periods of time of seven or less hours in a day.

Extended In-home Respite is provided for periods of time of more than seven (7) hours in a day.

Nursing Facility Respite is provided in a Medicaid certified Nursing Facility. Respite services are provider managed.

**Respite Provider Eligibility**
Information on becoming a provider of services:
https://www.okhca.org/providers.aspx?id=45&parts=7437_7439_7443_7455
Or Contact OHCA Provider Services at (800) 522-0114, option 1

**Caregiver Eligibility**
Respite may not be provided by a legally responsible person, relative, or a legal guardian.

**Enrollment Limit**
24895: Year ending 06/30/2015.

**How to Apply**
To apply, contact your local Human Services Centers/county offices:
http://www.okdhs.org/countyoffices/Pages/default.aspx

**Contact Information**
Contact Oklahoma Department of Human Services, Aging Services Division
(918) 933-4900 or (800) 435-4711

**Link to Waiver Application**
http://okhca.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=13229

**Expiration Date**
06/30/2016

**Date of Last Update**
10/30/2015
OK Community Waiver (0179.R05.00)

State Operating Agency: The Developmental Disabilities Services Division (DDSD) of the Oklahoma Department of Human Services (OKDHS)

**Description**
This waiver provides residential, comprehensive supports for members with complex needs. Services are provided with the goal of promoting independence through the strengthening of the member’s capacity for self-care and self-sufficiency. It is a service system centered on the needs and preferences of the member and supports the integration of members within their communities. The services provided by this waiver include: adult day health, habilitation training specialist services, homemaker, prevocational, respite, supported employment, nursing, prescribed drugs, agency companion, audiology services, community transition, daily living supports, dental, environmental accessibility adaptations and architectural modifications, extended duty nursing, family counseling, family training, group home, intensive personal support, nutrition, Occupational Therapy (OT), Physical Therapy (PT), physician services (provided by a psychiatrist), psychological services, remote monitoring, specialized foster care, specialized medical supplies and assistive technology, speech therapy, and transportation.

<table>
<thead>
<tr>
<th>Waiver Type</th>
<th>1915(c)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target Population-Eligibility</td>
<td>Individuals from the age of three years old and older diagnosed with Intellectual Disabilities (IID).</td>
</tr>
<tr>
<td>Level of Care</td>
<td>Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).</td>
</tr>
<tr>
<td>Respite Services</td>
<td>Services provided to members unable to care for themselves and furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care. Respite care is provided in the following locations: member’s home or place of residence or approved community site, group home, Agency Companion home, Specialized Foster Care home or Medicaid certified ICF-ID. Respite care: is not available to members in the custody of OKDHS and in an out-of-home placement funded by OKDHS Children and Family Services Division; and for members not receiving Agency Companion services. Respite is limited to 30 days or 720 hours annually per member. Respite services are provider managed.</td>
</tr>
<tr>
<td>Respite Provider Eligibility</td>
<td>Information on becoming a provider of services: <a href="https://www.okhca.org/providers.aspx?id=45&amp;parts=7437_7439_7443_7455">https://www.okhca.org/providers.aspx?id=45&amp;parts=7437_7439_7443_7455</a>. Or Contact OHCA Provider Services at (800) 522-0114, option 1</td>
</tr>
<tr>
<td>Caregiver Eligibility</td>
<td>Respite may not be provided by a legally responsible person, but may be provided by a relative or a legal guardian.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>3203: Year ending 06/30/2016</td>
</tr>
<tr>
<td>How to Apply</td>
<td>Applications are made through DHS Developmental Disabilities Services (DDS) area offices: <a href="http://www.okdhs.org/services/dd/pages/areacontactinfo.aspx">http://www.okdhs.org/services/dd/pages/areacontactinfo.aspx</a></td>
</tr>
<tr>
<td>Contact Information</td>
<td>Developmental Disabilities Services Division (405) 521-3571 or toll free (866) 521-3571.</td>
</tr>
<tr>
<td>Link to Waiver Application</td>
<td><a href="http://okhca.org/WorkArea/linkit.aspx?LinkIdentifier=id&amp;ItemID=13219">http://okhca.org/WorkArea/linkit.aspx?LinkIdentifier=id&amp;ItemID=13219</a></td>
</tr>
<tr>
<td>Expiration Date</td>
<td>06/30/2016</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>10/30/2015</td>
</tr>
</tbody>
</table>
OKLAHOMA

**OK Homeward Bound Waiver (0399.R02.00)**

**State Operating Agency:** OK Department of Human Services, Developmental Disabilities Services Division (DDSD)

**Description**
The waiver is intended to better meet the home and community-based services needs of members representing the Plaintiff Class in Homeward Bound et al., Case No. 85-C-437-e. Services are provided with the goal of promoting independence through the strengthening of the member's capacity for self-care and self-sufficiency. The waiver is a service system centered on the needs and preferences of the class members and supports the integration of participants within their communities. The services provided by this waiver include: adult day health, habilitation training specialist services, homemaker, prevocational, respite, supported employment, nursing, prescribed drugs, agency companion, audiology services, daily living supports, dental, environmental accessibility adaptations and architectural modifications, extended duty nursing, family counseling, family training, group home, intensive personal support, nutrition, Occupational Therapy (OT), Physical Therapy (PT), physician services (provided by a psychiatrist), psychological services, remote monitoring, specialized foster care, specialized medical supplies and assistive technology, speech therapy, and transportation.

**Waiver Type**
1915(c)

**Target Population-Eligibility**
Individuals 21 and older who have been certified by the United States District Court for the Northern District of Oklahoma as a member of the Plaintiff Class in Homeward Bound et al., Case No. 85-C-437-e. These individuals must also be diagnosed with an Intellectual Disability (IID).

**Level of Care**
Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

**Respite Services**
Services provided to members unable to care for themselves and furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care. Respite care is provided in the following locations: member's home or place of residence or approved community site, group home, Agency Companion home, Specialized Foster Care home or Medicaid certified ICF-ID. Respite care: is not available to members in the custody of OKDHS and in an out-of-home placement funded by OKDHS Children and Family Services Division; and for members not receiving Agency Companion services. Respite is limited to 30 days or 720 hours annually per member. Respite services are provider managed.

**Respite Provider Eligibility**
Information on becoming a provider of services:

Or Contact OHCA Provider Services at (800) 522-0114, option 1

**Caregiver Eligibility**
Respite may not be provided by a legally responsible person, but may be provided by a relative or a legal guardian.

**Enrollment Limit**
693: Year ending 06/30/2016.

**How to Apply**
Applications are made through DHS Developmental Disabilities Services (DDS) area offices: http://www.okdhs.org/services/dd/pages/areacontactinfo.aspx

**Contact Information**
Developmental Disabilities Services Division (405) 521-3571 or toll free (866) 521-3571.

**Link to Waiver Application**
http://okhca.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=13252

**Expiration Date**
06/30/2016

**Date of Last Update**
11/03/2015
**OK In-Home Supports Waiver for Children (IHSW-C)(0351.R03.00)**

**State Operating Agency:** The Developmental Disabilities Services Division (DDSD) of the Oklahoma Department of Human Services (OKDHS)

**Description**

The IHSW-C is a service system centered on the needs and preferences of the members and supports the integration of members within their communities. This waiver serves its population through a combination of community resources, SoonerCare services such as the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program, and waiver services. Members are given the option of choosing to self-direct some services.

The services provided by this waiver include: habilitation training specialist services, respite, environmental accessibility adaptations and architectural modifications, family training, Occupational Therapy (OT)/Physical Therapy (PT), self-directed good and services, and specialized medical supplies and assistive technology.

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<thead>
<tr>
<th>Waiver Type</th>
<th>1915(c)</th>
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<thead>
<tr>
<th>Target Population-Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals from the age of three years old through 17 years old with intellectual disabilities (IID); must reside in the home of a family member or friend, his or her own home.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level of Care</th>
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</thead>
<tbody>
<tr>
<td>Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Respite Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respite Services are provided to service members unable to care for themselves; furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care. Respite Services will be provided in the following locations: service member's home or place of residence or approved community site, foster home, Medicaid Certified ICF-MR or a group home. Limited to 30 days or 720 hours annually per member. Respite services are provider managed.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Respite Provider Eligibility</th>
</tr>
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<tr>
<td>Or Contact OHCA Provider Services at (800) 522-0114, option 1</td>
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<table>
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<tr>
<th>Caregiver Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respite may not be provided by a legally responsible person, but may be provided by a relative or a legal guardian.</td>
</tr>
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<tr>
<th>Enrollment Limit</th>
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<tbody>
<tr>
<td>327: Year ending 06/30/2016.</td>
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<tr>
<th>How to Apply</th>
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<tbody>
<tr>
<td>Applications are made through DHS Developmental Disabilities Services (DDS) area offices: <a href="http://www.okdhs.org/services/dd/pages/areacontactinfo.aspx">http://www.okdhs.org/services/dd/pages/areacontactinfo.aspx</a></td>
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<tr>
<th>Contact Information</th>
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<tr>
<td>Developmental Disabilities Services Division (405) 521-3571 or toll free (866) 521-3571.</td>
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<tr>
<th>Link to Waiver Application</th>
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<tr>
<td><a href="http://okhca.org/WorkArea/linkit.aspx?LinkIdentifier=id&amp;ItemID=15906&amp;libID=14889">http://okhca.org/WorkArea/linkit.aspx?LinkIdentifier=id&amp;ItemID=15906&amp;libID=14889</a></td>
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<td>11/03/2015</td>
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**OK In-Home Supports Waiver for Adults (IHSW-A) (0343.R03.00)**

**State Operating Agency:** The Developmental Disabilities Services Division (DDSD) of the Oklahoma Department of Human Services (OKDHS)

**Description**
The IHSW-A is a service system centered on the needs and preferences of the members and supports the integration of members within their communities. This waiver serves its population through a combination of community resources, SoonerCare services such as the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program, and waiver services. Members are given the option of choosing to self-direct some services. The services provided by this waiver include: adult day habilitation training specialist services, homemaker, prevocational, respite, supported employment, prescribed drugs, audiology, dental, environmental accessibility adaptations and architectural modifications, family counseling, family training, nutrition services, Occupational Therapy (OT)/Physical Therapy (PT), physician services (provided by a psychiatrist), psychological services, self-directed good and services, specialized medical supplies and assistive technology, speech therapy, and transportation.

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<th>Waiver Type</th>
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<tbody>
<tr>
<td><strong>Target Population-Eligibility</strong></td>
<td>Individuals who are 18 years or older and are diagnosed with an intellectual disability (IID). No maximum age limit.</td>
</tr>
<tr>
<td><strong>Level of Care</strong></td>
<td>Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)</td>
</tr>
<tr>
<td><strong>Respite Services</strong></td>
<td>Services provided to members unable to care for themselves and furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care. Respite care is provided in the following locations: member’s home or place of residence or approved community site, group home, Agency Companion home, Specialized Foster Care home or Medicaid certified ICF-ID. Limited to 30 days or 720 hours annually per member. Respite services are provider managed.</td>
</tr>
<tr>
<td><strong>Respite Provider Eligibility</strong></td>
<td>Information on becoming a provider of services: <a href="https://www.okhca.org/providers.aspx?id=45&amp;parts=7437_7439_7443_7455">https://www.okhca.org/providers.aspx?id=45&amp;parts=7437_7439_7443_7455</a>. Or Contact OHCA Provider Services at (800) 522-0114, option 1</td>
</tr>
<tr>
<td><strong>Caregiver Eligibility</strong></td>
<td>Respite may not be provided by a legally responsible person, but may be provided by a relative or a legal guardian.</td>
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<tr>
<td><strong>Enrollment Limit</strong></td>
<td>1705: Year ending 06/30/2016.</td>
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<tr>
<td><strong>How to Apply</strong></td>
<td>Applications are made through DHS Developmental Disabilities Services (DDS) area offices: <a href="http://www.okdhs.org/services/dd/pages/areacontactinfo.aspx">http://www.okdhs.org/services/dd/pages/areacontactinfo.aspx</a></td>
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<tr>
<td><strong>Date of Last Update</strong></td>
<td>11/03/2015</td>
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**OK Medically Fragile Waiver (0811.R01.00)**  
**State Operating Agency: Long Term Care Waiver Operations (LTCWO)**

**Description**  
The goal of this program is to provide services which allow Medicaid eligible persons who need hospital and/or skilled nursing facility level of care to remain at home or in the residential setting of their choosing while receiving the necessary care. The Medically Fragile Program is a home and community-based alternative to placement in a hospital and/or skilled nursing facility to receive Medicaid-funded assistance for care. This waiver also incorporates self-direction opportunities for a specified group of services such as Advanced Supportive Restorative/Assistance (ASR), Personal Care and Respite as a service delivery mechanism. The services provided by this waiver include: case management, personal care, respite, prescribed drugs, advanced supportive/restorative assistance, environmental modifications, home delivered meals, hospice care, institutional transition services, personal emergency response systems (PERS), private duty nursing, self-directed goods and services, skilled nursing, specialized medical equipment and supplies, respiratory therapy, Occupational Therapy (OT)/Physical Therapy (PT), and speech therapy.

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<th><strong>Waiver Type</strong></th>
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<tr>
<td><strong>Target Population-Eligibility</strong></td>
<td>Individuals 19 years and older who are diagnosed as medically fragile and/or technology dependent.</td>
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<tr>
<td><strong>Level of Care</strong></td>
<td>Individuals require level of care available in a hospital or nursing facility (NF).</td>
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<tr>
<td><strong>Respite Services</strong></td>
<td>Services provided to individuals unable to care for themselves; furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care. Respite care is provided in the following: Individual's home or place of residence or in a Nursing Facility. Respite services may be participant-directed or provider managed.</td>
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</table>
Or Contact OHCA Provider Services at (800) 522-0114, option 1 |
| **Caregiver Eligibility** | Respite may be provided by the legally responsible person, a relative, or a legal guardian. |
| **Enrollment Limit** | 110: Year ending 06/30/2016 |
| **How to Apply** | You may apply online at the Long Term Care Administration website [https://www.okhca.org/individuals.aspx?id=15746](https://www.okhca.org/individuals.aspx?id=15746) |
| **Contact Information** | Contact the Medically Fragile Waiver Program at 888-287-2443 (toll-free) or 405-522-7754.  
Long Term Care Administration at [info@oklivingchoice.org](mailto:info@oklivingchoice.org) |
| **Link to Waiver Application** | [http://www.okhca.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=15775&libID=14758](http://www.okhca.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=15775&libID=14758) |
| **Expiration Date** | 06/30/2018 |
| **Date of Last Update** | 11/03/2015 |
Oregon Health Authority, Division of Medical Assistance Programs, (OHA)
500 Summer Street NE
Salem, OR 97301-1079

Home and Community-Based 1915(c) Waivers for Respite Support
Medicaid is a program in every state that pays for medical assistance for certain individuals and families with low incomes and resources. It is the largest source of funding for medical and health-related services for America’s poorest people. Because Medicaid is funded jointly by the federal and state governments, the services paid for vary from state to state. In addition to medical services, Medicaid will pay for home and community-based services (HCBS) through the state plan as well as through Medicaid waivers that offer services as a lower-cost alternative to treatment in a medical or long term care facility, such as a nursing home. Respite is usually paid for through one or more of the following types of waivers: research and demonstration (1115), managed care (1915b) and HCBS (1915c) waiver programs.

Medicaid in Oregon no longer provides respite or respite like services through Home and Community-Based 1915(c) Waivers. As of 2013, Oregon provides the following long term care services as extended benefits for specific populations under Oregon’s Medicaid State Plan: Respite, Homemaker/Chore, Behavior Consultant, Non-Medical Transportation, Specialized Medical Equipment and Supplies, and Environmental Accessibility Adaptations. Additionally, Oregon Medicaid offers Personal Care and Self-Directed Personal Assistance Services as a State Plan services and offers activities of daily living (ADL)/instrumental activities of daily living (IADL) and other allowable health-related services in an individual’s own home or family home.

For further information, you may contact the Oregon Health Authority, Division of Medical Assistance Programs (OHA) listed above, or call OHP Customer Service at 1-800-699-9075 or 711 (TTY) and ask to talk with someone about long term care services, like respite. Seniors, people with disabilities and their families also may contact your local branch of Department of Human Services or Area Agency on Aging for questions about eligibility and services.

Oregon Health Plan
Through this demonstration, respite care services are offered with three different programs. One such program is the MH Children and Adolescent program which provides mental health services for children and adolescents with primary mental, emotional or behavioral conditions. This program offers provision of screening, assessment and level of service intensity, referral and care coordination services, skills training, crisis planning, respite care, and in-home support. The second program is the Family Support program, which provides services for families with children who have been diagnosed with developmental disabilities. This program offers: assistance in determining needed supports, respite care, purchase of adaptive equipment. The third program is the children’s long-term support program which provides supports to a child with a developmental disability at risk of out-of-home placement (foster care, residential, etc.). Supports include: In-Home Supports, Respite, Behavior Consultation, Family Training, Environmental Adaptations, Specialized Medical Equipment and Supplies.
Oregon Health Plan
State Operating Agency: Oregon Health Authority

Description
Through this demonstration, respite care services are offered with three different programs. One such program is the MH Children and Adolescent program which provides mental health services for children and adolescents with primary mental, emotional or behavioral conditions. This program offers provision of screening, assessment and level of service intensity, referral and care coordination services, skills training, crisis planning, respite care, and in-home support. The second program is the Family Support program, which provides services for families with children who have been diagnosed with developmental disabilities. This program offers assistance in determining needed supports, respite care, purchase of adaptive equipment. The third program is the children’s long-term support program which provides supports to a child with a developmental disability at risk of out-of-home placement (foster care, residential, etc.). Children are assessed for level of service by the local Community Developmental Disability Program Service Coordinator. With the family, the Service Coordinator assists in plan development that identifies supports needed for the child to stay in the home. Supports include: In-Home Supports, Respite, Behavior Consultation, Family Training, Environmental Adaptations, Specialized Medical Equipment and Supplies.

Waiver Type
1115

Target Population

Eligibility

MH Children and Adolescent program: individuals under age 18 who have primary mental, emotional or behavioral conditions and are not eligible for Medicaid.

Family Support program: Families who have children with developmental disabilities. It is a capped program ($1,200 per eligible child per year). The child must be 17 years of age or younger and have been determined developmentally disabled (DD) eligible and have tried to get access to funds to cover their needs prior to submitting request for Family Support. These individuals are not eligible for Medicaid.

Children Long-Term Support program: Families who have children with developmental disabilities who are at risk for out of home placement. The child must be 17 years of age or younger and have been determined developmentally disabled (DD) eligible and meet a crisis criteria of risk of out of home placement. These individuals are not eligible for Medicaid.

Level of Care
Level of care unavailable.

Respite Services
Services provided to individuals unable to care for themselves; furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care.

Respite Provider Eligibility
For information on eligibility and becoming a provider, visit the Oregon Health Plan website for providers: [http://www.oregon.gov/oha/healthplan/pages/providerenroll.aspx](http://www.oregon.gov/oha/healthplan/pages/providerenroll.aspx)

Caregiver Eligibility
Caregiver eligibility unavailable.

Enrollment Limit
Family Support program: 500 case load; Children Long-Term Support program: 180 case load.

How to Apply
You can apply for Oregon Health Plan online by going to [http://www.oregon.gov/oha/healthplan/Pages/apply.aspx](http://www.oregon.gov/oha/healthplan/Pages/apply.aspx) and finding the application that works best for you and your family. Or you can request a paper application by calling OHP Customer Service at 1-800-699-9075.

Contact Information
Any general questions about applying can be posed to the Customer Service office at 1-800-699-9075. Contact your Coordinated Care Organization (CCO), whose number you can find here: [http://www.oregon.gov/oha/healthplan/tools/CCO%20Contact%20List.pdf](http://www.oregon.gov/oha/healthplan/tools/CCO%20Contact%20List.pdf)
Or contact the Customer Service Number: 800-273-0557.
Visit the Oregon Health Plan Contact Us website: [http://www.oregon.gov/oha/healthplan/Pages/contact_us.aspx](http://www.oregon.gov/oha/healthplan/Pages/contact_us.aspx)
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<th>Link to Waiver Application</th>
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Managed Care 1915(b) and/or Home and Community-Based 1915(c) Waivers for Respite Support

Medicaid is a program in every state that pays for medical assistance for certain individuals and families with low incomes and resources. It is the largest source of funding for medical and health-related services for America’s poorest people. Because Medicaid is funded jointly by the federal and state governments, the services paid for vary from state to state. In addition to medical services, Medicaid will pay for home and community-based services (HCBS) through the state plan as well as through Medicaid waivers that offer services as a lower-cost alternative to treatment in a medical or long term care facility, such as a nursing home. Respite is usually paid for through one or more of the following types of waivers: research and demonstration (1115), managed care (1915b) and HCBS (1915c) waiver programs. This state’s Medicaid waivers that include respite are:

**PA Adult Autism Waiver**

Provides day habilitation, residential habilitation, respite, supported employment, supports coordination, therapies, assistive technology, behavioral specialist services, community inclusion, community transition, environmental modifications, family counseling, family training, job assessment/finding, nutritional consultation, temporary crisis, and transitional work services for individuals age 21 and older diagnosed with autism.

**PA Consolidated Waiver**

Provides education support, home and community habilitation (unlicensed), homemaker/chore, licensed day habilitation, prevocational, residential habilitation, respite, supported employment-job finding/support, supports coordination, nursing, therapy services, supports broker services, assistive technology, behavioral support, companion, home accessibility adaptations, specialized supplies, transitional work, transportation, and vehicle accessibility adaptations for individuals 3 and older diagnosed with Intellectual Disabilities.

**PA Person/Family Directed Support Waiver**

Provides education support services, home and community habilitation (unlicensed), homemaker/chore, licensed day habilitation, prevocational, residential habilitation, respite, supported employment-job finding/support, supports coordination, nursing services, therapy services, supports broker, assistive technology, behavioral support, companion, home accessibility adaptations, specialized supplies, transitional work, transportation, and vehicle accessibility adaptations for individuals 3 and older diagnosed with Intellectual Disabilities.

**PA Home and Community-based Care Waiver (HCBW) for Individuals Aged 60 & Over**

Provides adult daily living, personal assistance, respite, service coordination, home health services, accessibility adaptations/equipment/technology/medical supplies, community transition, home delivered meals, non-medical transportation, participant-directed community supports, participant-directed goods and services, personal emergency response systems (PERS), TeleCare, and therapeutic and counseling for individuals ages 65 as well as individuals ages 60-64 diagnosed with physical disabilities.

**PA COMMERC Waiver**

Provides education, personal assistance, prevocational, respite, service coordination, structured day habilitation services, supported employment, home health, financial management services (FMS), accessibility adaptations/equipment/technology/medical supplies, adult daily living, community integration, community transition, non-medical transportation, personal emergency response services (PERS), residential habilitation, and therapeutic and counseling for individuals 21 and older diagnosed with brain injuries.

**PA Independence Waiver**

Provides education, personal assistance services, respite, service coordination, supported employment, home health, financial management services (FMS), accessibility adaptations/equipment/technology and medical supplies, adult daily living, community
integration, community transition services, non-medical transportation, personal emergency response services (PERS), and therapeutic and counseling for individuals between 18-60 years old who are diagnosed as physically disabled.

**PA OBRA Waiver**

Provides adult daily living, education services, personal assistance, prevocational, residential habilitation, respite, service coordination, structured day habilitation, supported employment, home health, financial management services (FMS), accessibility adaptations/equipment/technology and medical supplies, community integration, community transition, non-medical transportation, personal emergency response systems (PERS), and therapeutic and counseling for individuals ages 18-59 diagnosed with developmental disabilities.
**PA Adult Autism Waiver (0593.R01.00)**

**State Operating Agency:** Pennsylvania Department of Human Services, Office of Developmental Programs (ODP), Bureau of Autism Services (BAS)

**Description**
The Adult Autism Waiver offers Supports Coordination as a waiver service. The participant chooses his or her Supports Coordination Agency with assistance from BAS regional staff. The Supports Coordinator then conducts state-specified assessments and works with the participant and individuals he or she chooses to develop an Individual Support Plan (ISP). The waiver offers only agency-managed services; does not offer participant-directed services at this time.

The services provided by this waiver include: day habilitation, residential habilitation, respite, supported employment, supports coordination, therapies, assistive technology, behavioral specialist services, community inclusion, community transition, environmental modifications, family counseling, family training, job assessment/finding, nutritional consultation, temporary crisis, and transitional work services for individuals with autism.

**Waiver Type**
1915c

**Target Population-Eligibility**
Individuals 21 years and older diagnosed with autism. Also must have substantial functional limitations in three or more major life activities as a result of ASDs and/or other developmental disabilities that are likely to continue indefinitely: self-care, receptive and expressive language, learning, mobility, self-direction and/or capacity for independent living.

**Level of Care**
Individuals require level of care available in an Intermediate Care Facility for individuals with Intellectual Disabilities (ICF/IID) including the subcategories of Intermediate Care Facility for Persons with Other Related Conditions (ICF/ORC), and Intermediate Care Facility for Persons with Intellectual Disabilities (ICF/ID).

**Respite Services**
Respite provides planned or emergency short-term relief to a participant’s unpaid caregiver when the caregiver is temporarily unavailable to provide supports due to non-routine circumstances. Respite may be provided either in or out of the participant’s home. Respite services facilitate the participant’s social interaction, use of natural supports and typical community services available to all people, and participation in volunteer activities. This service includes activities to improve the participant’s capacity to perform activities of daily living (i.e., bathing, dressing, eating, mobility, and using the toilet) and instrumental activities of daily living (i.e., communication, survival skills, cooking, housework, shopping, money management, time management, and use of transportation). Respite includes on-site modeling of behavior, behavior support, intensive behavior episode intervention, training, cueing, and/or supervision. To the degree possible, the respite provider must maintain the participant’s schedule of activities. Respite services are not available to people who receive Residential habilitation. Respite services may not be provided at the same time that Community Inclusion, Day Habilitation, Supported Employment, or Transitional Work Services is provided. This service does not include room and board when delivered in the participant’s home. Respite services when provided outside the home include room and board. Respite services are provider managed.

**Respite Provider Eligibility**
For provider information:
http://www.dhs.pa.gov/provider/waiverinformation/adultautismwaiver/index.htm
You may also go to Pennsylvania’s DHS website:
For information on becoming a provider, go to Pennsylvania’s DHS website:
http://www.dhs.pa.gov/provider/more/index.htm

**Caregiver Eligibility**
Respite may not be provided by the Legally Responsible Person, relative, or Legal Guardian.

**Enrollment Limit**
439: Year ending 06/30/2016
| How to Apply | Bureau of Autism Services  
(866) 539-7689 to request an application or for general information about the application process visit the website. Applications may not be requested by email and are not available on-line. |
| Contact Information | Bureau of Autism Services  
(866) 539-7689 or visit [http://www.dhs.pa.gov/foradults/autismservices/index.htm](http://www.dhs.pa.gov/foradults/autismservices/index.htm) |
| Link to Waiver Application | Link to application unavailable |
| Expiration Date | 07/01/2016 |
| Date of Last Update | 11/06/2015 |
PA Consolidated Waiver (0147.R05.00)
State Operating Agency: Pennsylvania Department of Human Services (DHS), Office of Developmental Programs (ODP)

Description
The Consolidated Waiver is designed to support persons with intellectual disabilities to live more independently in their homes and communities and to provide a variety of services that promote community living, including participant directed service models and traditional agency-based service models.

The services provided by this waiver include: education support, home and community habilitation (unlicensed), homemaker/chore, licensed day habilitation, prevocational, residential habilitation, respite, supported employment-job finding/support, supports coordination, nursing, therapy services, supports broker services, assistive technology, behavioral support, companion, home accessibility adaptations, specialized supplies, transitional work, transportation, and vehicle accessibility adaptations.

Waiver Type
1915(c)

Target Population-Eligibility
Individuals 3 years and older diagnosed with an Intellectual Disability (IID). Individuals who are residents of licensed Personal Care Homes are excluded from enrollment in the Consolidated Waiver.

Level of Care
Individual require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

Respite Services
Respite Services are direct services that are provided to supervise and support participants living in private homes on a short-term basis due to the absence or need for relief of those persons normally providing care. Respite Services do not cover the care provided to a minor child when the primary caregiver or legally responsible individual is absent due to work. The provision of Respite Services does not prohibit supporting participants’ involvement in activities in the community during the period of respite. Respite Services may only be provided in the following location(s) in Pennsylvania: Participant's private home or place of residence, Licensed Family Living Home, Licensed Community Home. Licensed Child Residential Service Home, Licensed Community Residential Rehabilitation Services for the Mentally Ill Home, Unlicensed home of a provider or a private, Other community settings such as camp where the setting meets applicable state or local codes and the provider of service meets the provider qualifications established by the Department. Respite services may not be provided in Nursing Homes, Hospitals, Personal Care Homes or ICFs/IID. During temporary travel, respite services may be provided in Pennsylvania or other locations as per the ODP travel policy. Respite Services are limited to: Participants residing in a private home. The only exception is for an emergency circumstance approved by ODP for participants who receive Residential Habilitation Services. 30 units (days) of 24-hour Respite Services per participant in a period of one fiscal year is allowed except when extended by ODP. Respite services may be participant-directed or provider managed.

Respite Provider Eligibility
For information on becoming a provider, go to Pennsylvania’s DHS website: http://www.dhs.pa.gov/provider/more/index.htm

Caregiver Eligibility
A legally responsible person may not provide respite, but a relative or legal guardian may.

Enrollment Limit
18,097: Year ending 06/30/2016.

How to Apply
To apply, contact your local county Mental Health/Intellectual Disabilities (MH/ID) program office: https://www.hcxis.state.pa.us/hcxis-ssd/pgm/asp/PRCNT.ASP
The county MH/ID offices serve as a referral source and most services are delivered by local agencies under contract with the county office.

Contact Information
Pennsylvania Department of Human Services, Office of Developmental Programs
(717) 787-3700
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PA Person/Family Directed Support Waiver (P/FDS) (0354.R03.00)
State Operating Agency: Pennsylvania Department of Human Services (DHS), Office of Developmental Programs (ODP)

Description
The P/FDS Waiver is designed to support persons with intellectual disabilities to live more independently in their homes and communities and to provide a variety of services that promote community living, including participant directed service models and traditional agency-based service models.

The services provided by this waiver include: education support services, home and community habilitation (unlicensed), homemaker/chore, licensed day habilitation, prevocational, respite, supported employment-job finding/support, supports coordination, nursing services, therapy services, supports broker, assistive technology, behavioral support, companion, home accessibility adaptations, specialized supplies, transitional work, transportation, and vehicle accessibility adaptations.

Waiver Type 1915(c)

Target Population-Eligibility
Individuals three (3) years and older diagnosed with intellectual disabilities (IID). Individuals residing in licensed and unlicensed residential habilitation settings and individuals in licensed Personal Care Homes with eleven (11) or more residents are excluded from enrollment.

Level of Care
Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

Respite Services
Respite Services are direct services that are provided to supervise and support participants living in private homes on a short-term basis due to the absence or need for relief of those persons normally providing care. Respite Services do not cover the care provided to a minor child when the primary caregiver or legally responsible individual is absent due to work. The provision of Respite Services does not prohibit supporting participants’ involvement in activities in the community during the period of respite. Respite Services may only be provided in the following location(s) in Pennsylvania: Participant's private home or place of residence, Licensed Family Living Home, Licensed Community Home. Licensed Child Residential Service Home, Licensed Community Residential Rehabilitation Services for the Mentally Ill Home, Unlicensed home of a provider or a private, Other community settings such as camp where the setting meets applicable state or local codes and the provider of service meets the provider qualifications established by the Department. Respite services may not be provided in Nursing Homes, Hospitals, Personal Care Homes or ICFs/ID.

During temporary travel, respite services may be provided in Pennsylvania or other locations as per the ODP travel policy. Respite Services are limited to: Participants residing in a private home. The only exception is for an emergency circumstance approved by ODP for participants who receive Residential Habilitation Services. 30 units (days) of 24-hour Respite Services per participant in a period of one fiscal year is allowed except when extended by ODP. Respite services may be participant-directed or provider managed.

Respite Provider Eligibility
For information on becoming a provider, go to Pennsylvania’s DHS website: http://www.dhs.pa.gov/provider/more/index.htm

Caregiver Eligibility
A legally responsible person may not provide respite, but a relative or legal guardian may.

Enrollment Limit 12,600: Year ending 06/30/2016).

How to Apply
To apply, contact your local county Mental Health/Intellectual Disabilities (MH/ID) program office: https://www.hcsis.state.pa.us/hcsis-ssd/pgm/asp/PRCNT.ASP
The county MH/ID offices serve as a referral source and most services are delivered by local agencies under contract with the county office.

Contact Information
Pennsylvania Department of Human Services, Office of Developmental Programs (717) 787-3700

Medicaid Waivers for Respite Support – 2015 -16
ARCH National Respite Network and Resource Center | www.archrespite.org
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## Description
The Aging waiver provides home and community-based services and is designed to support individuals to live more independently in their homes and communities and to provide a variety of services that promote community living, including participant directed service models and traditional agency-based service models. Participants may choose to self-direct their services.

