Medicaid Waivers for Respite Support
State-by-State Summaries of Medicaid Waiver Information

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

Prepared by the Institute for Families in Society
University of South Carolina

for the
ARCH National Respite Network and Resource Center

archrespite.org
Acknowledgements

ARCH wishes to acknowledge the work of Kathy Mayfield-Smith, MA, MBA, Research Associate Professor, as the editor; Toni Parker, Student Assistant; Renee Gibson, LMSW; and the Division of Medicaid Policy Research, Institute for Families in Society at the University of South Carolina for the research and compilation of the 2019 update of this document. Specific acknowledgement is given to Dawn Sudduth, 3RGDesignWorks for format and cover design.
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](https://archrespite.org), 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](https://archrespite.org), to help family caregivers and professionals locate respite services and funding sources in their community; the [National Respite Coalition](https://archrespite.org), 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](https://archrespite.org), which is funded by the [Administration for Community Living (ACL)](https://acl.hhs.gov) 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.

**ARCH* National Respite Network and Resource Center**

[archrespite.org](https://archrespite.org)

*ARCH stands for Access to Respite Care and Help*

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This project was supported, in part by grant number 90LT0002, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy.
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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.

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<td>ABI</td>
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<td>ACA</td>
<td>Affordable Care Act</td>
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<td>Administration for Children and Families</td>
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<td>Advanced Practice Registered Nurse</td>
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<td>Access to Respite Care and Help</td>
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<td>PRTF</td>
<td>Psychiatric Residential Treatment Facility</td>
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<td>Physical Therapy</td>
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<td>Retired and Senior Volunteer Program</td>
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<td>Traumatic Brain Injury</td>
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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 who are aging or who have 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. This movement has increasingly utilized managed care §1915(b) waivers and §1115(a) demonstration waivers. 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.

Medicaid HCBS and eligibility criteria vary from state to state. In addition, many states are transitioning their long-term services and supports into managed care. This guide is intended to be a meaningful tool for family caregivers and those who assist them in accessing services to help navigate the changing landscape of Medicaid HCBS waivers that pay for respite. This includes care coordinators, case managers, care navigators, Lifespan Respite Programs and grantees, State Respite Coalitions, Aging and Disability Resource Center (ADRC)/No Wrong Door 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 and most vulnerable 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.

Medicaid continues to be the primary source of coverage for long-term service and supports (LTSS). By financing over half (52%) of LTSS, it fills a major gap by covering services that are not covered by private insurance or Medicare. 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. Nearly all HCBS enrollment (86%) went to services that are state options, not mandatory services.¹

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 2017, four main Medicaid HCBS programs provided access to long-term services and supports for more than 4.6 million people. Most of the growth has occurred through waiver programs. In FY 2017, more than 1.7 million individuals (38%) were served through §1915(c) waivers in 47 states and DC and 656,000 individuals (14%) received care through §1115 waivers in 11 states. In addition, 645,000 individuals (14%) received care through the home health state plan benefit in 50 states and DC, and 1.2 million individuals (25%) received the personal care state plan services benefit in 35 states.²

HCBS can be provided through either a provider managed or self-directed service delivery model. Increasingly, states are electing to offer services through the self-direction model. This model typically includes initiatives to allow the participants to choose how to allocate their own budgets for services and/or allow them to select, train, supervise and dismiss their HCBS providers. All 50 states and D.C. allow some type of self-directed personal care assistance. In 2017, 44 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.³

Under these various types of Medicaid programs, many states allow participants to hire friends and relatives, who do not have legal authority over the participant, to provide the needed assistance.

² Ibid., 2019
³ Ibid., 2019
Usually, it is an adult child who may provide care for a parent, but several states, such as Arizona, California, Colorado, Delaware, Florida, and Oregon, now allow spouses to be paid caregivers.\(^4\)

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,**
- **Section 1915(b) Managed Care/Freedom of Choice Waivers,**
- **Section 1915(c) Home and Community-Based Services Waivers,** and
- **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 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.

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\(^4\) How to Receive Financial Compensation via Medicaid to Provide Care for a Loved One, *eParent*, 8/28/2019
http://www.eparent.com/features-3/how-to-receive-financial-compensation-via-medicaid-to-provide-care-for-a-loved-one/?fbclid=IwAR0y9XuvVFJsmBpN6ArPzMC1w6ij3ylMYA1aNxKi2f0FbmVvUm9v8QRTW54
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, the services included in each waiver and the geographic areas served. When included in waivers, 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. In 2017, 47 All states and the District of Columbia had Section §1915(c) HCBS waivers Among states with these waivers, most have waivers focused on beneficiaries who are older adults, adults with physical disabilities, or beneficiaries of any age with an intellectual or developmental disability. However, many states have waivers for beneficiaries with other disabilities, such as Traumatic Brain Injury/Spinal Cord Injury, people with mental or behavioral health conditions, children who are medically fragile or dependent on technology, and people with HIV/AIDS. Like the names of the Medicaid programs in each state, the names of similar waivers vary from state to state. Three states, including Arizona, 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. Although Oregon has transitioned all respite services and most LTSS into a §1115 waiver, it still operates multiple §1915(c) waivers for employment supports and related services. Other states, like California, Delaware, Hawaii, New Jersey, New Mexico, New York, Tennessee, Texas, and Virginia, are moving only some of their HCBS waivers into a broader §1115 demonstration.\(^5\)

Depending on the waiver authority used, states may set maximum enrollment limits, or caps, 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 2017, 40 states reported approximately 707,000 people on waiting lists across 154 §1915(c) waivers. Two-thirds (67%, about 473,000) were individuals with intellectual and/or developmental disabilities and over one-quarter (28%, about 201,000) were seniors or adults with disabilities. The national average time an individual was on a §1915(c) waiting list was 30 months, with the average ranging from 4 months for people with HIV/AIDS to 66 months for people with intellectual or developmental disabilities.\(^6\)

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. In FY2020, nearly all states (47) are expanding the number of people served in home and community-based settings. Many states also are moving toward capitated-managed care for long-term services and supports.

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\(^5\) Center for Medicare & Medicaid Services, State Waivers List (2019).  

\(^6\) Kaiser Family Foundation (2019).  
*Key Questions about Medicaid Home and Community-Based Services Waiver Waiting Lists.*  
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 2017, several states have established separate programs for people dually eligible for Medicare and Medicaid as part of the CMS Financial Alignment initiative, and total enrollment in these MLTSS programs was 1.8 million. As of July 2019, 25 states covered long-term services and supports through one or more managed care arrangements. Another two states operated managed fee-for-service LTSS models. In FY2019 and FY2020, will expand their MTLSS programs either through geographic or population expansions.

For a full list of current state waiver programs, see the State Waivers List on the Center for Medicare & Medicaid Services website: https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/index.html

This compilation includes information on Medicaid waivers and demonstrations, particularly 1915(c), 1915(b/c) combinations, 1115, and 1115(a)/1915(c) combination 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 test, demonstrate and evaluate policies or approaches that have not been widely implemented, including expanded or restricted eligibility guidelines, coverage of services not typically provided, or innovation in service delivery systems. On March 14, 2017, the Department of Health and Human Services and CMS issued a letter to the nation’s governors affirming the federal government’s partnership with states to improve the integrity and effectiveness of the Medicaid program for low-income beneficiaries. CMS encourages states to bring forward proposals designed to accomplish this, grounded in ideas that reflect the dynamics and culture of a state.

**Funding:** State Medicaid agencies submit applications, often working with the Centers for Medicare and Medicaid Services (CMS) to develop the proposal. Demonstrations typically run 5 years and can be extended for an additional three to five years. Demonstrations must be budget neutral, not costing the federal government more than they would without the waiver.

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**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 state plan options in §1915(j) for Self-Directed Personal Assistance Services and §1915(k) for Self-Directed Attendant Care Services. Increasingly, states are using 1115 waivers to implement capitated Medicaid managed care for long-term services and supports.

**Respite connection:** Many state §1115 waivers include respite services, while others 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 and Medicaid Services (CMS), the Office of Management and Budget (OMB), and the 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:** If the state utilizes §1115 waivers to pay for respite, find contact information in the corresponding state summary in this document.


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**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 and 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 §1915(b) waiver are less than the state’s projected budget for the program without the waiver. §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.
Points of contact: If the state utilizes §1915(b) waivers to pay for respite, find contact information in the corresponding state summary in this document.


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 §1915(c) waivers can be grouped into nine categories: (1) case management, (2) home-based services (including personal care, companion services, home health, respite, chore/homemaker services, and home-delivered meals), (3) day services (including day habilitation and adult day health services), (4) nursing/other health/therapeutic services, (5) round-the-clock services (including in-home residential habilitation, supported living, and group living), (6) supported employment/training, (7) other mental health and behavioral services (including mental health assessment, crisis intervention, counseling, peer specialist), (8) equipment/technology/modifications (such as personal emergency response systems, home and/or vehicle accessibility adaptations), and (9) other services (including non-medical transportation, community transition services, payments to managed care, and goods and services). Family members and friends may be providers of waiver services if they meet the specified provider qualifications. In general, spouses and parents of minor children cannot be paid providers of waiver services; however, several states, such as Arizona, California, Colorado, Delaware, Florida, and Oregon, now allow spouses to be paid caregivers.

Respite connection: Respite specifically is supported by this waiver authority and most states include respite within one or more of their §1915 (c) Medicaid waiver programs. It is the leading source of federal funds for respite care for eligible persons. In 2017, all states had at least one §1915(c) HCBS waiver except Arizona, Rhode Island and Vermont, which operate their long-term care programs solely under §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 2017, there were 276 HCBS waiver programs in 47 states and the District of Columbia with a state average of six and ranging from one to eleven. Most states include respite within one or more of their §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.

- **Group Respite** is provided in a group setting to encourage socialization and may be provided in a licensed facility, camp, or other appropriate community setting.

- **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-traditional 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 §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.”13 The rule also establishes requirements for home and community-based settings under the §1915(c), §1915(i) and §1915(k) Medicaid authorities, and person-centered planning requirements for Medicaid HCBS participants under §1915(c) and §1915(i).14

§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.

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.


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**Combined Sections 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 the aging or to people with disabilities. States use the §1915(b) authority to mandate managed care enrollment or limit provider contracting and to target eligibility 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.

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**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.

**Activities supported by the funding:** All activities allowable under both §1915(b) and §1915(c) waiver programs may be included.

**Respite connection:** As discussed in the section on §1915(b) waivers, these waivers may expand services to include respite; respite is specifically 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 non-traditional home and community-based services (e.g., homemaker and adult day health services and respite care) in their managed care programs.

Section 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. For participants to access HCBS, they must enroll with a state-contracted managed care plan.

**Points of contact:** If the state utilizes §1915(b)(c) waivers for respite, find contact information in the corresponding state summary in this document.


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**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 of the HCBS services provided in each waiver, and the target population eligible for those services.

2. **Detailed Summaries of Specific Waivers** provide detailed descriptions of each waiver. At the top of the waiver summary page, 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 or in the list below to
go to that state’s title page.
2. From the Title page for that state, 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. You can jump to a specific state’s waivers by clicking the link below.
Louisiana
Maine
Maryland
Massachusetts
Michigan
Minnesota
Mississippi
Missouri
Montana
Nebraska
Nevada
New Hampshire
New Jersey
New Mexico
New York
North Carolina
North Dakota
Ohio
Oklahoma
Oregon
Pennsylvania
Rhode Island
South Carolina
South Dakota
Tennessee
Texas
Utah
Vermont
Virginia
Washington
West Virginia
Wisconsin
Wyoming
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 Home & Community-Based Waiver for Persons with Intellectual Disabilities**
- Provides residential habilitation, residential habilitation-other living arrangement, day habilitation, day habilitation with transportation, prevocational services, supported employment, individual job coach and job developer, occupational therapy (OT), speech and language therapy, physical therapy (PT), behavior therapy, in-home, out-of-home and institutional respite care, personal care (including on worksite), transportation, environmental accessibility adaptations, specialized medical equipment, medical supplies, skilled nursing, adult companion services, crisis intervention, and community specialist for individuals aged 3 and older who are diagnosed with an intellectual disability.

**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, 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 for individuals aged 3 and above who are diagnosed with an intellectual disability or related conditions.

**Alabama Community Transition (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, respite care (skilled and unskilled), companion service, and home delivered meals for individuals aged 65 and older.
**Description**
This waiver is a comprehensive waiver that provides day habilitation, day habilitation with transportation, residential habilitation, residential habilitation-other living arrangement, prevocational services, supported employment, individual job coach and job developer, OT (occupational therapy), speech and language therapy, PT (physical therapy), behavior therapy, in-home, out-of-home and institutional respite care, personal care (including on worksite), transportation, environmental accessibility adaptations, specialized medical equipment, medical supplies, skilled nursing, adult companion services, crisis intervention, and community specialist.

**Waiver Type**
1915(c)

**Target Population-Eligibility**
Individuals age 3 and older who are diagnosed with an intellectual disability.

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

**Respite Services**
Respite Care services are given to waiver recipients 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. Respite care may be provided in the waiver recipient’s home, place of residence, or a facility approved by the State, which is not a private residence. Out-of-home respite care may be provided in a certified group home or ICF/IID. In addition, if the waiver recipient is less than 21 years of age, out-of-home respite care may be provided in a JCAHO Accredited Hospital or Residential Treatment Facility (RTF). 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 Provider Eligibility**
Information on becoming a provider of services for businesses can be found at https://mh.alabama.gov/becoming-a-community-service-provider/

**Caregiver Eligibility**
Respite cannot be provided by a family member.

**Enrollment Limit**
5260: Year ending 09/30/2019

**How to Apply**
Contact your local Department of Mental Health to apply for this waiver. To find the local office, visit https://mh.alabama.gov/regional-offices/

**Contact Information**
Alabama Department of Mental Health, Division of Developmental Disabilities Call Center (800) 361-4491, the point of contact for initial screening and referral to determine eligibility for placement on the waiting list for waiver-funded supports and services.

**Link to Waiver Application**
Renewal 10/01/2019: https://medicaid.alabama.gov/documents/6_0_LTC_Waivers/6_1_HCBS_Waivers/6_1_5_Intellectual_Disabilities_Waiver/6_1_5_ID_Waiver_Renewal_5-24-19.pdf

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

**Date of Last Update**
07/02/2019
**Description**
This waiver is a support waiver for individuals who do not need a formal, paid residential setting and who can achieve an adequate and appropriate level of support. 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 1080 hours (45 days) per participant per waiver year.

**Respite Provider Eligibility**
Information on becoming a provider of services for businesses can be found at https://mh.alabama.gov/becoming-a-community-service-provider/

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

**Enrollment Limit**
569: Years 1-2; 769: Years 3-5 ending 09/30/2020

**How to Apply**
Contact your local Department of Mental Health to apply for this waiver. To find the local office, visit https://mh.alabama.gov/regional-offices/

**Contact Information**
Alabama Department of Mental Health, Division of Developmental Disabilities Call Center (800) 361-4491, the point of contact for initial screening and referral to determine eligibility for placement on the waiting list for waiver-funded supports and services.

**Link to Waiver Application**

**Expiration Date**
09/30/2020

**Date of Last Update**
07/02/2019
Alabama Community Transition (ACT) Waiver (0878.R01.00)
State Operating Agency: Alabama Department of Senior Services (ADSS)

**Description**
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.

**Waiver Type**
1915(c) operates in coordination with a Section 1915(j) waiver

**Target Population-Eligibility**
Individuals aged 65 or older or individuals diagnosed with disabilities or long-term care illnesses (no age requirement), 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. Those individuals must be eligible for transition into the community based upon an assessment and expected to move into the community within 180 days.

**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 and is furnished on a short-term basis because of the absence of or need for relief of those persons normally providing the care. Services may include skilled or unskilled and are based on the needs of the individual participant as reflected in the Plan of Care.

**Respite Provider Eligibility**
Information on becoming a provider of services for businesses at [https://mh.alabama.gov/becoming-a-community-service-provider/](https://mh.alabama.gov/becoming-a-community-service-provider/)
Note: Unskilled, non-licensed personnel must possess the ability to read and write, as well as the ability to work independently on an established schedule and follow the plan of care with minimal supervision. They also must meet the same orientation and in-service requirements as a Personal Care Worker and submit to a program for testing, prevention and control of tuberculosis. Skilled providers must be approved by the Commissioner of the Alabama Medicaid Agency. Personal care providers must be employed by a certified Home Health Agency.

**Caregiver Eligibility**
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 but not the legal guardian or legally responsible person.

**Enrollment Limit**
675: Year ending 03/31/2020

**How to Apply**
Contact your local Area Agency on Aging (AAA) and Aging & Disability Resource Center (ADRC) at (800) 243-5463. Intake/Referral Form link: [https://www.eastalabamaaging.org/uploadedFiles/File/Medicaid%20Waiver/Medicaid_Waiver_Intakereferral_form.pdf](https://www.eastalabamaaging.org/uploadedFiles/File/Medicaid%20Waiver/Medicaid_Waiver_Intakereferral_form.pdf)

**Contact Information**
Alabama Department of Senior Services at (800) 243-5463

**Link to Waiver Application**
Renewal 04/01/2016: [https://medicaid.alabama.gov/documents/6.0_LTC_Waivers/6.1_HCBS_Waivers/6.1.1_ACT_Waiver/6.1.1_ACT_Renewal_6-1-16.pdf](https://medicaid.alabama.gov/documents/6.0_LTC_Waivers/6.1_HCBS_Waivers/6.1.1_ACT_Waiver/6.1.1_ACT_Renewal_6-1-16.pdf)

**Expiration Date**
03/31/2020

**Date of Last Update**
07/02/2019
Alabama Home and Community-Based Waiver for the Elderly and Disabled (0068.R06.00)
State Operating Agency: Alabama Department of Senior Services

**Description**
This Alabama Medicaid waiver is designed to provide services to allow elderly individuals who are disabled or have disabilities and 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.

This waiver includes a consumer-directed care initiative called Personal Choices. Personal Choices is offered statewide and gives individuals the opportunity to have greater involvement, control, and choice in identifying, accessing and managing their long-term services and community supports. All participants are given the opportunity to choose between the Personal Choices Program and traditional waiver services.

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><strong>Waiver Type</strong></th>
<th>1915(c)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target Population-Eligibility</strong></td>
<td>Individuals aged 65 and older or individuals diagnosed with physical, mental health or intellectual disabilities (no age requirement).</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>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><strong>Respite Provider Eligibility</strong></td>
<td>Information on becoming a provider of services for businesses at <a href="https://mh.alabama.gov/becoming-a-community-service-provider/">https://mh.alabama.gov/becoming-a-community-service-provider/</a>.</td>
</tr>
<tr>
<td><strong>Caregiver Eligibility</strong></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><strong>Enrollment Limit</strong></td>
<td>9355: Year ending 09/30/2022</td>
</tr>
<tr>
<td><strong>How to Apply</strong></td>
<td>Contact your local Area Agency on Aging (AAA) and Aging &amp; Disability Resource Center (ADRC) at (800) 243-5463. Intake/Referral Form link: <a href="https://www.eastalabamaaging.org/uploadedFiles/File/Medicaid%20Waiver/Medicaid_Waiver_Intakereferral_form.pdf">https://www.eastalabamaaging.org/uploadedFiles/File/Medicaid%20Waiver/Medicaid_Waiver_Intakereferral_form.pdf</a></td>
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</tr>
<tr>
<td><strong>Expiration Date</strong></td>
<td>09/30/2022</td>
</tr>
<tr>
<td><strong>Date of Last Update</strong></td>
<td>07/02/2019</td>
</tr>
</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:

**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, and 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 aged 21 and older diagnosed with autism, developmental 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, residential supported living, specialized medical equipment, and transportation for individuals ages 0-21 who are diagnosed as medically fragile.

**AK Individualized Supports Waiver for People w/Intellectual and DD**

Provides services to people with IDD living in the community, who have less intensive needs than those on Alaska’s IDD waiver (AK.0260.R005). In some cases, an individual may qualify for both waivers. The ISW provides care coordination, day habilitation, residential habilitation through in-home supports for ages younger than 18, residential habilitation for ages 18 and older through supported living, respite, supported employment, chore, intensive active treatment for adults, and non-medical transportation.

**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.
**Description**
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 waiver provides adult day, care coordination, respite, chore, environmental modifications, meals, residential supported living, specialized medical equipment and supplies, specialized private duty nursing, and transportation.

**Waiver Type**
1915(c)

**Target Population-Eligibility**
Individuals who are age 65 and individuals between age 21 and 64 who are diagnosed with a physical disability.

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

**Respite Services**
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.

**Respite Provider Eligibility**
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:
[http://dhss.alaska.gov/dsds/Pages/provider/default.aspx](http://dhss.alaska.gov/dsds/Pages/provider/default.aspx)

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

**Enrollment Limit**
2672: Year 1; 2763: Year 2; 2857: Year 3; 2954: Year 4; 3054: Year ending 06/30/2021

**How to Apply**
Aging and Disability Resource Center or Senior and Disabilities Services to find a care coordinator. The care coordinator will help you to apply for the waiver.

**Contact Information**
Alaska Department of Health and Social Services, Aging and Disability Resource Centers, toll free (855) 565-2017, (find closest center) at [http://dhss.alaska.gov/dsds/Pages/adrc/default.aspx](http://dhss.alaska.gov/dsds/Pages/adrc/default.aspx) or call Senior and Disabilities Services, (907) 269-3666, [http://dhss.alaska.gov/Commissioner/Pages/Contacts/default.aspx](http://dhss.alaska.gov/Commissioner/Pages/Contacts/default.aspx)

**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=8139](https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=8139)

**Expiration Date**
06/30/2021

**Date of Last Update**
07/02/2019
### AK Adults with Physical and Developmental Disabilities (0262.R05.00)

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

<table>
<thead>
<tr>
<th>Description</th>
<th>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. This waiver 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.</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 who are diagnosed with Autism, a development disability or an intellectual disability.</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. 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.</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>
</tr>
<tr>
<td>Caregiver Eligibility</td>
<td>Respite may be provided by the legal guardian, but not by the legally responsible person or other relative.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>115: Year ending 06/30/2021</td>
</tr>
<tr>
<td>How to Apply</td>
<td>Aging and Disability Resource Center or Senior and Disabilities Services to find a care coordinator. The care coordinator will help you to apply for the waiver.</td>
</tr>
<tr>
<td>Contact Information</td>
<td>Alaska Department of Health and Social Services, Aging and Disability Resource Centers, toll free (855) 565-2017, (find closest center) at <a href="http://dhss.alaska.gov/dsds/Pages/adrc/default.aspx">http://dhss.alaska.gov/dsds/Pages/adrc/default.aspx</a> or call Senior and Disabilities Services, (907) 269-3666, <a href="http://dhss.alaska.gov/Commissioner/Pages/Contacts/default.aspx">http://dhss.alaska.gov/Commissioner/Pages/Contacts/default.aspx</a></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=8140">https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=8140</a></td>
</tr>
<tr>
<td>Expiration Date</td>
<td>06/30/2021</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>07/02/2019</td>
</tr>
</tbody>
</table>
## AK Children w/Complex Medical Conditions (0263.R05.00)

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

### Description
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.

### Waiver Type
1915(c)

### Target Population-Eligibility
Children age 21 or younger who have severe, chronic medical conditions that result in a prolonged dependency on medical care or technology to maintain health and well-being and who experience episodes of acute exacerbation of life-threatening conditions; need extraordinary supervision or observation; and need frequent or life-saving administration of specialized treatments or are dependent on mechanical support devices. Absent home and community-based services, these children would typically require institutionalization.

### 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. 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.

### Respite Provider Eligibility
Must be a certified and/or licensed provider. Senior and Disabilities Services administers an open and continuous provider certification process. Information on becoming a provider of services: [http://dhss.alaska.gov/dsds/Pages/provider/default.aspx](http://dhss.alaska.gov/dsds/Pages/provider/default.aspx)

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

### Enrollment Limit
296: Year 1; 305: Year 2; 314: Year 3; 324: Year 4; 334: Year ending 06/30/2021

### How to Apply
Contact an Aging & Disability Resource Center or Division of Senior & Disabilities Services to find a care coordinator who will help you apply.

### Contact Information
Alaska Department of Health and Social Services, Aging and Disability Resource Centers, toll free (855) 565-2017, (find closest center) at [http://dhss.alaska.gov/dsds/Pages/adrc/default.aspx](http://dhss.alaska.gov/dsds/Pages/adrc/default.aspx) or call Senior and Disabilities Services, (907) 269-3666, [http://dhss.alaska.gov/Commissioner/Pages/Contacts/default.aspx](http://dhss.alaska.gov/Commissioner/Pages/Contacts/default.aspx)

### 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=8141](https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=8141)

### Expiration Date
06/30/2021

### Date of Last Update
07/02/2019
### AK Individualized Supports Waiver for People with Intellectual and Developmental Disabilities (1566.R00.04)

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

#### Description
The purpose of the Individualized Supports Waiver (ISW) is to provide services to people with IDD living in the community, who have less intensive needs than those on Alaska’s IDD waiver (AK.0260.R005). In some cases, an individual may qualify for both waivers. The ISW provides these services: care coordination, day habilitation, residential habilitation for ages younger than 18 through in-home supports, residential habilitation for ages 18 and older through supported living, respite, supported employment, chore, intensive active treatment for adults, and non-medical transportation.

