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. In California, the Medicaid program is known as Medi-Cal. 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 with Developmental Disabilities

Provides behavioral intervention, community living arrangements, day service, community-based adult services, 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 Home and Community-Based Alternatives (formerly Nursing Facility/Acute Hospital)

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 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, family/caregiver training, medical equipment operating expense, PERS-installation and testing, PERS, private duty nursing-including shared services, transitional case management for medically fragile and technology dependent individuals of all ages.

CA Self-Determination Program (SDP) Waiver for Individuals with Developmental Disabilities

Provides community-living, prevocational, and employment supports, homemaker, live-in caregiver, respite, acupuncture, chiropractic, dental, home health aide, lenses/frames, optometric/optician services, occupational/physical therapy, psychology and speech, hearing and language services, financial management, independent facilitator, behavioral intervention, communication and community integration supports, crisis intervention/support, environmental accessibility, family support services/training, housing access supports, individual training and education, massage therapy, non-medical transportation, nutritional consultation, personal emergency response systems (PERS), skilled nursing, specialized medical equipment/ supplies, technology, training/counseling services for unpaid caregivers, transition/set up expenses, vehicle modifications and adaptations.
CA HCBS Waiver for Californians with Development Disabilities (0336.R04.00)
State Operating Agency: Department of Health Care Services (DHCS)

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/frames, psychology services, skilled nursing, specialized medical equipment/supplies, specialized therapeutic services, speech/hearing and language services, transition/set up expenses, and vehicle modifications.

As of May 2019, community-based adult services were added to the waiver. These services are a continuation of the amount, duration, and scope of the state plan, not to exceed 12 hours per day. Services include both health and social services. Transportation between the individual’s place of residence and community-based adult services center as well as limited meals are provided.

Waiver Type
1915(c)

Target Population-Eligibility
Individuals of any age who have been diagnosed with Autism or a developmental and/or intellectual disability. Criteria: a developmental disability that 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. To qualify for a waiver, individuals must already be enrolled as a Medi-Cal recipient and assigned to a regional center.

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 due to the absence of or need for relief of the non-paid primary caregiver. May receive up to 90 hours 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.

Out of home respite services are provided in licensed residential facilities, certified family or group homes, and approved camps. May receive up to 21 days in a fiscal year.

Respite typically is obtained from a respite vendor, by use of vouchers and/or alternative respite options. Vouchers enable a family to choose the service provider directly through a payment, coupon or other type of authorization.

Respite Provider Eligibility
All providers must be licensed or approved as a vendor. Licensing requirements and information: http://www.cdss.ca.gov/inforesources/Adult-Care-Licensing/Resources-for-Providers, (916) 651-8848.

The vendorization process is completed by the regional centers. Individual providers must have CPR and First Aid training/certification and possess the necessary skill, training and education to complete required services. See vendorization process: https://www.dds.ca.gov/Rates/Vendor_Process.cfm

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

Enrollment Limit
130,000: Year 1; 134,000: Year 2; 140,000: Year 3; 145,000: Year 4; 150,000: Year ending 12/31/2022

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

Contact Information
Visit http://www.dds.ca.gov/RC/RCList.cfm to access the directory of the 21 regional centers.

Link to Waiver Application
Link at Medicaid.gov (go down to “Approved Application(s) and Related Documents”: https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=8162