The services provided by this waiver include: adult daily living, personal assistance, respite, service coordination, home health services, accessibility adaptations/equipment/technology/medical supplies, community transition, home delivered meals, non-medical transportation, participant-directed community supports, participant-directed goods and services, personal emergency response systems (PERS), teleCare, and therapeutic and counseling. Local Aging Waiver providers are responsible for direct services to participants.

### Waiver Type
1915(c)

### Target Population-Eligibility
Individuals who are 65 years and older or 60-64 years old diagnosed as physically disabled.

### Level of Care
Individuals require level of care available in a nursing facility (NF).

### Respite Services
Respite services are provided to support individuals on a short-term basis due to the absence or need for relief of unpaid caregivers normally providing care. Federal and state financial participation through the waivers is limited to: 1) Services provided for individuals in their own home, or the home of relative, friend, or other family, or 2) Services provided in a Medicaid certified Nursing Facility. Respite Services may be provided by a relative or family member as long as the relative or family member is not a legal guardian, power of attorney, or reside in the home. Respite Services cannot be provided simultaneously with Home Health Aide Services, Personal Assistance Services, Participant-Directed Community Supports or Participant-Directed Goods and Services. Respite services may be participant directed or provider managed.

### Respite Provider Eligibility
For information on becoming a provider, go to Pennsylvania’s DHS website: [http://www.dhs.pa.gov/provider/more/index.htm](http://www.dhs.pa.gov/provider/more/index.htm)

### Caregiver Eligibility
A relative and a legally responsible person may provide respite but a legal guardian may not.

### Enrollment Limit
28000: Year ending 06/30/2016.

### How to Apply
To apply, contact your local Area Agency on Aging at: [http://www.aging.pa.gov/local-resources/Pages/AAA.aspx](http://www.aging.pa.gov/local-resources/Pages/AAA.aspx)

### Contact Information
Office of Long-Term Living Bureau of Participant Operations: (717) 787-8091 or Long-Term Care Contact Information: 1-800-753-8827
For further information, visit: [http://www.LongTermLivinginPA.com](http://www.LongTermLivinginPA.com)

### Link to Waiver Application

### Expiration Date
06/30/2018

### Date of Last Update
11/06/2015
**PA COMMCARE Waiver (0386.R02.00)**  
**State Operating Agency:** Pennsylvania Office of Long-Term Living Bureau of Participant Operations  

<table>
<thead>
<tr>
<th>Description</th>
<th>The primary purpose of the waiver is to prevent inappropriate and unnecessary institutionalization by providing home and community-based services as a cost-effective alternative to institutional care. COMMCARE Waiver services enable participants to: live in the most integrated community setting appropriate to their individual service requirements and needs; exercise meaningful choices; obtain the quality services necessary to live independently. The services provided by this waiver include: education, personal assistance, prevocational, respite, service coordination, structured day habilitation services, supported employment, home health, financial management services (FMS), accessibility adaptations/equipment/technology/medical supplies, adult daily living, community integration, community transition, non-medical transportation, personal emergency response services (PERS), residential habilitation, and therapeutic and counseling for individuals with brain injuries.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiver Type</td>
<td>1915(c)</td>
</tr>
<tr>
<td>Target Population-Eligibility</td>
<td>Individuals 21 years and older with a medically determined diagnosis of traumatic brain injury (TBI).</td>
</tr>
<tr>
<td>Level of Care</td>
<td>The level of care that an individual requires is the care available in a nursing facility (NF).</td>
</tr>
<tr>
<td>Respite Services</td>
<td>Respite services are provided to support individuals on a short-term basis due to the absence or need for relief of those persons normally providing care. Respite Services are provided to individuals in their own home, or the home of relative, friend, or other family and are provided in quarter hour units. In-home Respite services cannot be provided simultaneously with Home Health Aide Services, Personal Assistance Services or Residential Habilitation. The frequency and duration of this service are based upon the participant’s needs as identified and documented in the participant’s service plan. Respite may be delivered through both participant directed and provider managed options.</td>
</tr>
<tr>
<td>Respite Provider Eligibility</td>
<td>For information on becoming a provider, go to Pennsylvania’s DHS website: <a href="http://www.dhs.pa.gov/provider/more/index.htm">http://www.dhs.pa.gov/provider/more/index.htm</a></td>
</tr>
<tr>
<td>Caregiver Eligibility</td>
<td>A legally responsible person, or legal guardian may not provide respite, but a relative may. Relative may not be power of attorney or reside in the home.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>790: Year ending 06/30/2016.</td>
</tr>
<tr>
<td>How to Apply</td>
<td>To apply, contact your PA Independent Enrollment Broker at 1-877-550-4227. Or you can apply for other services online via COMPASS: <a href="https://www.compass.state.pa.us/Compass.Web/public/cmphome">https://www.compass.state.pa.us/Compass.Web/public/cmphome</a></td>
</tr>
<tr>
<td>Expiration Date</td>
<td>06/30/2020</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>11/06/2015</td>
</tr>
</tbody>
</table>
**Description**

Pennsylvania is committed to promoting participant choice, participant direction, and person-centered planning though this and other waivers. The services provided by this waiver include: education, personal assistance services, respite, service coordination, supported employment, home health, financial management services (FMS), accessibility adaptations/equipment/technology and medical supplies, adult daily living, community integration, community transition services, non-medical transportation, personal emergency response services (PERS), and therapeutic and counseling. These services enable participants to: live in the most integrated community setting appropriate to their individual service requirements and needs; exercise meaningful choices; obtain the quality services necessary to live independently.

**Waiver Type**

1915(c)

**Target Population-Eligibility**

Individuals who are physically disabled and initially enrolled in the waiver between ages 18 and 60. Those already enrolled who turn 60 are able to continue to receive services through the waiver. Individuals must meet all of the following conditions: (1) have a physical disability that is likely to continue indefinitely, but do not have a primary diagnosis of mental retardation or have a major mental illness; and (2) results in three or more substantial functional limitations in major life activity; self-care, understanding and use of language, learning, mobility, self-direction and/or capacity for independent living.

**Level of Care**

The level of care that an individual requires is the care available in a nursing facility (NF).

**Respite Services**

Respite services are provided to support individuals on a short-term basis due to the absence or need for relief of those persons normally providing care. Respite Services are provided to individuals in their own home, or the home of relative, friend, or other family, and are provided in quarter hour units. In-home Respite services cannot be provided simultaneously with Personal Assistance Services. The frequency and duration of this service are based upon the participant’s needs as identified and documented in the participant’s service plan.

Respite Services may only be funded through the waiver when the services are not covered by the State Plan or a responsible third-party, such as Medicare or private insurance. Service Coordinators must assure that coverage of services provided under the State Plan or a responsible third-party continues until the plan limitations have been reached or a determination of non-coverage has been established prior to this service’s inclusion in the service plan. Documentation in accordance with Department requirements must be maintained in the participant’s file by the Service Coordinator and updated with each reauthorization, as applicable.

Respite may be delivered through both participant directed and provider managed options.

**Respite Provider Eligibility**

For information on becoming a provider, go to Pennsylvania’s DHS website: [http://www.dhs.pa.gov/provider/more/index.htm](http://www.dhs.pa.gov/provider/more/index.htm)

**Caregiver Eligibility**

A legally responsible person, or legal guardian may not provide respite, but a relative may. Relative may not be power of attorney or reside in the home.

**Enrollment Limit**

14729: Year ending 06/30/2017.

**How to Apply**

To apply, contact your PA Independent Enrollment Broker at 1-877-550-4227.

**Contact Information**

Office of Long-Term Living Bureau of Participant Operations: (717) 787-8091

**Link to Waiver Application**


**Expiration Date**

06/30/2020

**Date of Last Update**

11/06/2015
**PA OBRA Waiver (0235.R04.00)**

**State Operating Agency:** Pennsylvania Office of Long-Term Living Bureau of Long Term Supports Bureau of Participant Operations

**Description**

The OBRA Waiver provides services to adults with developmental disabilities who are Medicaid eligible. The primary purpose of the waiver is to prevent inappropriate and unnecessary institutionalization by providing home and community-based services as a cost-effective alternative to institutional care. This waiver provides adult daily living, education services, personal assistance, prevocational, residential habilitation, respite, service coordination, structured day habilitation, supported employment, home health, financial management services (FMS), accessibility adaptations/equipment/technology and medical supplies, community integration, community transition, non-medical transportation, personal emergency response systems (PERS), and therapeutic and counseling.

<table>
<thead>
<tr>
<th>Waiver Type</th>
<th>1915(c)</th>
</tr>
</thead>
</table>

**Target Population-Eligibility**

Individuals diagnosed with developmental disabilities prior to the age of 22 years of age are able to enroll in the waiver beginning at age 18 through age 59. Other specific enrollment criteria may apply.

**Level of Care**

Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) and/or subcategory of Intermediate Care Facility for Persons with Other Related Conditions (ICF/ORC).

**Respite Services**

Respite services are provided to support individuals on a short-term basis due to the absence or need for relief of those persons normally providing care. Respite Services are provided to individuals in their own home, or the home of relative, friend, or other family member and are provided in quarter hour units. Respite services cannot be provided simultaneously with Home Health Aide Services, Personal Assistance Services or Residential Habilitation. The frequency and duration of this service are based upon the participant’s needs as identified and documented in the participant’s service plan. Respite services may be participant-directed or provider managed.

**Respite Provider Eligibility**

For information on becoming a provider, go to Pennsylvania’s DHS website: [http://www.dhs.pa.gov/provider/more/index.htm](http://www.dhs.pa.gov/provider/more/index.htm)

**Caregiver Eligibility**

Respite services may be provided by a relative or family member as long as the relative or family member is not a legal guardian, power of attorney, or reside in the home. Respite services may also be provided by a legally responsible person, but may not be provided by a legal guardian.

**Enrollment Limit**

1694: Year ending 06/30/2016.

**How to Apply**

To apply, contact the PA Independent Enrollment Broker at 1-877-550-4227.

**Contact Information**

Office of Long-Term Living Bureau of Participant Operations
(717) 787-8091

OBRA Waiver Program information is available at: [http://www.dhs.pa.gov/citizens/alternativestonursinghomes/obrawaiver/index.htm#.Vj0NAberSUk](http://www.dhs.pa.gov/citizens/alternativestonursinghomes/obrawaiver/index.htm#.Vj0NAberSUk)

**Link to Waiver Application**


**Expiration Date**

06/30/2016

**Date of Last Update**

11/06/2015
Home and Community-Based 1915(c) Waivers for Respite Support

Medicaid is a program in every state that pays for medical assistance for certain individuals and families with low incomes and resources. It is the largest source of funding for medical and health-related services for America’s poorest people. Because Medicaid is funded jointly by the federal and state governments, the services paid for vary from state to state. In addition to medical services, Medicaid will pay for home and community-based services (HCBS) through the state plan as well as through Medicaid waivers that offer services as a lower-cost alternative to treatment in a medical or long term care facility, such as a nursing home. Respite is usually paid for through one or more of the following types of waivers: research and demonstration (1115), managed care (1915b) and HCBS (1915c) waiver programs.

All Rhode Island Home and Community-Based 1915(c) waivers have been incorporated into the 1115 “Comprehensive Demonstration” waiver and are now operated as Managed Long Term Services and Supports (MTLSS). All of the waiver services offered by the Home and Community-Based 1915(c) waivers including respite care are to continue to be provided in the MTLSS delivery system.

RI Comprehensive Demonstration

Rhode Island operates its entire Medicaid program under a single section 1115 demonstration. This demonstration includes the following programs: Rlte Care, Rlte Share, Extended Family Planning, Rhody Health Partners, Connect Care Choice, Home and Community-based Services (HCBS), and Rlte Smiles. All Medicaid funded services on the continuum of care –from preventative care in the home and community to care in high-intensity hospital settings to long-term and end-of life-care –will be organized, financed, and delivered through the demonstration.
**RI Comprehensive Demonstration**

**State Operating Agency:** Rhode Island Office of Health and Human Services

**Description**
The Rhode Island Comprehensive Demonstration includes these distinct components: Managed Care provides Medicaid state plan benefits as well as supplemental benefits through comprehensive mandatory managed care delivery systems; Extended Family Planning provides access to family planning and referrals to primary care services for women; Rhite Share premium assistance enrolls individuals who are eligible for Medicaid/CHIP, and who are employees (or dependents) of an employer that offers a “qualified” plan into the ESI coverage; Rhody Health Partners provides state plan and demonstration benefits through a managed care delivery system to beneficiaries who are aged, blind, or disabled and have no other health insurance; Connect Care Choice provides state plan benefits to beneficiaries who are aged, blind, or disabled and have no other health insurance through a primary care case management system and Home and Community-Based Services (HCBS) that are equivalent to the services, like respite, previously furnished undersection 1915(c) and 1915(i) HCBS waivers.

**Waiver Type**
1115

**Target Population - Eligibility**
All Medicaid participants are covered under this demonstration. The following groups are eligible: Children with low family income; pregnant women; parents and caretaker adults; women with eligible coverage under the Extended Family Planning program; aged, blind, and disabled individuals, including eligible Medicare beneficiaries; children with special health care needs eligible for Medicaid under Rhode Island’s existing state plan and enrolled in Rite Care on a mandatory basis; Home and Community-based (HCB) waiver services to individuals not eligible for Medicaid; Services for uninsured adults with mental illness or substance abuse problems not eligible for Medicaid; Continued eligibility for Rite Care parents with behavioral health conditions that result in their children being temporarily placed in state custody, who would otherwise lose Rite Care eligibility; disabled and early widows and widowers; Residential diversion for HCB waiver services for children who would be voluntarily placed in state custody to receive those services; Coverage for HCB waiver services for at risk Medicaid eligible youth; Detection, intervention and treatment services for young children at risk for Medicaid or institutional care provided through early intervention; TEFRA children; Limited benefit package for HIV-positive individuals; Limited benefit package for low-income adults eligible for the state’s General Public Assistance program, ages 19-64 who are unable to work due to a variety of health conditions, but do not qualify for disability benefits; HCB wrap services to adults ages 19-64 with Alzheimer’s Disease or a related dementia; young adults ages 19-21 who are aging out of the Katie Beckett eligibility group; and Low-income adults ages 19-64.

**Level of Care**
Based on a level of care determination, individuals eligible as aged, blind or disabled (ABD) under the Medicaid state plan can fall into the following groups: 1) highest, 2) high, and 3) preventive. Highest level of care: Individuals who are determined based on medical need to require the institutional level of care will receive services through nursing homes, long term care hospitals or intermediate care facilities for individuals with intellectual disabilities (ICF/IID). Beneficiaries meeting this level of care will have the option to choose community-based care including core and preventive services. Preventive level of care is for individuals who do not presently need an institutional level of care will have access to services targeted at preventing admission, re-admissions or reducing lengths of stay in an institution.

**Respite Services**
Respite can be defined as temporary caregiving services given to an individual unable to care for himself/herself that is furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care for the participant. Respite services will be recommended and approved by EOHHSS, Office of Long Term Services and Supports.

**Respite Provider Eligibility**
Information for providers can be found on the Executive Office of Health and Human Services website: [http://www.eohhs.ri.gov/ProvidersPartners/GeneralInformation.aspx](http://www.eohhs.ri.gov/ProvidersPartners/GeneralInformation.aspx)

**Caregiver Eligibility**
Caregiver eligibility not available.

**Enrollment Limit**
Enrollment Limits not available.
<table>
<thead>
<tr>
<th>How to Apply</th>
<th>To apply, you must be enrolled in Medicaid. You can access the applications on the Executive Office of Health and Human Services website: <a href="http://www.eohhs.ri.gov/ReferenceCenter/FormsApplications.aspx">http://www.eohhs.ri.gov/ReferenceCenter/FormsApplications.aspx</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Information</td>
<td>Contact the Office of Partner Engagement with any questions or concerns at (401)-462-7290 or <a href="mailto:ohhs.partnerengagement@ohhs.ri.gov">ohhs.partnerengagement@ohhs.ri.gov</a>. You can also access further information on this waiver via the Executive Office of Health and Human Services website: <a href="http://www.eohhs.ri.gov/ReferenceCenter/1115MedicaidWaiver.aspx">http://www.eohhs.ri.gov/ReferenceCenter/1115MedicaidWaiver.aspx</a></td>
</tr>
<tr>
<td>Link to Waiver Application</td>
<td>Link to application update: <a href="http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/SPA/15-03-C2%20Levels%20of%20Care%20Public%20Notice.pdf">http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/SPA/15-03-C2%20Levels%20of%20Care%20Public%20Notice.pdf</a></td>
</tr>
<tr>
<td>Expiration Date</td>
<td>12/31/2018</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>1/12/2016</td>
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</tbody>
</table>
Home and Community-Based 1915(c) Waivers for Respite Support

Medicaid is a program in every state that pays for medical assistance for certain individuals and families with low incomes and resources. It is the largest source of funding for medical and health-related services for America’s poorest people. Because Medicaid is funded jointly by the federal and state governments, the services paid for vary from state to state. In addition to medical services, Medicaid will pay for home and community-based services (HCBS) through the state plan as well as through Medicaid waivers that offer services as a lower-cost alternative to treatment in a medical or long-term care facility, such as a nursing home. Respite is usually paid for through one or more of the following types of waivers: research and demonstration (1115), managed care (1915b) and HCBS (1915c) waiver programs. This state’s Medicaid waivers that include respite are:

SC Community Choices (0405.R02.00)

Provides adult day health care, case management, personal care I and II, respite, adult care home service, companion care, adult day health care transportation, attendant care, community residential personal assistance, home accessibility adaptation, home delivered meals, nursing home transition, Personal Emergency Response System, specialized medical equipment and supplies, and tele-monitoring for individuals aged 65 or older as well as individuals who are physically disabled ages 18 – 64 years old.

SC Community Supports (0676.R01.00)

Provides adult day health care, personal care, respite care, waiver case management, incontinence supplies, adult day health care-nursing, adult day health care-transportation, assistive technology and appliances, behavior support, career preparation, community services, day activity, employment services, environmental modifications, in-home support, Personal Emergency Response System, private vehicle modifications, support center services for individuals of all ages with intellectual disabilities.

SC Medically Complex Children (0675.R01.00)

Provides care coordination, respite (skilled and unskilled), and pediatric medical day care for children (ages 0 to 18) who are medically fragile and/or technology dependent.

SC Mechanical Ventilator Dependent (40181.R04.00)

Provides personal care I and II, respite, prescription drugs (except to participants who are eligible for Medicare Part D benefits), attendant care, home accessibility adaptations, Personal Emergency Response System, pest control, private duty nursing, specialized medical equipment and supplies for individuals ages 21 or older who are technology dependent.

SC Head and Spinal Cord Injury (0284.R04.00)

Provides attendant care/personal assistance, residential habilitation, respite, waiver case management, incontinence supplies, occupational therapy, physical therapy, prescribed drugs, speech/hearing services, behavioral support, career preparation, day activity, employment services, environmental modifications, health education and peer guidance for consumer-directed care, Medicaid waiver nursing, Personal Emergency Response System, private vehicle modifications, psychological services, and supplies/equipment/assistive technology for individuals with physical and other disabilities ages 0 to 64.

SC IID and Related Disabilities (0237.R04.00)

Provides adult day health care, personal care 1 and 2, residential habilitation, respite care, waiver case management, adult dental, adult vision, audiology services, incontinence supplies, prescribed drugs, adult attendant care, adult companion, adult day health care nursing, adult day health care transportation, behavior support, career preparation, community services, day activity, employment services, environmental modifications, nursing, Personal Emergency Response System, private vehicle modifications, psychological services, specialized medical equipment/supplies, assistive technology, and support center services for individuals of all ages with Intellectual Disabilities.
SC HIV/AIDS (0186.R05.00)

Provides case management, personal care, prescription drugs except drugs furnished to participants who are eligible for Medicare Part D benefits, adult companion care, attendant care, home-accessibility adaptations, home delivered meals, private duty nursing, as well as specialized medical equipment and supplies for individuals with HIV/AIDS of all ages.

SC PRTF Alternative CHANCE (02.R02.00)

Provides case management, prevocational services, respite, customized goods and services, intensive family services, medication monitoring and wellness education, peer support, as well as wraparound para-professional services for individuals ages 4 to 18 who have Severe Emotional Disabilities.
**SC Community Choices (0405.R02.00)**

**State Operating Agency:** SC Department of Health and Human Services (SCDHHS), Community Long Term Care (CLTC)

**Description**
The Community Choices waiver provides adult day health care, case management, personal care, respite, adult care home service, adult companion care, adult day health care transportation, attendant care, community residential personal assistance, home accessibility adaptation, home delivered meals, nursing home transition, Personal Emergency Response System, specialized medical equipment and supplies, and tele-monitoring services. This waiver allows for participant direction of some services; meaning the individual receiving care can self-direct or choose the care providers from whom they receive assistance. Program participants are able to hire their own personal assistance, respite care, and companion service providers.

The direct administration comes through Community Long-term Care’s (CLTC) thirteen regional offices around the State, each covering designated counties. Participants who meet all eligibility requirements for both Medicaid and Medicare may enroll in Healthy Connections Prime, South Carolina’s Dual Eligible Demonstration, while simultaneously continuing participation in this waiver. This will allow for the coordination and integration of waiver services with other Medicare and Medicaid benefits.

**Waiver Type**
1915 (c)

**Target Population - Eligibility**
Individuals 18 – 64 years old diagnosed with a physical disability or individuals 65 or older and willing and able to receive care at home or in the community instead of in a nursing home.

**Level of Care**
Individuals require level of care available in a nursing facility (NF).

**Respite Services**
Care and supervision provided for those individuals unable to care for themselves. Respite is provided due to the short-term absence or need for relief of those normally providing care. Respite may be provided in the following locations: Individual’s home or other private residence selected by the participant/representative; Group home; Foster home; Medicaid certified nursing facility; Medicaid certified Intermediate Care Facility for Individuals with Intellectual Disabilities; and/or, Licensed Community Residential Care Facility.

**Respite Provider Eligibility**
Provider enrollment information available at: [https://www.scdhhs.gov/ProviderRequirements](https://www.scdhhs.gov/ProviderRequirements) or (888) 289-0709

**Caregiver Eligibility**
Certain family members, such as the adult children of aged parents, are eligible to serve in these roles provided they pass the necessary background checks and are approved by the state. Respite may not be provided by a legally responsible person or legal guardian, but may be provided by a relative.

**Enrollment Limit**
18,394: Year ending 06/30/2016

**How to Apply**
Application information available at: [https://www.scdhhs.gov/historic/InsideDHHS/Bureaus/BureauofLongTermCareServices/how%20do%20i%20apply-3.html](https://www.scdhhs.gov/historic/InsideDHHS/Bureaus/BureauofLongTermCareServices/how%20do%20i%20apply-3.html)

**Contact Information**
SC Department of Health and Human Services, Community Long Term Care, PO Box 100101, Columbia, SC 29202
Phone: (888) 549-0820, More information available at: [https://www.scdhhs.gov/Contact-Info](https://www.scdhhs.gov/Contact-Info)

**Link to Waiver Application**
[https://www.scdhhs.gov/sites/default/files/Community%20Choices%20Waiver%202016-POST.pdf](https://www.scdhhs.gov/sites/default/files/Community%20Choices%20Waiver%202016-POST.pdf)

**Expiration Date**
06/30/2016 (Renewal application submitted and pending).

**Date of Last Update**
06/15/2016
SC Community Supports (0676.R01.00)
State Operating Agency: South Carolina Department of Disabilities and Special Needs (SCDDSN)

Description
The Community Supports (CS) waiver provides adult day health care, personal care, respite care, waiver case management, incontinence supplies, adult day health care-nursing, adult day health care-transportation, assistive technology and appliances, behavior support, career preparation, community services, day activity, employment services, environmental modification, in-home support, Personal Emergency Response System, private vehicle modification, and support center services for individuals of all ages with Intellectual Disabilities. The CS waiver offers the opportunity for participant/responsible party direction of the In-Home Support services; other services are provider managed. The State reserves capacity in the CS waiver for: individuals receiving state-funded day services and individuals enrolled in the Intellectual Disabilities and Related Disabilities waiver who choose to enroll in the Community Supports waiver.

Waiver Type 1915 (c)

Target Population-Eligibility
Serves individuals of all ages diagnosed with an Intellectual or Developmental Disability or a Related disability, is eligible to receive Medicaid, receives services in the home, community or in an ICF/IID, and has needs that can be met by the Community Supports Waiver. Related disability is a severe, chronic condition closely related to mental retardation and must meet the following conditions: (1) attributable to cerebral palsy, epilepsy, autism or any other condition, except mental illness, closely related to mental retardation and results in impairment and requires services similar to that of a person with mental retardation; (2) manifested before age 22; (3) likely to continue indefinitely; (4) results in substantial functional limitations in three or more of the following: self-care, understanding and use of language, learning, mobility, self-direction and capacity for independent living.

Level of Care
Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

Respite Services
Care and supervision provided to those individuals unable to care for themselves. Services are provided due to the short-term absence or need for relief of those normally providing care. Respite is provided in a variety of settings, such as the individual’s home or other private residence selected by the participant/representative; Group home; Foster home; Medicaid certified nursing facility; Medicaid certified ICF/IID; and/or Licensed Community Residential Care Facility.

Respite Provider Eligibility
Service Providers Information: http://ddsn.sc.gov/providers/Pages/default.aspx

Caregiver Eligibility
Respite may not be provided by a legally responsible person or legal guardian, but may be provided by a relative.

Enrollment Limit
4400: Year ending in 06/30/2016

How to Apply
For children ages 0-3, apply through BabyNet. Call the BabyNet Care Line 1-877-621-0865 to get local contact. Not required to meet BabyNet eligibility to apply for the Community Supports Waiver. For individuals 3 and older, contact DDSN’s eligibility line at 1-800-289-7012 which is operated through the University of South Carolina, Center for Disability Resources.

Contact Information
South Carolina Department of Disabilities and Special Needs, P.O. Box 4706, Columbia, SC 29240
Phone: (803) 898-9600; Fax: (803) 898-9653

Link to Waiver Application

Expiration Date
06/30/2017

Date of Last Update
09/30/2015
**SC Medically Complex Children (0675.R01.00)**  
**State Operating Agency:** SC Department of Health and Human Services (SCDHHS)

**Description**  
The Medically Complex Children’s waiver provides for medically fragile and technology dependent individuals ages 0 to 18. The purpose of the Medically Complex Children waiver is to serve children who meet the level of care, and have a chronic physical/health condition. The goal of this waiver is to decrease hospitalizations and emergency room visits to enhance the quality of life for participants in a cost-effective manner. The objective of the waiver is to provide ongoing continuity of care through the provision of a nurse care coordinator to be a liaison between the waiver participant and all medical and community service providers to decrease acuity levels. The services offered in this waiver include care coordination, respite (skilled and unskilled), and pediatric medical day care.

**Waiver Type**  
1915 (c) Operates in conjunction with Section 1915(a) voluntary managed care.

**Target Population**  
**Eligibility**  
Children ages 0 – 18 years who are medically fragile or technology dependent; have a chronic physical/health condition that is expected to last longer than 12 months; and meet the State-defined medical eligibility criteria.

**Level of Care**  
Children require level of care available in a nursing facility (NF) or an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

**Respite Services**  
Skilled and unskilled respite services are provided to participants unable to care for themselves and furnished on a short-term basis due to absence or need for relief of those persons who normally provide care for the participant. Skilled respite is offered to children needing skilled care provided by a nurse under signed physician orders. Unskilled respite is offered to children with only unskilled care needs; i.e., Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL).

**Respite Provider Eligibility**  
Provider must be licensed by the appropriate licensing body, certified by the standard-setting agency, and/or other pre-contractual approval processes established by SC Department of Health and Human Services (SCDHHS). Provider enrollment information is available at: [https://www.scdhhs.gov/ProviderRequirements](https://www.scdhhs.gov/ProviderRequirements) or (888) 289-0709. Providers must enroll in the SC Medicaid program and receive official notice of enrollment.

**Caregiver Eligibility**  
Service may not be provided by a legally responsible person or by a legal guardian, but may be provided by a relative.

**Enrollment Limit**  
1050: Year ending in 12/31/2016

**How to Apply**  
To apply, call the MCC Waiver Intake & Referral line at (803) 898-2577. Ask for information on the process and a written application form to apply for the Medically Complex Children’s Waiver Program. Even if you are told no money or services are available right now, it is very important to apply in writing so that your name can be added to the waiting list if you meet all the criteria, or so you are informed in writing if your request is denied.

**Contact Information**  
SCDHHS, PO Box 8206, Columbia, SC 29202-8206, Phone: (803) 898-2577; Fax: (803) 255-8204; [www.scdhhs.gov](http://www.scdhhs.gov)

**Link to Waiver Application**  
[https://www.scdhhs.gov/sites/default/files/Application%20for%201915%20HCBS%20Waiver%200675_00%20%20SC_0675_R01_00%20-%20Jan%202001,%202012.htm](https://www.scdhhs.gov/sites/default/files/Application%20for%201915%20HCBS%20Waiver%200675_00%20%20SC_0675_R01_00%20-%20Jan%202001,%202012.htm)

**Expiration Date**  
12/31/2017

**Date of Last Update**  
09/30/2015
### SC Mechanical Ventilator Dependent (40181.R04.00)

**State Operating Agency:** SC Department of Health and Human Service (SCDHHS), Community Long Term Care (CLTC)

**Description**
The Medical Ventilator Dependent waiver provides personal care, respite, prescription drugs (except drugs furnished to participants who are eligible for Medicare Part D benefits), attendant care, home accessibility adaptations, Personal Emergency Response System, pest control, private duty nursing, as well as specialized medical equipment and supplies. This waiver will serve the frail elderly and persons with physical disabilities that require mechanical ventilation who meet the nursing facility level of care criteria. The existing waiver and renewal proposal will offer participant direction of the attendant care service without budget authority. All other services within this waiver are primarily provider managed.

Participants who meet all eligibility requirements for both Medicaid and Medicare may enroll in Healthy Connections Prime, South Carolina’s Dual Eligible Demonstration, while simultaneously continuing participation in this waiver. This will allow for the coordination and integration of waiver services with other Medicare and Medicaid benefits.

**Waiver Type**
1915(c) operates in conjunction with Section 1932(a) State Plan Amendment (SPA) since 1/27/2014 to allow for the enrollment of waiver participants into managed care (e.g. the Healthy Connections Prime Dual Eligible Demonstration)

**Target Population - Eligibility**
Technology dependent individuals who are 21 years or older. Must be dependent on life sustaining mechanical ventilation.

**Level of Care**
Individuals require level of care available in a nursing facility (NF).

**Respite Services**
Services provided to participants unable to care for themselves that are furnished on a short-term basis because of the absence or need for relief of those persons who normally provide care for the participant. Services maintain the client at home to avoid institutionalization. Federal financial participation is not being claimed for the cost of room and board except when provided, as part of respite care furnished in a facility approved by the State that is not a private residence. Respite care and federal financial participation for room and board may be furnished and claimed in a Medicaid certified nursing facility, or hospital. Respite may also be provided in the participant’s home, but federal financial participation for room and board will not be claimed in the in-home setting.

**Respite Provider Eligibility**
Provider eligibility information available at: [https://www.scdhhs.gov/historic/InsideDHHS/Bureaus/BureauofLongTermCareServices/BECOMINGACltcPROVIDER.html](https://www.scdhhs.gov/historic/InsideDHHS/Bureaus/BureauofLongTermCareServices/BECOMINGACltcPROVIDER.html)

**Caregiver Eligibility**
Respite may not be provided by a legally responsible person or legal guardian, but may be provided by a relative.

**Enrollment Limit**
70: Year ending 12/31/2016:

**How to Apply**
A referral may be made by contacting your local Community Long Term Care area office. This information is available at: [https://www.scdhhs.gov/historic/InsideDHHS/Bureaus/BureauofLongTermCareServices/how%20do%20i%20apply-3.html](https://www.scdhhs.gov/historic/InsideDHHS/Bureaus/BureauofLongTermCareServices/how%20do%20i%20apply-3.html)

**Contact Information**
South Carolina Department of Health and Human Services, P.O. Box 8206, Columbia, SC 29202-8206
Phone: (803) 898-2721; Fax: (803) 255-8209; Website: [www.scdhhs.gov](http://www.scdhhs.gov)

**Link to Waiver Application**
Latest amendment: [https://www.scdhhs.gov/sites/default/files/Vent%20Waiver%20Amendment%202016-Case%20Management%20Revisions-POSTED.pdf](https://www.scdhhs.gov/sites/default/files/Vent%20Waiver%20Amendment%202016-Case%20Management%20Revisions-POSTED.pdf)

**Expiration Date**
11/30/2017

**Date of Last Update**
06/15/2016

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**Medicaid Waivers for Respite Support – 2015-16**
ARCH National Respite Network and Resource Center | [www.archrespite.org](http://www.archrespite.org)
SC Head and Spinal Cord Injury (0284.R04.00)
State Operating Agency: SC Department of Disabilities and Special Needs (DDSN)

Description
The Head and Spinal Cord Injury Waiver provides attendant care/personal assistance, residential habilitation, respite care, waiver case management, incontinence supplies, Occupational Therapy, Physical Therapy, prescribed drugs, speech and hearing services, behavioral support, career preparation, day activity, employment services, environmental modification, health education for consumer-directed care, Medicaid waiver nursing, peer guidance for consumer-directed care, Personal Emergency Response System, private vehicle modification, psychological services, as well as supplies/equipment/assistive technology. Services in this Waiver are provided at the local level mainly through a traditional service delivery system. This Waiver has a participant-directed service that allows individuals or responsible parties to direct their own attendant care if they chose this option.