<table>
<thead>
<tr>
<th>Annual Waiver Type</th>
<th>1915(c)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target Population-Eligibility</strong></td>
<td>Individuals of all ages who are diagnosed with Autism or determined to have a development disability or an intellectual disability. For more detail, see <a href="http://dhss.alaska.gov/dsds/Pages/dd/eligible.aspx">http://dhss.alaska.gov/dsds/Pages/dd/eligible.aspx</a></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 care services may be provided for primary unpaid caregivers and providers of family home habilitation services, who need relief or will be unable to provide care for recipients for limited periods. Eligible caregivers are those who provide the oversight, care, and support needed to prevent institutionalization of a recipient. Respite care services may be family directed for recipients in specified waiver categories. With the assistance of a certified respite care services provider, the recipient’s primary unpaid caregiver may train and supervise the individuals chosen to care for a recipient in the caregiver’s absence. Hourly and daily respite can be provided in the recipient’s home; the private residence of the respite care provider; a licensed facility including a nursing facility; a general acute care hospital; or an intermediate care facility for individuals with intellectual or developmental disabilities (ICF/IID). Another community setting may be approved if the setting is appropriate for the needs of the recipient, and the recipient’s health, safety, and welfare will not be placed at risk. Respite care services may not exceed 520 hours of hourly respite care services per year, unless the department approves more hours, or 14 days of daily respite care services per year.</td>
</tr>
<tr>
<td><strong>Respite Provider Eligibility</strong></td>
<td>Providers should be certified home and community-based service agencies and appropriately licensed per state requirements. Senior and Disabilities Services administer a provider certification process. Information on becoming a provider: <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><strong>Caregiver Eligibility</strong></td>
<td>Respite may be provided by the legal guardian, but not the legally responsible person or other relative.</td>
</tr>
<tr>
<td><strong>Enrollment Limit</strong></td>
<td>600: Year ending 06/30/2023</td>
</tr>
<tr>
<td><strong>How to Apply</strong></td>
<td>Applicants first must be determined to experience a developmental disability (DD) as defined by <a href="http://dhss.alaska.gov/laws/as/chapter-47.87.900.6">Alaska state law AS 47.80.900(6)</a> through the <a href="http://dhss.alaska.gov/dsds/Documents/DevelopmentalDisabilityDeterminationApplication.pdf">Developmental Disability Determination Application</a>. Upon positive determination, applicants are encouraged to contact a STAR representative in their area for further assistance: <a href="http://dhss.alaska.gov/dsds/Documents/STAR_Roster.pdf">http://dhss.alaska.gov/dsds/Documents/STAR_Roster.pdf</a></td>
</tr>
<tr>
<td><strong>Contact Information</strong></td>
<td>Alaska Department of Health and Social Services, Intellectual and Developmental Disabilities Unit, Anchorage (800)478-9996, Fairbanks (800)770-1672 or visit: <a href="http://dhss.alaska.gov/dsds/Pages/dd/default.aspx">http://dhss.alaska.gov/dsds/Pages/dd/default.aspx</a></td>
</tr>
<tr>
<td><strong>Link to Waiver Application</strong></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=8141">https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=8141</a></td>
</tr>
<tr>
<td><strong>Expiration Date</strong></td>
<td>06/30/2023</td>
</tr>
<tr>
<td><strong>Date of Last Update</strong></td>
<td>07/07/2019</td>
</tr>
</tbody>
</table>
### Description
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.

### Waiver Type
1915(c)

### Target Population-Eligibility
Individuals of any age who are diagnosed as autism, developmental or intellectual disabilities

### 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 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.

### Respite Provider Eligibility
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: [http://dhss.alaska.gov/dsds/Pages/provider/default.aspx](http://dhss.alaska.gov/dsds/Pages/provider/default.aspx)

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

### Enrollment Limit
2200: Year 1; 2180: Year 2; 2160: Year 3; 2140: Year 4; 2120: Year ending 06/30/2021

### How to Apply
Contact an Aging and Disability Resource Center or Senior & Disabilities Services to find a care coordinator. The care coordinator will help you to apply for the waiver.

### Contact Information
Alaska Department of Health and Social Services, Aging and Disability Resource Centers, toll free (855) 565-2017, (find closest center) at [http://dhss.alaska.gov/dsds/Pages/adrc/default.aspx](http://dhss.alaska.gov/dsds/Pages/adrc/default.aspx) or call Senior and Disabilities Services, (907) 269-3666, [http://dhss.alaska.gov/Commissioner/Pages/Contacts/default.aspx](http://dhss.alaska.gov/Commissioner/Pages/Contacts/default.aspx)

### 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=12085](https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=12085)

### Expiration Date
06/30/2021

### Date of Last Update
07/03/2019
Arizona Health Care Cost Containment System (AHCCCS)
801 E. Jefferson Street
Phoenix, AZ 85034
http://www.azahcccs.gov/

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

This 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 (primarily out-patient 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. Eligible recipients include persons with developmental disabilities, adults with physical disabilities and persons who are 65 years and above.
AZ Health Care Cost Containment System (AHCCCS) 1115 Demonstration
State Operating Agency: Arizona Health Care Cost Containment System (AHCCCS)

| Description | This 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. As of October 1, 2018, behavioral health was integrated into AHCCCS. Benefits covered under ALTCS (Arizona Long-Term Care Services) include acute care services, nursing facility days, intermediate care facility for the mentally challenged days, case management, behavioral health services (see details below), 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. The behavioral health services provided are primarily outpatient. They include individual and group therapy and counseling, emergency crisis behavioral health care, partial care, psychotropic medications, behavior management, and psychosocial rehabilitation. Inpatient psychiatric hospital services are available for persons under 21 years of age. For adults 21 through 64, behavioral health services are covered in psychiatric health, detoxification, and crisis stabilization facilities. Habilitation and day-care services are also covered for recipients with developmental disabilities. |
| Waiver Type | 1115 |
| Target Population-Eligibility | Eligible recipients include persons with developmental disabilities, adults with physical disabilities and persons who are 65 years and above. All participants are eligible for behavioral health services, regardless of age; however, multiple criteria determine the services provided for an individual. |
| Level of Care | Individuals require level of care available in a nursing facility or ICF/MR. Behavioral health care services are not contingent upon a specified level of care. |
| 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 and institutional respite care services are possible. For behavioral health care recipients, agency personnel determine the appropriate setting for respite with the caregiver. Respite care may only be delivered as specified and authorized by the member’s case manager in the member’s service plan. The combined total of short-term and/or continuous respite care cannot exceed 600 hours per benefit year. |
| Caregiver Eligibility | No limitations on relation are stated; however, see the policy manual link above for requirements. |
| Enrollment Limit | No enrollment limit |
| How to Apply | 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: [https://azahcccs.gov/Members/GetCovered/](https://azahcccs.gov/Members/GetCovered/) Apply at [https://azahcccs.gov/Members/GetCovered/apply.html](https://azahcccs.gov/Members/GetCovered/apply.html) |
| Contact Information | In-state callers from the 602, 623, and 480 area codes, call: 602-417-4000; from the 928 or 520 area codes, call: 1-800-654-8713. Out of State: 1-800-523-0231. Website: [https://www.azahcccs.gov/](https://www.azahcccs.gov/) |
| 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=8142](https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=8142) |
| Expiration Date | 09/30/2021 |
| Date of Last Update | 07/07/2019 |
AR Choices in Homecare

Provides include attendant care, adult day care, adult day health services, home-delivered meals, respite care (in-home and facility-based), Personal Emergency Response System (PERS), and environmental modifications for individuals aged 21 to 64 years of age with a physical disability or 65 and older who require an intermediate level of care in a nursing facility and who do not require a skilled level of care.

AR Community and Employment Support

Provides caregiver respite, supported employment, supportive living, specialized medical supplies, adaptive equipment, community transition services, consultation, crisis intervention, environmental modifications, and supplemental support for individuals, of any age, who have been diagnosed with Autism or a developmental and/or intellectual disability.
**Description**
The ARChoices in Homecare (formerly Elder Choices) waiver offers specific home and community-based services as an alternative to nursing home placement. These services include attendant care, adult day care, adult day health services, home-delivered meals, respite care (in-home and facility-based), Personal Emergency Response System (PERS), and environmental modifications. 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.

<table>
<thead>
<tr>
<th>Waiver Type</th>
<th>1915(c)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description</td>
<td>The ARChoices in Homecare (formerly Elder Choices) waiver offers specific home and community-based services as an alternative to nursing home placement. These services include attendant care, adult day care, adult day health services, home-delivered meals, respite care (in-home and facility-based), Personal Emergency Response System (PERS), and environmental modifications. 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.</td>
</tr>
<tr>
<td>Target Population-Eligibility</td>
<td>Individuals aged 21 to 64 years of age with a physical disability or 65 and older who require an intermediate level of care in a nursing facility and who do not require a skilled level of care.</td>
</tr>
<tr>
<td>Level of Care</td>
<td>Individuals who require an intermediate level of care in a nursing facility.</td>
</tr>
<tr>
<td>Respite Services</td>
<td>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 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 600 hours of long-term facility-based respite per state fiscal year.</td>
</tr>
<tr>
<td>Respite Provider Eligibility</td>
<td>Information on becoming a provider of services: <a href="https://humanservices.arkansas.gov/about-dhs/dpsqa/agency-provider-certification">https://humanservices.arkansas.gov/about-dhs/dpsqa/agency-provider-certification</a></td>
</tr>
<tr>
<td>Caregiver Eligibility</td>
<td>Respite may be provided by a relative but not by the spouse, attorney-in-fact with authority to direct the recipient’s care, or the legal guardian.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>8032: Year 1; 8176: Year 2; 8320: Year 3; 9071: Year 4; 9434: Year ending 12/31/2020</td>
</tr>
<tr>
<td>How to Apply</td>
<td>Call your local DHS county office (see <a href="https://humanservices.arkansas.gov/offices/dhs-county-office-map">https://humanservices.arkansas.gov/offices/dhs-county-office-map</a>) or call the Choices in Living Resource Center, (866) 801-3435.</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=8148">https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=8148</a>)</td>
</tr>
<tr>
<td>Expiration Date</td>
<td>12/31/2020</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>07/07/2019</td>
</tr>
</tbody>
</table>
**AR Community and Employment Support Waiver (0188.R05.00)**

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

<table>
<thead>
<tr>
<th>Description</th>
<th>The purpose of the Community and Employment Support (CES) Waiver is to support individuals of all ages who have a developmental disability and require waiver support services to live in the community and prevent institutionalization. Goals are to support beneficiaries in all major life activities, promote community inclusion through employment and community experiences, and provide comprehensive care coordination and service delivery. The waiver provides caregiver respite, supported employment, supportive living, specialized medical supplies, adaptive equipment, community transition services, consultation, crisis intervention, environmental modifications, and supplemental support. All beneficiaries are assigned to a Provider-led Arkansas Shared Savings Entity (PASSE), a third-party, organized-care organization. Each PASSE will provide care coordination to members, arrange for the provision of all medically necessary services, certify providers, and set reimbursement for services. The PASSE care coordinators will develop an individual person-centered service plan (PCSP) for clients, which determines the services an individual receives. The plan is created by the PASSE care coordinator in conjunction with the member, his or her caregivers, services providers, and other professionals.</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 have been diagnosed with Autism, developmental 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 Individuals with Intellectual Disability (ICF/IID). Behavioral health recipients have differing level of care requirements.</td>
</tr>
<tr>
<td>Respite Services</td>
<td>Respite services are provided on a short-term basis to members unable to care for themselves due to the absence of or need for relief to the non-paid primary caregiver. Room/board charges not included. When caregiver respite is furnished for the relief of a foster care provider, foster care services may not be billed during the period that respite is furnished. Respite may be provided in the following locations: member's home or private place of residence; the private residence of a respite care provider; foster home; licensed respite facility; or other community residential facility approved by the member's PASSE, not a private residence. Respite care also may occur in a licensed or accredited residential mental health facility</td>
</tr>
<tr>
<td>Respite Provider Eligibility</td>
<td>Agencies must be credentialed by the PASSE to provide HCBS services to persons with developmental disabilities (DD) and behavioral health diagnoses, permitted by the PASSE to perform these services, and cannot be on the National or State Excluded Provider List. Individuals who perform respite services must pass a drug screen, a criminal background check, a child maltreatment registry check, and an adult maltreatment registry check. They must have a high school diploma, at least one year of experience working with persons with DD or behavioral health diagnoses; be certified to perform CPR and first aid; and have training in use of behavioral support plans and de-escalation techniques</td>
</tr>
<tr>
<td>Caregiver Eligibility</td>
<td>Respite may be provided by a relative but not by the legally responsible person or the legal guardian.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>4,303: Year ending 08/31/2021</td>
</tr>
<tr>
<td>How to Apply</td>
<td>Contact the Division of Developmental Disabilities Services (DDS) to apply.</td>
</tr>
<tr>
<td>Contact Information</td>
<td>Division of Developmental Disabilities Services at (501) 683-0569 or visit <a href="http://www.arkansas.gov/dhs/ddds">www.arkansas.gov/dhs/ddds</a></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=8149">https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=8149</a></td>
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<tr>
<td>Expiration Date</td>
<td>08/31/2021</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>07/07/2019</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. 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)

<table>
<thead>
<tr>
<th>Description</th>
<th>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.</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 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.</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), or developmental disabilities.</td>
</tr>
<tr>
<td>Respite Services</td>
<td>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.</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 may be provided by the legally responsible person but not by a relative or legal guardian.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>130,000: Year 1; 134,000: Year 2; 140,000: Year 3; 145,000: Year 4; 150,000: Year ending 12/31/2022</td>
</tr>
<tr>
<td>How to Apply</td>
<td>Contact your regional center for assistance with the application process.</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.</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=8162">https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=8162</a></td>
</tr>
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<td>Expiration Date</td>
<td>12/31/2022</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>07/10/2019</td>
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</tbody>
</table>
**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.

**Waiver Type**
1915(c)

**Target Population-Eligibility**
Individuals of any age who are diagnosed as medically fragile or technology dependent

**Level of Care**
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.

**Respite Services**
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.

**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. 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](https://www.dds.ca.gov/Rates/Vendor_Process.cfm)

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

**Enrollment Limit**
5500: Year 1; 6500: Year 2; 7500: Year 3; 8500: Year 4; 8974: Year ending 12/31/2021

**How to Apply**
Contact your regional center for assistance. Link to application not available; however, visit this link for helpful information: [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)

**Contact Information**
Visit [http://www.dds.ca.gov/RC/RCList.cfm](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=8165](https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=8165)

**Expiration Date**
12/31/2021

**Date of Last Update**
07/10/2019
### 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 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.

### Waiver Type
1915(c); operates concurrently with an 1115 demonstration known as the Coordinated Care Initiative (CCI)

### Target Population-Eligibility
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.

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

### Respite Services
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 (ICFs). RCFE’s may be used for long-term placement of MSSP clients.

### 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. 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: https://www.dds.ca.gov/Rates/Vendor_Process.cfm

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

### Enrollment Limit
9283: Year ending 12/31/2019

### How to Apply
Contact your regional center for assistance or call the Senior Information Line for more information.

### Contact Information
Visit http://www.dds.ca.gov/RC/RCList.cfm to access the directory of the 21 regional centers or call the Senior Information Line at the CA Department of Aging, (800) 510-2020

### 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=8174

### Expiration Date
Approved for extension to 12/31/2019; renewal application submitted and pending

### Date of Last Update
07/10/2019
# California Medicaid Waivers for Respite Support – 2019

**ARCH National Respite Network and Resource Center | archrespite.org**

## CA In-Home Operations (0457.R02.00)

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

### 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 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=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/
<table>
<thead>
<tr>
<th>Contact Information</th>
<th>CA Department of Developmental Services (916) 654-1690.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Link to Waiver Application</td>
<td><a href="https://www.dds.ca.gov/SDP/docs/sdpWaiverApplication032018.pdf">https://www.dds.ca.gov/SDP/docs/sdpWaiverApplication032018.pdf</a></td>
</tr>
<tr>
<td>Expiration Date</td>
<td>06/30/2023</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>7/11/2019</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:

**CO Persons with Brain Injury**

Provides 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 for individuals ages 16 and older with brain injury that occurred prior to age 65.

**CO Elderly, Blind and Disabled**

Provides adult day health, homemaker, personal care, respite, alternative care facility, community transition service, consumer directed attendant support services, home modifications, in home support services, non-medical transportation, PERS (personal emergency response systems), and 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 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 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, 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.

**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.
**COLORADO**

**CO Persons with Brain Injury (0288.R05.00)**  
State Operating Agency: Department of Health Care Policy and Financing (DHCPF)

<table>
<thead>
<tr>
<th>Description</th>
<th>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. A client and/or authorized representative may choose to direct services or have the same services delivered by a traditional Medicaid agency provider.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiver Type</td>
<td>1915(c)</td>
</tr>
<tr>
<td>Target Population-Eligibility</td>
<td>Individuals aged 16 and older whose brain injury occurred prior to age 65 and must have been determined to have a significant functional impairment as identified by a comprehensive assessment.</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. 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 client’s 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.</td>
</tr>
<tr>
<td>Respite Provider Eligibility</td>
<td>Information on becoming a provider of services: <a href="https://www.colorado.gov/hcpf/our-providers">https://www.colorado.gov/hcpf/our-providers</a> or to access the online provider enrollment tool: <a href="https://www.colorado.gov/hcpf/provider-enrollment">https://www.colorado.gov/hcpf/provider-enrollment</a> (see bottom left of page).</td>
</tr>
<tr>
<td>Caregiver Eligibility</td>
<td>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.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>571: Year 1; 634: Year 2; 681: Year 3; 730: Year 4; 784: Year ending 06/30/2023</td>
</tr>
<tr>
<td>How to Apply</td>
<td>Call the Colorado Department of Health Care Policy and Financing, Single Entry Point (SEP) or use the PEAK (Program Eligibility &amp; Application Kit): <a href="https://coloradopeak.secure.force.com/ABWEL">https://coloradopeak.secure.force.com/ABWEL</a></td>
</tr>
<tr>
<td>Contact Information</td>
<td>Contact your county agency by using the Single Entry Point (SEP) at <a href="https://www.colorado.gov/pacific/hcpf/single-entry-point-agencies">https://www.colorado.gov/pacific/hcpf/single-entry-point-agencies</a></td>
</tr>
<tr>
<td>Expiration Date</td>
<td>06/30/2023</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>07/12/2019</td>
</tr>
</tbody>
</table>
CO Elderly, Blind and Disabled (0006.R08.00)
State Operating Agency: Department of Health Care Policy and Financing (DHCPF)

Description
This waiver assists 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), peer mentorship, home-delivered meals, life skills training and transition setup.

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.

Waiver Type 1915(c)

Target Population-Eligibility
Individuals age 18 and older who require long-term supports.

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.

An individual client may receive no more than 30 days of respite care in a calendar year.

Respite Provider Eligibility
Information on becoming a provider of services: https://www.colorado.gov/hcpf/our-providers or to access the online provider enrollment tool: https://www.colorado.gov/hcpf/provider-enrollment (see bottom left of page).

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

Enrollment Limit
29,040: Year 1; 30,026: Year 2; 31,162: Year 3; 32,137: Year 4; 33,143: Year ending 06/30/2023

How to Apply
Call the Colorado Department of Health Care Policy and Financing, Single Entry Point (SEP) or use the PEAK (Program Eligibility & Application Kit): https://coloradopeak.secure.force.com/ABWEL

Contact Information
Contact your county agency by using the Single Entry Point (SEP) at https://www.colorado.gov/pacific/hcpf/single-entry-point-agencies

Link to Waiver Application

Expiration Date 06/30/2023

Date of Last Update 07/12/2019

Medicaid Waivers for Respite Support – 2019
ARCH National Respite Network and Resource Center | archrespite.org
## Description

This waiver provides assistance to children and youth who have been determined to have a developmental disability and require high levels of service to remain in the community. The waiver serves as an alternative to placement in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

For participants residing in the home of a parent/guardian, the waiver provides respite, hippotherapy, intensive support services, massage therapy, movement therapy, supported community connections, and transition support services.

Habilitation services may be provided to a child who is still in the custody of their parent/s; although, they reside in a licensed foster care home, group home or residential child care facility. These services are not offered in the family home. Habilitative services are tailored to the individual child’s needs and provided by the foster parents, staff, and/or Child Placement Agency. The habilitative services are structured to provide an opportunity to learn daily living skills, advocacy, social skills, and independent living skills in order to more successfully live within the community setting.

## Waiver Type

1915(c)

## Target Population-Eligibility

Individuals from birth through 20 years of age who are diagnosed with developmental disabilities.

## 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 on a short-term basis, because of the absence or relief needed for caregivers of the participant. Respite services may be provided in a certified foster home, licensed respite care facility, in the community, or in the family home.

Respite care shall occur for short-term temporary relief of the caregiver for not more than 7 consecutive days per month not to exceed 28 days in a calendar year. During the time when respite care is occurring, the respite foster 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.

## Respite Provider Eligibility

Information on becoming a provider of services: [https://www.colorado.gov/hcpf/our-providers](https://www.colorado.gov/hcpf/our-providers) or to access the online provider enrollment tool: [https://www.colorado.gov/hcpf/provider-enrollment](https://www.colorado.gov/hcpf/provider-enrollment) (see bottom left of page).

Caregiver Eligibility

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

## Enrollment Limit

81: Year 1; 97: Year 2; 116: Year 3; 139: Year 4; 167: Year ending 06/30/2024

## How to Apply

Contact the Member Contact Center or your local Community Centered Board. Online application at [https://coloradopeak.secure.force.com/ABWEL](https://coloradopeak.secure.force.com/ABWEL)

## Contact Information

Member Contact Center, (800) 221-3943. Link to Community Centered Boards: [https://www.colorado.gov/pacific/hcpf/community-centered-boards](https://www.colorado.gov/pacific/hcpf/community-centered-boards) or see all contact information at [https://www.colorado.gov/hcpf/contact-hcpf](https://www.colorado.gov/hcpf/contact-hcpf)

## Link to Waiver Application


## Expiration Date

06/30/2024

## Date of Last Update

07/12/2019
## CO Children’s Extensive Support (CES) (4180.R05.00)

**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 of or relief needed for 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/our-providers](https://www.colorado.gov/hcpf/our-providers) or to access the online provider enrollment tool: [https://www.colorado.gov/hcpf/provider-enrollment](https://www.colorado.gov/hcpf/provider-enrollment) (see bottom left of page).

### Caregiver Eligibility

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

### Enrollment Limit

2203: Year 1; 2333: Year 2; 2436: Year 3; 2508: Year 4; 2582: Year ending 06/30/2024

### How to Apply

Contact the Member Contact Center or your local Community Centered Board. Online application at [https://coloradopeak.secure.force.com/ABWEL](https://coloradopeak.secure.force.com/ABWEL)

### Contact Information

Member Contact Center, (800) 221-3943. Link to Community Centered Boards: [https://www.colorado.gov/pacific/hcpf/community-centered-boards](https://www.colorado.gov/pacific/hcpf/community-centered-boards) or see all contact information at [https://www.colorado.gov/hcpf/contact-hcpf](https://www.colorado.gov/hcpf/contact-hcpf)

### Link to Waiver Application


### Expiration Date

06/30/2024

### Date of Last Update

07/12/2019
**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 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.

<table>
<thead>
<tr>
<th>Waiver Type</th>
<th>1915(c)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target Population-Eligibility</strong></td>
<td>Individuals 18 years of age or older who are diagnosed with intellectual or developmental disabilities</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 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. A full day is 10 hours or greater within a twenty-four (24) service period.</td>
</tr>
<tr>
<td><strong>Respite Provider Eligibility</strong></td>
<td>Information on becoming a provider of services: <a href="https://www.colorado.gov/hcpf/our-providers">https://www.colorado.gov/hcpf/our-providers</a> or to access the online provider enrollment tool: <a href="https://www.colorado.gov/hcpf/provider-enrollment">https://www.colorado.gov/hcpf/provider-enrollment</a> (see bottom left of page).</td>
</tr>
<tr>
<td><strong>Caregiver Eligibility</strong></td>
<td>In general, respite may be provided by a relative or legal guardian, but not legally responsible persons. However, home delivered meals, life-skills training, and transition setup may be provided by relatives, legal guardians and legally responsible persons as long as they meet provider qualifications listed for each service. Peer mentorship allows relatives to provide services if they meet provider qualifications.</td>
</tr>
<tr>
<td><strong>Enrollment Limit</strong></td>
<td>5896: Year 1; 6217: Year 2; 6387: Year 3; 6561: Year 4; 6740: Year ending 07/01/2024</td>
</tr>
<tr>
<td><strong>How to Apply</strong></td>
<td>Contact the Member Contact Center or your local Community Centered Board. Online application at <a href="https://coloradopeak.secure.force.com/ABWEL">https://coloradopeak.secure.force.com/ABWEL</a></td>
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<td>07/12/2019</td>
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</tbody>
</table>
**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 of or need for relief of those persons normally providing care. Although respite under this waiver is preferentially provided in the participant’s residence, it also may be provided in the community and by different levels of providers depending upon the needs of the participant.