Expiration Date
12/31/2022

Date of Last Update
07/10/2019
**Description**
The HCBA supports and services are designed to allow qualifying participants, physically-disabled persons who are either currently in nursing homes, intermediate care facilities, or likely to need long-term nursing home care within a month, to return home or to continue living in their current residence. Services provided include 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>
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<tbody>
<tr>
<td>Target Population-Eligibility</td>
<td>Individuals of any age who are diagnosed as medically fragile or technology dependent</td>
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<tr>
<td>Level of Care</td>
<td>Individuals require level of care available in an acute hospital (LOC) for 90 consecutive days or greater, skilled nursing facility, sub-acute nursing facility, or intermediate level of care for individuals with intellectual disabilities who also meet criteria for developmentally disabled-continuous nursing care.</td>
</tr>
<tr>
<td>Respite Services</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>Respite Provider Eligibility</td>
<td>All providers must be licensed or approved as a vendor. Licensing requirements and information: <a href="http://www.cdss.ca.gov/inforesources/Adult-Care-Licensing/Resources-for-Providers">http://www.cdss.ca.gov/inforesources/Adult-Care-Licensing/Resources-for-Providers</a>, (916) 651-8848. The vendorization process is completed by the regional centers. Individual providers must have CPR and First Aid training/certification and possess the necessary skill, training and education to complete required services. See vendorization process: <a href="https://www.dds.ca.gov/Rates/Vendor_Process.cfm">https://www.dds.ca.gov/Rates/Vendor_Process.cfm</a></td>
</tr>
<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>5500: Year 1; 6500: Year 2; 7500: Year 3; 8500: Year 4; 8974: Year ending 12/31/2021</td>
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<tr>
<td>How to Apply</td>
<td>Contact your regional center for assistance. Link to application not available; however, visit this link for helpful information: <a href="https://www.payingforseniorcare.com/medicaid-waivers/ca-nursing-facility-acute-hospital-waiver.html#Eligibility-Guidelines">https://www.payingforseniorcare.com/medicaid-waivers/ca-nursing-facility-acute-hospital-waiver.html#Eligibility-Guidelines</a></td>
</tr>
<tr>
<td>Contact Information</td>
<td>Visit <a href="http://www.dds.ca.gov/RC/RList.cfm">http://www.dds.ca.gov/RC/RList.cfm</a> to access the directory of the 21 regional centers.</td>
</tr>
<tr>
<td>Link to Waiver Application</td>
<td>Link at Medicaid.gov (go down to “Approved Application(s) and Related Documents”: <a href="https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=8165">https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=8165</a></td>
</tr>
<tr>
<td>Expiration Date</td>
<td>12/31/2021</td>
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<tr>
<td>Date of Last Update</td>
<td>07/10/2019</td>
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**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, nutrional 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 program is available in all counties except the following seven: Del Norte, Nevada, Plumas, San Benito, San Luis Obispo, Sierra, and Sutter counties. The availability of the waiver program does not mean automatic enrollment. In some counties, there may be waiting lists.