Waiver Type
1915 (c)

Target Population-Eligibility
Individuals under 65 years old (0-64) who have either physical disabilities or other disabilities that meet all four (4) of the following requirements at the time of applying for eligibility. The condition: (1) is attributed to a physical impairment, including traumatic brain injury, spinal cord injury or both, or a similar disability, regardless of age of onset, but not associated with the process of a progressive degenerative illness or dementia, or a neurological disorder related to aging; (2) is likely to continue indefinitely without intervention; (3) results in substantial functional limitations in at least two areas of these life activities: self-care, receptive and expressive communication, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency; and (4) reflects the need for a combination and sequence of special interdisciplinary or generic care or treatment or other services which are lifelong or of extended duration and are individually planned or coordinated. Participants must be enrolled prior to age 65, but will remain eligible for Waiver services after their 65th birthday if all other eligibility factors continue to be met.

Level of Care
Individuals require level of care available in a nursing facility (NF) or in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

Respite Services
Respite is assistance and supervision provided to the participant due to a short-term absence of or need for relief by those normally providing unpaid care. It can be provided on a periodic and/or emergency basis to relieve one or more unpaid caregivers. The service may include hands-on assistance or direction/cueing for personal care and/or general supervision to assure safety. It may include skilled nursing procedures only if these are specifically delegated by a licensed nurse or as otherwise permitted by State law. Respite Care may be provided in a variety of community or institutional settings.

Respite can be provided on an hourly basis in the following non-institutional respite care locations: participant’s home or place of residence, or other residence selected by the participant or representative; Group Home; Licensed residence (CTH-I or CTH-II); Licensed foster care home; and Licensed Community Residential Care Facility (CRCF). Institutional Respite Care on a daily basis may be provided in the following locations: Medicaid-certified hospital; Medicaid-certified nursing facility (NF); and Medicaid-certified Intermediate Care Facility for the Individuals with Intellectual Disabilities (ICF/IID) [this may be at a Regional Center or a community ICF/ID].

Respite Provider Eligibility
Information on becoming a Provider of Community Long Term Care Services available at: https://www.scdhhs.gov/

Caregiver Eligibility
Respite may not be provided by a legally responsible person or a legal guardian, but may be provided by a relative.

Enrollment Limit
1020: Year ending 12/31/2016

How to Apply
Contact the HASCI Division Information and Referral (I & R) Service at 1-866-867-3864 (toll-free) in Columbia, to be screened for referral to DDSN’s Head and Spinal Cord Injury (HACSI) Division.
<table>
<thead>
<tr>
<th><strong>Contact Information</strong></th>
<th>HASCI Division Information and Referral, Phone: (866) 867-3864 (toll free)</th>
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<tbody>
<tr>
<td><strong>Link to Waiver</strong></td>
<td><a href="https://www.scdhhs.gov/internet/pdf/Application%20for%201915%20HCBS%20Waiver%20SC_0284_R03_03.htm">https://www.scdhhs.gov/internet/pdf/Application%20for%201915%20HCBS%20Waiver%20SC_0284_R03_03.htm</a></td>
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<td><strong>Expiration Date</strong></td>
<td>06/30/2018</td>
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<tr>
<td><strong>Date of Last Update</strong></td>
<td>09/30/2015</td>
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Description
SC DDSSN utilizes an organized health care delivery system that includes both county Disability and Special Needs Boards and private waiver service providers. Services in this waiver are provided at the local level mainly through a traditional service delivery system that includes self-directed options for many in-home services. The services offered in this waiver are meant to prevent and/or delay institutionalization. This waiver reflects the State’s commitment to offer viable community options to institutional placement.

It provides adult day health care, personal care 1 and 2, residential habilitation, respite care, waiver case management, adult dental, adult vision, audiology services, incontinence supplies, prescribed drugs, adult attendant care, adult companion, adult day health care nursing, adult day health care transportation, behavior support, career preparation, community services, day activity, employment services, environmental modifications, nursing, Personal Emergency Response System, private vehicle modifications, psychological services, specialized medical equipment/supplies, assistive technology, and support center services.

Waiver Type
1915 (c)

Target Population-
Eligibility
Individuals of all ages who are diagnosed with intellectual disabilities and/or related disabilities.

Level of Care
Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

Respite Services
Services provided to individuals unable to care for themselves; furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care, and is limited to 68 hours per month unless approved for exception by DDSN. Respite care will be provided in the following location(s): Individual's home or place of residence, or other residence selected by the recipient/representative; Foster home; Medicaid certified ICF/IID; Group home; Licensed respite care facility; Other community care residential facility approved by the State that is not a private residence [(Specify type): Community Residential Care Facility]; or Licensed Nursing Facility (NF).

Respite Provider
Eligibility
For information on how to become a provider please visit:
http://ddsn.sc.gov/providers/becomeqpl/Pages/default.aspx

Caregiver Eligibility
Respite may not be provided by a legally responsible person or a legal guardian, but may be provided by a relative.

Enrollment Limit
7900: Year ending 12/31/14

How to Apply
Contact your assigned Case Manager/Early Interventionist (CM/EI). If you are not receiving Case Management or Early Intervention, contact the Disabilities and Special Needs (DSN) Board in the county in which you live. This information can be obtained by contacting DDSN at (803) 898-9671 or at www.state.sc.us/ddsn/. Or visit: http://www.ddsn.sc.gov/consumers/Pages/ApplyingforServices.aspx

Contact Information
Contact the SC Disabilities and Special Needs office at: (800) 289-7012. For information about Disabilities and Special Needs services, contact the Center for Disability Resources at 1-800-289-7012.

Link to Waiver
Application
https://www.scdhhs.gov/sites/default/files/SC.0237.R05.00%20IDRD%20PROPOSAL%20DRAFT%20August%203%2C%202015.pdf

Expiration Date
12/31/2014 (Renewal application submitted and pending)

Date of Last Update
09/30/2015
SC HIV/AIDS (0186.R05.00)
State Operating Agency: SC Department of Health and Human Services (SCDHHS), Community Long Term Care (CLTC)

Description
This waiver provides case management, personal care, prescription drugs except drugs furnished to participants who are eligible for Medicare Part D benefits, adult companion care, attendant care, home accessibility adaptations, home delivered meals, private duty nursing, specialized medical equipment and supplies. The HIV/AIDS waiver provides participant directed options for supervision of services. The HIV/AIDS waiver offers a continuum of service options capable of meeting the needs of all waiver participants, both those who choose agency directed services and those who choose self-directed services. The direct administration comes through thirteen regional offices around the State, each of which covers designated counties of South Carolina. Case managers working in these 13 areas are responsible for ensuring that participants are aware of their service options and can make informed choices as to which form of service delivery they prefer.

Waiver Type
1915 (c)

Target Population-Eligibility
Individuals of all ages who are diagnosed with HIV/AIDS.

Level of Care
Individuals require level of care available in a hospital.

Respite Services
Respite care is not available, but Adult Companion Care is available. Adult Companion Care is defined as non-medical care, supervision and socialization, provided to a functionally impaired adult. Companions may assist or supervise the participant with such tasks as meal preparation, laundry and shopping. The provision of companion services does not entail hands-on nursing care. Providers may also perform light housekeeping tasks that are incidental to the care and supervision of the participant. This service is provided in accordance with a therapeutic goal in the service plan. The state ensures that there is no overlap or duplication of the adult companion service with other services.

Respite Provider Eligibility
Service Provider information available at: https://www.scdhhs.gov/historic/InsideDHHS/Bureaus/BureauofLongTermCareServices/BECOMINGAcltcPROVIDER.html

Caregiver Eligibility
Adult Companion Care Services may not be provided by a legally responsible person or legal guardian, but may be provided by a relative.

Enrollment Limit
1238: Year ending 06/30/2016

How to Apply
Application information available at: https://www.scdhhs.gov/historic/InsideDHHS/Bureaus/BureauofLongTermCareServices/how%20do%20i%20apply-3.html

Contact Information
SC Department of Health and Human Services, Community Long Term Care, 1801 Main St.; P O Box 8206, Columbia, SC 29202 Phone: (803) 898-2590

Link to Waiver Application

Expiration Date
06/30/2016 (Renewal application submitted and pending)

Date of Last Update
09/30/2015
# SC PRTF Alternative CHANCE (02.R02.00)

**State Operating Agency:** SC Department of Health and Human Services (SCDHHS)

## Description

The purpose of this waiver is to provide home and community-based supports and services to children with mental illness who would otherwise be served in Psychiatric Residential Treatment Facilities (PRTF). Families and youths will be offered the choice of behavioral health services and supports to permit the youths to remain in, or return to, the least restrictive environment-preferably their homes. These services will be provided using a system of care approach with a single point of entry for all waiver applicants. Families and youths will participate in Service Plan Development meetings made up of stakeholders that may currently be involved with the family and any representatives the family chooses to attend to develop a Plan of Care. The family may choose from enrolled qualified providers (public and private). If the family has been working with a provider that is not a qualified provider, efforts will be made to enable the provider to enroll (provided they meet all requirements). Annual reevaluations will determine continued eligibility for waiver participation.

### Waiver Type

| 1915 (c) |

### Target Population-Eligibility

| Individuals ages 4 to 18 who are diagnosed with a Serious Emotional Disturbance. |

### Level of Care

| Individuals require level of care available in a Psychiatric Residential Treatment Facility (PRTF). |

### Respite Services

| Respite services are provided to participants who are unable to care for themselves on a short-term basis to assist the primary caregiver by providing relief from the stress of constant caregiving. Respite services are provider managed through a public or private child service entity. In home respite is provided in the waiver participant's home. Overnight Respite is not allowed. Residential respite is provided in a foster home. Overnight respite is allowed. |

### Respite Provider Eligibility

| To be eligible to provide services one must: 1) Be licensed by the appropriate licensing body, certified by the standard-setting agency, and/or other pre-contractual approval processes established by South Carolina Department of Health and Human Services (SCDHHS). 2) Continuously meet South Carolina licensure and/or certification requirements of their respective professions or boards in order to maintain Medicaid enrollment. 3) Comply with all federal and state laws and regulations currently in effect as well as all policies, procedures, and standards required by the Medicaid program. 4) If eligible, obtain a National Provider Identifier (NPI) and share it with South Carolina Medicaid. Refer to [https://nppes.cms.hhs.gov](https://nppes.cms.hhs.gov) for additional information about obtaining an NPI. 5) Be enrolled in the South Carolina Medicaid program and receive official notification of enrollment. Additional provider enrollment information available at: [https://www.scdhhs.gov/ProviderRequirements](https://www.scdhhs.gov/ProviderRequirements) |

### Caregiver Eligibility

| Respite may not be provided by a legally responsible person, relative, or legal guardian. |

### Enrollment Limit

| 95: Year ending 12/31/2016 |

### How to Apply

To Apply for the waiver, or to receive more information, call (toll free): (866) 779-0402

### Contact Information

Federation of Families of South Carolina, 810 Dutch Square Blvd.; Columbia, SC 29202
Phone: (803) 772-5210; Email: [info@fedfamsc.org](mailto:info@fedfamsc.org)
[www.fedfamsc.org](http://www.fedfamsc.org)

### Link to Waiver Application

[https://www.scdhhs.gov/sites/default/files/approved20Application20for20191528c2920HCBS%20Waiver20SC_02_R02_0020-%20Oct%201%202012_jsp.htm](https://www.scdhhs.gov/sites/default/files/approved20Application20for20191528c2920HCBS%20Waiver20SC_02_R02_0020-%20Oct%201%202012_jsp.htm)

### Expiration Date

09/30/2017

### Date of Last Update

09/30/2015
Home and Community-Based 1915(c) Waivers for Respite Support

Medicaid is a program in every state that pays for medical assistance for certain individuals and families with low incomes and resources. It is the largest source of funding for medical and health-related services for America’s poorest people. Because Medicaid is funded jointly by the federal and state governments, the services paid for vary from state to state. In addition to medical services, Medicaid will pay for home and community-based services (HCBS) through the state plan as well as through Medicaid waivers that offer services as a lower-cost alternative to treatment in a medical or long term care facility, such as a nursing home. Respite is usually paid for through one or more of the following types of waivers: research and demonstration (1115), managed care (1915b) and HCBS (1915c) waiver programs. This state’s Medicaid waivers that include respite are:

**SD Family Support (0338.R03.00)**

Provides personal care, respite, support coordination services, supported employment, companion care, environmental accessibility adaptations, nutritional supplements, specialized medical adaptive equipment and supplies, and vehicle modification for individuals of all ages diagnosed with developmental disabilities and intellectual disabilities.

**SD HCBS Waiver for South Dakotans (0189.R05.00)**

Provides adult day care, homemaker services, personal care, respite care, specialized medical equipment, specialized medical supplies, adult companion, assisted living, environmental accessibility adaptations, in-home nursing, meals and nutritional supplements, as well as Personal Emergency Response Systems for individuals diagnosed with disabilities ages 18 to 64 as well as individuals ages 65 and up.
**SD Family Support (0338.R03.00)**

**State Operating Agency:** Department of Human Services (DHS), Division of Developmental Disabilities (DDD)

**Description**
This waiver provides personal care, respite, support coordination services, supported employment, companion care, environmental accessibility adaptations, nutritional supplements, specialized medical adaptive equipment and supplies, as well as vehicle modification. This waiver allows participants to self-direct their services and supports. When used in conjunction with non-waiver Medicaid services and other generic services and natural supports, this waiver provides health and developmental needs of participants who otherwise would not be able to live in a home and community-based setting. The waiver is operated on a statewide basis. Support Coordination is provided by qualified Medicaid providers.

**Waiver Type**
1915 (c)

**Target Population-Eligibility**
This waiver serves children and adults with a developmental disability, mental retardation or both. There is no age limit. Eligible children must live with natural, adopted, step-families or relatives who act in a parental capacity. Eligible adults may live independently in the community or with a family member, legal guardian, or advocate.

**Level of Care**
Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID) facility.

**Respite Services**
Respite care services are provided to assist participants unable to care for themselves, furnished on a frequency as determined in the service plan because of the absence or need for relief of those persons normally providing the care. Federal Financial Participation (FFP) will not be claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence. Respite care can be provided in the following locations:
- Participant’s home or place of residence;
- Foster Home;
- Medicaid certified hospital;
- Medicaid certified ICF/ID;
- Group home;
- A home approved in the plan of care, which may be a private residence; or other community care residential facility approved by the State that is not a private residence, such as a licensed day care.

Respite services may be participant directed or provider managed.

**Respite Provider Eligibility**
Information on becoming a provider of services: [http://dss.sd.gov/sdmedx/includes/providers/becomeprovider/](http://dss.sd.gov/sdmedx/includes/providers/becomeprovider/) or call (605) 773-3165

**Caregiver Eligibility**
Respite services may not be provided by a legally responsible person, but may be provided by legal guardians or relatives.

**Enrollment Limit**
1017: Year ending 05/13/2016

**How to Apply**
Application information available by calling (605) 773-3438.

**Contact Information**
Division of Developmental Disabilities, Department of Human Services,
Hillview Plaza, E. Hwy 34; c/o 500 East Capitol; Pierre, SD 57501-5070
Phone: (605) 773-3438; E-Mail: [infodd@state.sd.us](mailto:infodd@state.sd.us); Fax: (605) 773-7562

**Link to Waiver Application**
Link to application unavailable

**Expiration Date**
05/13/2017

**Date of Last Update**
09/30/2015
### Description
This waiver provides adult day care, homemaker services, personal care, respite care, specialized medical equipment, specialized medical supplies, adult companion, assisted living, environmental accessibility adaptations, in-home nursing, meals and nutritional supplements, as well as Personal Emergency Response Systems. Eligible participants receive services in their homes or the least restrictive community environment available to them. Waiver services are provided by community-based agencies and facilities.

### Target Population - Eligibility
Individuals age 18 to 64 who have been diagnosed with a physical or other disability as well as individuals 65 and older.

### Level of Care
Individuals require level of care available in a nursing facility (NF).

### Respite Services
Respite Care is the temporary substitute supports or living arrangements for care receivers in order to provide a period of relief or rest to the primary caregiver on an intermittent, occasional or emergency basis, as approved. It is available to eligible individuals who reside with unpaid caregivers. Services are provider managed through private and hospital-based in-home service providers, long-term care facilities, and assisted living facilities.

### Respite Provider Eligibility
Information on becoming a provider of services: [http://dss.sd.gov/sdmedx/includes/providers/becomeprovider/](http://dss.sd.gov/sdmedx/includes/providers/becomeprovider/)

### Caregiver Eligibility
Respite service may not be provided by a legally responsible person, a relative, or a legal guardian.

### Enrollment Limit
1750: Year ending 09/30/2016

### How to Apply
To apply, one can visit their local Department of Social Services, Division of Adult Services and Aging or call Aging and Disability Resource Connections (ADRC).

### Contact Information
Toll-free numbers for Disability Resource Connections (ADRC) by geographic area:
- Rapid City – (855) 315-1986
- Pierre – (855) 642-3055
- Watertown – (855) 315-1987
- Mitchell – (855) 315-1988
- Sioux Falls – (877) 660-0301

Contact information for Adult Services and Aging: Phone: (605) 773-3656 or 1-(866)-854-5465; Fax: (605) 773-4085; Email: ASA@state.sd.us

When emailing your questions or comments to one of the above email addresses, please provide your name, address and phone number.

### Link to Waiver Application
Link to application unavailable

### Expiration Date
09/30/2016

### Date of Last Update
10/02/2015
Medicaid Waivers for Respite Support – 2015 - 16
ARCH National Respite Network and Resource Center | www.archrespite.org

TENNESSEE

TennCare: (Division of Health Care Finance and Administration)
310 Great Circle Road, Nashville, TN 37243
https://www.tn.gov/tenncare/

Home and Community-Based 1915(c) Waivers for Respite Support
Medicaid is a program in every state that pays for medical assistance for certain individuals and families with low incomes and resources. It is the largest source of funding for medical and health-related services for America’s poorest people. Because Medicaid is funded jointly by the federal and state governments, the services paid for vary from state to state. In addition to medical services, Medicaid will pay for home and community-based services (HCBS) through the state plan as well as through Medicaid waivers that offer services as a lower-cost alternative to treatment in a medical or long term care facility, such as a nursing home. Respite is usually paid for through one or more of the following types of waivers: research and demonstration (1115), managed care (1915b) and HCBS (1915c) waiver programs. This state’s Medicaid waivers that include respite are:

Tennessee Self-Determination Waiver Program (0427.R02.00)
Provides respite, nursing, nutrition, occupational therapy, physical therapy, specialized medical equipment/supplies/assistive technology, speech/language/and hearing services, adult dental, behavior services, behavioral respite, emergency assistance, environmental accessibility modification, individual transportation, orientation and mobility services for impaired vision, personal assistance, personal emergency response system, as well as semi-independent living services for individuals of all ages diagnosed with intellectual disabilities.

TN Comprehensive Aggregate Cap (or CAC) Waiver Program (0357.R03.00)
Provides residential habilitation, respite, support coordination, nursing services, nutrition services, occupational therapy, physical therapy, specialized medical equipment/supplies/assistive technology, speech/language/and hearing services, behavior services, behavioral respite, dental services, employment and day services, environmental accessibility modification, family model residential support, individual transportation, intensive behavioral residential services, medical residential services, orientation and mobility services for impaired vision, personal assistance, personal emergency response systems, semi-independent living, supported living, transitional case management, as well as vision services for individuals of all ages diagnosed with an intellectual disability.

TN Statewide HCBS Waiver Program (0128.R05.00)
Provides residential habilitation, respite, support coordination, nursing services, nutrition services, occupational therapy, physical therapy, specialized medical equipment/supplies/assistive technology, speech/language/and hearing services, adult dental, behavior services, behavioral respite, employment and day services, environmental accessibility modification, family model residential support, individual transportation, intensive behavioral residential services, medical residential services, orientation and mobility services for impaired vision, personal assistance, personal emergency response systems, semi-independent living, supported living, as well as transitional case management for individuals with developmental disabilities ages 0 - 5, and individuals of all ages diagnosed with an intellectual disability.
TENNESSEE

Tennessee Self-Determination Waiver Program (0427.R02.00)
State Operating Agency: TennCare, Department of Intellectual and Developmental Disabilities (DIDD)

Description
This waiver provides respite, nursing, nutrition, occupational therapy, physical therapy, specialized medical equipment/supplies/assistive technology, speech/language/and hearing services, adult dental, behavior services, behavioral respite, emergency assistance, environmental accessibility modification, individual transportation, orientation and mobility services for impaired vision, personal assistance, personal emergency response system, as well as semi-independent living services. The waiver program affords participants the opportunity to lead the person-centered planning process and directly manage selected services, including the recruitment and management of service providers. Participants and families (as appropriate) electing self-direction are empowered and have the responsibility for managing, in accordance with waiver service definitions and limitations, a self-determination budget affording flexibility in service design and delivery.

Waiver Type
1915(c)

Target Population-Eligibility
Individuals who have been diagnosed with a developmental delay between the ages 0 and 5 as well as individuals of all ages diagnosed with an intellectual disability before age 18.

Level of Care
Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

Respite Services
Respite services are provided when unpaid caregivers are absent or need relief from routine caregiving responsibilities. Respite may be provided in the person’s place of residence, in a Family Model Residential Support home, in a Medicaid-certified ICF/IID, in a home operated by a licensed residential provider, or in the home of an approved respite provider. Respite providers may accompany the person on short outings for exercise, recreation, shopping or other purposes while providing respite care. Family members who provide respite must meet the same standards as providers who are unrelated to the participant.

Paid services must not supplant natural supports that would otherwise be provided at no cost to the Medicaid program. Respite may be provided during the same time period that the person supported is receiving Personal Assistance Services, Day Services, or services under a 504 Plan or Individual Education Program (IEP), is being homeschooled, or any combination thereof. Respite is limited to 30 days per calendar year. Respite may be participant directed or provider managed.

Behavioral Respite is short-term behavior-oriented services for a participant who is experiencing a behavioral crisis that requires removal from the current residential setting in order to assist in resolving the behavioral crisis. Behavioral Respite is provided in a setting staffed by individuals trained in the management of behavioral issues. Behavioral Respite may be provided in a Medicaid-certified ICF/IID, in a licensed respite care facility, or in a home operated by a licensed residential provider. Behavioral Respite shall not be provided in a home where a participant lives with family members unless such family members are also participants receiving Behavioral Respite Services. With the exception of transportation to and from medical services covered through the Medicaid State Plan/TennCare Program, transportation shall be a component of Behavioral Respite. A participant receiving Behavioral Respite is not eligible to receive Personal Assistance, Respite, or Day Services. Behavioral Respite is limited to 60 days per calendar year and is provider managed.

Respite Provider Eligibility

Caregiver Eligibility
Respite services may be provided by a relative, but not by a legally responsible person or legal guardian. Behavioral respite may not be provided by a relative, legal guardian, or legally responsible person.

Enrollment Limit
1802: Year ending in 12/31/2016
## Tennessee

**How to Apply**

Contact the Regional Office of the Department of Intellectual and Developmental Disabilities (DIDD) in the area where the applicant lives [https://www.tn.gov/didd/section/consumers](https://www.tn.gov/didd/section/consumers).

**Contact Information**

DIDD Regional Offices:
- **Western Region**: (866) 372-5709 (toll free); (901) 745-7273 (fax)
- **Middle Region**: (800) 654-4839 (toll free); (615) 231-5452 (fax)
- **Eastern Region**: (888) 531-9876 (toll free); (423) 787-6092 (fax)

DIDD State Office: Citizens Plaza State Office Building; 400 Deaderick Street; Nashville, TN 37243-1403
- **Phone**: (615) 532-6530 - Locally or (800) 535-9725 - Toll Free
- **Fax**: (615) 532-9940

**Link to Waiver Application**

[http://tn.gov/assets/entities/tenncare/attachments/SelfDeterminationWaiver.html](http://tn.gov/assets/entities/tenncare/attachments/SelfDeterminationWaiver.html)

**Expiration Date**

12/31/2017

**Date of Last Update**

10/02/2015
**Description**

This waiver serves individuals with intellectual disabilities who are former members of the certified class in the United States vs. the State of Tennessee, et al. (Arlington Developmental Center), current members of the certified class in the United States vs. the State of Tennessee, et al. (Clover Bottom Developmental Center), persons discharged from a State Developmental Center (Clover Bottom or Greene Valley) or the Harold Jordan Center following a stay of at least 90 days, and individuals transitioned from the Statewide Waiver (#0128) per the January 1, 2015 renewal.

The waiver provides residential habilitation, respite, support coordination, nursing services, nutrition services, occupational therapy, physical therapy, specialized medical equipment/supplies/assistive technology, speech/language/and hearing services, behavior services, behavioral respite, dental services, employment and day services, environmental accessibility modification, family model residential support, individual transportation, intensive behavioral residential services, medical residential services, orientation and mobility services for impaired vision, personal assistance, personal emergency response systems, semi-independent living, supported living, transitional case management, as well as vision services.

<table>
<thead>
<tr>
<th>Waiver Type</th>
<th>1915 (c)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target Population-Eligibility</strong></td>
<td>Individuals of all ages diagnosed with an Intellectual Disability who are former members of the certified class in the United States vs. the State of Tennessee, et al. See specific groups covered in the Description section above.</td>
</tr>
<tr>
<td><strong>Level of Care</strong></td>
<td>Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).</td>
</tr>
<tr>
<td><strong>Respite Services</strong></td>
<td>Respite services are provided when unpaid caregivers are absent or need relief from routine caregiving responsibilities. Respite may be provided in the person’s place of residence, in a Family Model Residential Support home, in a Medicaid-certified ICF/IID, in a home operated by a licensed residential provider, in a licensed respite care facility, or in the home of an approved respite provider. Respite providers may accompany the person on short outings for exercise, recreation, shopping or other purposes while providing respite care. Family members who provide respite must meet the same standards as providers who are unrelated to the participant. Paid services must not supplant natural supports that would otherwise be provided at no cost to the Medicaid program. Respite shall not be provided during the same time period that the person supported is receiving Personal Assistance Services, Day Services, or services under a 504 Plan or Individual Education Program (IEP), is being homeschooled, or any combination thereof. Respite is limited to 30 days per calendar year. Respite may be participant directed or provider managed. Behavioral Respite is short-term behavior-oriented services for a participant who is experiencing a behavioral crisis that requires removal from the current residential setting in order to assist in resolving the behavioral crisis. Behavioral Respite is provided in a setting staffed by individuals trained in the management of behavioral issues. Behavioral Respite may be provided in a Medicaid-certified ICF/IID, in a licensed respite care facility, or in a home operated by a licensed residential provider. Behavioral Respite shall not be provided in a home where a participant lives with family members unless such family members are also participants receiving Behavioral Respite Services. With the exception of transportation to and from medical services covered through the Medicaid State Plan/TennCare Program, transportation shall be a component of Behavioral Respite. A participant receiving Behavioral Respite is not eligible to receive Personal Assistance, Respite, or Day Services. Behavioral Respite is limited to 60 days per calendar year and is provider managed.</td>
</tr>
<tr>
<td><strong>Respite Provider Eligibility</strong></td>
<td>Provider eligibility and application information available at: <a href="http://www.tn.gov/didd/topic/how-to-become-a-provider">http://www.tn.gov/didd/topic/how-to-become-a-provider</a></td>
</tr>
</tbody>
</table>
**TENNESSEE**

<table>
<thead>
<tr>
<th>Caregiver Eligibility</th>
<th>Respite services may be provided by a relative, but not by a legally responsible person or legal guardian. Behavioral respite may not be provided by a relative, legal guardian, or legally responsible person.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollment Limit</td>
<td>1923: Year ending in 12/31/2016</td>
</tr>
<tr>
<td>How to Apply</td>
<td>Contact the Regional Office of the Department of Intellectual and Developmental Disabilities (DIDD) in the area where the applicant lives (<a href="https://www.tn.gov/didd/section/consumers">https://www.tn.gov/didd/section/consumers</a>).</td>
</tr>
</tbody>
</table>
| Contact Information   | DIDD Regional Offices:  
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                        | Eastern Region: (888) 531-9876 (toll free); (423) 787-6092 (fax)  
                        | DIDD State Office: Citizens Plaza State Office Building; 400 Deaderick Street; Nashville, TN 37243-1403  
                        | Phone: (615) 532-6530 - Locally or (800) 535-9725 - Toll Free  
                        | Fax: (615) 532-9940 |
| Link to Waiver Application | [http://tn.gov/assets/entities/tenncare/attachments/ComprehensiveWaiver.html](http://tn.gov/assets/entities/tenncare/attachments/ComprehensiveWaiver.html) |
| Expiration Date       | 12/31/2019                                                                                     |
| Date of Last Update   | 10/02/2015                                                                                     |
### TN Statewide HCBS Waiver (0128.R05.00)

**State Operating Agency:** TN Department of Intellectual and Developmental Disabilities (TNDIDD)

<table>
<thead>
<tr>
<th>Description</th>
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<tbody>
<tr>
<td>This waiver serves adults with intellectual disabilities and children under six with a developmental disability. It offers a continuum of services for that are selected by each participant pursuant to a person-centered planning process and support each person’s independence and full integration into the community. The waiver provides residential habilitation, respite, support coordination, nursing services, nutrition services, occupational therapy, physical therapy, specialized medical equipment/supplies/assistive technology, speech/language/hearing services, adult dental, behavior services, behavioral respite, employment and day services, environmental accessibility modification, family model residential support, individual transportation, intensive behavioral residential services, medical residential services, orientation and mobility services for impaired vision, personal assistance, personal emergency response systems, semi-independent living, supported living, as well as transitional case management.</td>
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<tr>
<th>Waiver Type</th>
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<tr>
<td>1915 (c)</td>
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<tr>
<th>Target Population-Eligibility</th>
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<tbody>
<tr>
<td>Individuals of all ages diagnosed with an intellectual disability as well as individuals ages 0 through 5 who have been diagnosed with a developmental disability. A developmental disability is defined as a condition of substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in an intellectual disability in a child five (5) years of age or younger.</td>
</tr>
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<tr>
<th>Level of Care</th>
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<tbody>
<tr>
<td>Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).</td>
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<table>
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<tr>
<th>Respite Services</th>
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</table>
| Respite services are provided when unpaid caregivers are absent or need relief from routine caregiving responsibilities. Respite may be provided in the person’s place of residence, in a Family Model Residential Support home, in a Medicaid-certified ICF/IID, in a home operated by a licensed residential provider, in a licensed respite care facility, or in the home of an approved respite provider. Respite providers may accompany the person on short outings for exercise, recreation, shopping or other purposes while providing respite care. Family members who provide respite must meet the same standards as providers who are unrelated to the participant.  
Paid services must not supplant natural supports that would otherwise be provided at no cost to the Medicaid program. Respite shall not be provided during the same time period that the person supported is receiving Personal Assistance Services, Day Services, or services under a 504 Plan or Individual Education Program (IEP), is being homeschooled, or any combination thereof. Respite is limited to 30 days per calendar year. Respite may be participant directed or provider managed.  
Behavioral Respite is short-term behavior-oriented services for a participant who is experiencing a behavioral crisis that requires removal from the current residential setting in order to assist in resolving the behavioral crisis. Behavioral Respite is provided in a setting staffed by individuals trained in the management of behavioral issues. Behavioral Respite may be provided in a Medicaid-certified ICF/IID, in a licensed respite care facility, or in a home operated by a licensed residential provider. Behavioral Respite shall not be provided in a home where a participant lives with family members unless such family members are also participants receiving Behavioral Respite Services. With the exception of transportation to and from medical services covered through the Medicaid State Plan/TennCare Program, transportation shall be a component of Behavioral Respite. A participant receiving Behavioral Respite is not eligible to receive Personal Assistance, Respite, or Day Services. Behavioral Respite is limited to 60 days per calendar year and is provider managed. |

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<th>Respite Provider Eligibility</th>
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<tr>
<td><strong>Caregiver Eligibility</strong></td>
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<tr>
<td><strong>Enrollment Limit</strong></td>
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<tr>
<td><strong>How to Apply</strong></td>
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<tr>
<td><strong>Contact Information</strong></td>
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<tr>
<td><strong>Link to Waiver Application</strong></td>
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<tr>
<td><strong>Expiration Date</strong></td>
</tr>
<tr>
<td><strong>Date of Last Update</strong></td>
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</tbody>
</table>
Medicaid is a program in every state that pays for medical assistance for certain individuals and families with low incomes and resources. It is the largest source of funding for medical and health-related services for America’s poorest people. Because Medicaid is funded jointly by the federal and state governments, the services paid for vary from state to state. In addition to medical services, Medicaid will pay for home and community-based services (HCBS) through the state plan as well as through Medicaid waivers that offer services as a lower-cost alternative to treatment in a medical or long term care facility, such as a nursing home. Respite is usually paid for through one or more of the following types of waivers: research and demonstration (1115), managed care (1915b) and HCBS (1915c) waiver programs. This state’s Medicaid waivers that include respite are:

**TX Medically Dependent Children Program (0181.R05.00)**

Provides respite, adaptive aids, financial management services, flexible family support, minor home modification, and transition assistance for medically fragile individuals’ ages 0 through 20.