Skilled Respite Care must be provided by 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/our-providers](https://www.colorado.gov/hcpf/our-providers) or to access the online provider enrollment tool: [https://www.colorado.gov/hcpf/provider-enrollment](https://www.colorado.gov/hcpf/provider-enrollment) (see bottom left of page).

**Caregiver Eligibility**

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

**Enrollment Limit**

200: Year 1; 200: Year 2; 246: Year 3; 219: Year 4; 241: Year ending 06/30/2020

**How to Apply**

Contact your county Single Entry Point (SEP) agency or the Medicaid Customer Contact Center. Online application at [https://coloradopeak.secure.force.com/ABWEL](https://coloradopeak.secure.force.com/ABWEL)

**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**


**Expiration Date**

06/30/2020

**Date of Last Update**

07/12/2019

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Medicaid Waivers for Respite Support – 2019
ARCH National Respite Network and Resource Center | archrespite.org
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, Consumer-Directed Attendant Support Services (CDASS), home modification, homemaker, In-Home Support Services (IHSS), medication reminder, non-medical transportation, personal care, Personal Emergency Response Systems (PERS), respite, peer mentorship, home delivered meals, life skills training, and transition setup. Also available are acupuncture, chiropractic care, and massage therapy.

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/our-providers or to access the online provider enrollment tool: https://www.colorado.gov/hcpf/provider-enrollment (see bottom left of page).

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 1; 115: Year 2; 142: Year 3; 178: Year 4; 201: Year ending 06/30/2020

How to Apply
Contact your county Single Entry Point (SEP) agency or the 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 or the Medicaid Customer Contact Center at (800) 221-3943 or visit https://www.colorado.gov/hcpf/contact-hcpf

Link to Waiver Application

Expiration Date
06/30/2020

Date of Last Update
07/12/2019
**Description**

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, Alternative Care Facility (ACF), Consumer-Directed Attendant Support Services (CDASS), electronic monitoring, home modifications, homemaker services, non-medical transportation, personal care, respite care, specialized medical equipment and supplies (limited to medication reminder systems), peer mentorship, home delivered meals, life skills training, and transition setup.

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.

**Waiver Type**

1915(c)

**Target Population-Eligibility**

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.

**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 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/our-providers](https://www.colorado.gov/hcpf/our-providers) or to access the online provider enrollment tool: [https://www.colorado.gov/hcpf/provider-enrollment](https://www.colorado.gov/hcpf/provider-enrollment) (see bottom left of page).

**Caregiver Eligibility**

Respite may not be provided by relatives, legal guardians, or legally responsible persons.

**Enrollment Limit**

4290: Year 1; 4257: Year 2; 4388: Year 3; 4523: Year 4; 4662: Year ending 06/30/2022

**How to Apply**

Contact your country Single Entry Point (SEP) agency or the 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**


**Expiration Date**

06/30/2022

**Date of Last Update**

07/12/2019
Health 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.
### 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.

<table>
<thead>
<tr>
<th>Waiver Type</th>
<th>1915(c)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target Population-Eligibility</td>
<td>Individuals 18 years and older diagnosed with an acquired brain injury</td>
</tr>
<tr>
<td>Level of Care</td>
<td>Individuals require level of care available in a hospital, nursing facility (NF), or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).</td>
</tr>
<tr>
<td>Respite Services</td>
<td>Respite services are provided to persons unable to care for themselves when the primary caregiver is absent or in need of relief. The services are furnished on a short-term basis only in the individual’s home or place of residence.</td>
</tr>
<tr>
<td>Respite Provider Eligibility</td>
<td>Information on becoming a provider of services: <a href="https://www.ctdssmap.com/CTPortal/Provider/ProviderEnrollment/tabid/47/Default.aspx">https://www.ctdssmap.com/CTPortal/Provider/ProviderEnrollment/tabid/47/Default.aspx</a></td>
</tr>
<tr>
<td>Caregiver Eligibility</td>
<td>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. Family members must meet the same qualifications as unrelated providers.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>454: Year 1; 442: Year 2; 430: Year 3; 418: Year 4; 406: Year ending 12/31/2021 --ABI Waiver I 405: Year ending 12/01/2019 -- ABI Waiver II (8 slots will be added each year in Waiver II to compensate for the attrition from ABI Waiver I)</td>
</tr>
<tr>
<td>Expiration Date</td>
<td>12/31/2021 (ABI Waiver I) 11/30/2019 (ABI Waiver II); renewal application submitted and pending</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>07/14/2019</td>
</tr>
</tbody>
</table>
**CT Employment and Day Supports (0881.R01.00)**

**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.

**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. 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.

**Respite Provider Eligibility**


**Caregiver Eligibility**

Respite cannot be provided by legally responsible persons, a relative, or a legal guardian.

**Enrollment Limit**

1350: Year 1; 1550: Year 2; 1750: Year 3; 1950: Year 4; 2150: Year ending 04/01/2021

**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. Email: dds.nr.ifshelpline@ct.gov
South Region: HelpLine (877) 437-4567. Email: dds.sr.ifshelpline@ct.gov
West Region: HelpLine (877) 491-2720. Email: dds.wr.ifshelpline@ct.gov

**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=8682](https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=8682)

**Expiration Date**

03/31/2021

**Last Update**

07/14/2019
**CT Individual and Family Support (0426.R03.00)**

**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). |
| Caregiver Eligibility | Respite can be provided by a relative but not by legal guardians or legally responsible persons. |
| Enrollment Limit | 4500: Year ending 01/31/2023 |
| 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. Email: dds.nr.ifshelpline@ct.gov South Region: HelpLine (877) 437-4567. Email: dds.sr.ifshelpline@ct.gov West Region: HelpLine (877) 491-2720. Email: dds.wr.ifshelpline@ct.gov |
| 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=8683](https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=8683) |
| Expiration Date | 01/31/2023 |
| Date of Last Update | 07/14/2019 |
CT Home and Community Supports Waiver for Persons with Autism (0993.R01.00)

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, who live in a family or caregiver’s or one’s own home

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 and are furnished on a short-term basis in the absence of or for needed 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
Note: A major change in this waiver is a new requirement to have all waiver providers enroll with and directly bill the state's MMIS. Services will be authorized through a claims portal and providers' bills will be checked against the available authorization.

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
104: Year 1; 114: Year 2; 124: Year 3; 134: Year 4; 144: Year ending 12/31/2022

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](http://www.ct.gov/dds/cwp/view.asp?a=2039&q=533014)

Contact Information
North Region: HelpLine (877) 437-4577. Email: dds.nr.ifshelpline@ct.gov
South Region: HelpLine (877) 437-4567. Email: dds.sr.ifshelpline@ct.gov
West Region: HelpLine (877) 491-2720. Email: dds.wr.ifshelpline@ct.gov

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=8684](https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=8684)

Expiration Date
12/31/2022

Date of Last Update
07/14/2019
**CT Comprehensive Supports Waiver (0437.R03.00)**  
**State Operating Agency: Department of Developmental Disabilities (DDS)**

**Description**
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. Blended supports, customized employment and transitional supports are new waiver services.

**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 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 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 generally limited to no more than 8 hours per day or 40 hours per 7-day week. A prior approval may be issued for additional hours and documented in the Individual Plan. This service is not available to individuals who receive Continuous Residential Supports.

**Respite Provider Eligibility**

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

**Enrollment Limit**
5600: Year 1; 5625: Year 2; 5650: Year 3; 5675: Year 4; 5700: Year ending 10/01/2023

**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. Email: [dds.nr.ifshelpline@ct.gov](mailto:dds.nr.ifshelpline@ct.gov)  
South Region: HelpLine (877) 437-4567. Email: [dds.sr.ifshelpline@ct.gov](mailto:dds.sr.ifshelpline@ct.gov)  
West Region: HelpLine (877) 491-2720. Email: [dds.wr.ifshelpline@ct.gov](mailto:dds.wr.ifshelpline@ct.gov)

**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=8698](https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=8698)

**Expiration Date**
09/30/2023

**Date of Last Update**
07/14/2019
## CT Home Care Program for Elders (0140.R06.00)

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

<table>
<thead>
<tr>
<th>Description</th>
<th>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. A tiered care management service, Care Transitions and Chronic Disease Self-Management Program (both are evidence-based programs).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiver Type</td>
<td>1915(c) operates concurrently with 1915(b)(4) for selective contracting of the care management service</td>
</tr>
<tr>
<td>Target Population-Eligibility</td>
<td>Individuals 65 years 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>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.</td>
</tr>
<tr>
<td>Respite Provider Eligibility</td>
<td>Information on becoming a provider of services: <a href="https://www.ctdssmap.com/CTPortal/Provider/ProviderEnrollment/tabid/47/Default.aspx">https://www.ctdssmap.com/CTPortal/Provider/ProviderEnrollment/tabid/47/Default.aspx</a></td>
</tr>
<tr>
<td>Caregiver Eligibility</td>
<td>Respite cannot be provided by a legally responsible person, a relative, nor a legal guardian.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>15,549: Year 1; 16,493: Year 2; 17,354: Year 3; 18,136: Year 4; 18,858: Year ending 06/30/2020</td>
</tr>
<tr>
<td>How to Apply</td>
<td>Apply online at the link below. 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. See this link for guidelines: <a href="https://www.ascendami.com/CTHomeCareForElders/default/WavierDescription.aspx">https://www.ascendami.com/CTHomeCareForElders/default/WavierDescription.aspx</a> Apply online: <a href="https://www.ascendami.com/CTHomeCareForElders/default/">https://www.ascendami.com/CTHomeCareForElders/default/</a></td>
</tr>
<tr>
<td>Contact Information</td>
<td>Department of Social Services, Home and Community-based Services Unit, (800) 445-5394 or visit: <a href="http://www.ct.gov/dss/cwp/view.asp?a=2353&amp;q=305170">http://www.ct.gov/dss/cwp/view.asp?a=2353&amp;q=305170</a> Department of Social Services, Client Information Line and Benefit Center, (855) 626-6632 or visit: <a href="http://www.connect.ct.gov">www.connect.ct.gov</a></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=8681">https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=8681</a></td>
</tr>
<tr>
<td>Expiration Date</td>
<td>06/30/2020</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>07/14/2019</td>
</tr>
</tbody>
</table>

Medicaid Waivers for Respite Support – 2019
ARCH National Respite Network and Resource Center | archrespite.org
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 except the DDDS lifespan Waiver 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 (DSHP-Plus)

The Division of Medicaid and Medical Assistance (DMMA) in partnership with the Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) is developing an Integrated Long-Term Care initiative named the Diamond State Health Plan – Plus (DSHP-Plus). This initiative will provide improved access to community-based long-term care services and increased flexibility to more effectively address individual needs, and to better control rising long-term care costs significantly impacting Medicaid. 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.

Division of Developmental Disabilities Services (DDDS) Lifespan Waiver

Provides day habilitation, personal care, prevocational services, residential habilitation, respite, supported employment (individual and small group), assistive technology for individuals not otherwise covered by Medicaid, behavioral consultation, community transition, home or vehicle accessibility adaptations, nurse consultation, specialized medical equipment and supplies not otherwise covered by Medicaid. The waiver serves individuals of any age, diagnosed before the age of 22, with a diagnosis of intellectual or developmental disability (including brain injury), autism spectrum disorder or Prader Willi Syndrome and documented functional limitations.
**Description**

The purpose of this waiver is to expand mandatory Medicaid managed care to the elderly and persons with physical disabilities not currently enrolled in DSHP; Integrate Medicaid primary, acute, behavioral health and LTC (institutional and HCBS) for Medicaid enrollees in need of institutional and home- and community-based LTC services; streamline and consolidate two section 1915(c) waivers under the 1115 demonstration authority; enhance the existing HCBS benefit package through additional benefits; incentivize managed care organizations (MCOs) to expand HCBS options for the elderly and physically disabled population; and revise the current level of care (LOC) review tool to require that anyone who is newly entering a nursing facility needs assistance with at least two activities of daily living (ADLs) rather than the current minimum requirement of assistance with one ADL. There will be no impact on eligibility as a result of this change.

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.

<table>
<thead>
<tr>
<th>Waiver Type</th>
<th>1115</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target Population-Eligibility</strong></td>
<td>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 and must meet the standardized clinical and functional assessment developed to enroll in PROMISE. 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.</td>
</tr>
<tr>
<td><strong>Level of Care</strong></td>
<td>Individuals who need level of care provided in a nursing facility (NF), intermediate care facility for individuals with intellectual or developmental disabilities (ICF/IDD); children in pediatric nursing facilities; or those who are dually eligible for Medicare and Medicaid.</td>
</tr>
<tr>
<td><strong>Respite Services</strong></td>
<td>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. Respite is provided at home and in a Nursing or Assisted Living Facilities. It 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; or respite service provided in a nursing home or assisted living facility is not utilized to replace or relocate an individual’s primary residence. Respite is provided as participant directed and provider managed. <strong>PROMISE Program Respite</strong> may be provided in an emergency to prevent hospitalization. It provides planned or emergency short-term relief to a beneficiary’s unpaid caregiver or principle caregiver who is unavailable to provide support. Respite is provided to meet the beneficiary’s needs outlined in the beneficiary’s Recovery Plan. Beneficiaries are encouraged to receive Respite in the most integrated and cost-effective settings. Respite services may include the following activities: assistance with the beneficiary’s social interaction, use of natural supports and typical community services available to all.</td>
</tr>
</tbody>
</table>
people and participation in volunteer activities; activities to improve the beneficiary’s capacity to perform or assist with activities of daily living and instrumental activities of daily living; onsite modeling of behavior, behavior support, intensive behavior episode intervention, training, cueing, and/or supervision.

Respite 15-minute Unit may be provided in the beneficiary’s home or out of the beneficiary’s home (not in a facility) in units of 15-minutes, for up to 12 hours a day. It is intended to provide short-term respite.

Respite Per diem Respite may be provided in a facility on a per diem basis. It is intended to provide short-term respite. Services must be delivered in a manner that supports the beneficiary’s communication needs including, but not limited to, age appropriate communication, translation services for beneficiaries that are of limited-English proficiency or who have other communication needs requiring translation, assistance with the provider’s understanding, and use of communication devices used by the beneficiary.

<table>
<thead>
<tr>
<th>Respite Provider Eligibility</th>
<th>Information on becoming a provider can be found on the Delaware Health and Social Services website: <a href="https://medicaid.dhss.delaware.gov/provider/Home/tabid/135/Default.aspx">https://medicaid.dhss.delaware.gov/provider/Home/tabid/135/Default.aspx</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregiver Eligibility</td>
<td>Caregiver eligibility is not available.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>Enrollment limit is not available.</td>
</tr>
</tbody>
</table>
| How to Apply               | To apply, contact your Medicaid case manager, or apply for Medicaid via the Delaware Assist website: [https://assist.dhss.delaware.gov/](https://assist.dhss.delaware.gov/)  
For respite services, contact your care coordinator with our Managed Care Plan. |
| Contact Information        | For questions regarding Diamond State Health Plan - Plus (DSHP - Plus), please email [Dhss_dmma_dshp_plus@delaware.gov](mailto:Dhss_dmma_dshp_plus@delaware.gov) 
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](https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/de/de-dshp-ca.pdf) or  
[https://dhss.delaware.gov/dhss/dmma/files/dshpplus_waiver.pdf](https://dhss.delaware.gov/dhss/dmma/files/dshpplus_waiver.pdf) |
| Expiration Date            | 01/01/2023                                                                                                                      |
| Date of Last Update        | 09/10/2019                                                                                                                      |
**Delaware DDDS LifeSpan Waiver (0009.R08.00)**
**State Operating Agency: Delaware Division of Developmental Disabilities Services (DDDS)**

<table>
<thead>
<tr>
<th>Description</th>
<th>The goal of these services is to support individuals to live healthy, independent and productive lives in the community. The waiver provides flexible person-centered supports to assist the participant to remain in his/her family home for as long as possible. Services provided are day habilitation, personal care, prevocational services, residential habilitation, medical residential habilitation, respite, supported employment – individual, supported employment - small group, assistive technology for individuals not otherwise covered by Medicaid, behavioral consultation, community transition, home or vehicle accessibility adaptations, nurse consultation, specialized medical equipment and supplies not otherwise covered by Medicaid, and supported living.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Waiver Type</strong></td>
<td>1915(c) operates concurrently with the DE Diamond State Health Plan 1115 waiver.</td>
</tr>
<tr>
<td><strong>Target Population-Eligibility</strong></td>
<td>Individuals who are 12 years of age or older with intellectual disabilities (including brain injury) and autism spectrum disorder who can no longer live independently or with their family.</td>
</tr>
<tr>
<td><strong>Level of Care</strong></td>
<td>Individuals who require a 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 participants unable to care for themselves and are furnished on a short-term basis because of the absence or need for relief of those who normally provide care for the participant. Respite may be delivered in the participant’s residence (family home, own home or apartment) or in community settings, but may not supplant other Waiver or state plan covered services. Out-of-Home respite may be planned or used for individuals who are experiencing a short-term crisis. It can be provided in the following settings: Medicaid-certified public ICF-IID, Licensed Neighborhood Group Home, DDDS-credentialed Community Living Arrangement, shared living arrangement, overnight camp, or other emergency temporary living arrangement that meets DDDS standards. Prior approval by the Director of Community Services or Designee is required for an individual living in the family home to access respite services in a Group Home or Community Living Arrangement. Facility respite may be provided on the same day an individual receives day service. However, respite cannot be provided at the same time as other services for care and supervision are provided. Respite includes a self-directed option that will be managed by a broker under the Agency with Choice (AWC) model. The AWC Broker also will process payments for participants to receive respite at a respite camp.</td>
</tr>
<tr>
<td><strong>Respite Provider Eligibility</strong></td>
<td>See this link for all provider information and to apply: <a href="https://dhss.delaware.gov/dhss/dds/cps.html">https://dhss.delaware.gov/dhss/dds/cps.html</a></td>
</tr>
<tr>
<td><strong>Caregiver Eligibility</strong></td>
<td>Respite may be provided by a relative or legal guardian, but not a person with legally responsibility.</td>
</tr>
<tr>
<td><strong>Enrollment Limit</strong></td>
<td>3136: Year ending 06/30/2024</td>
</tr>
<tr>
<td><strong>How to Apply</strong></td>
<td>Call or go online for information and application: <a href="https://www.dhss.delaware.gov/dhss/dds/intake.html">https://www.dhss.delaware.gov/dhss/dds/intake.html</a></td>
</tr>
<tr>
<td><strong>Contact Information</strong></td>
<td>Call the Delaware DDDS Office of Applicant Services at (302) 744-9700 or visit the website at <a href="https://www.dhss.delaware.gov/dhss/dds/">https://www.dhss.delaware.gov/dhss/dds/</a> to find your regional office contact information.</td>
</tr>
<tr>
<td><strong>Link to Waiver Application</strong></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=8410">https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=8410</a></td>
</tr>
<tr>
<td><strong>Expiration Date</strong></td>
<td>6/30/2024</td>
</tr>
<tr>
<td><strong>Date of Last Update</strong></td>
<td>09/10/2019</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:

District of Columbia People with Intellectual and Developmental Disabilities

- Provides day habilitation, employment readiness, in-home supports, residential habilitation, respite, supported employment, personal care services, skilled nursing, assistive technology services, behavioral supports, companion services, creative arts therapies, dental, family training, host, home, individualized day supports, occupational therapy, one-time transitional services, parenting supports, physical therapy, small-group supported employment, speech, hearing and language services, supported living with transportation, supported living, 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 response systems) for individuals 65 and older individuals between the ages of 18-64 who have physical disabilities.
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, assistive technology services, behavioral supports, companion services, creative arts therapies, dental, family training, host, home, individualized day supports, occupational therapy, one-time transitional services, parenting supports, physical therapy, small-group supported employment, speech, hearing and language services, supported living with transportation, supported living, wellness services.

Waiver Type
1915(c); operates concurrently with 1915(b)

Target Population-
Eligibility
Individuals 18 years and older who have been diagnosed as having developmental disabilities and/or intellectual disabilities.

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

Respite Services
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.

Respite Provider Eligibility

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

Enrollment Limit
1822: Year 1; 1872L Year 2; 1902: Year 3; 1932: Year; 1962: Year ending 11/19/2022

How to Apply
The Intake and Eligibility Determination Unit (IEDU) is responsible for determining a person’s eligibility for people DDA services. People may walk-in or call to schedule an appointment. Application: [https://dds.dc.gov/sites/default/files/dc/sites/dds/publication/attachments/DDA%20Final%20Intake%20App%2010517.pdf](https://dds.dc.gov/sites/default/files/dc/sites/dds/publication/attachments/DDA%20Final%20Intake%20App%2010517.pdf)

Contact Information
Intake and Eligibility Determination Unit, 202-730-1700. For information on eligibility, process and how to apply, visit [https://dds.dc.gov/service/how-apply-services](https://dds.dc.gov/service/how-apply-services)

Link to Waiver Application
[https://dds.dc.gov/sites/default/files/dc/sites/dds/publication/attachments/DDD%20Waiver%203.00.pdf](https://dds.dc.gov/sites/default/files/dc/sites/dds/publication/attachments/DDD%20Waiver%203.00.pdf)

Expiration Date
11/19/2022

Date of Last Update
07/15/2019
### 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

<table>
<thead>
<tr>
<th>Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 in lieu of a nursing facility</td>
</tr>
</tbody>
</table>

### 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. Respite services may cover activities associated with the Personal Care Aide or Homemaker role. These include, but are not limited to, basic personal care such as bathing, grooming, and assistance with toileting or bedpan use; assistance with prescribed, self-administered medication; meal preparation, and assistance with eating; household tasks that promote the recipient’s health, comfort, and safety; and accompanying the recipient to medically related appointments.

Respite services shall not include services that require the skills of a licensed professional, including catheter insertion, procedures requiring sterile techniques, and medication administration. Tasks that do not benefit the waiver recipient will not be reimbursed by respite funds.

Respite services shall not be provided to persons who have no primary caregiver that is responsible for the provision of the person’s care on an ongoing basis. Respite services are only available to beneficiaries who have a live-in, unpaid caregiver (non-PCA) for a maximum of 480 hours per waiver certification period for hours that are not otherwise staffed by a personal care aide. DHCF will make exceptions to provide respite services to beneficiaries whose unpaid primary caregivers are not living with them. If respite care is provided in a facility other than a person’s residence, the facility must meet all the “setting” requirements and be enrolled as a Medicaid provider of respite services.

### Respite Provider Eligibility


### Caregiver Eligibility

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

### Enrollment Limit

| 4639: Year 1; 4763: Year 2; 4888: Year 3; 5015: Year 4; 5143: Year ending 04/03/2022 |

### How to Apply

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

### Contact Information

Department of Aging and Community Living, HCBS Waiver Program, (202) 724-5626

### 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=8439](https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=8439)

### Expiration Date

04/03/2022

### Date of Last Update

07/15/2019
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) combined with HCBS (1915c), and HCBS (1915c) waiver programs.

In Florida, the Cystic Fibrosis, Project AIDS Care, and Traumatic Brain Injury waivers have been moved to operate in conjunction with their Managed Care Waiver. Respite is included under the LTC side of the waiver. The Medicaid waivers that include respite are:

**FL Developmental Disabilities (DD) Individual Budgeting**

- Provides adult day training, residential habilitation, respite, support coordination, adult dental services, occupational therapy, physical therapy, respiratory therapy, skilled nursing, specialized medical equipment and supplies, specialized mental health counseling, speech therapy, transportation, behavior analysis services, behavior assistant services, dietitian services, environmental accessibility adaptations, companion, supported employment, personal emergency response system (PERS), personal supports, private duty nursing, residential nursing, special medical home care, and supported living coach.

**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 Traumatic Brain and Spinal Cord Injury**

- 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 for individuals 18 years or older diagnosed with a traumatic brain and/or spinal cord injury and medically stable. Operates in combination with the 1915(b) Mandatory Managed Care waiver.