<table>
<thead>
<tr>
<th>Waiver Type</th>
<th>1915(c); operates concurrently with an 1115 demonstration known as the Coordinated Care Initiative (CCI)</th>
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<tbody>
<tr>
<td>Target Population-Eligibility</td>
<td>Individuals 65 years old and older who live within an MSSP site service area, can be served within MSSP's cost limitations and are appropriate for care management services, currently eligible for Medi-Cal, and able to be certified or certifiable for placement in a nursing facility.</td>
</tr>
<tr>
<td>Level of Care</td>
<td>Individuals require level of care available in a nursing facility (NF).</td>
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<tr>
<td>Respite Services</td>
<td>Respite services will include the supervision and care of a client while the family/other individuals, who normally provide full time care, take a short-term break, which 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 are provided in-home through appropriate available resources. Out-of-home respite may be provided in Residential Care Facilities for the Elderly (RCFE). Intermediate Care Facilities (ICF’s). RCFE’s may be used for long-term placement of MSSP clients.</td>
</tr>
<tr>
<td>Respite Provider Eligibility</td>
<td>All providers must be licensed or approved as a vendor. Licensing requirements and information: <a href="http://www.cdss.ca.gov/inforesources/Adult-Care-Licensing/Resources-for-Providers">http://www.cdss.ca.gov/inforesources/Adult-Care-Licensing/Resources-for-Providers</a>, (916) 651-8848. The vendorization process is completed by the regional centers. Individuals providing services in the Waiver Participant’s residence shall be trained and experienced in homemaker services, personal care, or home health services, depending on the requirements in the waiver participant's care plan. See vendorization process: <a href="https://www.dds.ca.gov/Rates/Vendor_Process.cfm">https://www.dds.ca.gov/Rates/Vendor_Process.cfm</a></td>
</tr>
<tr>
<td>Caregiver Eligibility</td>
<td>Respite cannot be provided by a legally responsible person, a relative, or a legal guardian.</td>
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<tr>
<td>Enrollment Limit</td>
<td>9283: Year ending 12/31/2019</td>
</tr>
<tr>
<td>How to Apply</td>
<td>Contact your regional center for assistance or call the Senior Information Line for more information.</td>
</tr>
<tr>
<td>Contact Information</td>
<td>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 or call the Senior Information Line at the CA Department of Aging, (800) 510-2020</td>
</tr>
<tr>
<td>Link to Waiver Application</td>
<td>Link at Medicaid.gov (go down to “Approved Application(s) and Related Documents”: <a href="https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=8174">https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=8174</a></td>
</tr>
<tr>
<td>Expiration Date</td>
<td>Approved for extension to 12/31/2019; renewal application submitted and pending</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>07/10/2019</td>
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</tbody>
</table>
### Description
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/coordination, habilitation services, home respite, waiver personal care, community transition, environmental accessibility adaptations, family/caregiver training, medical equipment operating expense, PERS-installation and testing, PERS, private duty nursing-including shared services, transitional case management for medically fragile and technology dependent individuals. The waiver participant has the option of selecting the provider of waiver services appropriate to his/her care needs.

### Waiver Type
1915(c)

### Target Population-Eligibility
Individuals of any age who are diagnosed as medically fragile or technology dependent. For more information, visit [https://www.dhcs.ca.gov/services/ltc/Pages/Member-Enrollment-for-In-Home-Operations-(IHO)-Waiver.aspx](https://www.dhcs.ca.gov/services/ltc/Pages/Member-Enrollment-for-In-Home-Operations-(IHO)-Waiver.aspx)

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

### Respite Services
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 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 responsibility of caring for a participant. Respite can be used up to 7 days in a row not to exceed 40 days in a year.

### Respite Provider Eligibility
All providers must be licensed or approved as a vendor. Licensing requirements and information: [http://www.cdss.ca.gov/inforesources/Adult-Care-Licensing/Resources-for-Providers](http://www.cdss.ca.gov/inforesources/Adult-Care-Licensing/Resources-for-Providers), (916) 651-8848. The vendorization process is completed by the regional centers. See information on vendorization process at [https://www.dds.ca.gov/Rates/Vendor_Process.cfm](https://www.dds.ca.gov/Rates/Vendor_Process.cfm)

### Caregiver Eligibility
In-home waiver-directed respite must be provided by a Licensed Vocational Nurse (LVN) or a Registered Nurse (RN). The LVN or RN may be legally responsible person, a relative, or a legal guardian only under the following circumstances: there are no other available providers, the individual lives in a rural area or the cost neutrality for waiver services only can be established and/or maintained by using this individual. Participants or legal representatives selecting participant-directed respite care services can hire an unlicensed adult who is not the spouse, or legally responsible adult, parent, step-parent, or foster parent of a minor and is enrolled with the county’s Department of Social Services In-Home Supportive Services (IHSS) as a Personal Care Service (PCS) provider. The person must demonstrate competency.