**TX Youth Empowerment Services (YES) (0657.R01.00)**

Provides respite, adaptive aids and supports, community living supports, family supports, minor home modification, non-medical transportation, paraprofessional services, specialized therapies, supportive family-based alternatives, as well as transitional services for individuals with severe emotional disability (SED) ages 3 through 18.

**TX STAR+PLUS Home and Community-based Services (HCBS) waiver**

Provides personal assistance, respite, physical therapy, occupational therapy, prescribed drugs, speech/hearing/language therapy, financial management services, support consultation, adaptive aids and medical supplies, adult foster care, assisted living, dental, emergency response system, home delivered meals, minor home modification, nursing, as well as transition assistance for individuals ages 21 through 64 diagnosed with a physical disability and aged individuals 65 and older.

**TX HCBS Program (0110.R06.00)**

Provides day habilitation, respite, supported employment, adaptive aids, audiology, occupational therapy, physical therapy, prescribed drugs, speech/language pathology, financial management services, support consultation, behavioral support, cognitive rehab therapy, dental treatment, dietary services, employment assistance, minor home modification, nursing, residential assistance (host home/companion care/supervised living, residential support), social work, supported home living, as well as transition assistance for individuals of all ages diagnosed with Intellectual or Developmental Disabilities.

**TX Community Living Assistance & Support Services (0221.R04.00)**

Provides adult day health, case management, prevocational, residential habilitation, respite, supported employment, adaptive aids/medical supplies, dental, occupational therapy, physical therapy, prescriptions, skilled nursing, speech/hearing/language, financial management services, support consultation, behavioral support, continued family services, minor home modification, specialized therapies, support family services,

**TX Deaf Blind w/Multiple Disabilities (0281.R04.00)**

Provides case management, day habilitation, residential habilitation, respite, supported employment, prescribed drugs, financial management services, support consultation, adaptive aids and medical supplies, assisted living, audiology, behavioral support, chore, dental treatment, dietary, employment assistance, intervenor, minor home modification, nursing, occupational therapy, orientation and mobility, physical therapy, speech/hearing/language therapy, and transition assistance for individuals of all ages diagnosed with a Developmental Disability.
TX Home Living Program (0403.R02.00)

Provides day habilitation, respite, supported employment, prescription medications, financial management services, support consultation, adaptive aids, audiology, behavioral support, community support, dental, dietary, employment assistance, minor home modification, occupational therapy, physical therapy, skilled nursing, as well as speech/language therapy for individuals of all ages who have been diagnosed with an Intellectual or Developmental Disability.
This waiver supports families and primary caregivers of eligible individuals who wish to move from a nursing facility to the community or to remain in the community. Services are provided in the least restrictive environment possible including the individual's, a family member's, or a foster family home. MDCP supports community inclusion through a process that does not supplant the family role and supports families in their role as the primary caregiver for their children and young adults. Waiver services include respite, adaptive aids, financial management services, flexible family support, minor home modification, and transition assistance.

The individual/parent/guardian chooses whether or not to self-direct one or more of these services provided through the participant-directed service delivery model: respite care or flexible family support services provided by an attendant; a registered nurse or a licensed vocational nurse; supported employment; or employment assistance. The individual/parent/guardian is the employer of the individual providers and must choose a financial management services agency that assists with all aspects of being an employer, including assisting to develop a budget for participant-directed services, training on employer responsibilities, handling payroll functions on behalf of the employer, and billing DADS for services provided.

If the traditional service delivery model is chosen, the individual/parent/guardian chooses the provider for each service included in the service plan.
TX Youth Empowerment Services (YES) (0657.R01.00)
State Operating Agency: Department of State Health Services (DSHS)

Description
Provides respite, adaptive aids and supports, community living supports, family supports, minor home modification, non-medical transportation, paraprofessional services, specialized therapies, supportive family-based alternatives, as well as transitional services.

The goals of the waiver include: Reducing out-of-home placements and inpatient psychiatric treatment by all child-serving agencies, providing a more complete continuum of community-based services and supports for waiver participants with a Serious Emotional Disturbance (SED) and their families, ensuring families have access to parent partners and other flexible non-traditional support services as identified in a family-centered planning process, preventing entry and recidivism into the foster care system and relinquishment of parental custody, and improving the clinical and functional outcomes of children and adolescents.

Waiver Type
1915 (c)

Target Population-Eligibility
Individuals age 3 through 18 who have experienced a Serious Emotional Disturbance (SED).

Level of Care
Individuals require level of care available in a hospital.

Respite Services
Respite is furnished on a short-term basis because of the absence or need for relief of those persons who normally provide care for the waiver participant. Respite may be provided in: Waiver participant's home or place of residence; Private residence of a respite care provider, if that provider is a relative of the participant other than the waiver participant, spouse, legal guardian, or legally authorized representative; Foster home verified by the Texas Department of Family and Protective Services licensed child placing agency; General Residential Operations licensed by the Department of Family and Protective Services; Day or overnight camps accredited by the American Camping Association; Day or overnight camps licensed by DSHS; Child care centers or homes licensed by the Department of Family and Protective Services; and Child care homes registered with the Department of Family and Protective Services. All settings must be located within the State of Texas.

The contracted waiver provider agency must approve and provide ongoing oversight of respite settings to ensure the safety of the setting. Respite services may be provided by a relative of the waiver participant other than the parents. Out-of-home respite providers are required to have a functional landline phone on the premises.

Respite Provider Eligibility
Provider eligibility information can be found on the Texas Department of State Health Services website:  http://www.dshs.state.tx.us/mhsa/yes/Resources.aspx

Caregiver Eligibility
Respite may be provided by a relative but not by a legal guardian or legally responsible person.

Enrollment Limit
800: Year ending in 03/31/2016

How to Apply
If you are caring for a child with a serious emotional disturbance and need help, please visit http://www.dshs.state.tx.us/ to find your local mental health authority and call the YES Waiver Inquiry line to add your child to the YES Waiver Inquiry List.

Contact Information
Phone: 512-206-4691  FAX: 512-206-5383  Email: YESWaiver@dshs.state.tx.us
More information available at:  http://www.dshs.state.tx.us/mhsa/yes/Contact-Us.aspx

Link to Waiver Application
http://www.dshs.state.tx.us/mhsa/yes/ (Click on Approved YES Waiver Application on left hand side, then the most up to date Amendment)

Expiration Date
03/31/2018

Date of Last Update
10/07/2015
**TX STAR+PLUS Home and Community-Based Services (HCBS) Waiver**

**State Operating Agency:** Department of Aging and Disability Services (DADS)

<p>| Description | STAR+PLUS is the Texas Medicaid model designed to integrate delivery of acute and long-term services through a managed care system. All of the home and community-based waivers will roll into the STAR+PLUS waiver, however, the process will be slow as Medicaid recipients need time to adjust to the managed care specifications of this waiver. Once all eligibility requirements are met, the managed care organization, the applicant, and other persons requested by the applicant, develop a person-directed service plan that addresses the applicant’s or member’s needs. The process emphasizes the provision of supports and services necessary to maintain successful integration in the community. Providers deliver all waiver services according to the member’s written service plan. When the service plan is developed, the applicant also chooses whether to self-direct the services provided through member-direction. HHSC offers STAR+PLUS waiver services through both self-directed and traditional service delivery methods. A member who chooses the traditional service delivery model chooses the provider for each service included in the service plan. A member who chooses the self-directed service delivery model chooses the provider for each service available using the self-direction model. The member is the employer of individual providers and contracts with entities that provide services such as out-of-home respite. The member chooses a consumer directed services agency (CDSA) to assist the member with all aspects of being an employer and contracting with providers, including assisting the member to develop a budget for member-directed services, training the member on employer tasks, and billing the managed care organization for services provided on behalf of the member. |
|---|
| Waiver Type | The STAR+PLUS Program includes the combination of 1915(b) and 1915(c) |
| Target Population-Eligibility | Individuals who are aged 65 years or older or disabled between the ages of 21 and 64. Adult Supplemental Security Income (SSI) recipients and those deemed SSI-eligible for Medicaid purposes must participate in the managed care organization model. SSI children, under the age of 21, can choose to participate in the STAR+PLUS (b) waiver program on a voluntary basis. HHSC does not provide STAR+PLUS waiver services to individuals who are inpatients of a hospital, Nursing Facility, or Intermediate Care Facilities for Individuals with Intellectual Disabilities. STAR+PLUS waiver services are available in the following service areas: Bexar; Travis; Nueces, and Harris. |
| Level of Care | Individuals require level of care available in a nursing facility (NF). |
| Respite Services | Respite services are provided when waiver members are unable to care for themselves. Respite services are furnished on a short-term basis because of the absence or need for relief of those persons normally providing unpaid services. Respite will be provided in the following locations: member’s home or place of residence; adult foster care home; Medicaid-certified nursing facility; and assisted living facility. The respite provider must not live with the member. Since respite services are defined as care provided to a member to relieve those persons normally providing the care, members residing in adult foster care homes and assisted living facilities are not eligible to receive respite services. Other waiver services, such as Personal Assistance Services, may be provided on the same day as respite services, but the two services cannot be provided at the exact same time. When adult foster care homes serve four individuals state law also requires the home to be licensed as an assisted living facility. Adult foster care homes serving fewer than four individuals are not required to obtain or maintain assisted living facility licensure. Therefore, a single facility could be both licensed as an assisted living facility and enrolled as an adult foster care facility. Texas ensures duplication of services does not occur by prohibiting payment for respite services without authorization. Two entities may not be paid for providing respite to the same member during the same time period. Respite services are limited to 30 days per year. There is a process to grant exceptions to the annual limit. The managed care organization reviews all requests for exceptions and consults with the service coordinator, providers, and other resources as appropriate, to make a professional judgment to approve or deny the request on a case-by-case basis. |</p>
<table>
<thead>
<tr>
<th><strong>Respite Provider Eligibility</strong></th>
<th>Provider eligibility information can be found on the Texas Health and Human Services Commission website: <a href="http://www.hhsc.state.tx.us/medicaid/managed-care/starplus/provider-information.shtml">http://www.hhsc.state.tx.us/medicaid/managed-care/starplus/provider-information.shtml</a></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Caregiver Eligibility</strong></td>
<td>Respite may be provided by a relative or legal guardian, but not a legally responsible person. The State allows a member to select a relative or legal guardian, other than a spouse, to be their provider for this service if the relative or legal guardian meets the requirements to provide this service with the following limitation: The caregiver, whether or not they are related to the member, may not be paid to deliver respite services, as respite is for caregiver relief.</td>
</tr>
<tr>
<td><strong>Enrollment Limit</strong></td>
<td>28,015: Year ending 01/31/2016.</td>
</tr>
<tr>
<td><strong>How to Apply</strong></td>
<td>One can learn more about the program on the STAR+PLUS website (<a href="http://www.hhsc.state.tx.us/medicaid/managed-care/mmc.shtml">http://www.hhsc.state.tx.us/medicaid/managed-care/mmc.shtml</a>) and apply for the waiver through your local Area Agency on Aging. Search for your local AAA now. (<a href="https://www.payingforseniorcare.com/longtermcare/find_aging_agencies_adrc_aaa.html">https://www.payingforseniorcare.com/longtermcare/find_aging_agencies_adrc_aaa.html</a>)</td>
</tr>
<tr>
<td><strong>Contact Information</strong></td>
<td>Contact the STAR+PLUS program at 1-877-782-6440 General questions can be emailed to <a href="mailto:Managed_Care_Initiatives@hhsc.state.tx.us">Managed_Care_Initiatives@hhsc.state.tx.us</a> Visit the Health and Human Services Commission website for more information: <a href="http://www.hhsc.state.tx.us/medicaid/managed-care/mmc/starplus-expansion/">http://www.hhsc.state.tx.us/medicaid/managed-care/mmc/starplus-expansion/</a></td>
</tr>
<tr>
<td><strong>Link to Waiver Application</strong></td>
<td>Link to application unavailable</td>
</tr>
<tr>
<td><strong>Expiration Date</strong></td>
<td>01/31/2016</td>
</tr>
<tr>
<td><strong>Date of Last Update</strong></td>
<td>10/07/2015</td>
</tr>
</tbody>
</table>
Description
The Home and Community-based Services (HCS) waiver provides community-based services and supports to individuals with intellectual and developmental disabilities or a related condition living in a variety of residential settings including an individual's own home, family home, a host home/companion care setting, or a three or four person group home setting. HCS makes all services available through the provider-managed service delivery option. Using consumer directed services, individuals may choose to self-direct the services of supported home living, respite, nursing, employment assistance, supported employment, and cognitive rehabilitation therapy. Individuals enrolling in the waiver are assisted by a service coordinator employed by one of the State's 39 local authorities. The service coordinator, using a person-directed planning process, is responsible for facilitating enrollment activities. These include coordinating the development of the individual's initial service plan; informing the individual of the service delivery options (consumer directed and provider managed) for services in the plan; assisting the individual in accessing non-waiver services; and the provision of a list of qualified HCS providers in the individual's area. In conjunction with the service planning team, the service coordinator develops the service plan which describes the waiver and non-waiver services the individual will receive.

Waiver Type 1915(c)

Target Population-Eligibility
Individuals of all ages diagnosed with an Intellectual Disability or a Developmental Disability, or both.

Level of Care
Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

Respite Services
Respite is provided for the planned or emergency short-term relief of the unpaid primary caregiver of an individual who lives in their family home. It is provided intermittently when the primary caregiver is temporarily unavailable to provide supports due to non-routine circumstances. This service provides an individual with personal assistance with activities of daily living (grooming, eating, bathing, dressing, and personal hygiene) and functional living tasks; assistance with planning and preparing meals; transportation or assistance in securing transportation; assistance with ambulation and mobility; reinforcement of behavioral support or specialized therapies activities; assisting an individual with administration of certain medications or with supervision of self-medication; and supervision as needed to ensure the individual's health and safety. It includes habilitation activities that facilitate the individual’s inclusion in community activities, use of natural supports and typical community services available to all people, social interaction and participation in leisure activities, and development of socially valued behaviors and daily living and functional living skills. Respite is provided in the residence of the individual or in other locations, including residences in which supervised living or residential support is provided, camps or in a respite facility that meets HCS waiver requirements and afford an environment that ensures the health, safety, comfort, and welfare of the individual. The provider of respite must ensure that respite is provided in accordance with the individual's service plan and implementation plan.

Transportation costs associated with respite are included in the respite rate and not billable as a separate service. Reimbursement for respite is limited to 300 hours annually for in-home respite, 30 days of out-of-home respite or a combination of both, not to exceed the annual limit for this service. All other waiver and non-waiver services indicated on the individual's service plan may be provided during the period of respite, except that hourly-reimbursed respite may not be provided at the same time supported home living, supported employment, or day habilitation is provided. Respite is not a reimbursable service for individuals receiving host home/companion care, supervised living, or residential support. Each 24-hour day of out-of-home respite is paid at the rate of 10 hours of in-home respite.
### Respite Provider Eligibility
- Information on how to become and HCS service provider available at: http://www.dads.state.tx.us/providers/HCS/howto.html#application

### Caregiver Eligibility
- Respite may be provided by a relative or legal guardian, but not by a legally responsible person.

### Enrollment Limit
- 20,795: Year ending in 08/31/2016

### How to Apply
- For information on how to get Department of Aging and Disability (DADS) Services, call 1-855-937-2372. More information on who contact regarding applying available at http://www.dads.state.tx.us/contact/search.cfm

### Contact Information
- Call 1-855-937-2372 to talk to a trained professional who can start you on the road to getting the services you need. Call your local intellectual and developmental disability authority (LIDDA) to find out about the Home and Community-based Services (HCS) waiver. For a list of LIDDA numbers please visit http://www.dads.state.tx.us/contact/la.cfm

### Link to Waiver Application
- Link to application unavailable

### Expiration Date
- 08/31/2018

### Date of Last Update
- 10/14/2015
**TX Community Living Assistance & Support Services (0221.R04.00)**  
State Operating Agency: Department of Aging and Disability Services (DADS)

**Description**  
The Community Living Assistance and Support Services (CLASS) Program provides services and supports to individuals with related conditions living in their own homes or with their families. The goal of the CLASS program is to provide individuals with meaningful choices regarding long term care services. This goal will be accomplished primarily by facilitating the development and utilization of services which allow individuals to avoid institutional placement. Services and supports are intended to enhance an individual’s quality of life, functional independence, health and welfare, and to supplement, rather than replace, existing informal or formal supports and resources. Services include adult day health, case management, prevocational, residential habilitation, respite, supported employment, adaptive aids/medical supplies, dental, occupational therapy, physical therapy, prescriptions, skilled nursing, speech/hearing/language, financial management services, support consultation, behavioral support, continued family services, minor home modification, specialized therapies, support family services.

When the service plan is developed, the individual receiving services may choose to self-direct habilitation, support consultation, nursing, physical therapy, occupational therapy, speech and language therapy, supported employment, and respite services through the consumer directed services option. All other services are provided by the direct service agency chosen by the individual. An individual choosing the provider managed service delivery option selects a direct service agency for all services included in the service plan, except case management.

**Waiver Type**  
1915(c)

**Target Population-Eligibility**  
Individuals of all ages diagnosed with a Developmental Disability. An individual must continue to meet financial, and level of care requirements to remain eligible for CLASS waiver services.

**Level of Care**  
Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

**Respite Services**  
Respite is provided for the planned or emergency short-term relief of the unpaid primary caregiver who lives with the individual. Respite is provided intermittently when the primary caregiver is temporarily unavailable to provide supports due to non-routine circumstances. This component provides an individual with personal assistance with activities of daily living (grooming, eating, bathing, dressing, and personal hygiene) and functional living tasks; assistance with planning and preparing meals; transportation or assistance in securing transportation; assistance with ambulation and mobility; reinforcement of behavioral support or specialized therapies activities; assistance with medications and the performance of tasks delegated by a registered nurse in accordance with state law; and supervision of the individual’s safety and security. This component includes activities that facilitate the individual’s inclusion in community activities, use of natural supports and typical community services available to all people, social interaction, and participation in leisure activities, and development of socially valued behaviors and daily living and functional living skills. Payment for room and board is not included in the rate for in-home respite.

Respite care will be provided in the following locations: Individual’s home or place of residence; Adult Foster Home licensed or certified by DADS; Licensed Assisted Living Facilities; Medicaid certified nursing facility; Medicaid certified Intermediate Care Facility for Persons with Mental Retardation; and Approved Outdoor Camps that meet health and welfare requirements of DADS and have American Camping Association accreditation. Approved camps provide activities for socialization and recreation; assist as needed in activities of daily living, and provide medical care as needed. The individual benefits from time away from home while temporary relief is provided for the primary caregiver.

Residential habilitation services may not be provided during the time that respite is provided. The provision of respite care precludes the provision of, or payment for, other duplicative services under the waiver.
<table>
<thead>
<tr>
<th><strong>Respite Provider Eligibility</strong></th>
<th>The Texas Department of Aging and Disability Services (DADS) has one standard contract and enrollment application for all Community Services providers. The application packet is comprised of a number of different forms and required documents. Details on how to become a CLASS provider available at <a href="http://www.dads.state.tx.us/providers/class/howto.html#contracting">http://www.dads.state.tx.us/providers/class/howto.html#contracting</a>. For more information about DADS provider enrollment process and requirements, please visit <a href="http://www.dads.state.tx.us/providers/provider-enrollment-process.html">http://www.dads.state.tx.us/providers/provider-enrollment-process.html</a>.</th>
</tr>
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<tbody>
<tr>
<td><strong>Caregiver Eligibility</strong></td>
<td>Respite may be provided by a relative, but not a legal guardian or legally responsible person.</td>
</tr>
<tr>
<td><strong>Enrollment Limit</strong></td>
<td>4837: Year ending in 08/31/2014</td>
</tr>
<tr>
<td><strong>Contact Information</strong></td>
<td>Call 1-877-438-5658 if you want to find out about the CLASS waiver. More information available at <a href="http://www.dads.state.tx.us/contact/">http://www.dads.state.tx.us/contact/</a>.</td>
</tr>
<tr>
<td><strong>Link to Waiver Application</strong></td>
<td>Link to application unavailable</td>
</tr>
<tr>
<td><strong>Expiration Date</strong></td>
<td>08/31/2014; application for renewal submitted and pending</td>
</tr>
<tr>
<td><strong>Date of Last Update</strong></td>
<td>10/14/2015</td>
</tr>
</tbody>
</table>
The Deaf Blind with Multiple Disabilities (DBMD) waiver provides community-based services and supports to individuals with legal blindness, deafness, or a condition that leads to deaf blindness, and at least one additional disability that limits functional abilities. The goals of the DBMD waiver are to assist an individual to live in his/her own home, parent’s or guardian’s home, or in a small group home setting. These goals are intended to enhance quality of life, functional independence, health, and well-being. Services are intended to enhance, rather than replace, existing informal or formal supports and resources. Residential habilitation, respite, intervener, supported employment, and employment assistance are available through both the consumer directed option and the traditional agency option.

Waiver Type 1915(c)

Target Population
Eligibility

Individuals of all ages diagnosed with a Developmental Disability.

Level of Care

Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

Respite Services

Respite is provided on a short-term basis to address a need caused by the absence or need for relief of persons normally providing care for the individual. This service provides the individual with assistance with activities of daily living (grooming, eating, bathing, dressing, and personal hygiene) and functional living tasks; assistance with planning and preparing meals; transportation or assistance in securing transportation; assistance with ambulation and mobility; reinforcement of behavioral support or therapy activities; assistance with medications and the performance of tasks delegated by a registered nurse in accordance with state law; and supervision of the individual’s safety and security. This service includes activities that facilitate the individual’s inclusion in community activities, use of natural supports and typical community services, social interaction and participation in leisure activities, and daily and functional living skills. Respite may be provided in the individual's home/place of residence, private residence of the respite provider, intermediate care facility, assisted living home, or camp accredited by the American Camping Association.

Respite Provider Eligibility

The Texas Department of Aging and Disability Services (DADS) accepts applications from prospective providers through its open enrollment procurement process. Contracts are awarded on a noncompetitive basis to eligible applicants that meet the qualifications and other requirements established by DADS. There is no end date or dollar amount associated with the contracts awarded through this solicitation. For more information about DADS provider enrollment process and requirements, please visit [http://www.dads.state.tx.us/providers/provider-enrollment-process.html](http://www.dads.state.tx.us/providers/provider-enrollment-process.html). More information on how to become a provider available at [http://www.dads.state.tx.us/providers/dbmd/howto.html](http://www.dads.state.tx.us/providers/dbmd/howto.html).

Caregiver Eligibility

Respite may be provided by a relative or legal guardian but not by a legally responsible person (parent or individual's spouse) or a paid caregiver of residential habilitation with whom the individual resides.

Enrollment Limit

218: Year ending in 02/28/2016

How to Apply

Call 1-855-937-2372 to talk to a trained professional who can help to get the services you need.

Contact Information

Information available at [http://www.dads.state.tx.us/contact/](http://www.dads.state.tx.us/contact/)

Link to Waiver Application

Link to application unavailable

Expiration Date

02/28/2018

Date of Last Update

10/14/2015
**TX Home Living Program (0403.R02.00)**

**State Operating Agency:** Texas Department of Aging and Disability Services (DADS)

### Description

The Texas Home Living Program (TxHmL) provides essential community-based services and supports to individuals with an intellectual and developmental disability living in their own homes or with their families. Services and supports are intended to enhance quality of life, functional independence and health and well-being in continued community-based living in their own or family home and to enhance, rather than replace, existing informal or formal supports and resources. TxHmL makes all service components available through both the consumer directed services option and the traditional service delivery option. Individuals choose which services will be delivered through either service delivery option. Texas Department of Aging and Disability Services (DADS) and with DADS rules, which govern the program. The service coordinator, using a person-directed planning process, is responsible for facilitating an individual's enrollment, coordinating the development of the individual's service plan, informing the individual of the service delivery options, assisting the individual in accessing non-waiver services, and continuously monitoring the provision of services and effectiveness of the service plan. The process emphasizes the provision of supports and services necessary to maintain successful integration in the community and to acquire skills necessary for participation in activities that are personally important. The service plan describes the medical and other services (regardless of funding source) to be furnished, their frequency, and the type of provider who will furnish each. All waiver services will be furnished pursuant to this written service plan.

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<thead>
<tr>
<th>Waiver Type</th>
<th>1915(c)</th>
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<tbody>
<tr>
<td><strong>Target Population-Eligibility</strong></td>
<td>Individuals of all ages diagnosed with a Developmental or Intellectual Disability, or both.</td>
</tr>
<tr>
<td><strong>Level of Care</strong></td>
<td>Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).</td>
</tr>
<tr>
<td><strong>Respite Services</strong></td>
<td>Respite is provided for the planned or emergency short-term relief of the unpaid caregiver of an individual when the caregiver is temporarily unavailable to provide supports due to non-routine circumstances. Respite provides an individual with personal assistance with activities of daily living (grooming, eating, bathing, dressing, and personal hygiene) and functional living tasks, assistance with planning and preparing meals, transportation or assistance in securing transportation, assistance with ambulation and mobility, reinforcement of behavioral support or specialized therapies activities, assistance with medications and performance of tasks delegated by a registered nurse in accordance with state law, and supervision of the individual’s safety and security. It includes habilitation activities that facilitate the individual’s inclusion in community activities, use of natural supports and typical community services available to all people, social interaction and participation in leisure activities, and development of socially valued behaviors and daily living and functional living skills. Respite will be provided in an individual’s home or family home and in Home and Community-based Services waiver program foster/companion care home, Home and Community-based Services waiver group home, in the respite provider’s home, or in a group respite facility operated by a certified waiver program provider. All other waiver and non-waiver services indicated on the individual’s service plan may be provided during the period of respite except that hourly-reimbursed respite may not be provided at the same time Community Support, Supported Employment or Day Habilitation is provided. Federal Financial Participation (FFP) will not be claimed for the cost of room and board except when provided as part of respite furnished in a facility approved by the State that is not a private residence. Respite cannot be provided in an institution such as a nursing facility, intermediate care facility for individuals with intellectual disabilities, or a hospital.</td>
</tr>
<tr>
<td><strong>Respite Provider Eligibility</strong></td>
<td>To find out what you need to do, visit the website below and click on the program in which you are interested. When the new page opens, click on the button on the right side of the screen that says, &quot;Older adults and people with disabilities need your help. Learn how to become a provider&quot; for details</td>
</tr>
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Medicaid Waivers for Respite Support – 2015-16
ARCH National Respite Network and Resource Center | [www.archrespite.org](http://www.archrespite.org)
Respite may be provided by a relative or legal guardian but not by a legally responsible person.

8268: Year ending in 03/31/2016

Call 1-855-937-2372 to talk to a trained professional who can start you on the road to getting the services you need. More information available at http://www.dads.state.tx.us/services/contact.cfm.

Contact information available at http://www.dads.state.tx.us/contact/
Managed Care 1915(b) and/or Home and Community-Based 1915(c) Waivers for Respite Support

Medicaid is a program in every state that pays for medical assistance for certain individuals and families with low incomes and resources. It is the largest source of funding for medical and health-related services for America's poorest people. Because Medicaid is funded jointly by the federal and state governments, the services paid for vary from state to state. In addition to medical services, Medicaid will pay for home and community-based services (HCBS) through the state plan as well as through Medicaid waivers that offer services as a lower-cost alternative to treatment in a medical or long term care facility, such as a nursing home. Respite is usually paid for through one or more of the following types of waivers: research and demonstration (1115), managed care (1915b) and HCBS (1915c) waiver programs. This state’s Medicaid waivers that include respite are:

UT Waiver for Technology Dependent, Medically Fragile Individuals (40183.R04.00)

Provides skilled nursing respite care, extended home health aide, extended private duty nursing, family directed support, financial management services, family support services, and in-home feeding therapy for individuals ages 0 through 20 diagnosed as medically fragile and technology dependent individuals.

UT Acquired Brain Injury –ABI (0292.R04.00)

Provides ABI waiver support coordination, day supports, homemaker, residential habilitation, respite, supported employment, occupational therapy extended State plan, physical therapy extended State plan, consumer preparation, financial management services, behavioral consultation, chore, cognitive retraining, companion, environmental adaptations-home, environmental adaptations-vehicle, extended living supports, living start-up costs, personal budget assistance, personal emergency response systems, professional medication monitoring, service animal, specialized medical equipment/supplies/assistive technology-purchase, specialized medical equipment/supplies/assistive technology-monthly fee, speech-language services, supported living, and transportation (non-medical) for individuals ages 18 and older diagnosed with brain injury.

UT New Choices (0439.R01.00)

Provides adult day care, case management, habilitation, homemaker, respite, supportive maintenance services, consumer preparation services, financial management services, adult residential services, assistive technology devices, attendant care, caregiver training, chore, community transition, environmental accessibility adaptations, home delivered meals, medication administration assistance, personal budget assistance, personal emergency response systems, specialized medical equipment and supplies, and transportation (non-medical) for individuals ages 18 through 64 diagnosed with a physical disability, as well as individuals 65 and older.

UT Community Supports Waiver for Individuals w/ID and Other Related Conditions (0158.R06.00)

Provides day supports, homemaker, personal care, residential habilitation, respite care-intensive, supported employment, waiver support coordination, financial management services, behavior consultation, chore, companion services, environmental adaptations, extended living supports, family and individual training and preparation services, family training and preparation services, living start-up costs, massage therapy, personal budget assistance, personal emergency response system, professional medication monitoring, respite care-routine group, respite care-routine, respite care-session, service animal, specialized medical equipment/supplies/assistive technology-monthly fee, specialized medical equipment/supplies/assistive technology-purchase, supported living, and transportation (non-medical) for individuals of all ages diagnosed with autism, an Intellectual Disability, and/or a Developmental Disability.
UTAH

UT Waiver for Individuals Age 65 or Older (0247.R05.00)

Provides adult day health, case management, homemaker, respite and respite care services-LTC facility, financial management services, adult companion services, chore, community transition, environmental accessibility adaptations, medication reminder systems, personal attendant services, personal attendant training, personal budget assistance, personal emergency response systems (PERS), specialized medical equipment/supplies/assistive technology, supplemental meals, and transportation (non-medical) for aged individuals ages 65+ (no max age).

UT Autism (1029.R00.00)

Provides respite and financial management services for children diagnosed with autism ages 2 through 6. The waiver provides services through traditional and self-directed services provider methods. Support Coordination (Case Management) is provided by the operating agency as an administrative function. The Utah Department of Health intends to phase out the Autism Waiver program to allow all children currently being served under the waiver to remain being served until they age out of the program at the age of seven. The waiver is offered on a statewide basis.
## UT Waiver for Technology Dependent, Medically Fragile Individuals (40183.R04.00)

**State Operating Agency:** UT Department of Health, Division of Family Health and Preparedness, Bureau of Children with Special Health Care Needs (CSHCN)

### Description
This waiver offers the choice of community alternatives for individuals diagnosed as technology dependent or medically fragile with complex medical conditions who would otherwise require placement in a nursing facility. The waiver provides skilled nursing respite care, extended home health aide, extended private duty nursing, family directed support, financial management services, family support services, and in-home feeding therapy.

RN Waiver Coordinators facilitate access to waiver services and monitor the ongoing needs of the participant and the services delivered.

### Waiver Type
1915 (c)

### Target Population-Eligibility
Individuals, ages 0 through 20, who are diagnosed as Medically Fragile and Technology Dependent

### Level of Care
Individuals require level of care available in a nursing facility (NF).

### Respite Services
Skilled Nursing Respite Care is an intermittent service provided to relieve the primary caregiver from the stress of providing continuous care, thereby avoiding premature or unnecessary nursing facility admission. Skilled nursing respite may be provided by a Medicaid enrolled Home Health Agency or through the Family Directed Service model. Skilled nursing respite coverage includes an initial RN assessment by an RN Waiver Coordinator from CSHCN to establish a new client.

Skilled Nursing Respite Care is provided in a private residence or other setting(s) in the community, outside of the recipient's home, but only when the legally responsible recipient or guardian, the CSHCN RN Waiver Coordinator and the respite care provider (individual or agency) have all agreed and stipulated in the Plan of Care that the alternative setting(s) is safe and can accommodate the necessary medical equipment and personnel needed to care for the child safely.

Skilled nursing respite may be participant-directed or provider managed.

### Respite Provider Eligibility
Provider eligibility information available at: [http://dspd.utah.gov/providers/forms-for-providers/](http://dspd.utah.gov/providers/forms-for-providers/)

### Caregiver Eligibility
Skilled Nursing Respite may be provided by a relative, but not by a legal guardian or legally responsible person.

### Enrollment Limit
140: Year ending in 06/30/2016

### How to Apply
Contact RN Waiver Coordinator, UDOH Bureau of Children with Special Health Care Needs for information on application, eligibility and services or you may visit [http://www.health.utah.gov/cshcn/programs/travis.html](http://www.health.utah.gov/cshcn/programs/travis.html).