**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), 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, structured family caregiving, and hospice 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.R02.00)**  
**State Operating Agency: Florida Agency for Persons with Disabilities (APD)**

<p>| 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 services/providers and make changes as their needs change without additional authorization. The supports and services provided are adult day training, residential habilitation, respite, support coordination, adult dental services, occupational therapy, physical therapy, respiratory therapy, skilled nursing, specialized medical equipment and supplies, specialized mental health counseling, speech therapy, transportation, behavior analysis services, behavior assistant services, dietitian services, environmental accessibility adaptations, companion, supported employment, personal emergency response system (PERS), personal supports, private duty nursing, residential nursing, special medical home care, and supported living coach. |
| Waiver Type | 1915(c) |
| Target Population-Eligibility | Individuals ages 3 and older diagnosed with autism, intellectual disability or development disability living in their own home, family home, licensed home, or other home-like setting in the community |
| 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 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. |
| Respite Provider Eligibility | Information on becoming a provider of services: <a href="http://apd.myflorida.com/providers/enrollment/">http://apd.myflorida.com/providers/enrollment/</a> |
| Caregiver Eligibility | Respite may not be provided by relatives, legal guardians, or legally responsible persons. |
| Enrollment Limit | 34,742: Year 1; 36,242: Year 2; 37,742: Year 3; 39,242: Year 4; 40,742: Year ending 03/31/2024 |
| How to Apply | The local Agency for Persons with Disabilities (APD) office can assist individuals with the application process. All information/application are at <a href="http://www.apdcares.org/customers/application/">http://www.apdcares.org/customers/application/</a>. The locations of local APD offices can be found at <a href="http://www.apdcares.org/region/">http://www.apdcares.org/region/</a>. |
| Contact Information | Agency for Persons with Disabilities, 4030 Esplanade Way, Suite 380, Tallahassee, FL 32399-0950. Local: (850) 488-4257, Toll-Free: (866)273-2273 or Email: <a href="mailto:APD.Info@apdcares.org">APD.Info@apdcares.org</a> |
| Link to Waiver Application | 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=8507">https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=8507</a> |
| Expiration Date | 03/31/2024 |
| Date of Last Update | 07/15/2019 |</p>
<table>
<thead>
<tr>
<th>Description</th>
<th>This waiver serves participants diagnosed with Familial Dysautonomia (FD). FD is a genetic disorder that affects the development and survival of certain nerve cells in the autonomic nervous system, which control involuntary actions such as digestion, breathing, production of tears, and the regulation of blood pressure and body temperature. The waiver services are support coordination, respite services, non-residential support services, consumable medical supplies, durable medical equipment, behavior services, and dental services.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiver Type</td>
<td>1915(c)</td>
</tr>
<tr>
<td>Target Population-Eligibility</td>
<td>Individuals ages 3 - 64 years with a diagnosis of Familial Dysautonomia</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 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.</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 a relative, legal guardian, or legally responsible person.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>15: Year ending 12/31/2019; renewal application submitted and pending</td>
</tr>
<tr>
<td>How to Apply</td>
<td>This waiver has a direct contact, who will guide you through all steps of the process.</td>
</tr>
<tr>
<td>Contact Information</td>
<td>Government Operations Consultant for this waiver: Etashia Gonzales, (850) 412-4261</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=8509">https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=8509</a></td>
</tr>
<tr>
<td>Expiration Date</td>
<td>12/31/2019</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>07/16/2019</td>
</tr>
</tbody>
</table>
**FL Model Waiver (40166.R05.00)**

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

<table>
<thead>
<tr>
<th>Description</th>
<th>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. 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. Recipients are enrolled with Florida's Children's Medical Services (CMS) for nurse case management and care coordination. Waiver services include respite, nursing home transition case management, assistive technology and service evaluation, and 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 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.</td>
</tr>
<tr>
<td>Level of Care</td>
<td>Individuals require level of care available in a hospital and nursing facility (NF).</td>
</tr>
<tr>
<td>Respite Services</td>
<td>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.) with their other duties. 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.</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>20 (includes 15 reserved spaces): Year ending 06/30/2020</td>
</tr>
<tr>
<td>How to Apply</td>
<td>To be assessed, contact the Children’s Multidisciplinary Assessment Team (CMAT). If you haven’t applied for Medicaid in Florida, contact the Department of Children and Families.</td>
</tr>
</tbody>
</table>
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) |
| 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=8512](https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=8512) |
| Expiration Date | 06/30/2020 |
| Date of Last Update | 07/16/2019 |
## Description
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. As of January 2018, this waiver transitioned to operate in combination with the 1915(b) Mandatory Managed Care waiver.

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.

## Waiver Type
1915(c) in combination with the 1915(b)/(c) Florida Long-term Care (LTC) Waiver and 1915(b) mandatory Managed Care waiver

## Target Population-Eligibility
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.

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

## Respite Services
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.

## Respite Provider Eligibility

## Caregiver Eligibility
Companion care may be provided by relatives, but not legal guardians or legally responsible persons.

## Enrollment Limit
468: Year ending 06/30/2018

## How to Apply

## Contact Information
Brain and Spinal Cord Injury Program (BSCIP) 850-245-4045 (ex. 2744)

## Link to Waiver Application

## Expiration Date
06/30/2022

## Date of Last Update
09/10/2019
FLORIDA

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 (18-64) with physical disabilities 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. In January 2018 the Adults with Cystic Fibrosis, Traumatic Brain and Spinal Cord Injury, and Project AIDS Care waivers were also transitioned to long-term managed care.

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 18-64 diagnosed with a physical disability including cystic fibrosis.

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
62,500: Year ending 12/27/2021

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 http://ahca.myflorida.com/Medicaid/statewide_mc/recipients.shtml

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=24301

Expiration Date
06/30/2021

Date of Last Update
07/16/2019
Medicaid Waivers for Respite Support

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 (including extended/consumer-directed support services), occupational/physical/speech therapy in adult day health care, alternative living services, emergency response, enhanced care management, financial management services, home delivered meals/services, structured family caregiving and skilled nursing services. To promote independence and freedom of choice, the participant-directed services model is available 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 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.
GEORGIA

GA Elderly & Disabled Waiver Program (0112.R07.00)
State Operating Agency: Georgia Department of Community Health, Division of Aging and Special Populations

Description
This waiver assists individuals who are 65 and 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.

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, structured family caregiving, and skilled nursing services. To promote independence and freedom of choice, participant-directed services are available to participants who choose to direct their own care.

Waiver Type
1915(c)

Target Population-Eligibility
Individuals 65 and older and individuals with a physical disability who are less than 65 years

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

Respite Services
The waiver only covers Out-of-Home Respite, which 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.

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

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

Enrollment Limit
34,826: Year ending 11/08/2022

How to Apply
For information/assistance, eligibility screening, and referral to community services/resources, use the information below. Find contact information for your regional Area Agency on Aging at the link below.

Contact Information
Aging and Disability Network: Toll Free: (866) 552-4464
Use Georgia’s Aging and Disability Resource Connection at https://www.georgiaadrc.com/

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=8521

Expiration Date
11/08/2022

Date of Last Update
07/31/2019
Georgia New Options Waiver (NOW) (0175.R06.00)
State Operating Agency: Department of Behavioral Health and Developmental Disabilities

Description
The NOW waiver seeks to enable individuals with less intense and urgent needs than out-of-home residential treatment or extensive waiver supports. The Program includes safeguards for participants whose intensity of needs change. Individuals eligible for NOW services live with family members or in their own home.

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

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

Waiver Type
1915(c)

Target Population
Eligibility
Individuals with intellectual disabilities and developmental disabilities and/or related conditions 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 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 or out-of- 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 on how 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
4792: Year 1; 4850: Year 2; 4908: Year 3; 4967: Year 4; 5026: Year ending 11/08/2022

How to Apply
This link contains 3 forms, including the application, and instructions about the process. Link to regional office contact information is below. Link: https://dbhdd.georgia.gov/applying-dd-services

Contact Information
1-800-GEORGIA, Call number for state services (1-800436-7442) or find/contact your regional office: https://dbhdd.georgia.gov/regional-field-offices

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=8529

Expiration Date
11/08/2022

Date of Last Update
07/31/2019
### Comprehensive Supports Waiver Program (0323.R04.00)

**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. The purpose of these services is to enable individuals with urgent and intense needs to avoid institutional placement or to transition from institutional placement.

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 individual budget. Program participants may 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.

<table>
<thead>
<tr>
<th>Waiver Type</th>
<th>1915(c)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target Population-Eligibility</td>
<td>Individuals of any age with intellectual or developmental disabilities who do not qualify for the New Options Waiver (NOW) Program</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 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. 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.</td>
</tr>
<tr>
<td>Respite Provider Eligibility</td>
<td>For information on how 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>Respite may be not provided by a relative, legal guardian or legally responsible persons.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>8456: Year 1; 8153: Year 2; 8251: Year 3; 8350: Year 4; 8450: Year ending in 03/31/2021</td>
</tr>
<tr>
<td>How to Apply</td>
<td>This link contains 3 forms, including the application, and instructions about the process. Link to regional office contact information is below. Link: <a href="https://dbhdd.georgia.gov/applying-dd-services">https://dbhdd.georgia.gov/applying-dd-services</a></td>
</tr>
<tr>
<td>Contact Information</td>
<td>1-800-GEORGIA, Call number for state services (1-800436-7442) or find/contact your regional office: <a href="https://dbhdd.georgia.gov/regional-field-offices">https://dbhdd.georgia.gov/regional-field-offices</a></td>
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<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=8532">https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=8532</a></td>
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<tr>
<td>Expiration Date</td>
<td>03/31/2021</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>07/31/2019</td>
</tr>
</tbody>
</table>
### GA Independent Care Waiver Program (4170.R05.00)
**State Operating Agency:** Department of Community Health (DCH)

| **Description** | 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. |
| **Waiver Type** | 1915(c) |
| **Level of Care** | Individuals require level of care available in a nursing facility (NF). |
| **Respite Services** | 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, place of residence or group home. Respite services are limited to 360 hours a year. |
| **Respite Provider Eligibility** | Information on becoming a provider of services: [https://dbhdd.georgia.gov/applications-new-existing-providers](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** | 1619: Year 1; 1699: Year 2; 1779: Year 3; 1859: Year 4; 1939: Year ending 06/30/2021 |
| **How to Apply** | Contact the Georgia Medical Care Foundation to begin application process. GMCF will ask potential members questions over the phone, have them apply and schedule an in-person assessment. Application information is available at: [https://medicaid.georgia.gov/sites/medicaid.georgia.gov/files/related_files/document/17ICWP.pdf](https://medicaid.georgia.gov/sites/medicaid.georgia.gov/files/related_files/document/17ICWP.pdf) or visit: [https://dch.georgia.gov/waivers](https://dch.georgia.gov/waivers) |
| **Contact Information** | Georgia Medical Care Foundation (GMCF) at (888) 669-7195 |
| **Expiration Date** | 06/30/2021 |
| **Date of Last Update** | 07/31/2019 |
Home and Community-Based 1115 and 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 Hawaii’s Home and Community-Based (HCBS) 1915(c) Waivers, except those for people with Intellectual and Developmental Disabilities, are provided through the “HI Quest Integration Waiver 1115 Demonstration.” All of the waiver services offered by the HI Quest Integration waiver are provided in the MLTSS delivery system. This state’s Medicaid waivers that include respite are:

**HI QUEST Integration Waiver**

Provides Medicaid State Plan benefits and additional benefits (including institutional and home and community-based long-term services and supports) based on medical necessity and clinical criteria to beneficiaries eligible under the state plan and to the demonstration populations.

**HI HCBS for People with Intellectual and Developmental Disabilities (I/DD)**

Provides adult day health, individual employment supports, prevocational services, residential habilitation, respite (unskilled and nursing), assistive technology, chore, environmental accessibility adaptations, group employment supports, non-medical transportation, personal assistance/habilitation, Personal Emergency Response System (PERS), private-duty 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 QUEST Integration Waiver (11-W-00001/9)
**State Operating Agency:** Department of Human Services (DHS), Med-QUEST Division (MQD)

#### Description
QUEST Integration uses capitated managed-care as a delivery system unless otherwise noted below. It provides Medicaid State Plan benefits and additional benefits (including institutional, and home and community-based long-term-services and supports) based on medical necessity and clinical criteria to beneficiaries eligible under the state plan and to the demonstration populations.

For some HCBS services, participants may choose the participant-directed option.

<table>
<thead>
<tr>
<th>Waiver Type</th>
<th>1115</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target Population-Eligibility</td>
<td>Individuals with physical disabilities and persons over 65 years of age. Does not include those diagnosed with intellectual or developmental disabilities.</td>
</tr>
<tr>
<td>Level of Care</td>
<td>Individuals require level of care available in a nursing home (NF).</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 of or need for relief for those persons normally providing the care. Respite may be provided at three (3) different levels: hourly, daily, and overnight. Respite may be provided in the following locations: individual’s home or place of residence; foster home/expanded-care adult residential care home; Medicaid certified NF; licensed respite day care facility; or other community care residential facility approved by the state. Respite care services are authorized by the member’s PCP as part of the member’s care plan. Respite services may be self-directed.</td>
</tr>
<tr>
<td>Caregiver Eligibility</td>
<td>Respite may be provided by a relative but not a legal guardian or legally responsible persons. An individual serving as a designated representative for a waiver participant using the consumer-directed option may not provide respite.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>Enrollment limits not available</td>
</tr>
<tr>
<td>How to Apply</td>
<td>Application information is available at: <a href="https://medquest.hawaii.gov/en/members-applicants/get-started/how-to-apply.html">https://medquest.hawaii.gov/en/members-applicants/get-started/how-to-apply.html</a></td>
</tr>
<tr>
<td>Contact Information</td>
<td>To schedule an intake appointment: Oahu – (808) 587-3540; East Hawaii – (808) 933-0339; West Hawaii – (808) 327-4970; Hilo – (808) 974-4280; Kapolei – (808) 692-7364; Kauai – (808) 241-3575; Kona – (808) 322-1906; Lanai – (808) 553-1758; Maui – (808) 243-5780; Molokai – (808) 553-1758; Waimea – (808) 887-6064</td>
</tr>
<tr>
<td>Expiration Date</td>
<td>07/31/2024</td>
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<tr>
<td>Date of Last Update</td>
<td>09/10/2019</td>
</tr>
</tbody>
</table>
Description
This waiver enables persons with intellectual (ID) and/or developmental disabilities (DD) the choice to live in their homes and communities with appropriate quality supports designed to promote health, safety and independence.

The following services are provided within this waiver program: adult day health, individual employment supports, prevocational services, residential habilitation, respite (unskilled and nursing), assistive technology, chore, environmental accessibility adaptations, group employment supports, non-medical transportation, personal assistance/habilitation, Personal Emergency Response System (PERS), private-duty nursing, specialized medical equipment and supplies, training and consultation, vehicular modifications, and waiver emergency services.

For certain services, participants may select their services through the consumer-directed option.

Waiver Type
1915(c)

Target Population-Eligibility
Individuals diagnosed with intellectual or developmental disabilities of any age

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 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. Respite is not available in long-term care facilities.

If the participant requires nursing assessment, judgment and interventions during respite, the service may be provided by a Registered Nurse (RN) or a Licensed Practical Nurse (LPN) under RN supervision. Nursing respite cannot be consumer directed.

No single episode of respite may exceed 14 consecutive days. The total annual amount of Respite is limited to 760 hours. The DOH/DDD will perform further authorization on a case-by-case basis.

Respite Provider Eligibility
Information on becoming a provider of services:

Caregiver Eligibility
Respite may be provided by a relative but not a legal guardian or legally responsible persons.
An individual serving as a designated representative for a waiver participant using the consumer-directed option may not provide respite.

Enrollment Limit
2735: Year 1; 2767: Year 2; 2799: Year 3; 2831: Year 4; 2863: Year ending in 06/30/2021

How to Apply
Application information is available at http://health.hawaii.gov/ddd/participants-families/apply/

Contact Information
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

Link to Waiver Application
The most up-to-date waiver application is available at Medicaid.gov:
https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=8536

Expiration Date
06/30/2021

Date of Last Update
07/31/2019
Medicaid Waivers for Respite Support

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 and 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, transition services, and specialized medical equipment and supplies for individuals ages 65 and older and for individuals ages 18-64 who have physical disabilities.
ID Developmental Disabilities (DD) Waiver (0076.R06.00)
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, financial management services, support broker services, adult day health, behavior consultation/crisis management, chore services, community support services (participant directed), environmental accessibility adaptations, home delivered meals, non-medical transportation, personal emergency response system (PERS), skilled nursing, specialized medical equipment and supplies.

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/her 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-Eligibility
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: 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 legally responsible persons.

Enrollment Limit
5094: Year 1; 5604: Year 2; 6164: Year 3; 6780: Year 4; 7458: Year ending in 09/30/2022

How to Apply
Contact your regional office for assistance.

Contact Information
Regional Offices list: https://healthandwelfare.idaho.gov/Portals/0/AboutUs/mapDHWoffices.pdf
Department of Health and Welfare, Aid for Aged, Blind, and Disabled: 1-877-456-1233, option 3

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

Expiration Date
09/30/2022

Date of Last Update
07/31/2019
**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, transition services, and specialized medical equipment and supplies.

**Waiver Type**
1915(c)

**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 (SSI) 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 participants’ 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: [http://www.healthandwelfare.idaho.gov/Providers/MedicaidProviders/ProviderEnrollment/tabid/265/Default.aspx](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 legally responsible persons.

**Enrollment Limit**
11,485: Year 1; 11,944: Year 2; 12,422: Year 3; 12,919: Year 4; 13,436: Year ending 09/30/2022

**How to Apply**
Contact your regional office for assistance or call the Aid for Aged, Blind and Disabled office.

**Contact Information**
Regional Offices list: [https://healthandwelfare.idaho.gov/Portals/0/AboutUs/mapDHWOffices.pdf](https://healthandwelfare.idaho.gov/Portals/0/AboutUs/mapDHWOffices.pdf)

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

**Link to Waiver Application**
[https://healthandwelfare.idaho.gov/Portals/0/Medical/MedicaidCHIP/AandDWaiver.pdf](https://healthandwelfare.idaho.gov/Portals/0/Medical/MedicaidCHIP/AandDWaiver.pdf)

**Expiration Date**
09/30/2022

**Date of Last Update**
07/31/2019
Illinois Department of Healthcare and Family Services (HFS)
Bureau of Long-term Care
401 South Clinton, Chicago, Illinois 60607
1-217-557-1868
www.hfs.illinois.gov

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 personal assistant, homemaker, adult day care, environmental accessibility adaptations, specialized medical equipment, home delivered meals, Personal Emergency Response System (PERS), respite, nursing (including intermittent), extended State Plan therapy services (physical, occupational, speech), day habilitation, prevocational services, supported employment, and cognitive behavioral therapies for individuals of any age with brain injury and functional limitations directly resulting from the brain injury as documented by a physician/neurologist. The brain Injury waiver offers intense case management support.

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

Provides respite, specialized medical equipment and supplies, environmental modifications, family training, nurse training, placement maintenance counseling, and medically supervised day care 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.

**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.

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Medicaid Waivers for Respite Support – 2019
ARCH National Respite Network and Resource Center | archrespite.org
### Description
This waiver provides supports that 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, and a variety of therapies.

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 a monthly services cost maximum. Participants may use domestic employees or direct service providers. When participants exercise employer authority, a Financial Management Services (FMS) entity is available.

### 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 Individuals with Intellectual Disabilities (ICF/IID).

### 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.

Additionally, respite may be provided under Personal Support Services.

### Respite Provider Eligibility
Information on becoming a provider of services: [https://www.dhs.state.il.us/page. ?item=52725](https://www.dhs.state.il.us/page. ?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
23,049: Year ending in 12/10/2022

### How to Apply
Information on waiver: [https://www.illinois.gov/hfs/MedicalClients/HCBS/Pages/support_cyadd.aspx](https://www.illinois.gov/hfs/MedicalClients/HCBS/Pages/support_cyadd.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-PLAN5 or 1-866-376-8446 (TTY)

Local DHS offices may be found at: [http://www.dhs.state.il.us/page.aspx?module=12](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
[https://www.illinois.gov/hfs/SiteCollectionDocuments/AdultswithDevelopmentalDisabilitiesApprovedWaiver.pdf](https://www.illinois.gov/hfs/SiteCollectionDocuments/AdultswithDevelopmentalDisabilitiesApprovedWaiver.pdf)

### Expiration Date
12/20/2022

### Date of Last Update
07/31/2019
# IL HCBS Waiver for Persons with Brain Injury (0329.R04.00)

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

<table>
<thead>
<tr>
<th>Description</th>
<th>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 personal assistant, homemaker, adult day care, environmental accessibility adaptations, specialized medical equipment, home delivered meals, Personal Emergency Response System (PERS), respite, nursing (including intermittent), extended State Plan therapy services (physical, occupational, speech), day habilitation, pre-vocational services, supported employment, and cognitive behavioral therapies. 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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiver Type</td>
<td>1915(c). Operates concurrently with Section 1932 (a) State plan amendment (SPA) to implement mandatory managed care in Cook County and surrounding border counties.</td>
</tr>
<tr>
<td>Target Population-Eligibility</td>
<td>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.</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 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.</td>
</tr>
<tr>
<td>Respite Provider Eligibility</td>
<td>Information on becoming a provider of services: <a href="https://www.dhs.state.il.us/page.aspx?item=52725">https://www.dhs.state.il.us/page.aspx?item=52725</a> or call 217-557-9282</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>4905: Year ending 06/30/2022</td>
</tr>
<tr>
<td>How to Apply</td>
<td>All information at <a href="https://www.illinois.gov/hfs/MedicalClients/HCBS/Pages/Bl.aspx">https://www.illinois.gov/hfs/MedicalClients/HCBS/Pages/Bl.aspx</a> 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: <a href="https://wr.dhs.illinois.gov/wrpublic/wr/dynamic/referral.jsf">https://wr.dhs.illinois.gov/wrpublic/wr/dynamic/referral.jsf</a> or call Rehabilitation Services <a href="https://www.dhs.state.il.us/page.aspx?module=12">https://www.dhs.state.il.us/page.aspx?module=12</a> or call Rehabilitation Services: (800) 843-6154 (#3 on menu) or (800) 447-6404 (TTY) Select Rehabilitation Services on the drop down menu or DHS-DRS Springfield office: (217) 782-2722</td>
</tr>
<tr>
<td>Contact Information</td>
<td>Local DHS office locator: <a href="http://www.dhs.state.il.us/page.aspx?module=12">http://www.dhs.state.il.us/page.aspx?module=12</a> or call Rehabilitation Services: (800) 843-6154 (#3 on menu) or (800) 447-6404 (TTY) Select Rehabilitation Services on the drop down menu or DHS-DRS Springfield office: (217) 782-2722</td>
</tr>
<tr>
<td>Link to Waiver Application</td>
<td><a href="https://www.illinois.gov/hfs/SiteCollectionDocuments/ApprovedBrainInjuryBIWaiver.pdf">https://www.illinois.gov/hfs/SiteCollectionDocuments/ApprovedBrainInjuryBIWaiver.pdf</a></td>
</tr>
<tr>
<td>Expiration Date</td>
<td>06/30/2022</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>07/31/2019</td>
</tr>
</tbody>
</table>
**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/](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**
1215: Year 1; 1365: Year 2; 1515: Year 3; 1665: Year 4; 1815: Year ending in 08/31/2022

**How to Apply**
Applications available in English, Spanish or French at [https://dscc.uic.edu/how-we-help/how-to-apply/](https://dscc.uic.edu/how-we-help/how-to-apply/) or contact a Specialized Care for Children Regional Office to request the forms be mailed to you [http://dscc.uic.edu/find-an-office/](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/](http://dscc.uic.edu/)

**Link to Waiver Application**
[http://www2.illinois.gov/hfs/SiteCollectionDocuments/MFTD10212015.pdf](http://www2.illinois.gov/hfs/SiteCollectionDocuments/MFTD10212015.pdf)

**Expiration Date**
08/31/2022

**Date of Last Update**
07/31/2019
### IL HCBS Waiver for Persons w/HIV or AIDS (0202.R06.00)
**State Operating Agency: Department of Human Services, Division of Rehabilitation Services (DHS DRS)**

<table>
<thead>
<tr>
<th>Description</th>
<th>This waiver serves persons with HIV/AIDS, who are at risk for nursing facility level of care, allowing them to remain in their homes. Services and supports include 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 and intermittent 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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiver Type</td>
<td>1915(c) - Operates concurrently with Section 1932 (a) State plan amendment (SPA) to implement mandatory managed care</td>
</tr>
<tr>
<td>Target Population-Eligibility</td>
<td>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</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 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.</td>
</tr>
<tr>
<td>Respite Provider Eligibility</td>
<td>Information on becoming a provider of services: <a href="https://www.dhs.state.il.us/page.aspx?item=52725">https://www.dhs.state.il.us/page.aspx?item=52725</a> or call 217-557-9282</td>
</tr>
<tr>
<td>Caregiver Eligibility</td>
<td>Respite may be participant directed and provided by a relative, but not a legal guardian or legally responsible persons.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>1480: Year 1; 1528: Year 2; 1576: Year 3; 1624: Year 4; 1672: Year ending in 09/30/2023</td>
</tr>
<tr>
<td>How to Apply</td>
<td>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: <a href="https://wr.dhs.illinois.gov/wrpublic/wr/setReferral.do">https://wr.dhs.illinois.gov/wrpublic/wr/setReferral.do</a> or by phone (800) 843-6154 or (800) 447-6404 (TTY)</td>
</tr>
<tr>
<td>Contact Information</td>
<td>To find your local DHS-DRS office: DHS office locator: <a href="http://www.dhs.state.il.us/page.aspx?module=12">http://www.dhs.state.il.us/page.aspx?module=12</a> or call DRS Statewide HIV/AIDS Unit: 708-857-2378</td>
</tr>
<tr>
<td>Link to Waiver Application</td>
<td><a href="https://www.illinois.gov/hfs/SiteCollectionDocuments/CurrentHIVorAIDSWaiver.pdf">https://www.illinois.gov/hfs/SiteCollectionDocuments/CurrentHIVorAIDSWaiver.pdf</a></td>
</tr>
<tr>
<td>Expiration Date</td>
<td>09/30/2023</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>07/31/2019</td>
</tr>
</tbody>
</table>
**IL HCBS Waiver for Persons Who are Elderly (0143.R06.00)**

**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. Services offered are the same for both Medicaid and state funded participants.

There are 13 Planning and Service Areas (PSA) in Illinois, each managed and served by an Area Agency on Aging (AAA). Care coordinators educate participants on the available providers and assist them, if needed, in making informed choices.