### Enrollment Limit
106: Year ending 12/31/2019

### How to Apply
Contact your county In-Home Supportive Services (IHSS) office.

### Contact Information
Find your county office at this link: [http://www.cdss.ca.gov/inforesources/County-IHSS-Offices](http://www.cdss.ca.gov/inforesources/County-IHSS-Offices)

### Link to Waiver Application
Link to Medicaid.gov (go down to “Approved Application(s) and Related Documents”): [https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=8177](https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=8177)

### Expiration Date
12/31/2019

### Date of Last Update
07/12/2019
CA Self-Determination Program (SDP) Waiver for Individuals with Developmental Disabilities (1166.R00.00)
State Operating Agency: Department of Developmental Services, DHCS

Description
The purpose of the Self Determination Program (SDP) Waiver for Individuals with Developmental Disabilities (IDD) is to offer home and community-based services not otherwise available through a participant’s Medicaid program. The SDP Waiver serves participants in their own homes and communities as an alternative to an intermediate care facility. It allows participants to have greater control and responsibility regarding the delivery of needed services. With the receipt of appropriate supports and information, participants are able to manage their service mix within an individual budget amount to achieve the goals and objectives of their individual program plans.

The program provides community-living and employment supports, homemaker, live-in caregiver, prevocational supports, respite, acupuncture, chiropractic, dental, home health aide, lenses/frames, optometric/optician services, occupational and physical therapy, psychology and speech, hearing and language services, financial management, independent facilitator, behavioral intervention, communication and community integration supports, crisis intervention and support, environmental accessibility adaptations, family support services, family/consumer training, housing access supports, individual training and education, massage therapy, non-medical transportation, nutritional consultation, participant-directed goods and services, personal emergency response systems (PERS), skilled nursing, specialized medical equipment/ supplies, technology, training and counseling services for unpaid caregivers, transition/set up expenses, vehicle modifications and adaptations.

Annual Waiver Type 1915 (c)
Target Population-Eligibility Individuals of all ages who are diagnosed with Autism or determined to have a development disability or an intellectual disability.
Level of Care Individuals require level of care available in an in either an intermediate care facility for the developmentally disabled (ICF/DD), ICF/DD-H (habilitative) or ICF/DD-N (nursing.)
Respite Services Respite Services are provided to participants who require intermittent temporary supervision. The services are provided on a short-term basis because of the absence or need for relief of those persons who normally care for and/or supervise them and are non-medical in nature, with the exception of colostomy, ileostomy, catheter maintenance, and gastrostomy. Respite can be any of the following: 1) services provided by the hour on an episodic basis or by the day/overnight on a short-term basis because of the absence of or need for relief for those persons normally providing the care to individuals; 2) services that attend to the participant’s basic self-help needs and other activities of daily living, including interaction, socialization, and continuation of usual daily routines that would ordinarily be performed by those persons who normally care for and/or supervise them.
Respite Services may be provided in a private residence, residential facility approved by the State, and other community settings that are not a private residence, such as an adult family home/family teaching home, certified family homes for children, adult day care facility, camp or licensed preschool.
Respite Provider Eligibility Respite services may be purchased from qualified agencies or individuals by the participant. Individuals must have Cardiopulmonary Resuscitation (CPR) and First Aid training from agencies offering such training and the skill, training, or education necessary to perform the required services.
Caregiver Eligibility Respite Services cannot be provided by the primary care provider or his/her spouse.
Enrollment Limit 2,500: Annually for the first three years
### How to Apply
Contact your regional center to find out when and where Informational meetings are scheduled in your community. Attend the meeting with your UCI (Unique Client Identifier) number and current mailing address. Your UCI number can be found on your Individual Program Plan (IPP) document or obtained from your providers or Service Coordinator. For more information on procedure, see [https://www3.dds.ca.gov/initiatives/sdp/self-determination-program-enrollment/](https://www3.dds.ca.gov/initiatives/sdp/self-determination-program-enrollment/)

### Contact Information
CA Department of Developmental Services (916) 654-1690.

### Link to Waiver Application
[https://www.dds.ca.gov/SDP/docs/sdpWaiverApplication032018.pdf](https://www.dds.ca.gov/SDP/docs/sdpWaiverApplication032018.pdf)

### Expiration Date
06/30/2023

### Date of Last Update
7/11/2019