### Contact Information
Children with Special Health Care Needs
44 N Mario Capecchi Dr.
PO Box 144610
Salt Lake City UT 84116
Phone:(801) 584-8505; (801) 584-8240; or Toll-free 1-800-829-8200

### Link to Waiver Application
Link to application unavailable

### Expiration Date
06/30/2018

### Date of Last Update
10/14/2015
**UT Acquired Brain Injury (ABI) (0292.R04.00)**

State Operating Agency: UT Department of Health, Department of Human Services, Division of Services for People with Disabilities (DSPD)

| Description | This waiver offers supportive services statewide to meet the needs of individuals with acquired brain injuries who satisfy the eligibility criteria of the waiver and to assist these voluntary participants to live as independently as possible while residing in the community-based setting of their choice. The waiver provides ABI waiver support coordination, day supports, homemaker, residential habilitation, respite, supported employment, occupational therapy extended State plan, physical therapy extended State plan, consumer preparation, financial management services, behavioral consultation, chore, cognitive retraining, companion, environmental adaptations-home, environmental adaptations-vehicle, extended living supports, living start-up costs, personal budget assistance, personal emergency response systems, professional medication monitoring, service animal, specialized medical equipment/supplies/assistive technology-purchase, specialized medical equipment/supplies/assistive technology-monthly fee, speech-language services, supported living, and non-medical transportation. The ABI Waiver offers both an agency-based provider model along with a self-administered services model as the service delivery options available to waiver participants. |
| Waiver Type | 1915 (c) |
| Target Population-Eligibility | Individuals 18 and older diagnosed with an acquired brain injury. |
| Level of Care | Individuals require level of care available in a nursing facility (NF). |
| Respite Services | Respite is provided to give relief to, or during the absence of, the normal caregiver. Routine respite may be hourly, daily or overnight and may be provided in the individual's place of residence, a facility approved by the State which is not a private residence, or private residence of the respite provider. Respite is not available to children in the custody of the State of Utah, Division of Child and Family Services. It is not for ongoing daycare nor is it intended to supplant resources otherwise available for child-care. Respite may not be offered at the same time as the person is receiving any other service, either contained within this waiver or from other sources including the Medicaid State Plan that will afford the person with care and supervision. Respite may not be offered for relief or substitution of staff paid to provide care and supervision as part of the residential or day habilitation services. Respite may be participant-directed or provider managed. |
| Respite Provider Eligibility | Provider eligibility information available at: [http://dspd.utah.gov/providers/forms-for-providers/](http://dspd.utah.gov/providers/forms-for-providers/) |
| Caregiver Eligibility | Respite may be provided by a relative, but not a legal guardian or legally responsible person. |
| Enrollment Limit | 130: Year ending in 06/30/2016 |
| How to Apply | Contact an intake worker at the Division of Services for People with Disabilities by calling 1-844-ASK-DSPD or 1-844-275-3773 and choose the “apply for services” option. |
| Contact Information | Division of Services for People with Disabilities, 195 North 1950 West, Salt Lake City, UT 84116 Phone: (801) 538-4200 Email: [dspd@utah.gov](mailto:dspd@utah.gov) |
| Link to Waiver Application | Link to application unavailable |
| Expiration Date | 06/30/2019 |
| Date of Last Update | 10/15/2015 |
### UT New Choices (0439.R01.00)

**State Operating Agency:** Division of Medicaid and Health Financing, Bureau of Authorization and Community-based Services

| Description | The waiver focuses on moving Medicaid recipients living in institutional settings (nursing facilities) back to home and community-based service settings. The waiver provides adult day care, case management, habilitation, homemaker, respite, supportive maintenance services, consumer preparation services, financial management services, adult residential services, assistive technology devices, attendant care, caregiver training, chore, community transition, environmental accessibility adaptations, home delivered meals, medication administration assistance, personal budget assistance, personal emergency response systems, specialized medical equipment and supplies, and transportation (non-medical).

This waiver allows and supports participant choice of the method in which they receive services. Several waiver services are available to individuals through a consumer directed arrangement, while individuals preferring a more traditional method of service delivery may choose this option.

The New Choices Waiver does not provide services to individuals in IMDs (Institutions for mental disease). |
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<tbody>
<tr>
<td>Waiver Type</td>
<td>1915 (c)</td>
</tr>
<tr>
<td>Target Population-Eligibility</td>
<td>Individuals 18 to 64 years old diagnosed with a disability (physical or other) as well as individuals 65 and older.</td>
</tr>
<tr>
<td>Level of Care</td>
<td>Individuals require level of care available in a nursing facility (NF).</td>
</tr>
<tr>
<td>Respite Services</td>
<td>Care provided to give relief to, or during the absence of, the normal caregiver. Respite care may include hourly, daily and overnight support and may be provided in the individual’s place of residence, a facility approved by the State which is not a private residence, or in the private residence of the respite care provider. Respite care may be participant-directed or provider managed.</td>
</tr>
<tr>
<td>Caregiver Eligibility</td>
<td>Respite may be provided by a relative or legally responsible person but not by a legal guardian.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>1400: Year ending in 06/30/2015-Renewal application submitted and pending approval</td>
</tr>
<tr>
<td>How to Apply</td>
<td>Contact the New Choices Waiver program office or visit: <a href="http://health.utah.gov/ltc/NC/NCHome.htm">http://health.utah.gov/ltc/NC/NCHome.htm</a> information on application, eligibility and services.</td>
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</table>
| Contact Information | UDOH Bureau of Authorization and Community-based Services  
PO Box 143112  
288 North 1460 West  
Salt Lake City, UT 84114-3112  
Fax: 801-323-1586  
Phone: 801-538-6155, option 6 or 800-662-9651, option 6  
Email: newchoiceswaiver@utah.gov |
| Link to Waiver Application | Link to application unavailable |
| Expiration Date | 06/30/2020 based on approval of renewal application submitted |
| Date of Last Update | 1/16/2016 |
UT Community Supports Waiver for Individuals w/ID and Other Related Conditions (0158.R06.00)
State Operating Agency: Department of Human Services, Division of Services for People with Disabilities (DSPD)

Description
This waiver offers supportive services statewide to assist participants to live as independently and productively as possible while living in a community setting of their choice. The waiver provides day supports, homemaker, personal care, residential habilitation, respite care-intensive, supported employment, waiver support coordination, financial management services, behavior consultation, chore, companion services, environmental adaptations, extended living supports, family and individual training and preparation services, family training and preparation services, living start-up costs, massage therapy, personal budget assistance, personal emergency response system, professional medication monitoring, respite care- routine group, respite care- routine, respite care- session, service animal, specialized medical equipment/supplies/assistive technology-monthly fee, specialized medical equipment/supplies/assistive technology-purchase, supported living, and transportation (non-medical).

The waiver offers both the agency-based provider model and self-directed model of service delivery.

Waiver Type 1915(c)

Target Population- Eligibility
Individuals of all ages diagnosed with an Intellectual Disability, a Developmental Disability, or Autism.

Level of Care
Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

Respite Services
Respite Care- Intensive is care provided to give relief to, or during the absence of, the normal caregiver. Intensive level respite is provided to individuals who have complex conditions that require a level of assistance beyond what is offered by direct service staff under Respite Care-Routine. Individuals will typically present with a more complex array of physical or behavioral needs than those receiving routine respite. Services may include quarter hour, daily and overnight support and may be provided in the individual's place of residence, a facility approved by the State that is not a private residence, or in the private residence of the respite provider. Respite Care-Intensive level services are, because of their more complex nature, delivered by more experienced and sophisticated staff.

Respite Care- Routine Group is provided to groups of up to three individuals in a group setting in order to give relief to, or during the absence of, the individuals' normal caregiver(s). Routine respite may be daily and overnight and may be provided in the individual's place of residence, a facility approved by the State which is not a private residence, or in the private residence of the respite provider.

Respite Care- Routine care is provided to give relief to, or during the absence of, the normal caregiver. Routine respite care may include hourly, daily and overnight support and may be provided in the individual's place of residence, a facility approved by the State which is not a private residence, or in the private residence of the respite provider.

Respite Care- Session is care rendered on a session basis which is provided to relieve, or during the absence of, the normal caregiver which is furnished to a covered individual on a short term basis in a facility or other approved community-based entity (i.e., a certified facility, temporary care facility, overnight camp, summer programs or a facility providing group respite).

Respite services are not available to children in the custody of the State of Utah: Department of Human Services, Division of Child and Family Services. This service is not for ongoing daycare nor is it intended to supplant resources otherwise available for child care. Respite may not be offered at the same time as the person is receiving any other service, either contained within this Home and Community-Based Services waiver or from other sources including the Medicaid State Plan that will afford the person with care and supervision. Respite may not be offered for relief or substitution of staff paid to provide care and supervision to persons as part of the residential or day habilitation services they receive in this Home and Community-Based Services waiver.

Respite services may be participant-directed or provider managed, with the exception of Respite Care-Session which is provider managed only.
<table>
<thead>
<tr>
<th>Respite Provider Eligibility</th>
<th>Provider eligibility information available at: <a href="http://dspd.utah.gov/providers/forms-for-providers/">http://dspd.utah.gov/providers/forms-for-providers/</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregiver Eligibility</td>
<td>Respite care may be provided by a relative, but not by a legal guardian or legally responsible person; except Respite Care-Session, it may not be provided by a relative, legal guardian or legally responsible person.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>4650: Year ending in 06/30/2016</td>
</tr>
<tr>
<td>How to Apply</td>
<td>Contact an intake worker at the Division of Services for People with Disabilities by calling: 1-844-ASK-DSPD or 1-844-275-3773 and choose the “apply for services” option.</td>
</tr>
</tbody>
</table>
| Contact Information        | Division of Services for People with Disabilities  
195 North 1950 West  
SLC, UT 84116  
Phone: (801) 538-4200  
Email: dspd@utah.gov |
| Link to Waiver Application | Link to application unavailable                                                                                                      |
| Expiration Date            | 06/30/2020                                                                                                                          |
| Date of Last Update        | 1/16/2016                                                                                                                          |
**UT Waiver for Individuals Age 65 or Older (0247.R05.00)**

**State Operating Agency:** Department of Human Services, Division of Aging and Adult Services (DAAS)

<table>
<thead>
<tr>
<th><strong>Description</strong></th>
<th>This waiver offers participants the option to remain in a home and community-based setting of their choice rather than a facility. The waiver provides adult day health, case management, homemaker, respite and respite care services-long-term care facility, financial management services, adult companion services, chore, community transition, environmental accessibility adaptations, medication reminder systems, personal attendant services, personal attendant training, personal budget assistance, personal emergency response systems (PERS), specialized medical equipment/supplies/assistive technology, supplemental meals, and transportation (non-medical). The waiver offers both participant-directed, as well as the traditional method of service delivery.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Waiver Type</strong></td>
<td>1915(c)</td>
</tr>
<tr>
<td><strong>Target Population-Eligibility</strong></td>
<td>Individuals 65 and older.</td>
</tr>
<tr>
<td><strong>Level of Care</strong></td>
<td>Individuals require level of care available in a nursing facility (NF).</td>
</tr>
<tr>
<td><strong>Respite Services</strong></td>
<td>Respite Care Services consist of care rendered by an attendant, companion, personal care worker, homemaker, home health aide etc., which is provided during the absence of, or to relieve the normal care giver while the covered individual is living in their normal place of residence and that residence is not a long term care facility. Respite care services are not restricted to the individual's place of residence. Respite Care Services may be provided in the following locations: (a) Individual’s home or place of residence; (b) Respite Provider’s place of residence; and/or (c) Other community-based setting meeting HCBS Setting Requirements. LTC (Long Term Care) Facility Respite Care Services consist of care furnished in a licensed long term care facility during the absence of, or to relieve, the normal caregiver. Each respite care episode is limited to a period of 13 consecutive days or less not counting the day of discharge. LTC Facility Respite Care Services may be provided in the following locations: (a) a Licensed Health Care Facility or (b) a Licensed Residential Treatment Facility. Respite care is provider managed.</td>
</tr>
<tr>
<td><strong>Respite Provider Eligibility</strong></td>
<td>Provider eligibility information available at: <a href="http://dspd.utah.gov/providers/forms-for-providers/">http://dspd.utah.gov/providers/forms-for-providers/</a></td>
</tr>
<tr>
<td><strong>Caregiver Eligibility</strong></td>
<td>Respite may not be provided by a relative, legal guardian or legally responsible person.</td>
</tr>
<tr>
<td><strong>Enrollment Limit</strong></td>
<td>540: Year ending in 06/30/2016</td>
</tr>
<tr>
<td><strong>How to Apply</strong></td>
<td>Contact the Division of Aging and Adult Services office or visit their website at <a href="http://health.utah.gov/ltc/AG/AGHome.htm">http://health.utah.gov/ltc/AG/AGHome.htm</a> for information on application, eligibility and services.</td>
</tr>
</tbody>
</table>
| **Contact Information** | Division of Aging and Adult Services, 195 North 1950 West, Salt Lake City, UT 84116  
Phone: (801) 538-3910 or 1-877-424-4640 (toll free)  
Fax: (801) 538-4395  
Email: dass@utah.gov |
| **Link to Waiver Application** | Link to application unavailable |
| **Expiration Date** | 06/30/2020 |
| **Date of Last Update** | 1/16/2016 |
**UT Autism (1029.R00.00)**

**State Operating Agency:** Department of Human Services, Division of Services for People with Disabilities

<table>
<thead>
<tr>
<th>Description</th>
<th>This waiver provides respite and financial management services for children diagnosed with autism ages 2 through 6. The waiver provides services through traditional and self-directed services provider methods. Support Coordination (Case Management) is provided by the operating agency as an administrative function. The Utah Department of Health intends to phase out the Autism Waiver program to allow all children currently being served under the waiver to remain being served until they age out of the program at the age of seven. The waiver is offered on a statewide basis.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiver Type</td>
<td>1915(c)</td>
</tr>
<tr>
<td>Target Population-Eligibility</td>
<td>Individuals between 2 and 6 years old who have been diagnosed with Autism.</td>
</tr>
<tr>
<td>Level of Care</td>
<td>Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).</td>
</tr>
<tr>
<td>Respite Services</td>
<td>Respite Care is provided to give relief to, or during the absence of, the normal care giver. Respite Care may be provided in the individual’s place of residence, or in the instance of a SAS provider, the residence of the provider. Payment for respite services are not made for room and board. Services are limited to a maximum of three (3) hours per week. Respite services may be participant-directed or provider managed.</td>
</tr>
<tr>
<td>Respite Provider Eligibility</td>
<td>Provider eligibility information available at: <a href="http://dspd.utah.gov/providers/forms-for-providers/">http://dspd.utah.gov/providers/forms-for-providers/</a></td>
</tr>
<tr>
<td>Caregiver Eligibility</td>
<td>Respite may be provided by a relative but not by a legal guardian or legally responsible person.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>229: Year ending in 09/30/2016</td>
</tr>
<tr>
<td>How to Apply</td>
<td>Contact an intake worker at the Division of Services for People with Disabilities by calling 1-844-ASK-DSPD or 1-844-275-3773 and choose the “apply for services” option. You may also visit <a href="http://health.utah.gov/autismwaiver/">http://health.utah.gov/autismwaiver/</a> for information on application, eligibility and services.</td>
</tr>
<tr>
<td>Contact Information</td>
<td>Division of Services for People with Disabilities 195 North 1950 West Salt lake City, UT 84116 Phone: (801) 538-4200 Email: <a href="mailto:dspd@utah.gov">dspd@utah.gov</a></td>
</tr>
<tr>
<td>Link to Waiver Application</td>
<td>Link to application unavailable</td>
</tr>
<tr>
<td>Expiration Date</td>
<td>09/30/2020</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>1/16/2016</td>
</tr>
</tbody>
</table>
Home and Community-Based 1915(c) Waivers/1115 Research and Demonstration Waivers for Respite Support

Medicaid is a program in every state that pays for medical assistance for certain individuals and families with low incomes and resources. It is the largest source of funding for medical and health-related services for America's poorest people. Because Medicaid is funded jointly by the federal and state governments, the services paid for vary from state to state. In addition to medical services, Medicaid will pay for home and community-based services (HCBS) through the state plan as well as through Medicaid waivers that offer services as a lower-cost alternative to treatment in a medical or long term care facility, such as a nursing home. Respite is usually paid for through one or more of the following types of waivers: research and demonstration (1115), managed care (1915b) and HCBS (1915c) waiver programs.

All Vermont Home and Community-Based 1915(c) waivers have been incorporated into the 1115 Demonstration: “Global Commitment to Health” and are now operated as Managed Long Term Services and Supports. All of the waiver services offered by the Home and Community-Based 1915(c) waivers including respite care are to continue to be provided in the MLTSS delivery system.

Global Commitment to Health

The Global Commitment to Health section 1115 demonstration is designed to use a multi-disciplinary approach including the basic principles of public health, the fundamentals of effective administration of a Medicaid managed care delivery system, public-private partnership, an initiative in employer sponsored health insurance (through December 31 2013), and program flexibility. The Global Commitment to Health includes Medicaid State Plan services and traditional HCBS waiver services.
VT Global Commitment to Health
State Operating Agency: Agency for Human Services (AHS)

Description
The Global Commitment to Health section 1115(a) demonstration is designed to use a multi-disciplinary approach including the basic principles of public health, the fundamentals of effective administration of a Medicaid managed care delivery system, public-private partnership, an initiative in employer sponsored health insurance (through December 31 2013), and program flexibility.

The Global Commitment to Health demonstration authorizes a health care delivery system for the Medicaid state plan populations that is modeled after a managed care delivery system, but is administered by the state. Under this model, the Vermont Agency of Human Services (AHS) transfers funds (calculated on a per member per month basis) to the Department of Vermont Health Access (VHA), which delivers services to the populations served under the demonstration. The Vermont Agency of Human Services (AHS) will contract with the Office of Vermont Health Access (OVHA), which will serve as a publicly sponsored managed care organization to directly administer programs or deliver services through interdepartmental agreements or contracts.

Vermont’s specialized programs rely on person centered planning to develop individualized plans of care. Specialized programs support a continuum of care from short term crisis or family support to intensive 24/7 home and community-based wraparound services. These programs include both State Plan recognized and specialized non-State Plan services and providers to support enrollees in home and/or community settings. The state may require: additional provider agreements, certifications or training not found in the State plan; specific assessment tools, level of care or other planning processes; and/or prior authorizations to support these programs.

Waiver Type
1115

Target Population-Eligibility
Specific populations eligible for this demonstration include: (1) Mandatory Categorically Needy; (2) Optional Categorically Needy; (3) Affordable Care Act New Adult Group; (4) 217-like categorically needy individuals receiving Home and Community-based Waiver (HCBW)-like services in the highest need group; (5) 217-like categorically needy individuals receiving HCBW-like services in the high need group; (6) 217-like categorically needy individuals receiving HCBW-like services for the moderate needs group individuals who are not otherwise eligible under the Medicaid state plan (i.e., do not meet the eligibility requirements of the Medicaid state plan and only receive a small subset of HCBW-like services); (7) Medicare beneficiaries who are 65 years or older or have a disability with income at or below 150 percent of the FPL, who may be enrolled in the Medicare Savings Program (MSP) but are not otherwise categorically eligible for full benefits; and (8) Medicare beneficiaries who are 65 years or older or have a disability with income above 150 percent and up to and including 225 percent of the FPL, who may be enrolled in the MSP, but are not otherwise categorically eligible for full benefits.

Respite services are only available to those groups who would have qualified under the previous 1915(c) waivers for persons with traumatic brain injury, developmental disabilities, community rehabilitation and treatment, mental illness (under age 22) and children under the age of 21 in categorically needy population groups 1, 2, 3 who have been diagnosed with a life-limiting illness that is expected to be terminal before adulthood.

Level of Care
Individuals require a level of care that is available in a nursing facility (NF).

Respite Services
Respite care as provided in this demonstration is alternate caregiving arrangements to facilitate planned short-term and time-limited breaks for unpaid caregivers. When an individual, their family or surrogate meets requirements and chooses to manage some or all of their services, the person has the responsibility of hiring his or her own respite provider and overseeing the administrative responsibilities associated with receiving service funding, including contracting for services, developing a service plan, fulfilling the responsibilities of the employer, and planning for back-up support or respite in the case of an emergency.

Furthermore, respite care services are limited in combination with companion service for individuals residing at home.
Respite Provider Eligibility

Provider eligibility can be found on the Department of Vermont Health Access website:
http://dvha.vermont.gov/for-providers
Or on the Quarterly Report:

Caregiver Eligibility

Caregiver eligibility not available.

Enrollment Limit

Enrollment Limits not available.

How to Apply

To apply, contact Vermont Health Connect, either through their website:
http://info.healthconnect.vermont.gov/ or by phone at 1-802-879-5900

Contact Information

Contact the Office of Vermont Health Access for more information at 802-879-5651
Or reference the Global Commitment to Health fact sheet:

Link to Waiver Application


Expiration Date

12/31/2016

Date of Last Update

12/10/2015
Managed Care 1915(b) and/or Home and Community-Based 1915(c) Waivers for Respite Support

Medicaid is a program in every state that pays for medical assistance for certain individuals and families with low incomes and resources. It is the largest source of funding for medical and health-related services for America’s poorest people. Because Medicaid is funded jointly by the federal and state governments, the services paid for vary from state to state. In addition to medical services, Medicaid will pay for home and community-based services (HCBS) through the state plan as well as through Medicaid waivers that offer services as a lower-cost alternative to treatment in a medical or long term care facility, such as a nursing home. Respite is usually paid for through one or more of the following types of waivers: research and demonstration (1115), managed care (1915b) and HCBS (1915c) waiver programs.

In January 2016, Virginia submitted an 1115 Demonstration waiver to reform the state’s Medicaid delivery system through two strategic initiatives. First, DMAS will partner with managed care organizations to incorporate a value-based purchasing model to incentivize high performing providers to better serve the Medicaid population, starting with the more complex enrollees who are the highest risk and highest utilizers of Medicaid services. Second, DMAS will transition two 1915(c) HCBS waivers into a Managed Long Term Services and Supports (MLTSS) delivery model. The MLTSS program will operate under a fully integrated program model that includes physical health, behavioral health, community-based, and institutional services. The two HCBS waivers to be included in the 1115 demonstration, when approved, are the: Elderly or Disabled with Consumer Direction (EDCD) and Technology Assisted Waiver (Tech). Both waivers will keep the same eligibility criteria and services currently provided when the transition occurs. For the purposes of this document, since this 1115 demonstration waiver has not been approved, all 1915(c) waivers are described as they currently operate. This state’s Medicaid waivers that include respite are:

VA Intellectual Disability (ID) Waiver (0372.R03.00)
- Provides day support, personal assistance, prevocational, residential support, respite, supported employment, consumer directed services facilitation, assistive technology, companion services, crisis stabilization, crisis supervision, environmental modification, personal emergency response systems, skilled nursing, therapeutic consultation, and transition for individuals of all ages diagnosed with Intellectual Disabilities.

VA Individual & Family DD Support (0358.R03.00)
- Provides day support, in-home residential, personal care, prevocational, respite care, supported employment - group/individual, services facilitation, adult companion, assistive technology, crisis stabilization, crisis supervision, environmental modification, family/caregiver training, personal emergency response systems, skilled nursing, therapeutic consultation, and transition for individuals age 6 or older diagnosed with Autism and/or a Developmental Disability.

VA Technology Assisted (4149.R03.00)
- Provides personal care, respite (skilled private duty nursing), assistive technology, environmental modification, private duty nursing, as well as transition for technology dependent individuals of all ages.

VA Elderly or Disabled w/Consumer Direction (0321.R03.00)
- Provides adult day health care, personal assistance, respite care, consumer directed services facilitation, personal emergency response systems, transition coordination, and transition for individuals of all ages who are disabled, either physically or otherwise, as well as individuals who are 65 years old or older.

VA Children’s Mental Health Waiver PRTF (01.R02.00)
- Provides in-home residential supports, respite, service facilitation, companion, environmental modification (home accessibility adaptations), family/caregiver training (training/counseling services for unpaid caregivers), therapeutic consultation (clinical and therapeutic services), and transition coordination for individuals ages 0 to 21 diagnosed with a serious emotional disturbance (SED).
VA Intellectual Disability (ID) Waiver (0372.R03.00)

State Operating Agency: DMAS Department of Behavioral Health and Developmental Services (DBHDS)

Description

The waiver provides day support, personal assistance, prevocational, residential support, respite, supported employment, consumer directed services facilitation, assistive technology, companion services, crisis stabilization, crisis supervision, environmental modification, personal emergency response systems, skilled nursing, therapeutic consultation, and transition for individuals of all ages diagnosed with Intellectual Disabilities. The waiver facilitates the transition of individuals currently residing in institutions to life in the community and to enable those community residents in need of supports to retain their community resident status to receive those supports.

The waiver provides the opportunity to obtain either agency-directed services or participant-directed services, or both. Individuals are supported by a case manager.

Waiver Type

1915 (c)

Target Population-Eligibility

Individuals of all ages diagnosed with an Intellectual Disability. This waiver also includes individuals younger than age 6 who are at risk of developmental delay.

Level of Care

Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

Respite Services

Respite services are specifically designed to provide temporary, substitute care for that which is normally provided by the family or other unpaid, primary caregiver. Services are provided on a short-term basis because of the emergency absence or need for routine or periodic relief of the primary caregiver and are provided in an individual's home, community residence or in other community sites.

The allowable activities include, but are not limited to: 1) Support with activities of daily living such as: bathing, showering, toileting, routine personal hygiene skills, dressing, transferring, etc.; 2) Support monitoring health status and physical condition; 3) Support with medication; 4) Support with medical needs; 5) Support with preparation and eating of meals; 6) Support with housekeeping, such as bed-making, dusting and vacuuming, laundry, grocery shopping, etc.; 7) Support to ensure the safety of the individual; 8) Support needed by the individual to participate in social, recreational, or community activities; 9) Assistance with bowel/bladder programs, range of motion exercises, routine wound care that does not include sterile technique, and external catheter care when properly trained and supervised by an RN; and 10) Accompany the individual to appointments. Respite is limited to 480 hours per individual per year. Respite services may be participant-directed or provider managed.

Respite Provider Eligibility


Caregiver Eligibility

Respite may be provided by a relative or legal guardian, but not by a legally responsible person.

Enrollment Limit

10,822: Year ending in 06/30/2016

How to Apply


Contact Information

The DBHDS Office is located at 1220 Bank Street, Richmond, VA, 23219.
Mailing address is: P.O. Box 1797, Richmond, VA 23218-1797.
Phone: (804) 786-3921  Voice TDD: (804) 371-8977  Fax: (804) 371-6638

Link to Waiver Application

Link to application unavailable

Expiration Date

06/30/2019

Date of Last Update

10/16/2015
VA Individual & Family DD Support (0358.R03.00)
State Operating Agency: Department of Behavioral Health and Developmental Services (DBHDS)

Description
This waiver offers a variety of service options that support individuals living in the community, including the opportunity to self-direct care. It provides day support, in-home residential, personal care, prevocational, respite care, supported employment-group/individual, services facilitation, adult companion, assistive technology, crisis stabilization, crisis supervision, environmental modification, family/caregiver training, personal emergency response systems, skilled nursing, therapeutic consultation, and transition.

The waiver provides the opportunity to obtain either agency-directed services or participant-directed services, or both.

Waiver Type
1915 (c)

Target Population-Eligibility
Individuals 6 years of age or older who have been diagnosed with Autism or a Developmental Disability. Individuals that qualify may not be diagnosed with an Intellectual Disability. Children under six years of age shall not be screened until three months prior to the month of their sixth birthday. Children shall not be added to the waiver or the wait list until the month of their sixth birthday.

Level of Care
Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

Respite Services
Respite care services are provided to unpaid primary caregivers of eligible individuals unable to care for themselves and are furnished on a short-term basis because of the absence or need for relief of those unpaid primary caregiver providing the care. Respite services will be provided in the individual's home or place of residence; a Medicaid certified Intermediate Care Facility for Individuals with Intellectual Disabilities (agency-directed model only); or a licensed respite care facility and other community care residential facilities approved by the State that is not a private residence and residential camps serving the target population. Respite care hours are limited to 480 hours per state fiscal year.

Respite may be participant-directed or provider managed.

Respite Provider Eligibility

Caregiver Eligibility
Respite may be provided by a relative or legal guardian, but not by a legally responsible person.

Enrollment Limit
1100: Year ending 06/30/2016

How to Apply
Contact one of the local Child Development Clinics that serve as the screening teams for this waiver to request a screening: http://www.dmas.virginia.gov/Content_pgs/ltc-screen.aspx. For more information on the DD Waiver visit http://www.dbhds.virginia.gov/individuals-and-families/developmental-disabilities/waiver-services

Contact Information
The DBHDS Office is located at 1220 Bank Street, Richmond, VA, 23219. Mailing address is: P.O. Box 1797, Richmond, VA 23218-1797. Phone: (804) 786-3921  Voice TDD: (804) 371-8977  Fax: (804) 371-6638

Expiration Date
06/30/2018

Date of Last Update
10/16/2015
VA Technology Assisted (4149.R03.00)

**State Operating Agency:** VA Department of Medical Assistance Services (DMAS), Division of Long-Term Care

**Description**
This waiver is designed to allow eligible individuals to be cared for in the community rather than remain institutionalized. The waiver provides personal care, respite (skilled private duty nursing), assistive technology, environmental modification, private duty nursing, as well as transition for technology dependent individuals of all ages. This waiver is designed to allow eligible individuals to be cared for in the community rather than remain institutionalized.

**Waiver Type** 1915 (c)

**Target Population-Eligibility**
Individuals of all ages who are diagnosed as technology dependent—chronically ill or severely impaired and who require both a medical device to compensate for the loss of a vital body function and substantial and ongoing nursing care to avert death or further disability.

**Level of Care** Individuals require level of care available in a hospital or nursing facility (NF).

**Respite Services**
Respite services is the provision of skilled nursing care to a technology-assisted individual on a short-term basis because of the absence or need for relief of the unpaid primary caregiver normally providing the care. Respite care is provided in the individual's home or place of residence. Federal Financial Participation will not be claimed for the cost of the room and board except when provided as part of respite care in a facility approved by the State that is not a private residence. This service can only be provided in conjunction with private duty nursing for a total of 360 hours per calendar year. Respite care is provider managed.

**Respite Provider Eligibility**
Provider eligibility information available at [https://www.virginiamedicaid.dmas.virginia.gov/wps/portal](https://www.virginiamedicaid.dmas.virginia.gov/wps/portal)

**Caregiver Eligibility**
Respite services may not be provided by a legally responsible person, a relative, or a legal guardian. Services must be provider managed.

**Enrollment Limit** 425: Year ending 06/30/2016

**How to Apply** Contact your local Department of Social Services to apply at [http://www.dss.virginia.gov/localagency/](http://www.dss.virginia.gov/localagency/).

**Contact Information**
Virginia Department of Social Services (VDSS)
801 E. Main Street
Richmond, VA 23219-2901
(800) 552-3431 (toll-free) or (804) 726-7000
citizen.services@dss.virginia.gov

**Expiration Date** 06/30/2018

**Date of Last Update** 10/16/2015
**VA Elderly or Disabled w/Consumer Direction (0321.R03.00)**

**State Operating Agency:** VA Department of Medical Assistance Services (DMAS), Division of Long Term Care

### Description
This waiver offers an array of services which individuals can choose to support community living. The waiver provides adult day health care, personal assistance, respite care, consumer directed services facilitation, personal emergency response systems, transition coordination, and transition services. Participants may elect to self-direct Personal Assistance Services and Respite Services.

### Waiver Type
1915 (c)

### Target Population-Eligibility
Individuals of all ages who are disabled, either physically or otherwise, as well as individuals who are 65 years old or older.

### Level of Care
Individuals require level of care available in a nursing facility (NF).

### Respite Services
Respite care services are provided to individuals unable to care for themselves and are furnished on a short-term basis because of the absence or need for relief of those primary unpaid caregivers who normally provide care. Respite care services may be provided in the individual’s home or place of residence or a licensed nursing facility; however Federal Financial Participation is not claimed for the cost of room and board if respite services are delivered in the home/place of residence.

Respite care services provided in any setting are limited to a total of 480 hours per recipient per state fiscal year (7/1 - 6/30).

Respite services may be participant-directed or provider managed.

### Respite Provider Eligibility
Provider eligibility information available at: [https://www.virginiamedicaid.dmas.virginia.gov/wps/portal](https://www.virginiamedicaid.dmas.virginia.gov/wps/portal)

### Caregiver Eligibility
Respite services may not be provided by a legally responsible person, but may be provided by a relative or legal guardian.

### Enrollment Limit
39,660: Year ending 06/30/2016

### How to Apply
Contact your local Department of Social Services to apply at [http://www.dss.virginia.gov/localagency/](http://www.dss.virginia.gov/localagency/).

### Contact Information
Virginia Department of Social Services (VDSS)
801 E. Main Street
Richmond, VA 23219-2901
(800) 552-3431 (toll-free) or (804) 726-7000
citizen.services@dss.virginia.gov

### Link to Waiver Application
Link to application unavailable

### Expiration Date
06/30/2017

### Date of Last Update
10/16/2015
## VA Children’s Mental Health Waiver PRTF (01.R02.00)

**State Operating Agency:** DMAS Behavioral Health Unit

### Description
This waiver serves individuals less than 21 years of age in the community in lieu of Psychiatric Residential Treatment Facility (PRTF) placement by using community-based services, as well as other current State Plan services such as intensive in home, day treatment, individual, family, and group therapy, as well as case management. Additionally, referrals are made to appropriate educational and vocational services.