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. Based on personal needs identified by the case coordinator, referrals are made to a variety of services including those outside the services offered in the elderly waiver. Examples of additional services include home delivered meals, medication management, flexible senior services, respite care, transportation, and medical and home health services.

### 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 services may be added and paid by other sources as identified by the care coordinator and based on individual need.

### 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

85,090: Year 1: 92,054: Year 2; 105,618: Year 3: 122,447: Year 4: 143,101: Year ending in 10/31/2021

### How to Apply

See [https://www.illinois.gov/hfs/MedicalClients/HCBS/Pages/Elderly.aspx](https://www.illinois.gov/hfs/MedicalClients/HCBS/Pages/Elderly.aspx) for instructions or contact the HelpLine below.

### Contact Information

Department on Aging Senior HelpLine: (800)252-8966 (option #4) 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

[https://www.illinois.gov/hfs/SiteCollectionDocuments/CurrentElderlyWaiver.pdf](https://www.illinois.gov/hfs/SiteCollectionDocuments/CurrentElderlyWaiver.pdf)

### Expiration Date

10/31/2021

### Date of Last Update

07/31/2019
### 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. 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).

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. It may be provided in the individual’s home; or in an adult day care setting.

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.

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
34,950: Year 1; 34,993: Year 2; 36,068: Year 3; 37,177: Year 4; 38,320: Year ending in 07/11/2021

### 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). All information may be found at [https://www.illinois.gov/hfs/MedicalClients/HCBS/Pages/disabilities.aspx](https://www.illinois.gov/hfs/MedicalClients/HCBS/Pages/disabilities.aspx)

### Contact Information
Developmental Disabilities Helpline, 1-888-DD-PLANS or 1-866-376-8446 (TTY). All information may be found at [https://www.illinois.gov/hfs/MedicalClients/HCBS/Pages/disabilities.aspx](https://www.illinois.gov/hfs/MedicalClients/HCBS/Pages/disabilities.aspx)

### Link to Waiver Application

### Expiration Date
07/11/2021

### Date of Last Update
07/31/2019
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 Aged & Disabled (A&D) Waiver**

Provides adult day service, attendant care, care management, homemaker, respite, adult family care, assisted living, community transition, home delivered meals, home modification assessment, home modifications, integrated health care coordination, 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 physical or other disability.

**IN Traumatic Brain Injury**

Provides adult day services, attendant care, case management, homemaker, residential based habilitation, respite, structured day program, supported employment, adult family care, assisted living, 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 a traumatic brain injury with no age restrictions.

**IN 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, OT, PT, psychological therapy, speech/language therapy, behavioral support, community based habilitation-group, community based habilitation-individual, community transition, electronic monitoring, environmental mods, extended services, facility based habilitation-group, facility based habilitation-individual, facility based support services, family and caregiver training, intensive behavior intervention, music therapy, personal emergency response system (PERS), recreational therapy, residential habilitation and support - daily, 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.

**IN Family Supports**

Provides adult day, case management, prevocational, respite, OT, PT, psychological therapy, speech/language therapy, behavioral support services, community based habilitation-group, community based habilitation-individual, extended services, facility based habilitation-group, facility based habilitation-individual, facility based support services, family and caregiver training, intensive behavioral intervention, music therapy, participant assistance and care, PERS, 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.
**IN Aged and Disabled (A&D) Waiver (0210.R06.00)**

**State Operating Agency:** Family Social Service Administration, Division of Aging

**Description**
The A&D waiver is designed to provide services to supplement informal supports for people who would require care in a nursing facility if waiver or other supports were not available. Waiver services can be used to help people remain in their own 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. Traditional service delivery methods are used.

Services provided by this waiver include: adult day service, attendant care, care management, homemaker, respite, adult family care, assisted living, community transition, home delivered meals, home modification assessment, home modifications, integrated health care coordination, nutritional supplements, personal emergency response system, pest control, specialized medical equipment and supplies, structured family caregiving, transportation, and vehicle modifications.

<table>
<thead>
<tr>
<th>Waiver Type</th>
<th>1915(c)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target Population-Eligibility</td>
<td>Individuals with physical or other disabilities ages birth to 64, as well as individuals who are 65 or 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>Respite is provided in home and is provided temporarily or periodically in the absence of the usual caregiver. The level of professional care provided depends on the needs of the individual. Allowable respite activities include home health aide and skilled nursing. A participant who is eligible for State Plan Home Health Services (HOHE) should be considered for respite home health aide under the supervision of a registered nurse. A participant who is eligible for State Plan Nursing Services (SKNU) must be considered for 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 services are provider managed.</td>
</tr>
</tbody>
</table>

**Respite Provider Eligibility**
Go to: [http://www.in.gov/fssa/da/3476.htm#jump_provider](http://www.in.gov/fssa/da/3476.htm#jump_provider)
For questions contact: Waiver Provider Specialist by phone at 317-232-4650 or by email at daproviderapp@fssa.in.gov.

**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), healthcare representative).

**Enrollment Limit**
25900: Year ending 06/30/2023

**How to Apply**
You may apply in person at your local AAA, or Area Agency on Aging (listings at [https://www.in.gov/fssa/da/3478.htm](https://www.in.gov/fssa/da/3478.htm)) or call toll free 800-986-3505.

You can also apply online through INconnect Alliance at [https://www.in.gov/fssa/inconnectalliance/](https://www.in.gov/fssa/inconnectalliance/)

**Contact Information**
Contact your local AAA, or the Division of Aging Toll Free at 888-673-0002. You may also contact a member of the INconnect Alliance at [https://www.in.gov/fssa/inconnectalliance/886.htm](https://www.in.gov/fssa/inconnectalliance/886.htm)

**Link to Waiver Application**
[https://www.in.gov/fssa/files/IN.0210.R06.00.pdf](https://www.in.gov/fssa/files/IN.0210.R06.00.pdf)

**Expiration Date**
06/30/2023

**Date of Last Update**
07/09/2019
**IN Traumatic Brain Injury (TBI) Waiver (4197.R04.00)**

**State Operating Agency:** Family Social Service Administration, Division of Aging

**Description**

The TBI 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. Traditional service delivery methods are used.

Waiver services include: adult day services, attendant care, case management, homemaker, residential based habilitation, respite, structured day program, supported employment, adult family care, assisted living, 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.

**Waiver Type**

1915(c)

**Target Population-Eligibility**

Individuals of all ages diagnosed with a traumatic brain injury per Indiana’s definitions.

**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 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. Allowable activities include home health and skilled nursing services. 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.

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 provided to participants receiving Adult Family Care waiver service. Respite services are provider managed.

**Respite Provider Eligibility**

Go to: [http://www.in.gov/fssa/da/3476.htm#jump_provider](http://www.in.gov/fssa/da/3476.htm#jump_provider)

For questions contact: Waiver Provider Specialist by phone at 317-232-4650 or by email at dapproviderapp@fssa.in.gov.

**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), healthcare representative).

**Enrollment Limit**

200: Year ending 12/31/2022

**How to Apply**

You may apply in person at your local AAA, or Area Agency on Aging (listings at [https://www.in.gov/fssa/da/3478.htm](https://www.in.gov/fssa/da/3478.htm)) or call toll free 800-986-3505.

You can also apply online through INconnect Alliance at [https://www.in.gov/fssa/inconnectalliance/](https://www.in.gov/fssa/inconnectalliance/)

**Contact Information**

Contact your local AAA, or the Division of Aging Toll Free at 888-673-0002. You may also contact a member of the INconnect Alliance at [https://www.in.gov/fssa/inconnectalliance/886.htm](https://www.in.gov/fssa/inconnectalliance/886.htm)

**Link to Waiver Application**

[https://www.in.gov/fssa/files/IN.4197.R04.00%20TBI.pdf](https://www.in.gov/fssa/files/IN.4197.R04.00%20TBI.pdf)

**Expiration Date**

12/31/2022

**Date of Last Update**

07/09/2019
**IN Community Integration and Habilitation (CIH)** *(0378.R03.05)*

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

<table>
<thead>
<tr>
<th>Description</th>
<th>The CIH Waiver provides access to meaningful and necessary home and community-based services and supports, seeks to implement services and supports that respect the participant’s personal beliefs and customs, 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 participants’ independent living. Participants may choose to live in their own home, family home, or community setting appropriate to their needs. Participants develop a Person-Centered/Individualized Support Plan (PC/ISP). The waiver services include adult day, case management, prevocational, rent and food for unrelated live-in caregiver, residential habilitation and support, respite, supported employment follow along, OT, PT, psychological therapy, speech/language therapy, behavioral support, community based habilitation-group, community based habilitation-individual, community transition, electronic monitoring, environmental mods, extended services, facility based habilitation-group, facility based habilitation-individual, facility based support services, family and caregiver training, intensive behavior intervention, music therapy, personal emergency response system (PERS), recreational therapy, residential habilitation and support - daily, specialized medical equipment and supplies, structured family caregiving, transportation, wellness coordination, and workplace assistance.</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 autism, developmental disability (DD), or intellectual disability (ID).</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 care provided to participants unable to care for themselves is furnished on a short-term basis in order to provide temporary relief to unpaid caregivers 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 community activities, grooming and personal hygiene; meal preparation, serving and cleanup; administration of medications; supervision; individual services; and group services. Respite is not provided to individuals living in a licensed facility-based setting and is not provided at the same time as the services Structured Family Caregiving or Children's Foster Care. Respite is not intended to be provided on a continuous, long-term basis as part of daily services that would enable the unpaid caregiver to go to work or to attend school, and it shall not be used as day/child care or to provide service while the participant is attending school. Respite services are provider managed.</td>
</tr>
<tr>
<td><strong>Respite Provider Eligibility</strong></td>
<td>Information for provider enrollment can be found at <a href="https://www.in.gov/fssa/ddrs/2644.htm">https://www.in.gov/fssa/ddrs/2644.htm</a></td>
</tr>
<tr>
<td><strong>Caregiver Eligibility</strong></td>
<td>Respite may be provided by a relative, legal guardian, or legally responsible person.</td>
</tr>
<tr>
<td><strong>Enrollment Limit</strong></td>
<td>10927: Year ending 09/30/2019</td>
</tr>
<tr>
<td><strong>How to Apply</strong></td>
<td>Contact the local BDDS field services office near you at <a href="https://www.in.gov/fssa/ddrs/4088.htm">https://www.in.gov/fssa/ddrs/4088.htm</a></td>
</tr>
<tr>
<td><strong>Contact Information</strong></td>
<td>See the state map (<a href="https://www.in.gov/fssa/ddrs/4088.htm">https://www.in.gov/fssa/ddrs/4088.htm</a>) or call 1-800-545-7763 to locate your local office. Waiver application forms may also be accessed at: <a href="http://www.in.gov/fssa/ddrs/3349.htm">http://www.in.gov/fssa/ddrs/3349.htm</a></td>
</tr>
<tr>
<td><strong>Link to Waiver Application</strong></td>
<td><a href="https://www.in.gov/fssa/files/IN.0378.R03.05%20Waiver%20PDF%20corrected%20on%208.29.18.pdf">https://www.in.gov/fssa/files/IN.0378.R03.05%20Waiver%20PDF%20corrected%20on%208.29.18.pdf</a></td>
</tr>
<tr>
<td>Expiration Date</td>
<td>09/30/2019</td>
</tr>
<tr>
<td>----------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>07/09/2019</td>
</tr>
</tbody>
</table>
### Description
The Family Supports waiver provides access to meaningful and necessary home and community-based services and supports, implements services and 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, case management, prevocational, respite, OT, PT, psychological therapy, speech/language therapy, behavioral support services, community based habilitation-group, community based habilitation-individual, extended services, facility based habilitation-group, facility based habilitation-individual, facility based support services, family and caregiver training, intensive behavioral intervention, music therapy, participant assistance and care, PERS, recreational therapy, specialized medical equipment and supplies, transportation, workplace assistance.

### Waiver Type
1915(c)

### Target Population-Eligibility
Individuals of all ages diagnosed with Autism, a Developmental Disability (DD), or Intellectual Disability (ID).

### 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 an approved day habilitation facility, or in a non-private residential setting (such as a respite home). Activities may 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.

Respite is not provided to individuals living in licensed facility-based setting and is not provided at the same time as the services Structured Family Caregiving or Children’s Foster Care. Respite is not intended to be provided on a continuous, long-term basis as part of daily services that would enable the unpaid caregiver to go to work or to attend school, and it shall not be used as day/child care or to provide service while the participant is attending school.

Respite services are provider managed.

### Respite Provider Eligibility
Information for provider enrollment can be found at [https://www.in.gov/fssa/ddrs/2644.htm](https://www.in.gov/fssa/ddrs/2644.htm)

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

### Enrollment Limit
23087: Year ending 03/31/2020

### How to Apply
Contact the local BDDS field services office near you at [https://www.in.gov/fssa/ddrs/4088.htm](https://www.in.gov/fssa/ddrs/4088.htm)

### Contact Information
See the state map ([http://www.in.gov/fssa/ddrs/4088.htm](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](http://www.in.gov/fssa/ddrs/3349.htm)

### Link to Waiver Application
[https://www.in.gov/fssa/files/IN.0387.R03.04%20Waiver%20PDF%20FSW.PDF](https://www.in.gov/fssa/files/IN.0387.R03.04%20Waiver%20PDF%20FSW.PDF)

### Expiration Date
03/31/2020

### Date of Last Update
07/09/2019
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:

IA HCBS Health & Disability Waiver

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

IA HCBS Elderly Waiver

Provides adult day health, case management, homemaker, respite, home health aide services, nursing services, financial management service, assisted living, assistive devices, chore services, consumer directed attendant care-unskilled, consumer-directed attendant care – skilled, home and vehicle modification, home delivered meals, independent support brokerage service, 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, transportation for individuals ages 65 and older.

IA Children’s Mental Health (CMH) Waiver

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

IA HCBS AIDS Waiver

Provides adult day care, homemaker, respite, home health aide, nursing, financial management services, independent support broker, consumer directed attendant care – skilled, consumer-directed attendant care – unskilled, counseling, home delivered meals, individual directed goods and services, self-directed community support and employment, and self-directed personal care for individuals with a diagnosis of HIV/AIDS of any age.
IA Brain Injury (BI) Waiver

Provides adult day care, case management, consumer directed attendant care – skilled, prevocational services, respite, supported employment, specialized medical equipment, financial management service - supports the self-direction option, behavioral programming, consumer directed attendant care- unskilled, family counseling and training services, home and vehicle modification, independent support broker - consumer choices option, interim medical monitoring and treatment, personal emergency response system or portable locator system, self-directed community support and employment, self-directed goods and services, self-directed personal care - consumer choices option, supported community living, transportation for individuals of all ages diagnosed with a brain injury.

IA Intellectual Disabilities (ID) Waiver

Provides adult day care, day habilitation, prevocational services, residential based supported community living, respite, supported employment, home health aide services, 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 (CDAC) – skilled, consumer directed attendant care (CDAC) – unskilled, home and vehicle modification, 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.
Description
The goal of the Iowa HCBS Health and Disability (HD) waiver is to provide community alternatives to institutional services. Through need based funding of individualized supports, eligible participants may maintain their position within their homes and communities rather than default placement within an institutional setting. Necessary services are determined through a person centered planning process with assistance from an interdisciplinary team. After exploring all available resources, including natural and community supports, the consumer will have the option to choose between various traditional and self-directed services.

The following services are available: adult day, homemaker, respite, home health aide, nursing, financial management services, independent support broker, self-directed community support and employment, consumer directed attendant care-skilled, consumer-directed attendant care-unskilled, counseling service, home and vehicle modification, home delivered meals, individual directed goods and services, interim medical monitoring and treatment, nutritional counseling, personal emergency response, self-directed personal care.

Waiver Type
1915(c); concurrent operation with 1915(b) (1, 3, 4) Iowa High Quality Healthcare Initiative.

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.

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 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. The interdisciplinary team shall determine if the participant shall receive basic individual respite, specialized respite or group respite. The waiver allows respite services to be provided in variety of settings and by different provider types, including: Home Health Agency, Residential Care Facility for persons with Intellectual Disabilities (RCF/ID), Homecare and Non-Facility based providers, Hospital or Nursing Facility – skilled, Organized Camping programs, Child Care Centers, Nursing Facility, and Intermediate Care facilities for persons with Intellectual Disabilities (ICF/ID). The payment for respite is connected to the staff to consumer ratio. Overlapping of services is avoided. Services provided outside the individual’s home, such as a licensed facility, shall not be reimbursable if the living unit where the respite is provided is reserved for another person on a temporary leave of absence. Respite services shall not be simultaneously reimbursed with other residential or respite services, Medicaid or HCBS HD nursing, or Medicaid or HCBS HD home health aide services. Respite care is not to be provided to persons during the hours in which the usual caregiver is employed except when the consumer is attending a 24 hour residential camp. Respite cannot be provided to a consumer whose usual caregiver is a consumer-directed attendant care provider for the consumer. A maximum of 14 consecutive days of 24-hour respite care may be reimbursed. The amount, frequency, or duration of the self-directed respite service is the same as respite that is not self-directed.

Respite services may be provider managed or participant directed

Respite Provider Eligibility
For information on becoming a provider:
https://dhs.iowa.gov/ime/Providers/enrollment/WaiverEnrollment

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

Enrollment Limit
2950: Year ending 10/31/2022
<table>
<thead>
<tr>
<th>How to Apply</th>
<th>Individuals can apply for waiver services at their local DHS office. To find the office nearest you please search online at: <a href="https://dhs.iowa.gov/dhs_office_locator">https://dhs.iowa.gov/dhs_office_locator</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Link to Waiver Application</td>
<td>Link to application not available.</td>
</tr>
<tr>
<td>Expiration Date</td>
<td>10/31/2022</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>07/10/2019</td>
</tr>
</tbody>
</table>
The goal of the Iowa HCBS Elderly waiver is to provide community alternatives to institutional services. Necessary services are determined through a person centered planning process with assistance from an interdisciplinary team. After exploring available natural and community supports, the consumer has the option to choose between various traditional and self-directed services. Services include adult day health, case management, homemaker, respite, home health aide services, nursing services, financial management service, assisted living, assistive devices, chore services, consumer directed attendant care-unskilled and skilled, home and vehicle modification, home delivered meals, independent support brokerage service, 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, 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.

<table>
<thead>
<tr>
<th>Waiver Type</th>
<th>1915(c); concurrent operation with 1915(b) (1, 3, 4) Iowa High Quality Healthcare Initiative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target Population-Eligibility</td>
<td>Individuals who are 65 years or 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>Respite gives temporary relief to the usual caregiver and provides necessary care during that time period. The purpose of respite is to enable the consumer to remain in their current living situation. Services provided outside the individual's home shall not be reimbursable if the living unit where respite is provided is reserved for another person on temporary leave of absence. The interdisciplinary team shall determine if the individual shall receive basic individual respite, specialized respite or group respite. Respite may be provided in the home, camp setting, and nursing facility. Payment is connected to the staff to consumer ratio. Respite is not provided to persons during hours in which the usual caregiver is employed except when the provider is a camp. Overlapping of services is avoided. A unit of service is 15 minutes. A maximum of 14 consecutive days of 24-hour respite care may be reimbursed. The amount, frequency, or duration of the self-directed respite service is the same as respite that is not self-directed. Respite may be provider managed or participant directed.</td>
</tr>
<tr>
<td>Respite Provider Eligibility</td>
<td>For information on becoming a provider: <a href="https://dhs.iowa.gov/ime/Providers/enrollment/WaiverEnrollment">https://dhs.iowa.gov/ime/Providers/enrollment/WaiverEnrollment</a></td>
</tr>
<tr>
<td>Caregiver Eligibility</td>
<td>Respite may be provided by a relative, legally responsible person, or legal guardian.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>8009: Year ending 09/30/2023</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 search online at <a href="https://dhs.iowa.gov/dhs_office_locator">https://dhs.iowa.gov/dhs_office_locator</a></td>
</tr>
<tr>
<td>Contact Information</td>
<td>Contact Iowa Medicaid Member Services at Toll Free: 1-800-338-8366 or your local DHS office Reference the Waiver Packet on the Iowa DHS website: <a href="https://dhs.iowa.gov/sites/default/files/Comm513.pdf?071020191550">https://dhs.iowa.gov/sites/default/files/Comm513.pdf?071020191550</a></td>
</tr>
<tr>
<td>Link to Waiver Application</td>
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<tr>
<td>Expiration Date</td>
<td>09/30/2023</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>07/10/2019</td>
</tr>
</tbody>
</table>
**IA Children’s Mental Health (CMH) Waiver (0819.R02.00)**

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

<table>
<thead>
<tr>
<th>Description</th>
<th>The goal of the Iowa HCBS Children’s Mental Health (CMH) waiver is to provide community alternatives to institutional services. Through need-based funding of individualized supports, eligible participants may maintain their position within their homes and communities rather than default placement within an institutional setting. Necessary services are determined through a person centered planning process with assistance from an interdisciplinary team. After exploring all available resources, including natural and community supports, the consumer will have the option to choose between various traditional and self-directed services. Services include environmental modifications and adaptive devices, family and community supports, in-home family therapy, and respite.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiver Type</td>
<td>1915(c); concurrent operation with 1915(b) (1, 3, 4) Iowa High Quality Healthcare Initiative</td>
</tr>
<tr>
<td>Target Population-Eligibility</td>
<td>Individuals, ages 0-17, diagnosed with a serious emotional disturbance (SED).</td>
</tr>
<tr>
<td>Level of Care</td>
<td>Individual requires level of care available in an inpatient psychiatric facility for individuals 21 and under.</td>
</tr>
<tr>
<td>Respite Services</td>
<td>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 consumer to remain in their current living situation. Respite shall be provided in an environment (consumer’s home, provider’s home, camp, etc.) as approved by the interdisciplinary team. The interdisciplinary team determines if the individual receives basic individual respite, specialized respite, or group respite. Respite shall not be provided during the hours the usual caregiver is employed, except when the consumer is attending a camp. The usual caregiver cannot be absent from the home for more than 14 consecutive days during respite. Respite provided outside the participant’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. Respite shall not be provided simultaneously with other residential, nursing, or home health aide services provided through the medical assistance program. Respite is provider managed.</td>
</tr>
<tr>
<td>Respite Provider Eligibility</td>
<td>For information on becoming a provider: <a href="https://dhs.iowa.gov/ime/Providers/enrollment/WaiverEnrollment">https://dhs.iowa.gov/ime/Providers/enrollment/WaiverEnrollment</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>1339: Year ending 09/30/2023</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 search online at <a href="https://dhs.iowa.gov/dhs_office_locator">https://dhs.iowa.gov/dhs_office_locator</a></td>
</tr>
<tr>
<td>Link to Waiver Application</td>
<td>Link to application not available.</td>
</tr>
<tr>
<td>Expiration Date</td>
<td>09/30/2023</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>07/10/2019</td>
</tr>
</tbody>
</table>
**IA HCBS AIDS Waiver (0213.R05.02)**

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

<p>| Description | The goal of the Iowa HCBS/AIDS/HIV waiver is to provide community alternatives to institutional services. Through need-based funding of individualized supports, eligible participants may maintain their position within their homes and communities rather than default placement within an institutional setting. The individual will have the option to use both traditional delivered services and self-directed services. Services provided by this waiver include: adult day care, homemaker, respite, home health aide, nursing, financial management services, independent support broker, consumer directed attendant care – skilled, consumer-directed attendant care – unskilled, counseling, home delivered meals, individual directed goods and services, self-directed community support and employment, and self-directed personal care. |
| Waiver Type | 1915(c); concurrent operation with 1915(b) (1, 3, 4) Iowa High Quality Healthcare Initiative |
| 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. The purpose of respite is to enable the member to remain in the member’s current living situation. 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. Basic, group, and specialized respite may be provided in a variety of locations: Home Health Agencies (HHA); Residential Care Facilities for persons with Intellectual Disabilities (RCF/ID); Home Care and Non-Facility based providers; Hospitals or Nursing Facilities – skilled; Organized Camping programs (residential weeklong camp, group summer day camp, teen camp, group specialized summer day camp); Child Care Centers; Nursing Facilities; and Intermediate Care Facilities for persons with Intellectual Disabilities (ICF/ID). 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. A maximum of 14 consecutive days of 24-hour respite care may be reimbursed. Respite may be participant directed or provider managed. |
| Respite Provider Eligibility | For information on becoming a provider: <a href="https://dhs.iowa.gov/ime/Providers/enrollment/WaiverEnrollment">https://dhs.iowa.gov/ime/Providers/enrollment/WaiverEnrollment</a> |
| Caregiver Eligibility | Respite may be provided by a relative, legally responsible person, or legal guardian. |
| Enrollment Limit | 40: Year ending in 06/30/2020 |
| How to Apply | Individuals can apply for waiver services at their local DHS office. To find the office nearest you please search online at <a href="https://dhs.iowa.gov/dhs_office_locator">https://dhs.iowa.gov/dhs_office_locator</a> |</p>
<table>
<thead>
<tr>
<th><strong>Link to Waiver Application</strong></th>
<th><a href="https://dhs.iowa.gov/sites/default/files/Application_1915(c)_HCBS_AIDSHIV_Waiver_IA.0213.R05.02_06012017_asof_06082017.pdf?081420191845">https://dhs.iowa.gov/sites/default/files/Application_1915(c)_HCBS_AIDSHIV_Waiver_IA.0213.R05.02_06012017_asof_06082017.pdf?081420191845</a></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Expiration Date</strong></td>
<td>06/30/2020</td>
</tr>
<tr>
<td><strong>Date of Last Update</strong></td>
<td>08/14/2019</td>
</tr>
</tbody>
</table>
Description
The goal of the Iowa HCBS Brain Injury (BI) waiver is to provide community alternatives to institutional services. Through need-based funding of individualized supports, eligible participants may maintain their position within their homes and communities rather than default placement within an institutional setting. Necessary services are determined through a person centered planning process with assistance from an interdisciplinary team. After exploring all available resources, including natural and community supports, the individual will have the option to choose between various traditional and self-directed services.