The waiver includes self-direction options and offers an array of services which individuals can choose to support community living. All services are offered statewide, including participant-directed respite and companion services.

Only children who were eligible on the effective date of the waiver (10/1/12) are currently served in this waiver. No additional children/youth will be admitted to the waiver after September 30, 2012.

<table>
<thead>
<tr>
<th>Waiver Type</th>
<th>1915 (c)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target Population-Eligibility</td>
<td>Individuals less than 21 years old who are diagnosed with a serious emotional disturbance (SED). No additional children/youth admitted to the waiver after September 30, 2012.</td>
</tr>
<tr>
<td>Level of Care</td>
<td>Individuals require level of care available in a Psychiatric Residential Treatment Facility (PRTF).</td>
</tr>
<tr>
<td>Respite Services</td>
<td>Respite care services are provided to individuals unable to care for themselves and are furnished on a short-term basis because of the absence or need for relief of those primary unpaid caregivers who normally provide care. Respite care services may be provided in the individual’s home or place of residence or a licensed respite facility; however Federal Financial Participation is not claimed for the cost of room and board if respite services are delivered in the home/place of residence. Respite Services are limited to 480 hours per state fiscal year. Respite services may be participant-directed or provider managed.</td>
</tr>
<tr>
<td>Respite Provider Eligibility</td>
<td>Provider eligibility information available at Magellan of Virginia: <a href="http://magellanofvirginia.com/">http://magellanofvirginia.com/</a></td>
</tr>
<tr>
<td>Caregiver Eligibility</td>
<td>Respite services may be provided by a legally responsible person, a relative, or a legal guardian.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>20: Year ending 09/30/2016</td>
</tr>
<tr>
<td>How to Apply</td>
<td>No additional children/youth will be admitted to the waiver after September 30, 2012. You may visit <a href="http://www.dmas.virginia.gov/Content_pgs/obh-home.aspx">http://www.dmas.virginia.gov/Content_pgs/obh-home.aspx</a> for information on behavioral health services at DMAS.</td>
</tr>
</tbody>
</table>
| Contact Information | Magellan of Virginia  
Toll-free: 1-800-424-4046  
TDD: 1-800-424-4048  
TTY: 711  
Email: [VirginiaMemberInfo@MagellanHealth.com](mailto:VirginiaMemberInfo@MagellanHealth.com)  
Contact Magellan by phone or visit website: [http://magellanofvirginia.com/](http://magellanofvirginia.com/) |
| Link to Waiver Application | Link to application unavailable |
| Expiration Date | 09/30/2017 |
| Date of Last Update | 09/24/2015 |
Managed Care 1915(b) and/or Home and Community-Based 1915(c) Waivers for Respite Support

Medicaid is a program in every state that pays for medical assistance for certain individuals and families with low incomes and resources. It is the largest source of funding for medical and health-related services for America’s poorest people. Because Medicaid is funded jointly by the federal and state governments, the services paid for vary from state to state. In addition to medical services, Medicaid will pay for home and community-based services (HCBS) through the state plan as well as through Medicaid waivers that offer services as a lower-cost alternative to treatment in a medical or long term care facility, such as a nursing home. Respite is usually paid for through one or more of the following types of waivers: research and demonstration (1115), managed care (1915b) and HCBS (1915c) waiver programs. This state’s Medicaid waivers that include respite are:

**WA Children’s Intensive In-Home Behavioral Support (40669.R01.00)**
- Provides personal care, respite, occupational therapy (OT), physical therapy (PT), speech/hearing/language, assistive technology, behavior management/consultation, behavioral health stabilization services-specialized psychiatric services, behavioral health stabilization services-behavior support and consultation, behavioral health stabilization services-behavioral health crisis diversion bed services, environmental accessibility adaptations, nurse delegation, sexual deviancy evaluation, specialized clothing, specialized medical equipment and supplies, specialized nutrition, specialized psychiatric services, staff/family consultation/training, therapeutic equipment and supplies, transportation, and vehicle modifications for individuals with developmental disabilities (DD) ages 8-20.

**WA Core Waiver (0410.R02.00)**
- To provide community access, individual supported employment/group supported employment, personal care, prevocational services, residential habilitation, respite, occupational therapy (OT), physical therapy (PT), speech/hearing/language services, behavior support and consultation, behavioral health stabilization services-behavior support and consultation, behavioral health stabilization services-behavioral health crisis diversion bed services, behavioral health stabilization services-specialized psychiatric services, community guide, community transition, environmental accessibility adaptations, individualized technical assistance, sexual deviancy evaluation, skilled nursing, specialized medical equipment and supplies, specialized psychiatric services, staff/family consultation and training, and transportation for individuals with developmental disabilities (DD) ages 0 – no maximum age.

**WA Basic Plus Waiver (0409.R02.00)**
- To provide community access, individual supported employment/group supported employment, personal care, prevocational services, respite, occupational therapy (OT), physical therapy (PT), speech/hearing/language services, adult dental, adult family home, adult residential care, behavior support and consultation, behavioral health stabilization services-behavior support and consultation, behavioral health stabilization services-behavioral health crisis diversion bed services, behavioral health stabilization services-specialized psychiatric services, community guide, emergency assistance, environmental accessibility adaptations, individualized technical assistance, sexual deviancy evaluation, skilled nursing, specialized medical equipment and supplies, specialized psychiatric services, staff/family consultation and training, and transportation for individuals with developmental disabilities (DD) ages 0 – no maximum age.

**WA COPES (0049.R07.00)**
- Provides adult day health, home health aide, personal care, adult day care, client support training, community transition, environmental modification, home delivered meals, nurse delegation, personal emergency response, skilled nursing, specialized medical equipment and supplies, and transportation for aged individuals ages 65 - no maximum age and physical and other disabilities ages 18-64.
WA Individual and Family Services (1186.R00.00)

Provides respite, occupational therapy (OT), physical therapy (PT), speech/hearing/language, assistive technology, behavior support and consultation, behavioral health stabilization services-behavior support and consultation, behavioral health stabilization-specialized psychiatric services, community engagement, environmental accessibility modification, nurse delegation, peer mentoring, person-centered planning facilitation, psychosexual evaluation, skilled nursing, specialized clothing, specialized medical equipment and supplies, specialized nutrition, specialized psychiatric services, staff/family consultation and training, supported parenting services, therapeutic equipment and supplies, transportation, and vehicle modification for developmentally disabled (DD) individuals ages 3 to no maximum age.
WA Children’s Intensive In-Home Behavioral Support (CIIBS) Waiver (40669.R01.00)
State Operating Agency: Aging and Disability Services Administration (ADSA)/Division of Developmental Disabilities (DDD), within the WA Department of Social and Health Services (DSHS)

Description
This waiver is meant to help children and youth remain living in their family home while difficult behavioral issues are addressed through the evidence-based practice of Positive Behavior Support and Wraparound service delivery. The likelihood of achieving lasting positive outcomes for children increases if positive outcomes are also achieved for the family members supporting the child.

Upon enrollment, families select a contracted behavior specialist of their choice and work together to develop a positive behavior support plan tailored to the individual needs and characteristics of the child and family. Families are actively involved in supporting their child and addressing behaviors through the agreed upon interventions. Families assist in building a support team for their child including the child, parents/guardians, natural supports, waiver service providers, school staff and other involved professionals. Waiver case managers will facilitate these support team meetings, which will occur every month for the first three months of enrollment and at least quarterly thereafter.

Services include: personal care, respite, occupational therapy (OT), physical therapy (PT), speech/hearing/language, assistive technology, behavior management/consultation, behavioral health stabilization-specialized psychiatric services, behavioral health stabilization-behavior support and consultation, behavioral health stabilization-behavioral health crisis diversion bed services, nurse delegation, environmental accessibility adaptations, sexual deviancy evaluation, specialized clothing, specialized medical equipment and supplies, specialized nutrition, specialized psychiatric services, staff/family consultation/training, therapeutic equipment and supplies, transportation, and vehicle modifications.

Services will be provided through contracted vendors with the emphasis on in-home services. The core service is the positive behavior supports in the family environment and respite services to provide regularly scheduled caregiving breaks.

Waiver Type
1915 (c)

Target Population-Eligibility
Individuals between the age of 8 and 20 years old who have been diagnosed with a developmental disability as defined using an algorithm from the DDD Assessment. The algorithm uses client, caregiver, and backup caregiver characteristics to identify children at high risk for out-of-home placement. (Note: If child is in another program, such as a waiver or Individual Family Services (state funded program), the case manager will assist the family to determine how to meet identified needs through current program resources. If the child’s assessed needs exceed the scope of their current program, they will be given first priority for enrollment.) Participants in the CIIBS waiver will be transitioned to one of the other 4 DDA waivers or another available program at the age of 21.

Level of Care
Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

Respite Services
Short-term, intermittent relief to persons normally providing care for the participant; provided both in-home and out-of-home. A provider of in-home respite is not precluded from taking the client into the community while providing respite. Federal financial participation will be claimed for room and board when out-of-home respite is provided in the following licensed staffed residential settings: Adult Family Home, Child Foster Care Home, Child Foster Group Care, Adult Residential Care Center, and Group Care Home. Respite under CIIBS is limited to participants under age 18 living with their natural, step, or adoptive parent(s) or of any age living with a family caregiver when no one living them is paid to provide their personal care services.

The following limitations apply to respite care services: the DDD assessment determines how much respite an individual can receive; respite cannot replace daycare while a parent or guardian is at work; and/or personal care hours available to the individual. When determining unmet need, DDD will first consider the personal care hours available to the individual; respite may be provided in the family home. If provided in a private home other than a family member’s home, the home must be licensed.
and services provided in accordance with the license. Respite providers may accompany members into
the community as a part of the service (for example attend the movies, go to a park, eat at a
restaurant, etc.). Respite also may be provided in a community-based setting, such as a camp or a parks
and recreation facility; the primary caregiver (the beneficiary of the relief) cannot provide paid respite
services during the time they are receiving the respite break; DDD cannot pay for fees associated with
the respite care; for example, membership fees at a recreational facility, or insurance fees.

| Respite Provider Eligibility | Provider eligibility and information can be found via the Developmental Disabilities Administration
| Caregiver Eligibility | Respite services may be provided by a relative or legal guardian, but not by a legally responsible person. |
| Enrollment Limit | 100: Year ending 08/31/2016 |
| How to Apply | To request enrollment in a DDA HCBS Waiver or to request to move from one DDA HCBS Waiver to another, you may request in writing by using https://www.dshs.wa.gov/sites/default/files/FSA/forms/pdf/15-282a.pdf. To make a verbal request, contact your regional office by telephone (regional office telephone numbers can be located on the last page of this application using https://www.dshs.wa.gov/sites/default/files/FSA/forms/pdf/15-282a.pdf). |
| Contact Information | Other basic Home and Community-based Waiver information can be found here https://www.dshs.wa.gov/sites/default/files/SESA/publications/documents/22-605.pdf. Contact the Developmental Disabilities Administration central office at (360)-725-3413 for any additional questions. |
| Expiration Date | 08/31/2017 |
| Date of Last Update | 10/23/2015 |
**WA Core Waiver (0410.R02.00)**  
**State Operating Agency:** Aging and Disability Services Administration (ADSA)/Division of Developmental Disabilities (DDD), within the WA Department of Social and Health Services (DSHS)

<table>
<thead>
<tr>
<th>Description</th>
<th>The goal of the Core Waiver is to support individuals (who require the level of care provided in an ICF/ID) who choose to live in their community. This is accomplished by coordination of natural supports, community resources/services, Medicaid services and services available via the waiver. The services provided by this waiver include: community access, community guide, community transition, individual/group supported employment, personal care, prevocational services, residential habilitation, respite, occupational therapy (OT), physical therapy (PT), speech/hearing/language services, behavior support and consultation, behavioral health stabilization, crisis diversion bed services, specialized psychiatric services, environmental accessibility adaptations, individualized technical assistance, sexual deviancy evaluation, skilled nursing, specialized medical equipment and supplies, specialized psychiatric services, staff/family consultation and training, and transportation.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Waiver Type</strong></td>
<td>1915 (c)</td>
</tr>
<tr>
<td><strong>Target Population-Eligibility</strong></td>
<td>Individuals of all ages diagnosed with a developmental disability. They require residential habilitation services or live at home, but are at immediate risk of out of home placement due to one or more of the following extraordinary needs: The individual has extreme and frequently occurring behavior challenges resulting in danger to health or safety or; has had 18 or more days of inpatient psychiatric care in the past 12 months or; the individual lives in an ICF/ID and requests community placement, or; the person requires daily to weekly one-on-one support, supervision and 24-hour access to trained others to meet basic health and safety needs.</td>
</tr>
<tr>
<td><strong>Level of Care</strong></td>
<td>Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).</td>
</tr>
<tr>
<td><strong>Respite Services</strong></td>
<td>Respite is short term intermittent relief for persons normally providing care for waiver individuals. Respite is expected to occur throughout the plan year. Utilization cannot exceed 14 days per month. Respite is limited to individuals who: live in a private home and no one living with them is paid to provide personal care services to them; are age eighteen or older and live with a paid personal care provider who is their natural, step or adoptive parent; are under the age of eighteen and live with their natural, step or adoptive parent and their paid personal care provider also lives with them; or live with the caregiver who is paid by DDD to provide supports as a contracted companion home provider or a licensed children’s foster home provider. Respite care can be provided in the following location(s): individual's home/place of residence; relative's home; licensed children’s foster home; licensed, contracted and DDD certified group home; licensed assisted living facility contracted as an adult residential center; adult residential rehabilitation center; licensed and contracted adult family home; children's licensed group home, licensed staffed residential home, or licensed childcare center; or other community settings such as camp, senior center, or adult day care center. Additionally, the respite provider may take the individual into the community during respite services. Respite cannot replace: daycare while a parent or guardian is at work; and/or personal care hours. When determining unmet need, DDD will first consider personal care hours available to the individual.</td>
</tr>
<tr>
<td><strong>Respite Provider Eligibility</strong></td>
<td>Provider eligibility and information can be found via the Developmental Disabilities Administration website <a href="https://www.dshs.wa.gov/dda/counties-and-providers/residential-provider-resources">https://www.dshs.wa.gov/dda/counties-and-providers/residential-provider-resources</a>.</td>
</tr>
<tr>
<td><strong>Caregiver Eligibility</strong></td>
<td>Respite services may be provided by a relative or legal guardian, but not by a legally responsible person.</td>
</tr>
<tr>
<td><strong>Enrollment Limit</strong></td>
<td>4291: Year ending 08/31/2016</td>
</tr>
</tbody>
</table>
**How to Apply**

To request enrollment in a DDA HCBS Waiver or to request to move from one DDA HCBS Waiver to another, you may request in writing by using [https://www.dshs.wa.gov/sites/default/files/FSA/forms/pdf/15-282a.pdf](https://www.dshs.wa.gov/sites/default/files/FSA/forms/pdf/15-282a.pdf).

To make a verbal request, contact your regional office by telephone (regional office telephone numbers can be located on the last page of this application using this [https://www.dshs.wa.gov/sites/default/files/FSA/forms/pdf/15-282a.pdf](https://www.dshs.wa.gov/sites/default/files/FSA/forms/pdf/15-282a.pdf)).

**Contact Information**


**Link to Waiver Application**

[https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/Core%20Waiver%20Renewal%20Request.pdf](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/Core%20Waiver%20Renewal%20Request.pdf)

**Expiration Date** 08/31/2017

**Date of Last Update** 09/25/2015
WA Basic Plus Waiver (0409.R02.00)
State Operating Agency: Aging and Disability Services Administration (ADSA)/Division of Developmental Disabilities (DDD)

Description
This waiver program is aimed toward supporting the families/caregivers to continue caring for the participant who is at risk for out of home placement due to: the individual needs some support to maintain his/her home or to participate successfully in the community; the individual has physical assistance needs or medical problems requiring extra care; the individual has behavioral episodes which challenge the family/caregiver’s ability to support them; or the family/caregiver needs temporary or ongoing support due to his or her own physical, medical or psychiatric disability, to continue helping the individual.

This waiver provides: community access, individual supported employment/group supported employment, personal care, prevocational services, respite, occupational therapy (OT), physical therapy (PT), speech/hearing/language services, adult dental, adult family home, adult residential care, behavior support and consultation, behavioral health stabilization services-behavioral health crisis diversion bed services, specialized psychiatric services, community guide, emergency assistance, environmental accessibility adaptations, individualized technical assistance, sexual deviancy evaluation, skilled nursing, specialized medical equipment and supplies, specialized psychiatric services, staff/family consultation and training, and transportation.

Waiver Type
1915 (c)

Target Population-Eligibility
Individuals of all ages who have been diagnosed with a developmental disability, that originated before age eighteen, and are at high risk of out of home placement or loss of current living situation due to: founded abuse, neglect or exploitation of the individual within the last six months; return from out of home placement within the previous six months; a serious medical problem requiring close monitoring or specialized treatment (e.g. nursing services); dual diagnosis of developmental disability and major mental illness or substance abuse; challenging behavior resulting in danger to health or safety; family/care giver needs significant help to provide direct physical assistance needed to assure the health and safety of the individual; the individual has substantial functional limitations resulting in a need for frequent assistance to maintain his/her home and to successfully participate in the community; or the individual has protective supervision needs due to impaired judgment.

Level of Care
Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

Respite Services
Respite is short term intermittent relief for persons normally providing care for waiver individuals. Respite is expected to occur throughout the plan year. Utilization cannot exceed 14 days per month.

Respite is limited to individuals who: live in a private home and no one living with them is paid to provide personal care services to them; are age eighteen or older and live with a paid personal care provider who is their natural, step or adoptive parent; are under the age of eighteen and live with their natural, step or adoptive parent and their paid personal care provider also lives with them; or live with the caregiver who is paid by DDD to provide supports as a contracted companion home provider or a licensed children’s foster home provider.

Respite care can be provided in the following location(s): individual's home/place of residence; relative's home; licensed children's foster home; licensed, contracted and DDD certified group home; licensed assisted living facility contracted as an adult residential center; adult residential rehabilitation center; licensed and contracted adult family home; children's licensed group home, licensed staffed residential home, or licensed childcare center; or other community settings such as camp, senior center, or adult day care center. Additionally, the respite provider may take the individual into the community during respite services.

Respite cannot replace: daycare while a parent or guardian is at work; and/or personal care hours. When determining unmet need, DDD will first consider personal care hours available to the individual.
<table>
<thead>
<tr>
<th>Respite Provider Eligibility</th>
<th>Provider eligibility and information can be found via the Developmental Disabilities Administration website: <a href="https://www.dshs.wa.gov/dda/counties-and-providers/residential-provider-resources">https://www.dshs.wa.gov/dda/counties-and-providers/residential-provider-resources</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregiver Eligibility</td>
<td>Respite services may be provided by a relative or legal guardian, but not by a legally responsible person.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>8233: Year ending 08/31/2016</td>
</tr>
<tr>
<td>How to Apply</td>
<td>To request enrollment in a DDA HCBS Waiver or to request to move from one DDA HCBS Waiver to another, you may request in writing by using <a href="https://www.dshs.wa.gov/sites/default/files/FSA/forms/pdf/15-282a.pdf">https://www.dshs.wa.gov/sites/default/files/FSA/forms/pdf/15-282a.pdf</a>. To make a verbal request, contact your regional office by telephone (regional office telephone numbers can be located on the last page of this application using this <a href="https://www.dshs.wa.gov/sites/default/files/FSA/forms/pdf/15-282a.pdf">https://www.dshs.wa.gov/sites/default/files/FSA/forms/pdf/15-282a.pdf</a>)</td>
</tr>
<tr>
<td>Contact Information</td>
<td>Other basic Home and Community-based Waiver information can be found here <a href="https://www.dshs.wa.gov/sites/default/files/SESA/publications/documents/22-605.pdf">https://www.dshs.wa.gov/sites/default/files/SESA/publications/documents/22-605.pdf</a>. Contact the Developmental Disabilities Administration central office at (360)-725-3413 for any additional questions.</td>
</tr>
<tr>
<td>Expiration Date</td>
<td>08/31/2017</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>09/25/2015</td>
</tr>
</tbody>
</table>
Washington

WA COPES (0049.R07.00)

State Operating Agency: WA State Department of Social and Health Services (DSHS) through the Aging and Long-Term Support Administration (ALTSA)

Description

The goal of this waiver is to support participants in their own homes or in residential settings rather than in a nursing facility or other more restrictive settings. The objective of the waiver is to develop and implement supports and services to successfully maintain individuals in their homes and communities. Each applicant participates in completing an individual assessment and developing a written plan of care that is tailored to meet their individual needs.

Services include adult day health, home health, personal care, adult day care, client support training, community transition, environmental modification, home delivered meals, nurse delegation, personal emergency response, skilled nursing, specialized medical equipment and supplies, and transportation. Individuals may choose to self-direct their personal care service providers.

Waiver Type

1915 (c)

Target Population-Eligibility

Individuals 18 to 64 years old who are diagnosed with a physical or other disability as well as individuals 65 years old or older. This waiver is for individuals who receive waiver services in their homes or in a residential facility such as a licensed Adult Family Home or licensed Assisted Living Facility, (i.e., Enhanced Adult Residential Care provider or Assisted Living provider).

Level of Care

Individuals require level of care available in a nursing facility.

Respite Services

There are no respite services provided by this waiver. However, Adult Day Care services are provided in an adult day care center. These include provision of personal care; routine health monitoring with consultation from a registered nurse; general therapeutic activities; general health education; and supervision and/or protection for at least four hours a day but less than twenty-four hours a day in a group setting on a continuing, regularly scheduled basis. Services also include: provision of recipient meals as long as meals do not replace nor be a substitute for a full day’s nutritional regime; and programming and activities designed to meet participants’ physical, social and emotional needs.

Adult Day Care shall be included in a participant’s approved plan of care only when the participant: has mild to moderate dementia and/or is chronically ill or disabled; is socially isolated and/or confused; has significant risk factors when left alone during the day; needs assistance with personal care; and will benefit from an enriched socially supportive experience.

Personal care service hours are reduced 30 minutes for each hour of Adult Day Care service in order to avoid duplication of personal care services since it is assumed that some personal care tasks will be met by Adult Day Care services. Adult Day Care services may not be duplicative of any other waiver service.

Respite Provider Eligibility

Information on provider eligibility can be found here https://www.dshs.wa.gov/altsa/long-term-care-professionals-providers

Caregiver Eligibility

Services may not be provided by a legally responsible person, a relative, or a legal guardian.

Enrollment Limit

42,328: Year ending 03/31/2016

How to Apply


Contact Information

For more information, contact the Home and Community Services Division of Aging and Long-term Support Administration at (360) 725-2531.

Link to Waiver Application

Link to application unavailable

Expiration Date

03/31/2019

Date of Last Update

09/25/2015
Description
The IFS Waiver is a partnership between the Developmental Disabilities Administration (DDA) and families to: support DDA-eligible individuals living in the family home; provide waiver participants/families with a choice of services; and allow individuals more control over the resources allocated to them. Services provided by this waiver include: respite, occupational therapy (OT), physical therapy (PT), speech/hearing/language, assistive technology, behavior support and consultation, behavioral health stabilization services—behavior support and consultation, behavioral health stabilization—specialized psychiatric services, community engagement, environmental accessibility modification, nurse delegation, peer mentoring, person-centered planning facilitation, psychosexual evaluation, skilled nursing, specialized clothing, specialized medical equipment and supplies, specialized nutrition, specialized psychiatric services, staff/family consultation and training, supported parenting services, therapeutic equipment and supplies, transportation, and vehicle modification.

Waiver Type
1915 (c)

Target Population-Eligibility
Individuals 3 years old or older who have been diagnosed with a developmental disability. The family/caregiver's ability to continue caring for the individual may be at risk but can be continued with the addition of services. Risk may be due to: the individual needs some support to participate successfully in the community; the individual has physical assistance needs or medical problems requiring extra care; the individual has behavioral episodes which challenge the family/caregiver's ability to support them; or the family/caregiver needs temporary or ongoing support to continue helping the individual remain in the family home.

Level of Care
Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

Respite Services
Short-term intermittent relief for persons who normally provide care for and live with the waiver participant. It is also short-term intermittent relief for waiver participants from persons who normally provide care for and live with the waiver participant. Respite care includes personal care services, authorized household tasks and protective supervision as specified in the waiver participant’s individual support plan. The following identify waiver participants who are eligible to receive respite care: The waiver participant lives in her/his family home and no person living with her/him is contracted by DSHS to provide the waiver participant with a service; the waiver participant lives with a family member who is her/his primary caregiver and who is a contracted provider by DSHS to provide her/him with a service; or the waiver participant lives with a caregiver who is paid by DDA to provide supports as: (a) a contracted companion home provider; or (b) a licensed children’s foster home provider.

Respite care can be provided in the following locations: waiver participant’s home or place of residence; Relative’s home; Licensed children’s foster home; Licensed, contracted and DDA certified group home; Licensed assisted living facility contracted as an adult residential center; Adult residential rehabilitation center; Licensed and contracted adult family home; Children’s licensed group home, licensed staffed residential home, or licensed childcare center; Other community settings such as camp, senior center, community organizations, informal clubs, libraries or adult day care center.

Additionally, the waiver participant’s respite care provider may take her/him into the community while providing respite services. The maximum amount of respite that can be received in a month is 14 days. An assessment algorithm determines the need for respite on an annual basis. The use of respite in any given month is determined by the individual based on her/his need that month and the amount of funding available to them annually.

Respite Provider Eligibility
Provider eligibility and information can be found via the Developmental Disabilities Administration website [http://www.hca.wa.gov/medicaid/providerenroll/pages/enroll.aspx](http://www.hca.wa.gov/medicaid/providerenroll/pages/enroll.aspx)
### Caregiver Eligibility
Respite services may be provided by a relative or legal guardian, but not by a legally responsible person. Someone who lives with the waiver participant may be the respite provider as long as she or he is not the person who normally provides care for the individual and is not contracted to provide any other DSHS paid service to the individual.

### Enrollment Limit
3000: Year ending 05/31/2016

### How to Apply
You may contact your DDA Case Resource Manager to request IFS program services. If you meet the IFS eligibility criteria, you will be placed on the IFS request list. You will receive written notification of DDA’s approval or denial along with your administrative hearing rights. If you do not have a DDA Case Manager, contact your regional office [https://www.dshs.wa.gov/sites/default/files/SESA/publications/documents/22-038.pdf](https://www.dshs.wa.gov/sites/default/files/SESA/publications/documents/22-038.pdf).

### Contact Information
For more information about the Individual and Family Services Waiver, contact the program manager at: [ifsinfo@dshs.wa.gov](mailto:ifsinfo@dshs.wa.gov) or (360) 725-3415.

### Link to Waiver Application
[https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/DDA%201915%20Individua...Effective%20June%202015.pdf](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/DDA%201915%20Individua...Effective%20June%202015.pdf)

### Expiration Date
05/31/2019

### Date of Last Update
09/25/2015
Managed Care 1915(b) and/or Home and Community-Based 1915(c) Waivers for Respite Support

Medicaid is a program in every state that pays for medical assistance for certain individuals and families with low incomes and resources. It is the largest source of funding for medical and health-related services for America’s poorest people. Because Medicaid is funded jointly by the federal and state governments, the services paid for vary from state to state. In addition to medical services, Medicaid will pay for home and community-based services (HCBS) through the state plan as well as through Medicaid waivers that offer services as a lower-cost alternative to treatment in a medical or long term care facility, such as a nursing home. Respite is usually paid for through one or more of the following types of waivers: research and demonstration (1115), managed care (1915b) and HCBS (1915c) waiver programs. This state’s Medicaid waivers that include respite are:

**WV Intellectual and Developmental Disabilities Waiver (0133.R05.00)**

Provides facility based day habilitation, participant-centered support, respite, service coordination, supported employment, fiscal management services-participant-directed, crisis services, dietary therapy, electronic monitoring/surveillance system and on-site response, environmental accessibility adaptations-home, environmental accessibility adaptations-vehicle, goods and services-participant-directed, occupational therapy (OT), physical therapy (PT), positive behavioral support professional, skilled nursing-nursing services by a LPN, skilled nursing-nursing services by a LRN, speech therapy, therapeutic consultant, and transportation for individuals with intellectual and developmental disabilities (ID/DD) ages 0 - no maximum age.
WV Intellectual and Developmental Disabilities Waiver (IDDW) (0133.R05.00)

State Operating Agency: West Virginia Department of Health and Human Resources, Bureau for Medical Services

Description

Services are provided in community settings of the individual's choice and may include living with their family, in their own home, in foster care settings for individuals with intellectual and/or developmental disabilities or in smaller settings leased by the individual or in larger congregate settings of 4 or more (i.e. licensed group homes). Any site owned or leased by an IDDW provider or having more than 3 people living together must be licensed by the Office of Health Facility Licensure and Certification and meet all of the characteristics of an integrated setting as defined by the Centers for Medicare and Medicaid. The goal of the IDDW program is to provide services through which qualifying individuals may receive person-centered services and supports in the least restrictive manner in the community. All individuals are assessed annually and assigned an individualized budget. All services purchased must be within the individualized assigned budget.

Services provided by this waiver include: facility based day habilitation, participant-centered support, respite, service coordination, supported employment, fiscal management services-participant-directed, crisis services, dietary therapy, electronic monitoring/surveillance system and on-site response, environmental accessibility adaptations-home, environmental accessibility adaptations-vehicle, goods and services-participant-directed, occupational therapy (OT), physical therapy (PT), positive behavioral support professional, skilled nursing-nursing services by a LPN, skilled nursing-nursing services by a LRN, speech therapy, therapeutic consultant, and transportation.

The IDDW offers both traditional and self-directed service options. The traditional method of service delivery is provided by qualified enrolled IDDW providers, both profit and not-for-profit. The self-directed method of service delivery is provided by one Government/Subagent which provides Financial Management Service (FMS) and Information and Referral (Resource Consulting).

Waiver Type 1915(c)

Target Population-Eligibility

The applicant must be a West Virginia resident, be at least 3 years of age, have a diagnosis of intellectual disability with concurrent substantial deficits manifested prior to age 22 or a related condition which constitutes a severe and chronic disability with concurrent substantial deficits manifested prior to age 22, and meet financial eligibility. Applicants must choose home and community-based services over those provided in an institution.

Examples of related conditions which may, if severe and chronic in nature, make an individual eligible for the IDDW program include but are not limited to, the following: Autism; Traumatic Brain Injury; Cerebral Palsy; Spina Bifida; and Any condition, other than mental illness, found to be closely related to an intellectual disability because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of persons with an intellectual disability, and requires services similar to those required for persons with intellectual disability.

Additionally, the applicant who has a diagnosis of an intellectual disability or a severe related condition with associated concurrent adaptive deficits must meet the following requirements: Likely to continue indefinitely; and, must have the presence of at least 3 substantial deficits out of the 6 identified major life areas: Self-care; Receptive or expressive language (communication); Learning (functional academics); mobility; Self-direction; and, Capacity for independent living.

Level of Care

Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

Respite Services

In-Home Respite services provided in the person's natural family home or Specialized Family Care Home where the person receiving services resides by awake and alert Direct Support Professionals are specifically designed to provide temporary substitute care normally provided by a family member or a Specialized Family Care Provider. The services are to be used for relief of the primary caregiver(s) to help prevent the breakdown of the primary care-giver(s) due to the physical burden and emotional stress of providing continuous support and care to the dependent person who receives services. In-Home Respite services consist of temporary care services for a person who cannot provide for all of...
their own needs. Persons providing Respite services may participate in person-centered planning.

In-Home Respite services may be used to: allow the primary care-giver to have planned time from the caretaker role; provide assistance to the primary care-giver in crisis and emergency situations; ensure the physical and/or emotional well-being of the primary care-giver by temporarily relieving them of the responsibility of providing care.

Out-of-Home Respite services are services provided to the person receiving services out of their home and in a certified Specialized Family Care Home by awake and alert Direct Support Professionals are specifically designed to provide temporary substitute care normally provided by a family member or a Specialized Family Care Provider. IDDW agencies may also provide the service in the local public community or at a licensed site. The services are to be used for relief of the primary care-giver(s) to help prevent the breakdown of the primary care-giver(s) due to the physical burden and emotional stress of providing continuous support and care to the dependent person who receives services. Out-of-Home Respite services consist of temporary care services for a person who cannot provide for all of their own needs. Persons providing Respite services may participate in person-centered planning.

Out-of-Home Respite services may be used to: allow the primary care-giver to have planned time from the caretaker role; provide assistance to the primary care-giver in crisis and emergency situations; ensure the physical and/or emotional well-being of the primary care-giver by temporarily relieving them of the responsibility of providing care; and support the person who receives services while the primary care-giver works outside the home.

### Respite Provider Eligibility
For information on providers and becoming a provider for this waiver consult the I/DD Waiver Provider Information page [http://www.dhhr.wv.gov/bms/Programs/WaiverPrograms/IDDW/IDDProviderinfo](http://www.dhhr.wv.gov/bms/Programs/WaiverPrograms/IDDW/IDDProviderinfo).