Services include: adult day care, case management, consumer directed attendant care – skilled, prevocational services, respite, supported employment, specialized medical equipment, financial management service - supports the self-direction option, behavioral programming, consumer directed attendant care- unskilled, family counseling and training services, home and vehicle modification, independent support broker - consumer choices option, interim medical monitoring and treatment, personal emergency response system or portable locator system, self-directed community support and employment, self-directed goods and services, self-directed personal care - consumer choices option, supported community living, transportation.

Waiver Type
1915(c); concurrent operation with 1915(b) (1, 3, 4) Iowa High Quality Healthcare Initiative

Target Population-Eligibility
Individuals of any age diagnosed with a brain injury. 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; Secondary malignant neoplasm of other parts of the nervous system, includes cerebral mening; Benign neoplasm of brain and other parts of the nervous system; Encephalitis, myelitis and encephalomyelitis; Intracranial and intraspinal abscess; Anoxic brain damage; Subarachnoid hemorrhage; Intracerebral hemorrhage; Other and unspecified intracranial hemorrhage; Occlusion and stenosis of pre-cerebral or 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 Individuals with Intellectual Disabilities (ICF/IID).

Respite Services
Respite gives temporary relief to the usual caregiver and provides all the necessary care during that time period. The purpose of respite care is to enable the participant to remain in their current living situation. Respite may be provided in the following locations: consumer’s home, consumer’s community, adult day care, group living foster care facilities for children licensed by the department, camps certified by the American Camping Association, nursing facilities, intermediate care facilities for the mentally retarded, hospitals enrolled as providers in the Iowa Medicaid program, residential care facilities for persons with intellectual disabilities licensed by the department of inspections and appeals, assisted living programs certified by the department of inspections and appeals.

Services provided outside the consumer’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. Respite care is not to be provided to persons during the hours in which the usual caregiver is employed except when the consumer is attending a camp. Respite cannot be provided to a participant whose usual caregiver is a consumer-directed attendant care provider for the participant. Staff-to-consumer ratios and the type of respite shall be appropriate to the individual needs of the consumer as determined by the consumer’s...
interdisciplinary team. There is an upper limit set for rates based on provider type that is subject to change on a yearly basis. Respite services shall not be simultaneously reimbursed with other residential or respite services, HCBS BI waiver supported community living services, Medicaid nursing, or Medicaid BI home health aide services. A unit of service is 15 minutes. A maximum of 14 consecutive days of 24-hour respite care may be reimbursed.

Respite may be provider managed or participant directed.

<table>
<thead>
<tr>
<th>Respite Provider Eligibility</th>
<th>For information on becoming a provider: <a href="https://dhs.iowa.gov/ime/Providers/enrollment/WaiverEnrollment">https://dhs.iowa.gov/ime/Providers/enrollment/WaiverEnrollment</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>1627: Year ending 09/30/2019</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 search online at <a href="https://dhs.iowa.gov/dhs_office_locator">https://dhs.iowa.gov/dhs_office_locator</a></td>
</tr>
<tr>
<td>Expiration Date</td>
<td>09/30/2019, with plans to renew</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>07/10/2019</td>
</tr>
</tbody>
</table>
Description
The goal of the Iowa HCBS Intellectual Disability (ID) waiver is to provide community alternatives to institutional services. Through need-based funding of individualized supports, eligible participants may maintain their position within their homes and communities rather than default placement within an institutional setting. Necessary services are determined through a person centered planning process with assistance from an interdisciplinary team. After exploring all available resources, including natural and community supports, the individual will have the option to choose between various traditional and self-directed services.

The following services are available: adult day care, day habilitation, prevocational services, residential based supported community living, respite, supported employment, home health aide services, 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 (CDAC) – skilled, consumer directed attendant care (CDAC) – unskilled, home and vehicle modification, interim medical monitoring and treatment, personal emergency response or portable locator system, supported community living, transportation.

Waiver Type
1915(c); concurrent operation with 1915(b) (1, 3, 4) Iowa High Quality Healthcare Initiative

Target Population-Eligibility
For individuals of all ages with an intellectual disability. A diagnosis of intellectual disability (intellectual developmental disorder), global developmental delay, or unspecified intellectual disability (intellectual developmental disorder) which shall be made only when the onset of the person’s condition was during the developmental period and shall be based on an assessment of the person’s intellectual functioning and level of adaptive skills.

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 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 consumer to remain in their current living situation. The interdisciplinary team shall determine if the participant shall receive basic individual respite, specialized respite or group respite. Respite services may be provided in variety of settings and by different provider types including: Home Health Agency (HHA); Residential Care Facility for persons with Intellectual Disabilities (RCF/ID); Homecare and Non-Facility based providers; Hospital or Nursing Facility – skilled; Organized Camping programs; Child Care Centers; Nursing Facility; Intermediate Care facilities for persons with Intellectual Disabilities (ICF/ID).

Respite 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. The payment for respite is connected to the staff to consumer ratio. Services provided outside the member’s home, such as a licensed facility, shall not be reimbursable if the living unit where the respite is provided is reserved for another person on a temporary leave of absence. Respite cannot be provided to a member whose usual caregiver is a consumer-directed attendant care provider for the member. Respite services shall not be simultaneously reimbursed with other residential or respite services, HCBS ID waiver supported community living services, Medicaid or HCBS ID nursing, or Medicaid or HCBS ID home health aide services. A unit of service is 15 minutes. A maximum of 14 consecutive days of 24-hour respite care may be reimbursed. Payment for respite services shall not exceed $7,334.62 per member’s waiver year. Respite may be provider managed or participant directed.

Respite Provider Eligibility
For information on becoming a provider: https://dhs.iowa.gov/ime/Providers/enrollment/WaiverEnrollment

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

Enrollment Limit
13436: Year ending 06/30/2024
### How to Apply

Individuals can apply for waiver services at their local DHS office. To find the office nearest you please search online at [https://dhs.iowa.gov/dhs_office_locator](https://dhs.iowa.gov/dhs_office_locator)

### Contact Information

Contact Iowa Medicaid Member Services at Toll Free: 1-800-338-8366 or your local DHS office

Reference the Waiver Packet on the Iowa DHS website:


### Link to Waiver Application


### Expiration Date

06/30/2024

### Date of Last Update

07/10/2019
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(a) waiver provides managed care authority for the state’s HCBS waivers through concurrent section 1115(a)/1915(c) HCBS combination waivers. KanCare will continue to operate concurrently with the state’s section 1915(c) Home and Community-Based Services (HCBS) waivers.

**KanCare Waiver**

KanCare is the program through which the State of Kansas administers Medicaid. The goal for the KanCare extension is to help Kansans achieve healthier, more independent lives by coordinating services and supports in addition to traditional Medicaid benefits. It provides benefits, including long-term services and supports (LTSS) and HCBS, via managed care. Individuals enrolled in the listed 1915(c) waiver programs will also receive 1915(c) waiver services authorized through the waiver program from the KanCare MCO in which they are enrolled, including respite.

**KS Autism Waiver**

Provides respite care, family adjustment counseling, and parent support and training (peer to peer) provider for individuals from birth through age 5 diagnosed with autism spectrum disorder (ASD).

**KS 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 4-18, diagnosed with SED (Serious Emotional Disturbance).

**KS Technology Assisted (TA) Waiver**

Provides medical respite care, personal care services, financial management services, health maintenance monitoring, home modification, intermittent intensive medical care, specialized medical care for medically fragile and technology dependent individuals ages 0-21.

**KS I/DD**

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

**KS HCBS for the Frail and Elderly**

Provides financial management services, adult day care, assistive technology, comprehensive support - provider directed, comprehensive support - self-directed, enhanced care service, home telehealth, medication reminder, nursing evaluation visit, oral health services, personal care services - provider directed, personal care services - self-directed, personal emergency response, sleep cycle support - self-directed, and wellness monitoring for aged individuals 65 and older.
KANSAS

KanCare
State Operating Agency: Kansas Department of Health and Environment (KDHE) and the Kansas Department for Aging and Disability Services (KDADS)

Description
KanCare is the program through which the State of Kansas administers Medicaid. This renewal will build on the success of the current KanCare demonstration, which focused on providing integrated and whole-person care, creating health homes, preserving or creating a path to independence, and establishing alternative access models with an emphasis on home and community-based services (HCBS). The goal for the KanCare extension is to help Kansans achieve healthier, more independent lives by coordinating services and supports in addition to traditional Medicaid benefits. It provides benefits, including long-term services and supports (LTSS) and HCBS, via managed care. Individuals enrolled in the listed 1915(c) waiver programs will also receive 1915(c) waiver services authorized through the waiver program from the KanCare MCO in which they are enrolled, including respite.

Waiver Type
1115

Target Population-Eligibility
Individuals eligible under concurrent 1915(c) waivers. This includes individuals 0-5 with Autism Spectrum Disorder, individuals 16-64 with physical disabilities, individuals 0-21 who are diagnosed as medically fragile and dependent upon medical technology, individuals 16-64 with brain injury, individuals 4-18 with Serious Emotional Disturbance, individuals 65 and older, and individuals 5 and older with autism, intellectual disability, or developmental disability.

Level of Care
Level of care is not available.

Respite Services
Home and community based services, including respite, are provided in the least restrictive and most integrated home and community-based setting. HCBS LTSS are not provided in institution-like settings except when such settings are employed to furnish short term respite to participants. The settings/services support community integration, including facilitation of employment and easy access to resources and activities in the community. LTSS may be participant directed.

Respite Provider Eligibility
Information on becoming a provider of services: https://www.kancare.ks.gov/providers/become-a-provider

Caregiver Eligibility
Caregiver eligibility is not available.

Enrollment Limit
Enrollment limit is not available.

How to Apply
Apply online by visiting https://www.kancare.ks.gov/consumers/apply-for-kancare
You can also apply over the phone by calling KanCare Clearinghouse at 1-800-792-4884.

Contact Information
Contact KanCare Clearinghouse at 1-800-792-4884 or Managed Care Enrollment Center at 1-866-305-5147

Link to Waiver Application
https://www.kancare.ks.gov/docs/default-source/policies-and-reports/section-1115-waiver-comments/ks-updated-stcs.pdf?sfvrsn=9fd84c1b_2

Expiration Date
12/31/2023

Date of Last Update
08/09/2019
KS Autism Waiver (0476.R02.00)
State Operating Agency: Kansas Department for Aging and Disability Services (KDADS)

Description
The purpose of the Kansas Autism Waiver is to provide eligible Kansans the option to receive parental support in their home and community in a cost-efficient manner to divert children from institutionalization. Each waiver participant will have a plan of care (POC) which will describe waiver services the child is to receive, their frequency, and the type of provider who is to furnish each service. The services provided by this waiver include: respite care, family adjustment counseling, and parent support and training (peer to peer) provider.

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. A child’s services shall be limited to three years, services may be extended for one year with approval of the review team.

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 to provide 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 caregiver 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. Respite Care cannot be provided to an individual who is an inpatient of a hospital or State Mental Hospital when the inpatient facility is billing Medicaid, Medicare and/or private insurance. 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://kdads.ks.gov/provider-home/home-and-community-based-services-provider-information

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

Enrollment Limit
65: Year ending 03/31/2021

How to Apply
Begin the application process online by following the directions under “Enrollment” at https://kdads.ks.gov/commissions/home-community-based-services-(hcbs)/programs/autism

Contact Information
KDADS, Attention: Home and Community Based Services, 503 S. Kansas Ave., Topeka, KS 66603-3404
Call the KDADS main office toll free at 800-432-3535 or email kdads.wwmail@ks.gov

Link to Waiver Application

Expiration Date
03/31/2021

Date of Last Update
07/10/2019
KS Serious Emotional Disturbance (SED) Waiver (0320.R04.01)
State Operating Agency: Kansas Department for Aging and Disability Services, Community Mental Health Centers (CMHC)

**Description**
The goal of the SED waiver is to divert psychiatric hospitalization through the provision of intensive home and community-based support services to maintain children and youth in their homes and communities. Each participant has a plan of care (POC) which will describe waiver services the child is to receive, their frequency, and the type of provider who is to furnish each service. SED waiver services include: attendant care, independent living/skills building, short term respite care, parent support and training, professional resource family care, and wraparound facilitation.

**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.

**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 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, including 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. 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. Respite is provider managed.

**Respite Provider Eligibility**
Information on becoming a provider of services: [https://www.kdads.ks.gov/provider-home/providers](https://www.kdads.ks.gov/provider-home/providers)

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

**Enrollment Limit**
4600: Year ending 03/31/2022

**How to Apply**

**Contact Information**
Contact your local CMHC.
Call the KDADS main office toll free at 800-432-3535 or email Kdads.wwmail@ks.gov
Call the Behavioral Health Central Office at 785-296-6807

**Link to Waiver Application**

**Expiration Date**
03/31/2022

**Date of Last Update**
07/11/2019
<table>
<thead>
<tr>
<th>Description</th>
<th>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. The waiver is intended to provide supports and services to meet the medical needs of the individuals and will be provided in a manner that affords the same dignity and respect would be provided to any person who does not have a disability. Participants may choose participant-directed and/or agency directed (non-self-directed) services and will have a Person-Centered Service Plan identifies frequency, scope and duration of long-term community medical support services. Services available through this waiver include: medical respite care, personal care services, financial management services, health maintenance monitoring, home modification, intermittent intensive medical care, specialized medical care.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiver Type</td>
<td>KanCare 1115(a) waiver provides managed care authority for the state's HCBS waivers through concurrent section 1115(a)/1915(c) HCBS combination waivers</td>
</tr>
<tr>
<td>Target Population-Eligibility</td>
<td>Individuals, age 0 through 21 years, who are diagnosed as medically fragile and dependent upon medical technology.</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>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. A maximum of 7 days or 168 hours per calendar year will be provided. The limit is based on the provision of temporary, respite care, and can be delivered in addition to benefits available through the EPSDT state plan. Respite services are provider managed.</td>
</tr>
<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>543: Year ending 07/31/2023</td>
</tr>
<tr>
<td>How to Apply</td>
<td>To apply for the TA waiver contact Children's Resource Connection by phone: 316-721-1945 or email: <a href="mailto:crctaks@cox.net">crctaks@cox.net</a>.</td>
</tr>
<tr>
<td>Contact Information</td>
<td>Contact the Children’s Resource Connection or call the KDADS main office toll free at 800-432-3535 or email <a href="mailto:kdads.wwwmail@ks.gov">kdads.wwwmail@ks.gov</a>.</td>
</tr>
<tr>
<td>Expiration Date</td>
<td>07/31/2023</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>09/14/2019</td>
</tr>
</tbody>
</table>
KS Intellectual/Developmental Disability (I/DD) Waiver (0224.R06.00)
State Operating Agency: KS Department for Aging and Disabilities Services, Division of Community Services and Programs (CSP)

Description
This waiver provides access to services and supports which allow for opportunities for choices that increase their independence, productivity, integration and inclusion in the community. This range of supports and services will be appropriated to each participant and will be provided in a manner that affords the same dignity and respect to participants with intellectual and/or developmental disabilities that would be afforded to any person who does not have a disability. The services available through the waiver can be delivered through multiple service delivery methods. Participants will continue to have a choice between self-directed or agency directed services.

The services provided by this waiver include: day supports, overnight respite care, personal care service, residential supports, supported employment, financial management services (FMS), assistive services, enhanced care service, medical alert rental, specialized medical care, and wellness monitoring.

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. Diagnosis of ID must have been before age 18, diagnosis of DD must have been before 22.

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 so unpaid, primary caregivers 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 participant's sleep time. It 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.

To avoid overlap of services, Overnight Respite is limited to those services not covered through the Medicaid State Plan or other HCBS services and which cannot be procured from other formal or informal resources. Participants who receive Overnight Respite Care services may not also receive Residential Supports or Personal Care Services as an alternative to Overnight Respite. Overnight Respite Care services cannot be provided to an individual who is an inpatient of a hospital, a nursing facility, or an ICF-IID when the inpatient facility is billing Medicaid, Medicare and/or private insurance.

A maximum of 60 nights of Overnight Respite per calendar year is allowed. Overnight respite may be provider managed or participant directed. A self-direct option may be chosen for Overnight Respite by the participant if the participant is not a child in DCF custody living in a licensed foster care setting. If the participant is not capable of providing self-direction, the participant's guardian, or legally appointed representative shall choose.

Respite Provider Eligibility
Information on becoming a provider of services: https://kdads.ks.gov/provider-home/home-and-community-based-services-provider-information

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

Enrollment Limit
9004: Year ending 6/30/2024

How to Apply
The application process begins by contacting your local Community Developmental Disability Organization (CDDO) found here: https://www.kdads.ks.gov/docs/default-source/CSP/HCBS/I-DD/cddo-map9acd5ea0172e66d690a7ff00009edf98.pdf?sfvrsn=0

Contact Information
Contact your Community Developmental Disability Organization or call the KDADS main office toll free at 800-432-3535 or email kdads.wwmail@ks.gov.
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>Expiration Date</strong></td>
<td>06/30/2024, pending approval of renewal application</td>
</tr>
<tr>
<td><strong>Date of Last Update</strong></td>
<td>07/11/2019</td>
</tr>
</tbody>
</table>
**Description**
The HCBS/FE waiver provides community based services as an alternative to nursing facility care, to promote independence in the community and to ensure residency in the most integrated environment. Individuals must meet the minimum threshold score on a functional assessment. The FE waiver services are part of a comprehensive package of services provided by KanCare health plans (Managed Care Organizations) under 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, waiver services. Consumers continue to have a choice between consumer/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. Services available through the FE waiver are: financial management services, adult day care, assistive technology, comprehensive support - provider directed, comprehensive support - self-directed, enhanced care service, home telehealth, medication reminder, nursing evaluation visit, oral health services, personal care services - provider directed, personal care services - self-directed, personal emergency response, sleep cycle support - self-directed, and wellness monitoring.

**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.

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

**Respite Services**
This waiver does not provide respite but does offer Adult Day Care. This service is designed to maintain optimal physical and social functioning for HCBS/FE participants. 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. This service includes: basic nursing care as delegated or provided by a licensed nurse and as identified in the service plan, daily supervision/physical assistance with certain activities of daily living (ADLs) limited to eating mobility and includes the following (as identified in the Customer Service Worksheet): Transfer, Bathing, and Dressing.

Service may not be provided in the participant's own residence. Participants living in an Assisted Living Facility, Residential Health Care Facility, or a Home Plus are not eligible for this service. Service is limited to a maximum of two units of service per day, one or more days per week. This service shall not duplicate waiver services. Adult Day Care is provider managed.

**Respite Provider Eligibility**

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

**Enrollment Limit**
7618: Year ending 12/31/2019

**How to Apply**
To apply, contact local Aging and Disability Resource Center (ADRC) by calling (855) 200-2372. The ADRC will conduct a functional eligibility assessment to determine functional eligibility for the waiver.

**Contact Information**
Call Frail/Elderly Program Manager at (785) 296-4980 for information on the HCBS Frail/Elderly program. Call the KDADS main office toll free at 800-432-3535 or email kdads.wwwmail@ks.gov

**Link to Waiver Application**
[https://kdads.ks.gov/docs/default-source/CSP/HCBS/CMS/final-waivers-for-posting/application-for-1915(c)-hcbs-waiver_-ks-0303-r04-01---mar-01-2016-frail.pdf?sfvrsn=e24e3aee_0](https://kdads.ks.gov/docs/default-source/CSP/HCBS/CMS/final-waivers-for-posting/application-for-1915(c)-hcbs-waiver_-ks-0303-r04-01---mar-01-2016-frail.pdf?sfvrsn=e24e3aee_0)

**Expiration Date**
12/31/2019, with plans to renew

**Date of Last Update**
07/24/2019
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:

**KY Supports for Community Living (SCL) Waiver**

Provides conflict free case management, consultative clinical and therapeutic services, day training, personal assistance, residential support level I, respite, shared living, supported employment, community guide, financial management services, natural supports training, community access, community transition, environmental accessibility adaptation services, goods and services, person centered coach, positive behavior supports, residential support level II, specialized medical equipment and supplies, technology assisted residential, transportation, vehicle adaptations for individuals ages 3 and older diagnosed with an intellectual or developmental disability.

**KY Home and Community Based Services (HCBS) Waiver**

Provides adult day health, conflict free case management, specialized respite, participant directed coordination, attendant care, environmental and minor home adaptation, goods and services, home and community supports, home delivered meals, and non-specialized respite for individuals ages 0-64 with physical or other disabilities or individuals 65 and older.

**KY Acquired Brain Injury**

Provides 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 for individuals age 18 and older diagnosed with a brain injury.

**KY Michelle P Waiver**

Provides adult day health, 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 services, person centered coaching, positive behavior supports, specialized medical equipment and supplies, vehicle adaptation for individuals diagnosed with intellectual disabilities or developmental disabilities with no age restrictions.

**KY Acquired Brain Injury, Long-term Care**

Provides adult day health, adult day training, conflict-free case management, nursing supports, occupational therapy, respite, supported employment, physical therapy, specialized medical equipment, speech therapy, community guide, financial management services, goods and services, assessment/reassessment, behavioral services, community living supports, counseling, environmental and minor home modifications, family training, group counseling, and supervised residential care for individuals 18 and older diagnosed with a brain injury.
KY Supports for Community Living (SCL) Waiver (0314.R04.00)
State Operating Agency: The Division of Developmental and Intellectual Disabilities (DDID), Department of Behavioral Health, Developmental and Intellectual Disabilities (DBHDID)

<table>
<thead>
<tr>
<th>Description</th>
<th>The SCL waiver services are delivered with respect, and are designed to ensure individuals are safe in the community and are afforded choices. This waiver offers statewide availability of traditional services. Participants can choose to self-direct non-medical services. They also can choose either all traditional, all self-directed, or a combination (blend) of traditional and self-directed services. Services provided by this waiver include: conflict free case management, consultative clinical and therapeutic services, day training, personal assistance, residential support level I, respite, shared living, supported employment, community guide, financial management services, natural supports training, community access, community transition, environmental accessibility adaptation services, goods and services, person centered coach, positive behavior supports, residential support level II, specialized medical equipment and supplies, technology assisted residential, transportation, vehicle adaptations.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiver Type</td>
<td>1915(c)</td>
</tr>
<tr>
<td>Target Population-Eligibility</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>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 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. Respite is limited to 830 hours per year.</td>
</tr>
<tr>
<td>Respite Provider Eligibility</td>
<td>Information on becoming a provider of services: <a href="https://dbhdid.ky.gov/ddid/scl-newprovider.aspx">https://dbhdid.ky.gov/ddid/scl-newprovider.aspx</a></td>
</tr>
<tr>
<td>Caregiver Eligibility</td>
<td>Respite may be provided by a relative or a legal guardian but not by the legally responsible person.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>4941: Year ending 02/28/2022</td>
</tr>
<tr>
<td>How to Apply</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> Or apply online using the benefind Self Service portal at <a href="https://benefind.ky.gov/">https://benefind.ky.gov/</a> You may also apply in person at your local Community Mental Health Center (find yours at <a href="http://dbhdid.ky.gov/cmhc/default.aspx">http://dbhdid.ky.gov/cmhc/default.aspx</a> or Area Agency on Aging (find yours at <a href="https://chfs.ky.gov/agencies/dail/Pages/aaail.aspx">https://chfs.ky.gov/agencies/dail/Pages/aaail.aspx</a>)</td>
</tr>
<tr>
<td>Contact Information</td>
<td>Supports for Community Living Waiver Branch, DDID: Phone: (502) 564-7700 Fax: (502) 564-8917 Or contact the Division of Community Alternatives, MH/IDD Community Services Branch at (502) 564-1647</td>
</tr>
<tr>
<td>Expiration Date</td>
<td>02/28/2022</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>07/11/2019</td>
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</tbody>
</table>
**KY Home and Community Based Services (HCBS) Waiver (0144.R06.00)**
State Operating Agency: Department for Aging and Independent Living

<table>
<thead>
<tr>
<th>Description</th>
<th>The purpose of the HCBS waiver is to prevent institutionalization by offering effective, individualized services that ensure the health, safety and welfare of participants so they may remain in their own 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, conflict free case management, specialized respite, participant directed coordination, attendant care, environmental and minor home adaptation, goods and services, home and community supports, home delivered meals, and non-specialized respite.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiver Type</td>
<td>1915(c)</td>
</tr>
<tr>
<td>Target Population-Eligibility</td>
<td>Individuals with physical or other disabilities ages 0-64 or 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>This waiver offers two forms of respite: Specialized Respite and Non-Specialized Respite. Specialized Respite and Non-Specialized Respite services are defined as short term care which is provided to a waiver member due to the need for relief, or the sudden absence or illness, of the primary caregiver who normally provides care for the individual. Non-Specialized services cannot replace the natural support system. Natural Supports are defined as a non-paid person, persons, or community resource, who can provide, or has historically provided assistance to the consumer or due to the familial relationship, would be expected to provide assistance. Both forms of respite services cannot be utilized to provide respite to a paid caregiver, and both services shall be required to be of a skill level beyond normal babysitting. Respite services shall only be provided by licensed home health agencies or adult day health care agencies and can be provided in the following locations: the home of the participant, an adult day health care center licensed by the state of Kentucky, or a combination of the two. Specialized and Non-Specialized Respite may be provided in conjunction but not at the same time. Respite is limited to $4,000 per year, whether Specialized, Non-Specialized, or a combination of the two. Specialized Respite services can be provided 24/7 but shall not exceed $200 per day. Non-Specialized Respite cannot exceed 45 hours per week. Respite services shall be prior authorized. Specialized Respite is provider managed, while Non-Specialized Respite is participant-directed.</td>
</tr>
<tr>
<td>Respite Provider Eligibility</td>
<td>Visit <a href="https://chfs.ky.gov/agencies/dms/dpi/pe/Pages/default.aspx">https://chfs.ky.gov/agencies/dms/dpi/pe/Pages/default.aspx</a> or call (877) 838 5085</td>
</tr>
<tr>
<td>Caregiver Eligibility</td>
<td>Specialized Respite may not be provided by a legally responsible person, relative, or legal guardian. Non-Specialized Respite may be provided by a legally responsible person, relative, or legal guardian.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>17,050: Year ending 06/30/2020</td>
</tr>
<tr>
<td>How to Apply</td>
<td>Apply online using the benefitfind Self Service portal at <a href="https://benefind.ky.gov/">https://benefind.ky.gov/</a></td>
</tr>
<tr>
<td>Contact Information</td>
<td>Contact the HCBS branch at (502) 564-5560 or <a href="mailto:dmsweb@ky.gov">dmsweb@ky.gov</a> Or contact the Medicaid call center at: 1-855-459-6328</td>
</tr>
<tr>
<td>Expiration Date</td>
<td>07/31/2020</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>07/11/2019</td>
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</tbody>
</table>
KY Acquired Brain Injury (ABI) (0333.R04.00)
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. Person-centered principles are utilized in development of the waiver participant’s plan of 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.
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 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, intellectual disability, 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 is considered an essential service to assist the recipient and family to prevent institutionalization. Respite must be provided at a level to appropriately and safely meet the medical needs of the waiver recipient. Respite may be in or out of home.
The Case Manager or Community Guide assist individuals to access other supports or supports available through other funding streams if their needs exceed the limit. Respite care must be prior authorized. Reimbursement for respite services shall be limited to no more than 5760 fifteen minute units per recipient per calendar year. Respite services may be participant directed or provider managed.