### Caregiver Eligibility
*In-Home Respite* and *Out-of-Home Respite* may be provided by a relative but may not be provided by a legally responsible person or legal guardian.

### Enrollment Limit
4634: Year ending 06/30/2016

### How to Apply
For information on how to apply to this waiver click here [http://www.dhhr.wv.gov/bms/Programs/Documents/IDD](http://www.dhhr.wv.gov/bms/Programs/Documents/IDD). For the application click here [http://www.dhhr.wv.gov/bms/Programs/Documents/IDDAplication.pdf](http://www.dhhr.wv.gov/bms/Programs/Documents/IDDAplication.pdf).

### Contact Information
Contact the Program Manager at (304)-356-4853 or the Utilization Management Organization at either (866) 385-8920 or (304) 380-0617.

### Link to Waiver Application
Link to application unavailable

### Expiration Date
06/30/2020

### Date of Last Update
10/23/2015
Wisconsin Department of Health Services
1 West Wilson Street
Madison, WI 53703
https://www.dhs.wisconsin.gov/

Managed Care 1915(b) and/or Home and Community-Based 1915(c) Waivers for Respite Support

Medicaid is a program in every state that pays for medical assistance for certain individuals and families with low incomes and resources. It is the largest source of funding for medical and health-related services for America’s poorest people. Because Medicaid is funded jointly by the federal and state governments, the services paid for vary from state to state. In addition to medical services, Medicaid will pay for home and community-based services (HCBS) through the state plan as well as through Medicaid waivers that offer services as a lower-cost alternative to treatment in a medical or long term care facility, such as a nursing home. Respite is usually paid for through one or more of the following types of waivers: research and demonstration (1115), managed care (1915b) and HCBS (1915c) waiver programs. This state’s Medicaid waivers that include respite are:

**WI Self Directed Support Waiver-DD (0484.R01.00)**
Provides adult day care, daily living skills training, IRIS consultant services, live-in caregiver, prevocational, respite, supported employment, nursing, fiscal employer agent services, 1-2 bed adult family home, 3-4 bed adult family home, adaptive aids, community-based residential facilities (CBRF), communication aids vendors/interpreter, consumer education and training, counseling and therapeutic services, customized goods and services, day services, home delivered meals, home modification, housing counseling, personal emergency response systems (PERS), relocation housing start up and related utility costs, residential care apartment complex, specialized medical equipment and supplies, specialized transportation 2, specialized transportation, support broker, supportive home care, and vocational futures planning for aged individuals 65 – no maximum age, individuals with developmental and intellectual disabilities (DD/IID) ages 18 - no maximum age, and individuals with physical disabilities ages 18-64.

**WI SDS – Elderly and Physically Disabled (0485.R01.00)**
Provides adult day care, daily living skills training, IRIS Consultant Services, live-in caregiver, prevocational services, respite, supported employment, nursing, 1-2 bed adult family home, 3-4 bed adult family home, adaptive aids, community-based residential facilities (CBRF), communication aids vendors/interpreter, consumer education and training, counseling and therapeutic services, customized goods and services, day services, home delivered meals, home modification, housing counseling, personal emergency response systems (PERS), relocation housing start up and related utility costs, residential care apartment complex, specialized medical equipment and supplies, specialized transportation 2, specialized transportation, support broker, supportive home care, and vocational futures planning for aged individuals 65 years – no maximum age, physically disabled ages 18-64.

**WI Children’s Long Term Support Developmental Disability Waiver (0414.R02.00)**
Provides consumer education and training, day services, respite, support and service coordination, supported employment, supportive home care, consumer and family directed supports, fiscal management services, adaptive aids, adult family home, children's foster care/treatment foster care, communication aids, community integration, consultative behavioral intervention, counseling and therapeutic services, daily living skills training, early intensive behavioral intervention, home modification, housing counseling, housing start up, mentoring, nursing, personal emergency response systems (PERS), specialized transportation, and specialized medical and therapeutic supplies for individuals with autism, developmental disorders (DD), and/or intellectual disorders (ID) ages 0-21.

**WI Children’s Long Term Support SED Waiver (0415.R02.00)**
Provides consumer education and training, day services, respite, support and service coordination, supported employment, supportive home care, consumer and family directed supports, financial management services, adaptive aids, adult family home, children’s foster care/treatment foster care, communication aids, community integration, consultative behavioral intervention, counseling and therapeutic services, daily living skills training, early intensive behavioral intervention, home modification,
housing counseling, housing start up, mentoring, nursing, personal emergency response systems (PERS), specialized transportation, and specialized medical and therapeutic supplies for individuals with serious emotional disturbances (SED) ages 0-21.

**WI Community Integration Program-DD (0229.R04.00)**

Provides daily living skills training, live-in caregiver, prevocational, respite, supported employment, adaptive aids, adult day care, adult family home 1-2 bed, adult family home 3-4 bed, community-based residential facilities (CBRF), communication aids, consumer education and training, counseling and therapeutic services, day services for adults, financial management services, home delivered meals, home modification, housing counseling, housing start-up, nursing, personal emergency response systems (PERS), self-directed supports, specialized medical and therapeutic supplies, specialized transportation 1, support and service coordination, and supportive home care for individuals with intellectual and/or developmental disabilities (IID/DD) ages 18 - no maximum age.

**WI Family Care Waiver Renewal 2015 (0367.R03.00)**

Provides adult day care, case management, daily living skills training, day habilitation, prevocational, respite, supported employment-individual employment support, consumer directed supports (self-directed supports) broker, financial management services, adaptive aids, adult residential care-1-2 bed adult family homes, adult residential care-3-4 bed adult family homes, adult residential care-community-based residential facilities, adult residential care-residential care apartment complexes, assistive technology/communication aids, consultative clinical and therapeutic services for caregivers, consumer education/training, counseling and therapeutic resources, environmental accessibility adaptations (home modification), home delivered meals, housing counseling, personal emergency response services (PERS), relocation services, self-directed personal care, skilled nursing services RN/LPN, specialized medical equipment and supplies, supported employment-small group employment support, supportive home care, training services for unpaid caregivers, transportation (specialized transportation)-community transportation, transportation (specialized transportation)-other transportation, and vocational futures planning and support for aged individuals ages 65 - no maximum age, physically disabled/disabled other ages 18-64, and developmentally and/or intellectually disabled (DD/DD) individuals ages 18 – no maximum age.

**WI Community Options Program (0154.R05.00)**

Provides adult day care, care management, daily living skills training, prevocational, respite, adaptive aids, adult day, adult family home-1-2 beds, adult family home-3-4 beds, community-based residential facility, community supported living, consumer education and training, counseling/therapeutic services, financial management services, home delivered meals, home modification, housing counseling, housing start up, nursing services, PERS, relocation related housing start-up, relocation related utilities, residential care apartment complex, self-directed supports, specialized medical and therapeutic supplies, specialized transportation, supported employment, supportive home care, vocational futures planning for aged individuals 65 - no max age and physically disabled individuals 18-64

**WI Children’s Long Term Support Physical Disabilities Waiver**

Provides consumer education and training, day services, respite, support and service coordination, supported employment, supportive home care, consumer and family directed supports, financial management services (FMS), adaptive aids, adult family home, children’s foster care/treatment foster care-PD, communication aids, community integration, counseling and therapeutic services, daily living skills training, home mods, housing counseling, housing start up, mentoring, nursing, personal emergency response systems (PERS), specialized transportation, and specialized medical and therapeutic supplies for individuals ages 0 - 21 with physical and other disabilities.
The Department has laid out a framework for a self-directed support waiver program as an alternative to managed care. This waiver is part of this framework and will provide eligible consumers the choice of a fully self-directed Medicaid Home and Community-Based Services Waiver. IRIS implementation is synchronized with Family Care expansion. As Family Care begins in a county, IRIS will also be available in that county. When people are given the opportunity to enroll in long-term supports, the ADRC offers unbiased option counseling related to IRIS and Family Care. The IRIS participant, and any person or persons providing assistance with self-direction, will receive information and individualized assistance from an IRIS Consultant. Each person who chooses to participate in IRIS meets with an IRIS Consultant to receive orientation information about SDS, the waiver services available, the services covered by the MA card and the requirements for content of the individual support and service plan.

Services provided by this waiver include: adult day care, daily living skills training, IRIS consultant services, live-in caregiver, prevocational, respite, supported employment, nursing, fiscal employer agent services, 1-2 bed adult family home, 3-4 bed adult family home, adaptive aids, community-based residential facilities (CBRF), communication aids vendors/interpreter, consumer education and training, counseling and therapeutic services, customized goods and services, day services, home delivered meals, home modification, housing counseling, personal emergency response systems (PERS), relocation housing start up and related utility costs, residential care apartment complex, specialized medical equipment and supplies, specialized transportation 2, specialized transportation, support broker, supportive home care, and vocational and futures planning.

<table>
<thead>
<tr>
<th>Waiver Type</th>
<th>1915 (c); operates in conjunction with section 1915(j)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target Population-Eligibility</td>
<td>Aged individuals 65 – no maximum age, individuals with developmental and intellectual disabilities (DD/IID) ages 18 - no maximum age, and individuals with physical disabilities ages 18-64.</td>
</tr>
<tr>
<td>Level of Care</td>
<td>Individuals require the level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID).</td>
</tr>
<tr>
<td>Respite Services</td>
<td>Respite care services are those services that provided to a waiver eligible participant on a short-term basis, to relieve the participant’s primary caregiver(s) from care demands. Respite care services may be provided in a residential setting, the home of the participant, or in another community setting such as the respite provider’s home. <em>Residential Respite:</em> may be provided in the following allowable settings: Adult Family Home certified for one or two persons; Adult Family Home licensed for three or four persons; Community-based Residential Facility; Residential Care Complex. Residential respite may include overnight stays by the participant. Costs for room and board in these settings may be included in the charge to the waiver program. The actual length of the respite stay must be specified in the participant record. <em>Home Based Respite:</em> When respite care service is provided in the home of the participant it is defined as Home Based Respite. Home based respite care services may be provided in partial day or overnight increments. The actual length of the respite stay must be specified in the participant record. The standards for respite provided within an individual’s home are determined primarily by the participant and/or their legal decision-maker. However, the respite provider would still be subject to a background check the same as other providers. <em>Other setting Respite:</em> Other Setting Respite services may be provided in a home other than the home of the participant. Services may involve overnight or partial day stays by the participant. The actual length of the respite stay must be specified in the participant record. The standards for respite provided within an individual’s home are determined primarily by the participant and/or their legal decision-maker. However, the respite provider would still be subject to a background check the same as the other providers.</td>
</tr>
</tbody>
</table>
The receipt of respite precludes the participant from receiving other waiver services such as adult day care, nursing services, and supportive home care on the same day the participant receives respite care, unless there is clear documentation that the hours of service were delivered at distinct times from respite services.

**Respite Provider Eligibility**
The following agencies may provide respite: CBRF - Certified according to Administrative Rule HFS 83; RCAC - Administrative Rule HFS 89; Adult Family Home - 1 to 2 Bed, Individuals home or home of some other person a 1 – 2 bed home – Administrative Rule HFS 83 or a 3 – 4 bed home – Administrative Rule HFS 88

**Caregiver Eligibility**
*Residential, Home-Based, and Other-Setting Respite* may be provided by a legal guardian, relative or legally responsible individual.
The standards for respite provided within an individual's home are determined primarily by the participant and/or their legal decision-maker. However, the respite provider would still be subject to a background check the same as their providers.

**Enrollment Limit**
2984: Year ending 12/31/2015

**How to Apply**
For information on how to apply for the IRIS Program, contact your local Aging and Disability Resource Center (ADRC).
Information can be found at [https://www.dhs.wisconsin.gov/iris/index.htm](https://www.dhs.wisconsin.gov/iris/index.htm)
Those who choose IRIS may be referred directly to the IRIS Consultant Agency at 1-888-515-4747 (IRIS) where they will be assisted to select their IRIS consultant. ADRCs offer enrollment and options counseling to persons eligible for IRIS.

**Contact Information**
Find the ADRC for your hometown at: [https://www.dhs.wisconsin.gov/adrc/consumer/index.htm](https://www.dhs.wisconsin.gov/adrc/consumer/index.htm)
Contact the Wisconsin Department of Health Services, Bureau of Long-Term Support
Phone: (608) 267-5139 or [DHSIRIS@wisconsin.gov](mailto:DHSIRIS@wisconsin.gov)

**Link to Waiver Application**

**Expiry Date**
12/31/2015; Application for renewal submitted and pending.

**Date of Last Update**
1/16/2016
Description
The Department has laid out a framework for a self-directed support waiver program as an alternative to managed care. This waiver is part of this framework and will provide eligible consumers the choice of a fully self-directed Medicaid Home and Community-Based Services Waiver.

IRIS implementation is synchronized with Family Care expansion. As Family Care begins in a county, IRIS will also be available in that county. When people are given the opportunity to enroll in long-term supports, the ADRC offers unbiased option counseling related to IRIS and Family Care. The IRIS participant, and any person or persons providing assistance with self-direction, will receive information and individualized assistance from an IRIS Consultant. Each person who chooses to participate in IRIS meets with an IRIS Consultant to receive orientation information about SDS, the waiver services available, the services covered by the MA card and the requirements for content of the individual support and service plan. Once the person has developed their individual support and service plan with support from the IRIS Consultant as needed, the IRIS Consultant reviews the individual support and service plan to ensure that it is consistent with the waiver-allowable services and addresses assessed needs including health and safety.

Services provided by this waiver include: adult day care, daily living skills training, IRIS Consultant Services, live-in caregiver, prevocational services, respite, supported employment, nursing, 1-2 bed adult family home, 3-4 bed adult family home, adaptive aids, community-based residential facilities (CBRF), communication aids vendors/interpreter, consumer education and training, counseling and therapeutic services, customized goods and services, day services, home delivered meals, home modification, housing counseling, personal emergency response systems (PERS), relocation housing start up and related utility costs, residential care apartment complex, specialized medical equipment and supplies, specialized transportation 2, specialized transportation, support broker, supportive home care, and vocational futures planning.

Waiver Type: 1915(c) is operated in conjunction with a Section 1915(j) waiver

Target Population-Eligibility
Individuals 18 to 64 years old diagnosed with a physical disability as well as individuals 65 years old or older.

Level of Care
Individuals require the level of care available in a nursing facility (NF).

Respite Services
Respite services are provided to a waiver eligible participant on a short-term basis, to relieve the participant’s primary caregiver(s) from care demands. Respite services may be provided in a residential setting, home of the participant, or in another community setting such as the respite provider’s home.

Residential Respite: may be provided in the following allowable settings: Adult Family Home certified for one or two persons; Adult Family Home licensed for three or four persons; Community-based Residential Facility; Residential Care Complex. Residential respite may include overnight stays by the participant. The actual length of the respite stay must be specified in the participant record.

Home Based Respite: When respite care service is provided in the home of the participant it is defined as Home Based Respite. Home based respite care services may be provided in partial day or overnight increments. Costs for room and board in these settings may not be included in the charge to the waiver program. The actual length of respite stay must be specified in the participant record. The standards for respite provided within an individual’s home are determined primarily by the participant and/or their legal decision-maker. However, the respite provider would still be subject to a background check the same as other providers.

Other setting Respite: Other Setting Respite services may be provided in a home other than the home of the participant. Services may involve overnight or partial day stays by the participant. The actual length of the respite stay must be specified in the participant record. The standards for respite provided within an individual’s home are determined primarily by the participant and/or their legal decision-maker. However, the respite provider would still be subject to a background check the same as the other providers.
The receipt of respite precludes the participant from receiving other waiver services such as adult day care, nursing services, and supportive home care on the same day the participant receives respite care, unless there is clear documentation that the hours of service were delivered at distinct times from respite services.

| Respite Provider Eligibility | The following agencies may provide respite: CBRF - Certified according to Administrative Rule HFS 83; RCAC - Administrative Rule HFS 89; Adult Family Home - 1 to 2 Bed, Individuals home or home of some other person a 1 – 2 bed home – Administrative Rule HFS 83 or a 3 – 4 bed home – Administrative Rule HFS 88. To enroll, go to: [https://www.dhs.wisconsin.gov/publications/p0/p00536-section1.pdf](https://www.dhs.wisconsin.gov/publications/p0/p00536-section1.pdf) |
| Caregiver Eligibility        | *Residential, Home-Based, and Other-Setting Respite* may be provided by a legal guardian, relative or legally responsible individual. The standards for respite provided within an individual's home are determined primarily by the participant and/or their legal decision-maker. However, the respite provider would still be subject to a background check the same as their providers. |
| Enrollment Limit             | 7688: Year ending 12/31/2015 |
| How to Apply                 | For eligibility information, contact your local Aging and Disability Resource Center (ADRC). |
| Contact Information          | Find the ADRC for your hometown at: [https://www.dhs.wisconsin.gov/adrc/consumer/index.htm](https://www.dhs.wisconsin.gov/adrc/consumer/index.htm) Contact the Wisconsin Department of Health Services, Bureau of Long-Term Support by Phone: (608) 267-5139. |
| Link to Waiver Application   | Link to application unavailable |
| Expiration Date              | 12/31/2015; Application for renewal submitted and pending. |
| Date of Last Update          | 09/25/2015 |
**WI Children’s Long Term Support Developmental Disability Waiver (0414.R02.00)**
State Operating Agency: Department of Health Services, Division of Long Term Care

**Description**
The Children’s Developmental Disability (DD) Waiver is a component of the Children’s Long-Term Support (CLTS) program in the State of Wisconsin. Through this waiver, CLTS’s objectives are derived from the following guiding principles: The focus is on the child and his/her strengths and needs; children remain in the home with their families whenever possible; parents have a great capacity to care for their child with a disability if provided the supports they need; the service system enhances the natural supports families receive from family, friends, neighbors and volunteers; competent service coordination supports culturally competent practices; collaboration amongst varied providers enhances the provision of comprehensive services; the experiences of families contribute to system-wide improvements and cost efficiencies.

Services provided by this waiver include: consumer education and training, day services, respite, support and service coordination, supported employment, supportive home care, consumer and family directed supports, fiscal management services, adaptive aids, adult family home, children’s foster care/treatment foster care, communication aids, community integration, consultative behavioral intervention, counseling and therapeutic services, daily living skills training, early intensive behavioral intervention, home modification, housing counseling, housing start up, mentoring, nursing, personal emergency response systems (PERS), specialized transportation, and specialized medical and therapeutic supplies.

The Department of Health Services enters into a contractual agreement with each county in the State of Wisconsin to act as the county waiver administrative agency related to the provision of CLTS waiver supports and services, as well as other programs related to meeting the needs of children and their families. These include the early intervention program under the Individuals with Disabilities Education Act (IDEA) Part C, and the state funded Family Support and Community Options Programs. The county-level agencies then establish a network of providers for the delivery of individualized supports and services that each child and family needs through the waiver to ensure continued health and safety in the community.

<table>
<thead>
<tr>
<th>Waiver Type</th>
<th>1915 (c)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target Population-Eligibility</strong></td>
<td>Individuals 0 to 21 years old diagnosed with autism, a developmental disability, or mental retardation. Not Otherwise Specified (PDD-NOS) may meet this criterion if it results in functional limitations that are comparable to mental retardation or a developmental disability. Children must reside in an allowable community living situation. County waiver agencies must plan for the child’s transition to adult services by the time the child is 17 years and 6 months old. This must be documented within the individual record and reasonable steps taken to assure continuity of services as the person reaches adult status. If a person does not meet eligibility criteria for adult services, then transition planning to other community supports and services should be considered as well.</td>
</tr>
<tr>
<td><strong>Level of Care</strong></td>
<td>Individuals require level of care available in an Intermediate Care Facility for the Individuals with Intellectual Disabilities (ICF/IID).</td>
</tr>
<tr>
<td><strong>Respite Services</strong></td>
<td>Respite care services are those services provided on a short term basis, to relieve the participant's primary caregiver(s) from care demands. Institutional and residential respite services may involve over night or partial day stays by the participant. Costs for room and board in institutional and residential settings may be included in the charge to the waiver. Costs for room and board in home based or other settings may not be included in the charge to the waiver. The CLTS waiver is the funding source of last resort and cannot fund any service that the child is eligible to receive through the Medicaid State Plan, Early Periodic Screening Diagnosis and Treatment (EPSDT), private health insurance, services funded by the Individuals with Disabilities Education Act (IDEA), or vocational rehabilitation services funded under section 110 of the Rehabilitation Act of 1973 (29 U.S.C. 730).</td>
</tr>
</tbody>
</table>
### Duration

Respite stays may not exceed 28 consecutive days without prior approval by the Bureau. The process for approval of stays longer than 28 consecutive days is as follows:

The support and service coordinator submits a written request to the DHS Children’s Services Specialist who is assigned to support their county for review and approval of the extended stay. The CSS staff provides back-up coverage outside their assigned counties when necessary. The request includes the reason, the requested length of time, a description of any barriers to community placement for the individual, and a description of the county waiver agency’s continued efforts to find community respite options. The state verifies that prior approvals were obtained by the county waiver agency during the record review process.

The requested extension of a respite stay beyond the maximum 28 consecutive days must be related to the long-term planned absence of the available caregiver for a defined period of time.

<table>
<thead>
<tr>
<th>Respite Provider Eligibility</th>
<th>For information on becoming a provider or on provider services available, go to the provider search website. <a href="https://www.dhs.wisconsin.gov/guide/provider-search.htm">https://www.dhs.wisconsin.gov/guide/provider-search.htm</a> There, you will find a contact number and a provider search option. Or email <a href="mailto:DHSCLLTS@wisconsin.gov">DHSCLLTS@wisconsin.gov</a> to get more information about providers and becoming a provider in Wisconsin.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregiver Eligibility</td>
<td>Respite services may not be provided by a legally responsible person, a relative, or a legal guardian.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>5730: Year ending 12/31/2016</td>
</tr>
<tr>
<td>How to Apply</td>
<td>To apply contact your local agency. To find your local agency please visit <a href="https://www.dhs.wisconsin.gov/areaadmin/hsd-programs.htm">https://www.dhs.wisconsin.gov/areaadmin/hsd-programs.htm</a> Further information can be found at <a href="https://www.dhs.wisconsin.gov/clts/waiver/family/index.htm">https://www.dhs.wisconsin.gov/clts/waiver/family/index.htm</a> or by contacting an ADRC.</td>
</tr>
<tr>
<td>Contact Information</td>
<td>Contact Wisconsin Department of Health Services at their general number: 608-266-1865 or toll free number: 888-701-1251, or via their email: <a href="mailto:DHSwebmaster@wisconsin.gov">DHSwebmaster@wisconsin.gov</a></td>
</tr>
<tr>
<td>Link to Waiver Application</td>
<td>Link to application unavailable</td>
</tr>
<tr>
<td>Expiration Date</td>
<td>12/31/2016</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>10/24/2015</td>
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</tbody>
</table>
**WI Children's Long Term Support SED Waiver (0415.R02.00)**

**State Operating Agency:** Department of Health Services, Division of Long Term Care

### Description

The Children's Mental Health-Severe Emotional Disturbance (SED) Waiver is a component of the Children's Long Term Support (CLTS) program in the State of Wisconsin. Through this waiver, CLTS's objectives are derived from the following guiding principles: the focus is on the child and his/her needs first and his/her disability second; when possible, children remain in the home with their families; parents have a great capacity to care for their child with a disability if provided the supports they need; the service system enhances the natural supports families receive from family, friends, neighbors and volunteers; competent service coordination allows for convenient access to culturally competent practices; collaboration amongst varied providers enhances the provision of comprehensive services; the experiences of families contribute to system-wide improvements and cost efficiencies.

Services provided by this waiver include: consumer education and training, day services, respite, support and service coordination, supported employment, supportive home care, consumer and family directed supports, financial management services, adaptive aids, adult family home, children's foster care/treatment foster care, communication aids, community integration, consultative behavioral intervention, counseling and therapeutic services, daily living skills training, early intensive behavioral intervention, home modification, housing counseling, housing start up, mentoring, nursing, personal emergency response systems (PERS), specialized transportation, and specialized medical and therapeutic supplies.

The Department of Health Services contracts with each county in the state to act as the county waiver administrative agency related to the provision of CLTS waiver supports and services, as well as other programs related to meeting the needs of children and their families. These include the early intervention program under the Individuals with Disabilities Education Act (IDEA) Part C, and the state funded Family Support and Community Options Programs. The county-level agencies then establish a network of providers for the delivery of individualized supports and services that each child and family needs through the waiver to ensure continued health and safety in the community.

### Waiver Type

| Waiver Type | 1915 (c) |

### Target Population-Eligibility

| Target Population-Eligibility | Individuals between 0 and 21 years old who have been diagnosed with a serious emotional disturbance. |

### Level of Care

| Level of Care | Individuals require level of care available in a hospital. |

### Respite Services

Respite care services are those services provided on a short term basis, to relieve the participant's primary caregiver(s) from care demands. Institutional and residential respite services may involve over night or partial day stays by the participant. Costs for room and board in institutional and residential settings may be included in the charge to the waiver. Costs for room and board in home based or other settings may not be included in the charge to the waiver.

The CLTS waiver is the funding source of last resort and cannot fund any service that the child is eligible to receive through the Medicaid State Plan, Early Periodic Screening Diagnosis and Treatment (EPSDT), private health insurance, the Individuals with Disabilities Education Act (IDEA), or vocational rehabilitation services funded under section 110 of the Rehabilitation Act of 1973 (29 U.S.C. 730). Duration: Respite stays may not exceed 28 consecutive days without prior approval by the Bureau.

### Respite Provider Eligibility

For information on becoming a provider or on provider services available, go to the provider search website. [https://www.dhs.wisconsin.gov/guide/provider-search.htm](https://www.dhs.wisconsin.gov/guide/provider-search.htm) There, you will find a contact number and a provider search option. Or email DHSCLTS@wisconsin.gov to get more information about providers and becoming a provider in Wisconsin.

### Caregiver Eligibility

Respite services may not be provided by a legally responsible person, a relative, or a legal guardian.

### Enrollment Limit

| Enrollment Limit | 1930: Year ending 12/31/2016 |
| **How to Apply** | To apply, contact your local county agency. To find your local agency please visit: [https://www.dhs.wisconsin.gov/areaadmin/hsd-programs.htm](https://www.dhs.wisconsin.gov/areaadmin/hsd-programs.htm)  
For more information, visit: [https://www.dhs.wisconsin.gov/clts/waiver/family/index.htm](https://www.dhs.wisconsin.gov/clts/waiver/family/index.htm) |
| **Contact Information** | Contact Wisconsin Department of Health Services at their general number: 608-266-1865  
Or toll free number: 888-701-1251, or via their email: [DHSwebmaster@wisconsin.gov](mailto:DHSwebmaster@wisconsin.gov) |
| **Link to Waiver Application** | Link to application unavailable |
| **Expiration Date** | 12/31/2016 |
| **Date of Last Update** | 1/16/2016 |
The supports provided by this program are individually planned based on participant choice of provider and include an ongoing plan review to assure that as needs change supports are adjusted to meet them. Services are focused on supplementing, not replacing the natural support that people receive from family, friends, neighbors and volunteers. A key to making the plan functional is the relationship between the participant (and guardian, if any) and the local Support and Service Coordinator (SSC). The SSC helps the participant and family define outcomes in order to plan for needed services and supports. Services provided by this waiver include: daily living skills training, live-in caregiver, prevocational, respite, supported employment, adaptive aids, adult day care, adult family home 1-2 bed, adult family home 3-4 bed, community-based residential facilities (CBRF), communication aids, consumer education and training, counseling and therapeutic services, day services for adults, financial management services, home delivered meals, home modification, housing counseling, housing start-up, nursing, personal emergency response systems (PERS), self-directed supports, specialized medical and therapeutic supplies, specialized transportation 1, support and service coordination, and supportive home care.

Wisconsin continues to move toward statewide expansion of managed care services through its concurrent 1915(b) and 1915(c) Family Care HCBS waivers. As each county comes online with Family Care, CIP 1 participants will be able to choose either Family Care or the 1915(c) Self Directed Supports waiver which received CMS approval effective January 1, 2008. In addition, CIP 1 participants who are children will transition to the Children’s Long Term Care HCBS Developmental Disabilities waiver.

<table>
<thead>
<tr>
<th>Waiver Type</th>
<th>1915(c)</th>
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<tbody>
<tr>
<td>Target Population-Eligibility</td>
<td>Individuals who are 18 or older who have been diagnosed with a developmental or intellectual disability.</td>
</tr>
<tr>
<td>Level of Care</td>
<td>Individuals require the level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).</td>
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<tr>
<td>Respite Services</td>
<td>Respite Care is the provision of short-term services to waiver participants, in one of a number of different settings. Services are provided to the participant and are also intended to benefit the participant’s family and/or other primary caregiver(s). Respite care provided in regulated residential settings is called Residential Respite Care. The allowed regulated settings include licensed or certified Adult Family Homes or Community-based Residential Facilities (size limit of 8 applies). Respite care that is provided in a certified Medicaid funded institutional setting is called Institutional Respite Care. The allowed institutional settings include hospitals, nursing homes or ICF/IIDs. Respite care provided in the participant’s own home is called Home-based Respite Care. Respite care provided outside the participant’s home, in the home of someone unrelated to the participant where the setting is not licensed or certified by the state or county waiver agencies is called Respite Care-Other.</td>
</tr>
<tr>
<td>Respite Provider Eligibility</td>
<td>For provider eligibility information, please reference the Medicaid Waivers Manual: <a href="https://www.dhs.wisconsin.gov/guide/provider-search.htm">https://www.dhs.wisconsin.gov/guide/provider-search.htm</a></td>
</tr>
<tr>
<td>Caregiver Eligibility</td>
<td>Respite may be provided by a legally responsible person, relative, or legal guardian.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>Not available</td>
</tr>
<tr>
<td>How to Apply</td>
<td>To apply, contact your Community Integration Program Area Quality Specialist, which you can find on the Long Term Care and Support website: <a href="https://www.dhs.wisconsin.gov/cip/contacts.htm">https://www.dhs.wisconsin.gov/cip/contacts.htm</a></td>
</tr>
<tr>
<td>Contact Information</td>
<td>For more information, contact your Area Agency on Aging, which you can find on the County and Tribal Aging Offices website: <a href="https://www.dhs.wisconsin.gov/aging/offices/coagof.htm">https://www.dhs.wisconsin.gov/aging/offices/coagof.htm</a></td>
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Or contact the Wisconsin Department of Health, Long Term Care and Support Office at (608)-267-7286
Or reference the Community Integration Program website for more information:
https://www.dhs.wisconsin.gov/cip/index.htm

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<th>Link to Waiver Application</th>
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<tr>
<td>Expiration Date</td>
<td>12/31/2018</td>
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<tr>
<td>Date of Last Update</td>
<td>12/10/2015</td>
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Family Care is a comprehensive and flexible managed long term care program, which strives to foster people’s independence and quality of life, while recognizing the need for individualized support. Family Care gives elders and adults with physical or intellectual/developmental disabilities the choice to receive long term care in their own homes and integrated community settings.

Family Care has succeeded in eliminating wait lists for home and community-based long term care services and supports for Medicaid eligible persons in the 57 counties where it currently (2014) operates. Family Care will expand to an additional seven counties (total 64 out of 72 counties) beginning in 2015 and, by the end of the next waiver period, will have eliminated all wait lists there as well. While doing so, it has achieved lower per person costs than the fee-for-service HCBS waiver programs it replaces. Furthermore, in 13 counties, including the two largest, Milwaukee and Dane, eligible persons may choose the Family Care Partnership Program. Partnership is a §1932a/1915c managed care model that provides one-stop, fully integrated health and long term care services, combining the Family Care long term care benefit with primary and acute health care services including all Medicaid and Medicare services. For dual eligible individuals, Medicare services are provided through a Medicare Advantage Fully Integrated Dual Eligible (FIDE) Special Needs Plan.

Services provided by this waiver include: adult day care, case management, daily living skills training, day habilitation, prevocational, respite, supported employment-individual employment support, consumer directed supports (self-directed supports) broker, financial management services, adaptive aids, adult residential care-1-2 bed adult family homes, adult residential care-3-4 bed adult family homes, adult residential care-community-based residential facilities, adult residential care-residential care apartment complexes, assistive technology/communication aids, consultative clinical and therapeutic services for caregivers, consumer education/training, counseling and therapeutic resources, environmental accessibility adaptations (home modification), home delivered meals, housing counseling, personal emergency response services (PERS), relocation services, self-directed personal care, skilled nursing services RN/LPN, specialized medical equipment and supplies, supported employment-small group employment support, supportive home care, training services for unpaid caregivers, transportation (specialized transportation)-community transportation, transportation (specialized transportation)-other transportation, and vocational futures planning and support.

**Waiver Type**
1915(c); 1915(b)(2)(4) central broker and selective contracting; 1932(a)

**Target Population - Eligibility**
Individuals diagnosed with a disability, either physical or other, between 18 and 64 years old.
Individuals 65 years old or older. Individuals diagnosed with a developmental or intellectual disability 18 years old or older. Individuals must reside within one of the Family Care counties listed above.