Respite Provider Eligibility
Visit https://chfs.ky.gov/agencies/dms/dpi/pe/Pages/default.aspx or call (877) 838 5085

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

Enrollment Limit
383: Year ending 12/31/2021

How to Apply
Apply online using the benefind Self Service portal at https://benefind.ky.gov/
You may also apply in person at your local Community Mental Health Center (find yours at http://dbhdid.ky.gov/cmhc/default.aspx) or Area Agency on Aging (find yours at https://chfs.ky.gov/agencies/dail/Pages/aaail.aspx)

Contact Information
Division of Community Alternatives, Acquired Brain Injury Branch
Phone: 502- 564-5198; Toll Free: 866-878-2626; Or call the Medicaid call center at: 1-855-459-6328

Link to Waiver Application
https://chfs.ky.gov/agencies/dms/dca/abib/Documents/waiverapplicationABI.pdf

Expiration Date
12/31/2021

Date of Last Update
07/12/2019
Description
The Michelle P. waiver offers individualized community based services to divert individuals from institutionalization and to support those who transition from an institution to the community. These services and supports will create a positive culture that promotes person centered thinking through communication, respect, and choice. The waiver offers statewide availability of traditional services. Participants can choose to self-direct non-medical services. They can also choose either all traditional, all self-directed, or a combination (blend) of traditional and self-directed services.

Services provided by this waiver include: adult day health, 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 services, person centered coaching, positive behavior supports, specialized medical equipment and supplies, vehicle adaptation.

Waiver Type
1915(c)

Target Population-Eligibility
Individuals of any age diagnosed with intellectual disability or developmental disability.

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, 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 is limited to $4000 per year. Respite services may be participant directed or provider managed.

Respite Provider Eligibility
Visit https://chfs.ky.gov/agencies/dms/dpi/pe/Pages/default.aspx or call (877) 838-5085

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

Enrollment Limit
10,500: Year ending 08/31/2022

How to Apply
Apply online using the benefit Self Service portal at https://benefind.ky.gov/
You may also apply in person at your local Community Mental Health Center (find yours at http://dbhid.ky.gov/cmhc/default.aspx) or Area Development District (find yours at https://kaedonline.org/kentucky-area-development-districts/)

Contact Information
Contact the Division of Community Alternatives, MH/IDD Community Services Branch at (502) 564-1647; Or call the Medicaid call center at: 1-855-459-6328

Link to Waiver Application

Expiration Date
08/31/2022

Date of Last Update
07/12/2019
### Description
This ABI long-term care waiver program provides supports and services for individuals 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. Person-centered principles are utilized in development of the waiver participant’s plan of care. Waiver services are provided by community-based licensed and certified agencies. The consumer directed option allows members to choose an alternate delivery of non-medical waiver services by recruiting and employing community individuals as service providers.

The services provided by this waiver include: adult day health, adult day training, conflict-free case management, nursing supports, occupational therapy, respite, supported employment, physical therapy, specialized medical equipment, speech therapy, community guide, financial management services, goods and services, assessment/reassessment, behavioral services, community living supports, counseling, environmental and minor home modifications, family training, group counseling, and supervised residential care.

### 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 is defined as short term care 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 is considered an essential service to assist the recipient and family to prevent institutionalization. Respite care must be provided at a level to appropriately and safely meet the medical needs of the waiver recipient. Respite may be in or out of home.

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 services may be provider managed or participant directed.

### Respite Provider Eligibility
Visit [https://chfs.ky.gov/agencies/dms/dpi/pe/Pages/default.aspx](https://chfs.ky.gov/agencies/dms/dpi/pe/Pages/default.aspx) or call (877) 838 5085

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

### Enrollment Limit
400: Year ending 06/30/2022

### How to Apply
Apply online using the benefind Self Service portal at [https://benefind.ky.gov/](https://benefind.ky.gov/)

You may also apply in person at your local Community Mental Health Center (find yours at [http://dbhid.ky.gov/cmhc/default.aspx](http://dbhid.ky.gov/cmhc/default.aspx)) or Area Agency on Aging (find yours at [https://chfs.ky.gov/agencies/dail/Pages/aaail.aspx](https://chfs.ky.gov/agencies/dail/Pages/aaail.aspx))

### Contact Information
Division of Community Alternatives, Acquired Brain Injury Branch
Phone: 502- 564-5198; Toll Free: 866-878-2626; Or call the Medicaid call center at: 1-855-459-6328

### Link to Waiver Application

### Expiration Date
06/30/2022

### Date of Last Update
07/12/2019
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:

**LA 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.

**LA Residential Options Waiver (ROW)**
Provides adult day health care, day habilitation, prevocational services, respite services - 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, housing stabilization service, housing stabilization transition service, nursing, one-time transitional services, personal emergency response system, professional services, and transportation - community access for individuals of any age diagnosed with intellectual disability, developmental disability or autism.

**LA 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 20 diagnosed with autism, intellectual disability or developmental disability.

**LA New Opportunities Waiver (NOW)**
Provides center-based respite, day habilitation, individual and family support, prevocational services, supported independent living, supported employment, skilled nursing, specialized medical equipment and supplies, adult companion care, community integration and development, environmental accessibility adaptations, housing stabilization service, housing stabilization transition service, one-time transitional, personal emergency response, professional services, and substitute family care (SFC) for individuals ages 3 and older diagnosed with autism, intellectual disability or mental retardation.

**LA Adult Day Health Care**
Provides adult day health care, support coordination, transition intensive support coordination, and transition service for aged individuals ages 65 and older and individuals ages 22 – 64 with physical and other disabilities.
LA Community Choices

Provides adult day health care, caregiver temporary support, support coordination, assistive devices and medical supplies, environmental accessibility adaptation, home delivered meals, housing stabilization, housing transition or crisis intervention, monitored in-home caregiving, nursing, personal assistance services, skilled maintenance therapy, transition intensive support coordination and transition services for aged individuals ages 65 and older, and individuals with physical disabilities ages 21-64.

LA Coordinated System of Care - SED Children

Provides independent living and skill building, parent support and training, short term respite, and youth support and training for individuals from birth to age 17 diagnosed with SED (serious emotional disturbance) or ages 18-20 diagnosed with a mental illness.
### Description
This waiver aims to offer an alternative to institutionalization through the provision of an array of services and supports that promote community inclusion and independence by enhancing and not replacing existing informal networks. A needs based assessment and person-centered planning process is utilized to develop an initial plan of care (POC). 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. 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 services are provider managed.

### Respite Provider Eligibility
Information on becoming a provider of services: [http://ldh.la.gov/index.cfm/page/1921](http://ldh.la.gov/index.cfm/page/1921)

### 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
2400: Year ending 06/30/2024

### 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: [http://www.ldh.la.gov/index.cfm/page/134/n/137](http://www.ldh.la.gov/index.cfm/page/134/n/137)

### Contact Information
Call the OCDD Central Office at 1-866-783-5553 or contact your local Human Services District/Authority.

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

### Expiration Date
06/30/2024

### Date of Last Update
07/12/2019
**LA Residential Options Waiver (ROW) (0472.R02.00)**

**State Operating Agency:** Office for Citizens with Developmental Disabilities

**Description**

The Residential Options Waiver provides opportunities for eligible individuals to receive HCBS services that allow them to transition to and/or remain in the community with the goal of promoting independence through strengthening the participant’s capacity for self-care and self-sufficiency. A needs based assessment and person-centered planning process is utilized to develop an initial plan of care (POC). The waiver includes Participant Direction of Services as an optional service delivery method for community living supports.

The waiver provides adult day health care, day habilitation, prevocational services, respite services - 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, housing stabilization service, housing stabilization transition service, nursing, one-time transitional services, personal emergency response system, professional services, and transportation - community access.

<table>
<thead>
<tr>
<th>Waiver Type</th>
<th>1915(c)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target Population-Eligibility</td>
<td>Individuals of any age diagnosed with an intellectual disability, developmental disability or 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>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. Participants may not also be receiving Companion Care, Host Home, or Shared Living. Out of Home Respite is provider managed.</td>
</tr>
<tr>
<td>Respite Provider Eligibility</td>
<td>Information on becoming a provider of services: <a href="http://ldh.la.gov/index.cfm/page/1921">http://ldh.la.gov/index.cfm/page/1921</a></td>
</tr>
<tr>
<td>Caregiver Eligibility</td>
<td>Respite may not be provided by the legally responsible person, by a relative, or a legal guardian.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>1025: Year ending 06/30/2023</td>
</tr>
<tr>
<td>How to Apply</td>
<td>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 <a href="http://www.ldh.la.gov/index.cfm/page/134/n/137">http://www.ldh.la.gov/index.cfm/page/134/n/137</a></td>
</tr>
<tr>
<td>Contact Information</td>
<td>Call the OCDD Central Office at 1-866-783-5553 or contact your local Human Services District/Authority.</td>
</tr>
<tr>
<td>Link to Waiver Application</td>
<td>Link to application not available.</td>
</tr>
<tr>
<td>Expiration Date</td>
<td>06/30/2023</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>07/12/2019</td>
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</tbody>
</table>

Medicaid Waivers for Respite Support – 2019  
ARCH National Respite Network and Resource Center | archrespite.org
## LA Children's Choice (CC) Waiver (0361.R04.00)

**State Operating Agency: The Office for Citizens with Developmental Disabilities**

### Description

This waiver creates options and provides meaningful opportunities by providing home and community-based services that enhance the lives of recipients. The waiver ensures that the participant/family has the support and assistance needed to care for himself/herself and to engage in his/her community and enhances the participant’s natural supports. A needs based assessment and person-centered planning process is utilized to develop an initial plan of care (POC). The waiver offers choice of self-direction as a service delivery option for family support service only.

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.

### Waiver Type

1915(c)

### Target Population-Eligibility

Individuals from birth through age 20 diagnosed with autism, intellectual disability or developmental disability. Participants under 18 must live with their natural or adoptive families, stepfamilies, or other relative, legal guardian, or with foster families. Individuals who are 18 and up who have no family or other caregivers available may live independently while accessing crisis designation services.

### 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. Services are provided according to the plan of care that takes into consideration the specific needs of the participant.

Center-based respite is provider managed.

### Respite Provider Eligibility

Information on becoming a provider of services: [http://ldh.la.gov/index.cfm/page/1921](http://ldh.la.gov/index.cfm/page/1921)

### Caregiver Eligibility

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

### Enrollment Limit

2150: Year ending 06/30/2024

### 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 [http://www.ldh.la.gov/index.cfm/page/134/n/137](http://www.ldh.la.gov/index.cfm/page/134/n/137)

### Contact Information

Call the OCDD Central Office at 1-866-783-5553 or contact your local Human Services District/Authority.

### Link to Waiver Application

Link to application not available.

### Expiration Date

06/30/2024

### Date of Last Update

07/11/2019
**LA New Opportunities Waiver (NOW)(0401.R03.04)**

**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 and 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. A needs based assessment and person-centered planning process is utilized to develop an initial plan of care (POC). This waiver includes a Self-Direction option for Individualized and Family Support (IFS).

This waiver provides: center-based respite, day habilitation, individual and family support, prevocational services, supported independent living, supported employment, skilled nursing, specialized medical equipment and supplies, adult companion care, community integration and development, environmental accessibility adaptations, housing stabilization service, housing stabilization transition service, one-time transitional, personal emergency response, professional services, and substitute family care (SFC).

**Waiver Type**
1915(c)

**Target Population - Eligibility**
Individually age 3 and older diagnosed with Autism, a 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**
Center-based respite involves supports and services that provide relief for individuals who normally provide unpaid care to individuals unable to care for themselves, and is 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. Community outings would provide the individual’s routine to continue without interruption.

Transportation to and from these activities are included in the rate for center-based respite. 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. Center-based respite services are provider managed.

**Respite Provider Eligibility**
Information on becoming a provider of services: [http://ldh.la.gov/index.cfm/page/1921](http://ldh.la.gov/index.cfm/page/1921)

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

**Enrollment Limit**
9100: Year ending 13/31/2021

**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 [http://www.ldh.la.gov/index.cfm/page/134/n/137](http://www.ldh.la.gov/index.cfm/page/134/n/137)

**Contact Information**
Call the OCDD Central Office at 1-866-783-5553 or contact your local Human Services District/Authority.

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

**Expiration Date**
12/31/2021

**Date of Last Update**
07/12/2019
**LA Adult Day Health Care (0121.R07.01)**  
*State Operating Agency: Louisiana Department of Health and Hospitals, Office of Aging and Adult Services*

### Description
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. The ADHC Waiver employs the traditional service delivery method while promoting self-determination principles for our population to maintain as much independence and control over their lives as feasible.

Services provided by this waiver include: adult day health care, support coordination, transition intensive support coordination, and transition service.

<table>
<thead>
<tr>
<th>Waiver Type</th>
<th>1915(c)</th>
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</thead>
<tbody>
<tr>
<td>Target Population-Eligibility</td>
<td>Individuals who are 65 years of age and older, and individuals with physical disabilities ages 22 – 64 years old.</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 provide respite, but it does offer Adult Day Health Care. This includes 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. Adult Day Health Care (ADHC) Services include: one nutritionally-balanced hot meal and a minimum of two snacks served each day; transportation between the participant’s place of residence and the ADHC center, in accordance with licensing standards; assistance with activities of daily living; health and nutrition counseling; individualized daily exercise program; individualized goal-directed recreation program; daily health education; medical care management; transportation to and from medical and social activities if the participant is accompanied by the ADHC center staff; and individualized health/nursing services. Services are furnished on a regularly scheduled basis, not to exceed 10 hours a day and no more than 50 hours a week. Adult Day Health Care is provider managed.</td>
</tr>
</tbody>
</table>

| Respite Provider Eligibility | For information about becoming a provider, visit [http://ldh.la.gov/index.cfm/newsroom/category/73](http://ldh.la.gov/index.cfm/newsroom/category/73) |
| Caregiver Eligibility | Adult Day Health Services may be provided by a relative but not by a legal guardian or legally responsible person. |
| Enrollment Limit | 825: Year ending 06/30/2022 |
| How to Apply | 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. You can also apply online at [http://ldh.la.gov/index.cfm/form/15](http://ldh.la.gov/index.cfm/form/15) |
| Contact Information | Contact your Aging and Adult Services Regional Office, which you can find at [http://ldh.la.gov/index.cfm/directory/category/141](http://ldh.la.gov/index.cfm/directory/category/141). Or contact the Aging and Adult Services Helpline at 866.758.5035. If you have any questions, call the Louisiana Options in Long-term Care line at 1-877-456-1146. |
| Link to Waiver Application | Link to application not available. |
| Expiration Date | 06/30/2022 |
| Date of Last Update | 07/24/2019 |
### LA Community Choices Waiver (0866.R02.00)
**State Operating Agency:** Department of Health and Hospitals, Office of Aging and Adult Services (OAAS)

#### Description
The Community Choices (CC) Waiver offers comprehensive services to promote participants’ freedom to exercise control over how, where, and with whom they live and to ensure that they have the support to care for themselves and engage in the community. The CC Waiver affords participants the opportunity to select a traditional service delivery method or to Self-Direct services. Either option promotes self-determination principles to maintain independence and control. A needs-based assessment and person-centered planning process are utilized to develop an initial plan of care (POC). Services include adult day health care, caregiver temporary support, support coordination, assistive devices and medical supplies, environmental accessibility adaptation, home delivered meals, housing stabilization, housing transition or crisis intervention, monitored in-home caregiving, nursing, personal assistance, skilled maintenance therapy, and transition services.

<table>
<thead>
<tr>
<th>Waiver Type</th>
<th>1915(c)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target Population-Eligibility</td>
<td>Individuals ages 65 or older or individuals with physical disabilities between the ages of 21 and 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 for relief of caregivers during the time they are normally providing unpaid care for the participant. 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 and for no more than 14 consecutive calendar days or 13 consecutive overnight stays. 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. Caregiver Temporary Support is provider managed.</td>
</tr>
<tr>
<td>Respite Provider Eligibility</td>
<td>For information about becoming a provider, visit <a href="http://ldh.la.gov/index.cfm/newsroom/category/73">http://ldh.la.gov/index.cfm/newsroom/category/73</a></td>
</tr>
<tr>
<td>Caregiver Eligibility</td>
<td>Caregiver Temporary Support may not be provided by a relative, legally responsible person, or guardian.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>S112: Year ending 06/30/2024</td>
</tr>
<tr>
<td>How to Apply</td>
<td>To add your name to the CC Waiver Request for Services Registry, 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. You can also apply online at <a href="http://ldh.la.gov/index.cfm/form/15">http://ldh.la.gov/index.cfm/form/15</a></td>
</tr>
<tr>
<td>Contact Information</td>
<td>Contact your Aging and Adult Services Regional Office, which you can find at <a href="http://ldh.la.gov/index.cfm/directory/category/141">http://ldh.la.gov/index.cfm/directory/category/141</a>. Or contact the Aging and Adult Services Helpline at 866.758.5035.</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>06/30/2024</td>
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<tr>
<td>Date of Last Update</td>
<td>07/12/2019</td>
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</table>
LA Coordinated System of Care - SED Children (0889.R01.04)

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 waiver is based on an overarching system of care philosophy and approach that is guided by values including individualization, integration, and family-driven care. These services are: independent living and skill building, parent support and training, short term respite, and youth support and training.

**Waiver Type**

1915(c); concurrent operation with 1915 (b) (1,4) Louisiana Bayou Health and CSoC Waiver

**Target Population-Eligibility**

Individuals ages 5-17 diagnosed with SED (serious emotional disturbance) or ages 18-20 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 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. 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.

Short Term Respite Care is provider managed.

**Respite Provider Eligibility**

Information on becoming a provider of services: [https://www.magellanoflouisiana.com/for-providers/become-a-provider/](https://www.magellanoflouisiana.com/for-providers/become-a-provider/)

**Caregiver Eligibility**

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

**Enrollment Limit**

2400: Year ending 06/30/2022

**How to Apply**

To make a referral, contact the child/youth’s Healthy Louisiana Plan (listings at [http://www.ldh.la.gov/index.cfm/page/2283](http://www.ldh.la.gov/index.cfm/page/2283)). Youth who do not have a Healthy Louisiana Plan may be screened by calling 1-800-424-4489.

**Contact Information**

Contact Magellan Healthcare at 1-800-424-4399; [http://www.magellanoflouisiana.com/](http://www.magellanoflouisiana.com/)

**Expiration Date**

06/30/2022

**Date of Last Update**

07/12/2019
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:

**ME Elderly and Adults with Disabilities Waiver**

- Provides care coordination, personal care, respite, financial management services, skills training, assistive technology, attendant care services, environmental modifications, home delivered meals SS170, home health services, living well for better health (chronic disease self-management), matter of balance (falls prevention), personal emergency response system (PERS), and transportation for individuals 65 and older or between 18-64 who are diagnosed with a physical disability.

**ME 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, home support-remote support, non-medical transportation, and work support-individual for individuals 18 and older diagnosed with autism and intellectual disability.
# ME Elderly and Adults with Disabilities Waiver (0276.R05.01)
State Operating Agency: DHHS, Office of Aging and Disability Services (OADS)

| **Description** | This waiver provides services which allow eligible persons to remain at home while receiving the necessary care that allows them to live independently in the community. It provides Maine citizens with quality care in the least restrictive, most desired setting, their home. This waiver allows for self-direction, either directly or through the use of a representative. 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. This waiver provides care coordination, personal care, respite, financial management services, skills training, assistive technology, attendant care services, environmental modifications, home delivered meals S5170, home health services, living well for better health (chronic disease self-management), matter of balance (falls prevention), personal emergency response system (PERS), and transportation. |
| **Waiver Type** | 1915(c); operates concurrently with Section 1915(b)(4) Maine Non-emergency Transportation waiver, which offers transportation services through a contracted broker. |
| **Target Population-Eligibility** | Individuals 65 and older and individuals between the ages of 18-64 years who are diagnosed with a physical disability. |
| **Level of Care** | Individuals require level of care available in a nursing facility (NF), or, for participants with more complex needs, the level of care available in a rehab hospital. |
| **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 or a licensed nursing facility. 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. Expenditures for respite shall not exceed the equivalent State average cost of 30 days nursing facility services per participant per year. Respite services may be participant directed or provider managed. |
| **Caregiver Eligibility** | Respite may be provided by a relative or a legal guardian, but may not be provided by the legally responsible person. |
| **Enrollment Limit** | 2665: Year ending 06/30/2023 |
| **How to Apply** | Apply for MaineCare Services. Complete the Long-term Care application at: [http://www.maine.gov/dhhs/ofi/forms.shtml](http://www.maine.gov/dhhs/ofi/forms.shtml) |
| **Contact Information** | Office of Aging & Disability Services  Phone: (207) 287-9200  TTY: Maine relay 711  If you have questions about the program or application, you may also call DHHS, Family Independence at 1-855-797-4357 or visit/contact your local DHHS Office at [https://gateway.maine.gov/dhhs-apps/office_finder/index.asp](https://gateway.maine.gov/dhhs-apps/office_finder/index.asp) |
| **Expiration Date** | 06/30/2023 |
| **Date of Last Update** | 07/15/2019 |
### Description
The waiver offers services to eligible participants in order to provide the support necessary to assist the individual and their family to live as independently as possible. The state assures that participants have a range of options throughout the state.

The program provides community support, home support, respite, work support-group, assistive technology, career planning, employment specialist services, home accessibility adaptations, home support-remote support, non-medical transportation, and work support-individual.

### 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 18 years or older who are diagnosed with an intellectual disability or Autism and live with their family or on their own.

### 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 participants who are 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 may be provided in the participant's home or other location as approved by a respite agency or DHHS. Respite is provider managed.

### Respite Provider Eligibility

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

### Enrollment Limit
2470: Year ending 12/31/2020

### How to Apply

Contact The Office of Aging and Disability Services near you to connect you to the appropriate sources at [https://www.maine.gov/dhhs/oads/home-support/disability-with-autism/apply.html](https://www.maine.gov/dhhs/oads/home-support/disability-with-autism/apply.html)

### Contact Information
Office of Aging & Disability Services
Phone: (207) 287-9200    TTY: Maine relay 711

If you have questions about the program or application, you may also call DHHS, Family Independence at 1-855-797-4357 or visit/contact your local DHHS Office at [https://gateway.maine.gov/dhhs-apps/office_finder/index.asp](https://gateway.maine.gov/dhhs-apps/office_finder/index.asp)

### Link to Waiver Application
[https://www.maine.gov/dhhs/oms/rules/Section-29-Waiver-Amendment.pdf](https://www.maine.gov/dhhs/oms/rules/Section-29-Waiver-Amendment.pdf)

### Expiration Date
12/31/2020

### Date of Last Update
07/15/2019
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:

Maryland is currently restructuring the three home and community-based service waiver programs that support adults with developmental disabilities in order to align the scope of services, requirements, limitations, qualifications, and effective dates of those service across these three waiver programs. These waivers are the Family Supports Waiver, Community Supports Waiver, and Community Pathways Waiver. Additionally, the state is adjusting some of the service implementation to provide additional time for rate setting and development of critical operational and billing functionality. Begin and end dates of particular services in those waiver descriptions below reflect when those specific services will shift from one waiver to another.