**Level of Care**
Individuals require level of care available in a nursing facility (NF) or in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

**Respite Services**
Respite care services are services provided for a member on a short-term basis to ease the member’s family or other primary caregiver(s) from daily stress and care demands. Respite care may be provided in an institution such as a certified Medicaid setting (hospital, nursing home) or other licensed facility. Respite care may also be provided in a residential facility such as a certified or licensed adult family home, licensed community-based residential facility, certified residential care apartment complex, in the member’s own home or the home of a respite care provider.
This service may not duplicate any service that is provided under another waiver service category or through the Medicaid State Plan.

**Respite Provider Eligibility**
The following agencies may provide respite: CBRF - Certified according to Administrative Rule HFS 83; RCAC - Administrative Rule HFS 89; Adult Family Home - 1 to 2 Bed, Individuals home or home of some other person a 1 – 2 bed home – Administrative Rule HFS 83 or a 3 – 4 bed home – Administrative Rule HFS 88.
For provider eligibility information, please reference the Medicaid Waivers Manual: [https://www.dhs.wisconsin.gov/guide/provider-search.htm](https://www.dhs.wisconsin.gov/guide/provider-search.htm)

Contact information for counties and the providers within those counties can be found [here](https://www.dhs.wisconsin.gov/guide/provider-search.htm).

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<thead>
<tr>
<th>Caregiver Eligibility</th>
<th>Respite services may be provided by a legally responsible person, a relative, or a legal guardian.</th>
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<tbody>
<tr>
<td>Enrollment Limit</td>
<td>52530: Year ending 12/31/2016</td>
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<tr>
<td>How to Apply</td>
<td>Anyone interested in learning more about their options for long-term care, including applying for Family Care or Partnership, should contact their local Aging and Disability Resource Center (ADRC).</td>
</tr>
<tr>
<td>Contact Information</td>
<td>Contact Wisconsin Department of Health, Division of Long Term Care via phone at (608)-267-7286, or via email at <a href="mailto:DHSFCWebmail@wisconsin.gov">DHSFCWebmail@wisconsin.gov</a>.</td>
</tr>
<tr>
<td>Expiration Date</td>
<td>12/31/2019</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>12/10/2015</td>
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Medicaid Waivers for Respite Support – 2015 -16
ARCH National Respite Network and Resource Center | www.archrespite.org
Description
The individuals enrolled in the COP waiver will decide what help is needed (level of independence); who or what will provide the assistance for the identified needs; all while self-defining what is meant by quality of life for him or her. Care planning and service delivery under COP Waiver will focus on individual outcomes. Applicants and participants will decide what is important to them currently and long term. This way COP Waiver allows for the flexibility to address the different values, environments and resources of the Waiver population. Services provided by this waiver include: consumer education and training, day services, respite, support and service coordination, supported employment, supportive home care, consumer and family directed supports, financial management services (FMS), adaptive aids, adult family home, children's foster care/treatment foster care-PD, communication aids, community integration, counseling and therapeutic services, daily living skills training, home mods, housing counseling, housing start up, mentoring, nursing, personal emergency response systems (PERS), specialized transportation, and specialized medical and therapeutic supplies for individuals ages 0 - 21 with physical and other disabilities. The COP Waiver program includes an individual assessment, the individual service plan and required reviews of that care plan as an individual’s health, needs, choices, outcomes and preferences change. All services are based on a documented outcome and providers of the service meet required education, training and quality as determined by the Waiver.

Waiver Type
1915(c)

Target Population-Eligibility
Individuals who are 65 years or older, or between the ages of 18-24 and physically disabled. A Waiver of section 1902(a)(10)(B) of the Act is requested in order to additionally target this waiver on or after January 1, 2010 to individuals who are not eligible for Family Care waivers #0367 or #0368 or Self Directed Supports waiver #0484. On the effective date when a Family Care b/c waiver or SDS 1915 c waiver becomes available in a county this waiver will become unavailable for all new Family Care and SDS eligible individuals. Current waiver participants are transitioned between COP Waiver and Family Care or SDS (IRIS) waiver on a state designated schedule not to exceed one year.

Level of Care
Individuals require the level of care available in a nursing facility (NF).

Respite Services
Respite Care is the provision of short-term services to waiver participants, in one of a number of different settings. Services are provided to the participant and are also intended to benefit the participant’s family and/or other primary caregiver(s). Respite care services are those services provided to a waiver eligible participant on a short-term basis, to relieve the participant’s primary caregiver(s) from care demands. Respite care services may be provided in a residential setting, institutional setting, the home of the participant, or in another community setting. The actual length of the respite stay must be specified in the participant’s individual service plan. All respite occurring in an institution requires the Department to issue prior approval.

Residential Respite: When this type of service is provided in a residential setting such as an Adult Family Home, a Community-based Residential Facility (CBRF) or a Residential Care Apartment Complex (RCAC), it is defined as Residential Respite. Residential respite may involve overnight stays or partial day stays by the participant. Costs for room and board in these settings may be included in the charge to the waiver program.

Institutional Respite Care: Respite care that is provided in a certified Medicaid funded institutional setting. The allowed institutional settings include hospitals or nursing homes. Institutional respite services may involve over night or partial day stays by the participant. Costs for room and board in these settings may be included in the charge to the waiver.

Respite care provided in the participant’s own home is called Home-based Respite Care. Home-based respite care services may be provided in partial day or overnight increments. Costs for room and board in these settings may not be included in the charge to the waiver program. Respite services under the waiver shall be offered in accordance with the individual’s plan of care.
Respite Provider Eligibility

For provider eligibility information, please reference the Medicaid Waivers Manual:
[https://www.dhs.wisconsin.gov/guide/provider-search.htm](https://www.dhs.wisconsin.gov/guide/provider-search.htm)

Caregiver Eligibility

Residential, institutional and home-based respite may be provided by a relative but may not be provided by a legally responsible person or legal guardian.

Enrollment Limit

3700: Year ending 12/31/2014

How to Apply

To apply, contact your COP county contact directly to determine your eligibility. Reference this website to find your county COP contact:
[https://www.dhs.wisconsin.gov/cop/contacts.htm](https://www.dhs.wisconsin.gov/cop/contacts.htm)
Or you may be referred for a Community Options assessment by a social service agency or hospital.

Contact Information

For more information, contact your Area Agency on Aging, which you can find on the County and Tribal Aging Offices website: [https://www.dhs.wisconsin.gov/aging/offices/coagof.htm](https://www.dhs.wisconsin.gov/aging/offices/coagof.htm)
Or contact the Wisconsin Department of Health, Long Term Care and Support Office at (608)-267-7286
Or reference the Community Options Program website for more information:
[https://www.dhs.wisconsin.gov/cop/index.htm](https://www.dhs.wisconsin.gov/cop/index.htm)

Link to Waiver Application

Link to application unavailable.

Expiration Date

12/31/2019

Date of Last Update

12/10/2015
WISCONSIN

WI Children’s Long Term Support Physical Disability Waiver (0413.R02.00)
State Operating Agency: Wisconsin Department of Health, Division of Long Term Care

Description
This waiver is a component of the Children’s Long-Term Support (CLTS) program in the State of Wisconsin. Through this waiver, CLTS’s objectives are derived from the following guiding principles: The focus is on the child and his/her strengths and needs; children remain in the home with their families whenever possible; parents have a great capacity to care for their child with a disability if provided the supports they need; the service system enhances the natural supports families receive from family, friends, neighbors and volunteers; competent service coordination supports culturally competent practices; collaboration amongst varied providers enhances the provision of comprehensive services; the experiences of families contribute to system-wide improvements and cost efficiencies.

The Department of Health Services enters into a contract with each county in the state to act as the county waiver administrative agency related to the provision of CLTS waiver supports and services, as well as other programs related to meeting the needs of children and their families. These include the early intervention program under the Individuals with Disabilities Education Act (IDEA) Part C, and the state funded Family Support and Community Options Programs. The county-level agencies then establish a network of providers for the delivery of individualized supports and services that each child and family needs through the waiver to ensure continued health and safety in the community.

Services provided by this waiver include: consumer education and training, day services, respite, support and service coordination, supported employment, supportive home care, consumer and family directed supports, financial management services (FMS), adaptive aids, adult family home, children’s foster care/treatment foster care-PD, communication aids, community integration, counseling and therapeutic services, daily living skills training, home mods, housing counseling, housing start up, mentoring, nursing, personal emergency response systems (PERS), specialized transportation, and specialized medical and therapeutic supplies.

Waiver Type 1915(c)

Target Population-Eligibility
Individuals’ ages 0 - 21 with physical and other disabilities.

Level of Care
Individuals require level of care available in a nursing facility (NF).

Respite Services
Respite care services are those services provided on a short term basis, to relieve the participant’s primary caregiver(s) from care demands. Institutional and residential respite services may involve over night or partial day stays by the participant. Costs for room and board in institutional and residential settings may be included in the charge to the waiver. Costs for room and board in home based or other settings may not be included in the charge to the waiver.

The CLTS waiver is the funding source of last resort and cannot fund any service that the child is eligible to receive through the Medicaid State Plan, Early Periodic Screening Diagnosis and Treatment (EPSDT), private health insurance, services funded by the Individuals with Disabilities Education Act (IDEA), or vocational rehabilitation services funded under section 110 of the Rehabilitation Act of 1973.

Duration: Respite stays may not exceed 28 consecutive days without prior approval by the Bureau.

Respite Provider Eligibility
For information on becoming a provider or on provider services available, go to the provider search website. https://www.dhs.wisconsin.gov/guide/provider-search.htm There, you will find a contact number and a provider search option. Or email DHSCLTS@wisconsin.gov to get more information about providers and becoming a provider in Wisconsin.

Caregiver Eligibility
Respite services may not be provided by a legally responsible person, a relative, or a legal guardian.

Enrollment Limit
546: Year ending in 12/31/2015
How to Apply
To apply contact your local agency. To find your local agency please visit
https://www.dhs.wisconsin.gov/areaadmin/hsd-programs.htm
For more information, visit:  https://www.dhs.wisconsin.gov/clts/index.htm

Contact Information
Contact Wisconsin Department of Health Services at their general number:  608-266-1865
Or toll free number:  888-701-1251, or via their email:  DHSwebmaster@wisconsin.gov

Link to Waiver Application
Link to application unavailable

Expiration Date
12/31/2016

Date of Last Update
12/10/2015
Managed Care 1915(b) and/or Home and Community-Based 1915(c) Waivers for Respite Support

Medicaid is a program in every state that pays for medical assistance for certain individuals and families with low incomes and resources. It is the largest source of funding for medical and health-related services for America’s poorest people. Because Medicaid is funded jointly by the federal and state governments, the services paid for vary from state to state. In addition to medical services, Medicaid will pay for home and community-based services (HCBS) through the state plan as well as through Medicaid waivers that offer services as a lower-cost alternative to treatment in a medical or long term care facility, such as a nursing home. Respite is usually paid for through one or more of the following types of waivers: research and demonstration (1115), managed care (1915b) and HCBS (1915c) waiver programs. This state’s Medicaid waivers that include respite are:

**WY Long Term Care (0236.R04.00)**

Provides adult day care, case management, personal care, respite, financial management services, care coordination, home delivered meals, non-medical transportation, personal emergency response systems (PERS) installation, emergency response systems (ERS), self-help assistant, and skilled nursing for aged individuals 65 – no maximum age and physically disabled individuals ages 19-64.

**WY Acquired Brain Injury (0370.R03.00)**

Provides adult day, case management, community integration, homemaker, personal care, prevocational services, residential habilitation, respite, supported employment, supported living, occupational therapy (OT), physical therapy (PT), speech/hearing/language, independent support broker, behavioral support, cognitive retraining, companion services, crisis intervention support, dietician services, environmental modification, self-directed goods and services, skilled nursing, specialized equipment, and transportation for individuals with brain injury ages 21-64.

**WY Children’s Mental Health (0451.R02.00)**

Provides family care coordination, respite, and youth and family training and support for individuals with mental illness ages 18-21 and for individuals with serious emotional disturbance (SED) ages 4-17.

**WY Supports (1060.R00.00)**

Provides adult day, case management, community integration, homemaker, personal care, prevocational, respite, supported employment, dietician services, occupational therapy (OT), physical therapy (PT), skilled nursing, speech/hearing/language services, independent support brokerage, behavioral support services, child habilitation, cognitive retraining, companion, crisis intervention support, environmental modification, individual habilitation training, self-directed goods and services, specialized equipment, supported living, and transportation for individuals with intellectual and developmental disabilities (ID/DD) who are 0 - no maximum age and brain injuries (BI) who are ages 21 – no maximum age.

**WY Comprehensive (1061.R00.00)**

Provides adult day, case management, community integration, homemaker, personal care, prevocational, residual habilitation, respite, supported employment, dietician services, occupational therapy (OT), physical therapy (PT), skilled nursing, speech/hearing/language services, independent support brokerage, behavioral support, child habilitation, companion, crisis intervention support, environmental modification, individual habilitation training, self-directed goods and services, special family habilitation home, specialized equipment, supported living, and transportation for individuals with intellectual and/or developmental disabilities (ID/DD) who are 0 - no maximum age.
Description
This waiver is meant to: minimize admissions to long term care institutions for people in this population who can be safely served at home; provide a transition option for eligible nursing facility residents to move from a nursing facility to a community home; provide this population with access to appropriate health and social services to help them maintain independent living; provide for the most efficient and effective use of public funds in the provision of needed services which promote and maintain the health and welfare of waiver participants; allow communities flexibility in development of those services; assure service quality is maintained for participants receiving services through this waiver. Services provided by this program include: adult day care, case management, personal care, respite, financial management services, care coordination, home delivered meals, non-medical transportation, personal emergency response systems (PERS) installation, ERS, self-help assistant, and skilled nursing.

Waiver Type
1915 (c)

Target Population-Eligibility
Individuals diagnosed with a physical disability 19 to 64 years old as well as individuals 65 years old and older.

Level of Care
Individuals require the level of care available in a nursing facility (NF).

Respite Services
Respite services provided by a Certified Nursing Assistant to a participant unable to care for themselves that are furnished on a short-term basis because of the absence or need for relief of those persons who normally provide care for the participant. A range of assistance to enable waiver participants to accomplish tasks that during the time period would normally be provided by a caregiver. This assistance may take the form of hands-on assistance, cuing to prompt the participant to perform a task or supervision of the task to assure the safety of the participant. Tasks may include assistance with activities of daily living and instrumental activities of daily living. Health related services are limited to the scope of practice for a Certified Nursing Assistant defined by the Wyoming State Board of Nursing. Respite is provided by a Certified Nursing Assistant employee of a home health agency or Community-based In-Home Services grantee, who is in good standing with the Wyoming State Board of Nursing and under the supervision of a registered nurse as provided in accordance with the Wyoming Nurse Practice Act. Supervision of the Certified Nursing Assistant must occur at least every sixty days, but may occur more frequently in accordance with the agency policy. Incidental homemaking tasks may be completed only if personal care tasks are part of the Plan of Care. Incidental homemaking tasks must be related to the health or disability of the participant. Personal care may be provided en route to or at the destination in conjunction with escorting a participant to community activities or to access other services in the community.

Respite may include assistance with preparation of meals, but does not include the cost of the meals themselves. It may also include homemaker services that are incidental to the personal care or which are essential to the health and welfare of the individual rather than to the individual's family but does not include chore service or heavy cleaning in the home or in areas of the residence which are not frequented by the participant. Transportation costs associated with the provision of care outside the participant’s home must be billed separately and may not be included in the scope of respite care. Qualified transportation costs may be billed separately under medical transportation under the State plan or non-medical transportation under the waiver. Respite services may not be provided in a facility.

Respite Provider Eligibility
For information on becoming a provider, consult the Wyoming Medicaid Provider page: http://www.health.wyo.gov/healthcarefin/medicaid/providers.html.

Caregiver Eligibility
Respite services may not be provided by a legally responsible person, a relative, or a legal guardian.
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<th><strong>WYOMING</strong></th>
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<tr>
<td><strong>Enrollment Limit</strong></td>
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<tr>
<td><strong>How to Apply</strong></td>
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**WY Acquired Brain Injury (0370.R03.00)**

State Operating Agency: Wyoming Department of Health, Behavioral Health Division (BHD)

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<th>Description</th>
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<tr>
<td>The ABI Waiver represents Wyoming’s commitment to funding supportive and comprehensive services to eligible participants so they can actively participate in the community with friends and family, be competitively employed, and live as healthy, safe, and independently as possible according to their own choices and preferences. The ABI Waiver uses a person-centered approach to determine the support needs of participants in the Individual Plan of Care and to assign the individual budgeted amount. Developing community and natural supports and connections and supporting self-direction are essential components, but traditional service delivery is also available to participants on the ABI Waiver. Services provided include: adult day, case management, community integration, homemaker, personal care, prevocational services, residential habilitation, respite, supported employment, supported living, occupational therapy (OT), physical therapy (PT), speech/hearing/language, independent support broker, behavioral support, cognitive retraining, companion services, crisis intervention support, dietician services, environmental modification, self-directed goods and services, skilled nursing, specialized equipment, and transportation. The ABI Waiver provides participants and their families the opportunity for enhanced health, freedom, choice, control, and responsibility over services received through the availability of self-directed service delivery. Waiver participants may also opt for traditional service delivery or a mix of the two.</td>
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<table>
<thead>
<tr>
<th>Waiver Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1915 (c)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Target Population- Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals 21 to 64 years old diagnosed with a brain injury.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals require the level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Respite Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respite Service is intended to be utilized on a short-term, temporary basis for an unpaid caregiver or non-CARF residential provider to provide relief from the daily burdens of care. Respite includes assistance with activities of daily living (ADL), medication assistance if needed, and supervision. Respite cannot be used during services otherwise available through public education programs including education activities, after school supervision, daytime services when the school is not in session, or services available to preschool age children. Respite may be provided in the caregiver’s home, the provider’s home, or in community settings. It can only be provided for up to two people at the same time or up to three if members are in the same family and live in the same household (as long as all participants can be safely supported by one provider or unless the participant’s plan of care requires an intensive support level). Respite is reimbursed as a 15-minute unit or a daily rate. The total number of 15 minute units available for respite per plan year is 1,664. The combined use of daily and 15-minute service cannot exceed an average of 8 hours a week of service over the plan year, which is equivalent to 416 hours a year. Respite cannot be used for day care purposes while the primary caregiver is working. Any use of respite over 9 hours a day must be billed as a daily unit. Approved amounts are based on the participant’s need and budget limit, not to exceed 1664 units per plan year. Services provided must be provided as relief of the primary caregiver, should primarily be episodic in nature, and not used when parents or primary caregivers are working. Respite services cannot be provided during the same time period as other waiver services, which is subject to audit by Medicaid. Respite services cannot take the place of residential or day services. Transportation is included in the rate. Respite services shall accommodate the needs of the participant. The respite site and services shall match the identified needs of the participant and family. A respite service provider or staff providing respite services cannot serve more than two waiver participants or up to three, if participants are in the same family and live in the same household (as long as all participants can be safely supported by one provider or unless the participant’s plan of care requires an intensive support level); may also provide supervision to other children under the age of 12 or other</td>
</tr>
</tbody>
</table>
individuals requiring support and supervision, but must limit the total combined number of persons they are providing services to at a given time (both participants and other children under the age of 12 or other individuals requiring support and supervision) to no more three persons unless approved by the Division and; must adhere to the supervision levels identified in each participant’s plan of care.

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>Caregiver Eligibility</td>
<td>Respite services may not be provided by a legally responsible person or a legal guardian, but may be provided by a relative.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>240: Year ending 06/30/2016</td>
</tr>
<tr>
<td>How to Apply</td>
<td>In order to apply to this waiver, follow the Guide to Applying at: <a href="https://search.yahoo.com/yhs/search?p=wyoming+guide+to+applying+to+the+acquired+brain+injury+waiver&amp;ei=UTF-8&amp;hspart=mozilla&amp;hsimp=yhs-002">https://search.yahoo.com/yhs/search?p=wyoming+guide+to+applying+to+the+acquired+brain+injury+waiver&amp;ei=UTF-8&amp;hspart=mozilla&amp;hsimp=yhs-002</a> Click on the seventh link title Application Guide for Acquired Brain Injury. Then contact your Participant Support Specialist (PSS) which you will find in the Guide.</td>
</tr>
<tr>
<td>Contact Information</td>
<td>Contact the Behavioral Health Division at (307) 777-7115 for more information.</td>
</tr>
<tr>
<td>Link to Waiver Application</td>
<td>Link to the application unavailable</td>
</tr>
<tr>
<td>Expiration Date</td>
<td>06/30/2019</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>10/24/2015</td>
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</tbody>
</table>
**WYOMING**

**WY Children’s Mental Health Waiver (CMHW) (0451.R02.00)**

**State Operating Agency:** Wyoming Department of Health, Behavioral Health Division (BHD)

**Description**

The CMHW is designed to build family support through coordination of education, training and resource access at the community level. The CMHW allows for more flexibility in the Plan of Care, provision of services and building a strength-based foundation of support.

Services provided by this waiver include: family care coordination, respite, and youth and family training and support. State certified waiver service providers include Family Care Coordinators (FCC), Family and Youth Trainers (YFT) and Respite Care Providers. These providers are available in communities throughout the state to provide non-clinical mental health support services to waiver eligible youth and their families. The CMHW program Family Care Teams (FCT) members include the youth/family and CMHW providers, as well as support persons identified by the youth and family to participate in the program (natural supports) and local representatives from other child serving agencies—local community mental health providers, Department of Education, Department of Family Services and others as identified by the specific needs of the youth being served. The Family Care Team ensures that available community services are utilized allows for possible cost shifting and unduplicated through the CMHW.

CMHW services do not duplicate other service available to a participant but the waiver services complement and build on community, agency and home-based individual and/or family therapies provided by local/regional community mental health center and private licensed practitioners. Waiver services are provided as outlined in an individualized Plan of Care (IPC) which is drafted with the youth/family, then developed fully within the Family Care Team. Home and community-based service delivery utilization is identified and provided by the Family Care Teams and local resources.

**Waiver Type**

1915(c) operates concurrently with a Section 1915(b)(1)(3)(4) waiver to allow mandated enrollment in managed care, employ cost savings to furnish additional services, and allow selective contracting with providers.

**Target Population- Eligibility**

Children and youth between the ages of 4 – 20 who have been diagnosed with a serious emotional disturbance (SED).

**Level of Care**

Individuals require the level of care available in a hospital (inpatient psychiatric).

**Respite Services**

Respite is intended to be utilized on a short-term, temporary basis for an unpaid caregiver to provide relief from the daily burdens of care and should be primarily episodic in nature. Respite cannot be used to substitute for care while the primary caregiver is at work or during services otherwise available through public education programs, including education activities, after school supervision, daytime services when the school is not in session or services to preschool age children.

Respite services shall accommodate the needs of the participant/family. The respite site and services shall match the identified needs of the participant and family. Training and other services provided are outlined in the person’s plan of care prior to services being authorized.

Respite may be provided in the approved provider’s home, the participant’s home, or community locations that are non-facility based. The allowable community settings include non-institutional or non-facility-based community locations, such as stores, playgrounds, activity centers, and parks.

Respite can only be provided for one participant at a time, without BHD review and approval. Only unique and exceptional circumstances would be considered in providing services for more than one participant. Respite services cannot be provided during the same time period as other waiver services, which is subject to audit by Medicaid. Respite cannot be used during services otherwise available through public education programs including education activities, after school supervision, daytime services when the school is not in session, or services available to preschool age children.

Respite is reimbursed as a 15-minute unit, with the maximum annual limit of 1,664 units. Transportation is included in the rate.
<table>
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<tr>
<th>** Wyatt**</th>
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<tbody>
<tr>
<td><strong>Respite Provider Eligibility</strong></td>
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<tr>
<td><strong>Caregiver Eligibility</strong></td>
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<tr>
<td><strong>Enrollment Limit</strong></td>
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<tr>
<td><strong>How to Apply</strong></td>
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<tr>
<td><strong>Contact Information</strong></td>
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<tr>
<td><strong>Link to Waiver Application</strong></td>
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<td><strong>Expiration Date</strong></td>
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<tr>
<td><strong>Date of Last Update</strong></td>
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</tbody>
</table>
**WY Supports Waiver (1060.R00.00)**

**State Operating Agency:** Wyoming Department of Health, Behavioral Health Division

The Supports Waiver represents Wyoming’s commitment to funding supportive services so eligible participants can actively participate in the community with friends and family, be competitively employed, and live as healthy, safe, and independently as possible according to their own choices and preferences. The waiver uses a person-centered approach to determine the support needs of participants in the Individualized Plan of Care and to assign the individual budgeted amount.

Developing community connections, natural supports, and self-direction opportunities are essential components of the Supports Waiver, along with providing traditional service delivery options. Through self-direction, the waiver allows for more flexibility for waiver participants to develop and change their service plans, provide resources and training to assist participants in learning the service system, offers some new service options, gives participants an opportunity to self-direct services, to hire and fire staff, and provides ongoing resources and training to participants, families, and providers.

Services provided by this waiver include: adult day, case management, community integration, homemaker, personal care, prevocational, respite, supported employment, dietician services, occupational therapy (OT), physical therapy (PT), skilled nursing, speech/hearing/language services, independent support brokerage, behavioral support services, child habilitation, cognitive retraining, companion, crisis intervention support, environmental modification, individual habilitation training, self-directed goods and services, specialized equipment, supported living, and transportation.

The Supports Waiver provides participants and their families the opportunity for enhanced health, freedom, choice, control, and responsibility over services received through the statewide availability of self-directed service delivery. Waiver participants may also opt for traditional service delivery or a mix of the two.

<table>
<thead>
<tr>
<th>Waiver Type</th>
<th>1915(c)</th>
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<tbody>
<tr>
<td>Target Population-Eligibility</td>
<td>Individuals at least 21 years old diagnosed with a brain injury as well as individuals of all ages diagnosed with a developmental or intellectual disability. There is no maximum age limit.</td>
</tr>
<tr>
<td>Level of Care</td>
<td>Individuals require the level of care available at an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).</td>
</tr>
<tr>
<td>Respite Services</td>
<td>Respite Service is intended to be utilized on a short-term, temporary basis for an unpaid caregiver to provide relief from the daily burdens of care. Respite service includes assistance with activities of daily living (ADL), medication assistance if needed, and supervision. Respite cannot be used to substitute for care while the primary caregiver is at work or during services otherwise available through public education programs including education activities, after school supervision, daytime services when the school is not in session, or services to preschool age children. It may be provided in the caregiver’s home, the provider’s home, or in community settings. Respite can only be provided for up to two people at the same time or up to three if members are in the same family and live in the same household (as long as all participants can be safely supported by one provider or unless the participant’s plan of care requires an intensive support level). Routine transportation by the provider includes trips to the provider’s home or to a place in the community that the participant might go as part of the provision of respite services, such as a store, theater, playground, etc. Respite is reimbursed as a 15-minute unit or a daily rate. Any use of respite over 9 hours a day must be billed as a daily unit. Approved amount of service is based upon the participant’s need and budget limit. Services provided must be provided as relief of the primary caregiver, should primarily be episodic in nature, and not used when parents or primary caregivers are working. Relative providers (excluding parents/stepparents) may provide this service. Respite services cannot be provided during the same time period as other waiver services, which is subject to audit by Medicaid. A respite service provider or provider staff providing respite services: cannot serve more than two waiver participants or</td>
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Medicaid Waivers for Respite Support – 2015-16
ARCH National Respite Network and Resource Center | www.archrespite.org
up to three, if participants are in the same family and live in the same household (as long as all participants can be safely supported by one provider or unless the participant’s plan of care requires an intensive support level); may also provide supervision to other children under the age of 12 or other individuals requiring support and supervision, but; must limit the total combined number of persons they are providing services to at a given time (both participants and other children under the age of 12 or other individuals requiring support and supervision) to no more three persons unless approved by the Division; must adhere to the supervision levels identified in each participant’s plan of care.

Respite services cannot take the place of residential or day services. Transportation is included in the rate. The participant may choose to receive a more appropriate service such as child habilitation services or companion services for supports and supervision while their primary caregiver is working. Respite is not intended for day care while the caregiver is working. The respite site and services shall match the identified needs of the participant and family.

A respite provider cannot provide respite services to adults and children at the same time except to participants who are 18 to 20 years of age who may receive respite services with adults. In exceptional cases, such as when participants are members of the same family, respite may be provided to adults and children at the same time with Division approval.

### Respite Provider Eligibility


### Caregiver Eligibility

Respite services may not be provided by a legally responsible person or a legal guardian, but may be provided by a relative.

### Enrollment Limit

516: Year ending 03/31/2016

### How to Apply

To apply, reference the Supports Waiver application Guide found in the New Guides and Manuals section of the website linked below.


### Contact Information

Contact the Behavioral Health Division via phone: (307) 777-7115 or email: bhdmail@wyo.gov for more information.

### Link to Waiver Application

Link to application unavailable

### Expiration Date

03/31/2019

### Date of Last Update

6/24/2016
**Description**

Using a new resource allocation model and revised services, the new Comprehensive Waiver will provide a wide array of services and flexibility to meet individual needs and to promote and support independence; develop new supported living and residential service options, increase employment support and career development options; and focus on outcomes for people served. The Comprehensive Waiver uses a person-centered approach to determine the support needs of participants in the Individual Plan of Care and to assign the individual budgeted amount. Developing community and natural supports and connections and supporting self-direction are essential components, but traditional service delivery is also available to participants on the waiver. Through self-direction, the waiver allows for more flexibility for waiver participants to develop and change their service plans, provide resources and training to assist participants in learning the service system, offers some new service options, gives participants an opportunity to self-direct services, to hire and fire staff, and provides ongoing resources and training to participants, families, and providers.

Services provided by this waiver include: adult day, case management, community integration, homemaker, personal care, prevocational, residential habilitation, respite, supported employment, dietician services, occupational therapy (OT), physical therapy (PT), skilled nursing, speech/hearing/language services, independent support brokerage, behavioral support, child habilitation, companion, crisis intervention support, environmental modification, individual habilitation training, self-directed goods and services, special family habilitation home, specialized equipment, supported living, and transportation.

The Comprehensive Waiver provides participants and their families the opportunity for enhanced health, freedom, choice, control, and responsibility over services through the statewide availability of self-directed service delivery. Waiver participants may opt for traditional service delivery or a mix of the two.

**Waiver Type**

1915(c)

**Target Population-Eligibility**

Individuals of all ages diagnosed with a developmental or intellectual disability.

**Level of Care**

Individuals require the level of care available at an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

**Respite Services**

Respite Service is intended to be utilized on a short-term, temporary basis for an unpaid caregiver or non-CARF residential or special family habilitation home provider to provide relief from the daily burdens of care. Respite service includes assistance with activities of daily living (ADL), medication assistance if needed, and supervision. Respite cannot be used during services otherwise available through public education programs including education activities, after school supervision, daytime services when the school is not in session, or services available to preschool age children.

Respite is reimbursed as a 15-minute unit or a daily rate. The total number of 15 minute units available for respite per plan year is 5,000. Each unit used of the daily unit counts as 48 units against the 5000 (Rate is based on 12 hours of service, so 12*4=48 15 minute units). Respite cannot be used for childcare/daycare purposes while the primary caregiver is working. Any use of respite over 9 hours a day must be billed as a daily unit. Approved amount of service is based upon the participant’s need and budget limit, not to exceed 1664 units per plan year on Comprehensive waiver. Services provided must be provided as relief of the primary caregiver, should primarily be episodic in nature, and not used when parents or primary caregivers are working. Relative providers (excluding parents/stepparents) may provide this service. Respite services cannot be provided during the same time period as other waiver services, which is subject to audit by Medicaid.

A respite service provider or staff providing respite services: cannot serve more than two waiver participants or up to three, if participants are in the same family and live in the same household (as long as all participants can be safely supported by one provider or unless the participant’s plan of care
respite care may provide supervision to other children under the age of 12 or other individuals requiring support and supervision, but must limit the total combined number of persons they are providing services to at a given time (both participants and other children under the age of 12 or other individuals requiring support and supervision) to no more three persons unless approved by the Division; and must adhere to the supervision levels identified in each participant’s plan of care.

Respite services cannot take the place of residential or day services. Transportation is included in the rate. A respite provider cannot provide respite services to adults and children at the same time except to participants who are 18 to 20 years of age who may receive respite services with adults. In exceptional cases, such as when participants are members of the same family, respite may be provided to adults and children at the same time with Division approval.

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Details</th>
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<tbody>
<tr>
<td>Caregiver Eligibility</td>
<td>Respite services may be provided by a relative, but not a legally responsible person or a legal guardian.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>1720: Year ending 03/31/2016</td>
</tr>
<tr>
<td>How to Apply</td>
<td>To apply, reference the Comprehensive Waiver Guide found in the New Guides and Manuals section of the website linked below. <a href="http://health.wyo.gov/ddd/ComprehensiveandSupportsWaiver.html">http://health.wyo.gov/ddd/ComprehensiveandSupportsWaiver.html</a></td>
</tr>
<tr>
<td>Contact Information</td>
<td>Contact the Behavioral Health Division via phone: (307) 777-7115 or email: <a href="mailto:bhdmail@wyo.gov">bhdmail@wyo.gov</a> for more information.</td>
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<tr>
<td>Link to Waiver</td>
<td>Link to application unavailable</td>
</tr>
<tr>
<td>Application</td>
<td></td>
</tr>
<tr>
<td>Expiration Date</td>
<td>03/31/2019</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>6/24/2016</td>
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</table>