MD Waiver for Children with Autism Spectrum Disorder

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.

MD Community Pathways Waiver

Provides career exploration, community living--group home, day habilitation, live-in caregiver supports, medical day care, personal supports, respite care services, supported employment **ending June 30, 2020**, support broker services, assistive technology and services, behavioral support services, community development services, community living--enhanced supports **beginning July 1, 2020**, employment discovery and customization **ending June 30, 2020**, employment services **beginning July 1, 2020**, environmental assessment, environmental modifications, family and peer mentoring supports, family caregiver training and empowerment, housing support services, individual and family directed goods and services, nurse case management and delegation, nurse consultation, nurse health case management, participant education, training and advocacy supports, remote support services, shared living, supported living, transition services, transportation, and vehicle modifications for individuals diagnosed with a developmental disability with no age restrictions.

MD Home and Community Based Options Waiver

Provides assisted living, case management, medical day care, respite care, senior center plus, behavior consultation services, family training, nutritionist/dietitian services for individuals ages 18-64 with physical disabilities or individuals aged 65 and older.

MD 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 of any age.

MD Medical Day Care Services

Provides medical day care for individuals ages 65 years and older and persons with physical or other disabilities ages 16-64.
MD Family Supports Waiver (1466.R01.00)

Provides personal supports, respite care services, support broker services, assistive technology and services, behavioral support services, environmental assessment, environmental modifications, family and peer mentoring supports, family caregiver training and empowerment services, housing support services, individual and family directed goods and services, nurse case management and delegation services, nurse consultation, participant education, training and advocacy supports, transportation, vehicle modifications for individuals w/DD ages 0 – 21 years of age.

MD Community Supports Waiver (1506.R01.00)

Provides career exploration, day habilitation, medical day care, personal supports, respite care services, support broker services, assistive technology and services, behavioral support services, community development services, employment discovery and customization **ending June 30, 2020**, employment services **beginning July 1, 2020**, environmental assessment, environmental modifications, family and peer mentoring supports, family caregiver training and empowerment services, housing support services, individual and family directed goods and services, nurse case management and delegation services, nurse consultation, nurse health case management, participant education, training and advocacy supports, supported employment **ending June 30, 2020**, transportation, and vehicle modifications for individuals of any age with developmental disabilities.

MD Brain Injury (BI) Waiver

Provides day habilitation, individual support services, medical day care, residential habilitation, and supported employment for individuals with brain injury age 22 and older.
MD Waiver for Children with Autism Spectrum Disorder (0339.R04.00)
State Operating Agency: Maryland State Department of Education, Division of Special Education/Early Intervention Services, Interagency Collaboration Branch

<table>
<thead>
<tr>
<th>Description</th>
<th>This waiver provides services and supports to enable participants to remain safely in their home and community and to maximize a child’s capacity for independence. Service Coordination for this waiver 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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiver Type</td>
<td>1915(c)</td>
</tr>
<tr>
<td>Target Population-Eligibility</td>
<td>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.</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 offers appropriate care and supervision to protect the child’s safety in the absence of family members. Respite care include assistance with activities of daily living that are provided to children unable to care for themselves. In addition, respite offers relief to family members from the constantly demanding responsibility of providing care and attending to basic self-help needs and other activities that would ordinarily be performed by the family member. This service is furnished on a short-term basis due to the absence or need for relief of those persons normally providing the care. Respite care can be provided in the child’s home or place of residence, a community setting, or a youth camp certified by the MD Department of Health or a site licensed by the Developmental Disabilities Administration to accommodate individuals for respite care. 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, but respite does not reimburse for transportation costs. Respite may be provided 2 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 service, intensive individual support services, therapeutic integration or adult life planning services. The service does not include overnight unless in the participant’s primary residence, or a site license by DDA to accommodate individuals for respite care or, a youth camp certified by MDH. Respite is provider managed.</td>
</tr>
<tr>
<td>Respite Provider Eligibility</td>
<td>Information on becoming a provider of services: <a href="https://mmcp.health.maryland.gov/pages/provider-information.aspx">https://mmcp.health.maryland.gov/pages/provider-information.aspx</a></td>
</tr>
<tr>
<td>Caregiver Eligibility</td>
<td>Respite may not be provided by the legally responsible person or a legal guardian, but may be provided by a relative.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>1400: Year ending 06/30/2024</td>
</tr>
<tr>
<td>How to Apply</td>
<td>Contact the Autism Waiver Registry at 866-417-3480 to be eligible to apply to the Autism Waiver when a vacancy occurs.</td>
</tr>
<tr>
<td>Contact Information</td>
<td>Maryland State Department of Education (MSDE), Early Intervention and Preschool Special Education Phone: 410-767-0264; Fax: 410-333-8165 Department of Health and Mental Hygiene - 410-767-5220</td>
</tr>
<tr>
<td>Expiration Date</td>
<td>06/30/2024</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>07/15/2019</td>
</tr>
</tbody>
</table>
### MD Community Pathways Waiver (0023.R07.01)

**State Operating Agency:** Developmental Disabilities Administration (DDA)

<table>
<thead>
<tr>
<th>Description</th>
<th>The Community Pathways Waiver is designed to provide support services to individuals and their families, to enable participants to work toward self-determination, independence, productivity, integration, and inclusion in all facets of community life across their lifespans. The waiver includes self-directed and traditional service options. Services are provided based on each waiver participant’s Person-Centered Plan to enhance the participant’s and his/her family’s quality of life as identified by the participant and his/her family through the person-centered planning process. These services include: career exploration, community living--group home, day habilitation, live-in caregiver supports, medical day care, personal supports, respite care services, supported employment <strong>ending June 30, 2020</strong>, support broker services, assistive technology and services, behavioral support services, community development services, community living--enhanced supports <strong>beginning July 1, 2020</strong>, employment discovery and customization <strong>ending June 30, 2020</strong>, employment services <strong>beginning July 1, 2020</strong>, environmental assessment, environmental modifications, family and peer mentoring supports, family caregiver training and empowerment, housing support services, individual and family directed goods and services, nurse case management and delegation, nurse consultation, nurse health case management, participant education, training and advocacy supports, remote support services, shared living, supported living, transition services, transportation, and vehicle modifications.</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 any age diagnosed with a developmental 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 short-term care intended to provide both the family or other primary caregiver and the participant with a break from their daily routines. Respite relieves families or other primary caregivers from their daily care giving responsibilities. Respite may be provided in: the participant’s own home; the home of a respite care provider; a licensed residential site; a State certified overnight or youth camps; and other settings and camps as approved by DDA. Respite cannot replace day care while the participant’s parent or guardian is at work. Receipt of respite services does not preclude a participant from receiving other services on the same day. For example, the participant may receive day services on the same day they receive respite services so long as these services are provided at different times. However, Respite Care Services are not available to participants receiving support services in Community Living-Enhanced Supports, Community Living-Group Home, or Supported Living services. Respite Care Services are not available at the same time as the direct provision of Career Exploration, Community Development Services, Community Living-Enhanced Supports, Community Living-Group Homes, Day Habilitation, Employment Discovery and Customization, Employment Services, Medical Day Care, Personal Supports, Supported Employment, Supported Living, or Transportation services. Payment may not be made for services furnished at the same time as other services that include care and supervision. If respite is provided in a residential home, the site must be licensed. Services provided in the participant’s home or the home of a relative, neighbor, or friend does not require licensure. Respite does not include funding for any fees associated with the respite care (for example, membership fees at a recreational facility, community activities, or insurance fees). Participants and designated representatives who are self-directing services are considered the employer of record, and are responsible for supervising, training, and determining the frequency of services and supervision of their direct service workers. Respite care services hourly and daily total hours may not exceed 720 hours within each plan year unless otherwise authorized by DDA. The total cost for camp cannot exceed $7,248 within each plan year. Respite may be provider managed or participant directed.</td>
</tr>
<tr>
<td><strong>Respite Provider Eligibility</strong></td>
<td>Information on becoming a provider of services: <a href="https://dda.health.maryland.gov/Pages/providers.aspx">https://dda.health.maryland.gov/Pages/providers.aspx</a></td>
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</tr>
<tr>
<td><strong>Caregiver Eligibility</strong></td>
<td>Respite may not be provided by the legally responsible person or a legal guardian, but may be provided by a relative (excludes spouses). Someone who lives with the participant may be the respite provider, as long as she or he is not the person who normally provides care for the participant and is not contracted or paid to provide any other DDA funded service to the participant. A neighbor or friend may also provide services.</td>
</tr>
<tr>
<td><strong>Enrollment Limit</strong></td>
<td>16380: Year ending 06/30/2023</td>
</tr>
<tr>
<td><strong>How to Apply</strong></td>
<td>Complete the DDA Application at <a href="https://dda.health.maryland.gov/Pages/Developments/2015/dda_ea_application.pdf">https://dda.health.maryland.gov/Pages/Developments/2015/dda_ea_application.pdf</a></td>
</tr>
</tbody>
</table>
| **Contact Information**       | Developmental Disabilities Administration Headquarters  
Telephone: (410)767-5600, Fax: (410)767-5850, Toll Free: 1-844-253-8694  
Or contact the regional DDA office near you at [https://dda.health.maryland.gov/Pages/Regional%20Offices.aspx](https://dda.health.maryland.gov/Pages/Regional%20Offices.aspx) |
| **Expiration Date**           | 06/30/2023 |
| **Date of Last Update**       | 07/15/2019 |
### MD Home and Community Based Options Waiver (0265.R05.00)

**State Operating Agency:** Maryland Department of Health and Mental Hygiene, Office of Health Services - Medical Care Programs

| **Description** | The purpose of this waiver, also called the Community Options waiver, is to provide needed community services and supports to participants under one comprehensive waiver in an efficient and cost effective manner. Services must be approved through the participant plans of service (POS) process. Services include: assisted living, case management, medical day care, respite care, senior center plus, behavior consultation services, family training, nutritionist/dietitian services. |
| **Waiver Type** | 1915(c); concurrent operation with a 1915(b)(4) waiver that allows the State to limit case management (CM) providers. |
| **Target Population-Eligibility** | Individuals with physical disabilities who are ages 18-64 and individuals aged 65 and older. |
| **Level of Care** | Individuals require level of care available in a Nursing facility (NF) |
| **Respite Services** | Respite can be provided on a short-term basis to relieve those family care givers who normally provide the participant’s care. Respite care may be provided in a Medicaid-certified nursing facility or in an assisted living facility approved by the State. Respite care that entails performing delegated nursing functions, such as assistance with self-administration of medications or administration of medications, by the facility aide are covered if the service is provided by an appropriately trained aide under the supervision of a licensed registered nurse. Respite Care is limited to no more than 14 days of respite care in a nursing facility and/or assisted living facility for a waiver participant over 12 calendar months. Out-of-home respite care is only covered for overnight stays. Respite is provider managed. |
| **Respite Provider Eligibility** | For information on provider eligibility, visit: [https://mmcp.health.maryland.gov/longtermcare/Pages/CFC-Provider-Information.aspx](https://mmcp.health.maryland.gov/longtermcare/Pages/CFC-Provider-Information.aspx) |
| **Caregiver Eligibility** | Respite services may not be provided by a legally responsible person, relative, or legal guardian. |
| **Enrollment Limit** | 7280: Year ending 06/30/2021 |
| **How to Apply** | 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: A Service Registry was developed for interested community individuals, please call the Waiver Services Registry at: 1-844-627-5465. |
| **Contact Information** | Email: dhmh.healthmd@maryland.gov or call the Maryland Access Point at 1-844-627-5465. Visit your local Maryland Access Point [https://aging.maryland.gov/accesspoint/Pages/map-office.aspx](https://aging.maryland.gov/accesspoint/Pages/map-office.aspx) |
| **Link to Waiver Application** | [https://mmcp.health.maryland.gov/longtermcare/SiteAssets/SitePages/Community%20First%20Choice/M0265.R05.00%209.29.16.pdf](https://mmcp.health.maryland.gov/longtermcare/SiteAssets/SitePages/Community%20First%20Choice/M0265.R05.00%209.29.16.pdf) |
| **Expiration Date** | 06/30/2021 |
| **Date of Last Update** | 07/15/2019 |
MD Model Waiver for Fragile Children (40118.R07.00)
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 participants to maximize optimal health functioning and independence and to provide support to the family and/or caregivers.

Services provided include: case management, certified nursing assistant, medical day care, principal physician’s participation in the plan of care meeting, and private duty nursing.

**Waiver Type**
1915(c)

**Target Population-Eligibility**
Individuals of all ages who are diagnosed as medically fragile. Admission must be completed before the individual becomes 22 years old.

**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 medically supervised day program. Medical day care includes the following services: Health care services; Nursing services; Physical therapy services; Occupational therapy services; Assistance with activities of daily living such as walking, eating, toileting, grooming, and supervision of personal hygiene; Nutrition services; Social work services; Activity programs; and Transportation services.

Medical day care services are provided to participants aged 16 and older. Services and activities take place in non-institutional, community-based settings. Services are generally furnished 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, encompassing both health and social services needed to ensure the optimal functioning of the participant. The services under medical day care services are limited to additional services not otherwise covered under the state plan. There are no arbitrary limits on the amount, frequency or duration of the service. Medical day care is provider managed.

**Respite Provider Eligibility**
Information on becoming a provider of services: [https://mmcp.health.maryland.gov/Pages/Provider-Information.aspx](https://mmcp.health.maryland.gov/Pages/Provider-Information.aspx)

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

**Enrollment Limit**
200: Year ending 06/30/2023

**How to Apply**
To apply for the Model Waiver program, call the Coordinating Center for Home and Community Care at 410-987-1048 or 301-621-7830 and ask for the Model Waiver Intake Coordinator.

**Contact Information**
Contact the Coordinating Center for Home and Community Care (CCHCC) 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

**Link to Waiver Application**
[https://mmcp.health.maryland.gov/longtermcare/SiteAssets/SitePages/Home/MD.008.07.00.%20Draft%20Waiver.pdf](https://mmcp.health.maryland.gov/longtermcare/SiteAssets/SitePages/Home/MD.008.07.00.%20Draft%20Waiver.pdf)

**Expiration Date**
06/30/2023

**Date of Last Update**
07/25/2019
**MD Medical Day Care Services (0645.R02.00)**  
*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 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 a person-centered 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.

This waiver provides medical day 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 who are ages 65 and older and individuals who are ages 16 – 64 with physical or other 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>
</tbody>
</table>

**Respite Services**

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 non-institutional, community-based 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: 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; Nursing services performed by a registered nurse or by a licensed practical nurse under the supervision of a registered nurse; Physical therapy performed by or under supervision of a licensed physical therapist; Occupational therapy performed by an occupational therapist; Assistance with activities of daily living such as walking, eating, toileting, grooming, and supervision of personal hygiene; Nutrition services; Social work services performed by a licensed, certified social worker or licensed social work associate; Activity Programs; and Transportation Services.

The medical day care service is a bundled service related to diagnostic, preventive, curative, palliative, rehabilitative, or ameliorative treatment of an illness, injury, disability, or health condition. Participants are expected to attend at least one day a week as identified within their person-centered service plan.

Medical day care is provider managed.

**Respite Provider Eligibility**

Information on becoming a provider of services: [https://mmcp.health.maryland.gov/Pages/Provider-Information.aspx](https://mmcp.health.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**

6547: Year ending 06/30/2021

**How to Apply**

Contact the local health department Adult Evaluation and Review Services (AERS) Program in the area in which you reside. [https://health.maryland.gov/Pages/departments.ASPX](https://health.maryland.gov/Pages/departments.ASPX)

Or, call the Maryland Access Point (MAP) at 410-767-1100 or 1-844-627-5465

**Contact Information**

Contact the MDH at 410-767-1444 or Toll-free: 1-800-535-0182

**Link to Waiver Application**

[https://mmcp.health.maryland.gov/longtermcare/SiteAssets/SitePages/Medical%20Day%20Care%20Services/Medical%20Day%20Care%20Waiver%20Approval.pdf](https://mmcp.health.maryland.gov/longtermcare/SiteAssets/SitePages/Medical%20Day%20Care%20Services/Medical%20Day%20Care%20Waiver%20Approval.pdf)

**Expiration Date**

06/30/2021

**Date of Last Update**

07/25/2019
### MD Family Supports Waiver (1466.R01.00)

**State Operating Agency:** Developmental Disabilities Administration (DDA)

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Family Supports Waiver is designed to provide support services to participants and their families to enable participants to work toward self-determination, independence, productivity, integration, and inclusion in all facets of community life across their lifespans. The waiver includes self-directed and traditional service options. Services are provided based on each waiver participant’s Person-Centered Plan to enhance the participant’s and his/her family’s quality of life as identified by the participant and his/her family through the person-centered planning process. Services provided by this waiver include: personal supports, respite care services, support broker services, assistive technology and services, behavioral support services, environmental assessment, environmental modifications, family and peer mentoring supports, family caregiver training and empowerment services, housing support services, individual and family directed goods and services, nurse case management and delegation services, nurse consultation, participant education, training and advocacy supports, transportation, and vehicle modifications.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1915 (c)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Target Population-Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals ages 0 – 21 with developmental disabilities.</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>
</table>

<table>
<thead>
<tr>
<th>Respite Services</th>
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</thead>
<tbody>
<tr>
<td>Respite is short-term care intended to provide both the family or the primary caregiver and the participant with a break from their daily routines. Respite relieves families or the primary caregivers from their daily caregiving responsibilities. Respite can be provided in: the participant’s own home; the home of a respite care provider; a licensed residential site; a State certified overnight or youth camps; and other settings and camps as approved by DDA. Respite cannot replace day care while the participant’s parent or guardian is at work. Receipt of respite services does not preclude a participant from receiving other services on the same day. For example, the participant may receive day services on the same day they receive respite services so long as these services are provided at different times. However, respite care services are not available at the same time as the direct provision of Personal Supports or Transportation services. Payment may not be made for services furnished at the same time as other services that include care and supervision. If respite is provided in a residential site, the site must be licensed. Services provided in the participant’s home or the home of a relative, neighbor, or friend does not require licensure. Respite does not include funding for any fees associated with the respite care (for example, membership fees at a recreational facility, community activities, or insurance fees). Participants and designated representatives who are self-directing services are considered the employer of record, and are responsible for supervising, training, and determining the frequency of services and supervision of their direct service workers. Respite care services hourly and daily total hours may not exceed 720 hours within each plan year unless otherwise authorized by DDA. The total cost for camp cannot exceed $7,248 within each plan year. Respite may be provider managed or participant directed.</td>
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<tbody>
<tr>
<td>Information on becoming a provider of services: <a href="https://dda.health.maryland.gov/Pages/providers.aspx">https://dda.health.maryland.gov/Pages/providers.aspx</a></td>
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<tr>
<th>Caregiver Eligibility</th>
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<tbody>
<tr>
<td>Respite may not be provided by the legally responsible person or a legal guardian, but may be provided by a relative (excludes spouses). Someone who lives with the participant may be the respite provider, as long as she or he is not the person who normally provides care for the participant and is not contracted or paid to provide any other DDA funded service to the participant. A neighbor or friend may also provide services.</td>
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<th>Enrollment Limit</th>
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<td>400: year ending 06/30/2024</td>
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**How to Apply**
Complete the DDA Eligibility Application at [https://dda.health.maryland.gov/Pages/Developments/2015/dda_ea_application.pdf](https://dda.health.maryland.gov/Pages/Developments/2015/dda_ea_application.pdf)

**Contact Information**
Developmental Disabilities Administration Headquarters
Telephone: (410)767-5600, Fax: (410)767-5850, Toll Free: 1-844-253-8694
Or contact the regional DDA office near you at [https://dda.health.maryland.gov/Pages/Regional%20Offices.aspx](https://dda.health.maryland.gov/Pages/Regional%20Offices.aspx)

**Link to Waiver Application**
[https://dda.health.maryland.gov/Documents/DDA%20Waivers%20Amendment%20201/FSW%20Approved%20Amendment%20201%20eff.%2007012019.pdf](https://dda.health.maryland.gov/Documents/DDA%20Waivers%20Amendment%20201/FSW%20Approved%20Amendment%20201%20eff.%2007012019.pdf)

**Expiration Date**
06/30/2024

**Date of Last Update**
07/16/2019
### MD Community Supports Waiver (1506.R01.00)

**State Operating Agency:** Developmental Disabilities Administration (DDA)

| Description | The Community Supports Waiver is designed to provide support services to participants and their families, to enable participants to work toward self-determination, independence, productivity, integration, and inclusion in all facets of community life across their lifespans. The waiver includes self-directed and traditional service options. Services are provided based on each waiver participant’s Person-Centered Plan to enhance the participant’s and his/her family’s quality of life as identified by the participant and his/her family through the person-centered planning process. Services provided by this waiver include: career exploration, day habilitation, medical day care, personal supports, respite care services, support broker services, assistive technology and services, behavioral support services, community development services, employment discovery and customization **ending June 30, 2020**, employment services **beginning July 1, 2020**, environmental assessment, environmental modifications, family and peer mentoring supports, family caregiver training and empowerment services, housing support services, individual and family directed goods and services, nurse case management and delegation services, nurse consultation, nurse health case management, participant education, training and advocacy supports, supported employment **ending June 30, 2020**, transportation, and vehicle modifications. |
| Waiver Type | 1915 (c) |
| Target Population-Eligibility | Individuals of any age 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 short-term care intended to provide both the family or the primary caregiver and the participant with a break from their daily routines. Respite relieves families or the primary caregivers from their daily caregiving responsibilities. Respite can be provided in: the participant’s own home; the home of a respite care provider; a licensed residential site; a State certified overnight or youth camps; and other settings and camps as approved by DDA. Respite cannot replace day care while the participant’s parent or guardian is at work. Receipt of respite services does not preclude a participant from receiving other services on the same day. For example, the participant may receive day services on the same day they receive respite services so long as these services are provided at different times. However, respite care services are not available at the same time as the direct provision of career exploration, community development services, day habilitation, employment discovery and customization, medical day care, personal supports, supported employment, or transportation services. Payment may not be made for services furnished at the same time as other services that include care and supervision. If respite is provided in a residential site, the site must be licensed. Services provided in the participant’s home or the home of a relative, neighbor, or friend does not require licensure. Respite does not include funding for any fees associated with the respite care (for example, membership fees at a recreational facility, community activities, or insurance fees). Participants and designated representatives who are self-directing services are considered the employer of record, and are responsible for supervising, training, and determining the frequency of services and supervision of their direct service workers. Respite care services hourly and daily total hours may not exceed 720 hours within each plan year unless otherwise authorized by DDA. The total cost for camp cannot exceed $7,248 within each plan year. Respite may be provider managed or participant directed. |
| Respite Provider Eligibility | Information on becoming a provider of services: [https://dda.health.maryland.gov/Pages/providers.aspx](https://dda.health.maryland.gov/Pages/providers.aspx) |
**Caregiver Eligibility**  Respite may not be provided by the legally responsible person or a legal guardian, but may be provided by a relative (excludes spouses). Someone who lives with the participant may be the respite provider, as long as she or he is not the person who normally provides care for the participant and is not contracted or paid to provide any other DDA funded service to the participant. A neighbor or friend may also provide services.

**Enrollment Limit**  2150: Year ending 06/30/2024

**How to Apply**  Complete the DDA Eligibility Application at [https://dda.health.maryland.gov/Pages/Developments/2015/dda_ea_application.pdf](https://dda.health.maryland.gov/Pages/Developments/2015/dda_ea_application.pdf)

**Contact Information**  Developmental Disabilities Administration Headquarters  
Telephone: (410)767-5600, Fax: (410)767-5850, Toll Free: 1-844-253-8694  
Or contact the regional DDA office near you at [https://dda.health.maryland.gov/Pages/Regional%20Offices.aspx](https://dda.health.maryland.gov/Pages/Regional%20Offices.aspx)

**Link to Waiver Application**  [https://dda.health.maryland.gov/Documents/DDA%20Waivers%20Amendment%201/CSW%20Approved%20Amendment%201%20eff.%2007012019.pdf](https://dda.health.maryland.gov/Documents/DDA%20Waivers%20Amendment%201/CSW%20Approved%20Amendment%201%20eff.%2007012019.pdf)

**Expiration Date**  06/30/2024

**Date of Last Update**  07/16/2019
**MD Brain Injury (BI) Waiver (40198.R03.00)**

**State Operating Agency: Behavioral Health Administration (BHA)**

**Description**
The Brain Injury Waiver as a diversion from traditional long-term care options such as nursing facilities, has resulted in positive outcomes for waiver participants. Individuals are offered administrative case management, to assist them with developing the plan of service. Individuals must be inpatient in a State Behavioral Health Administration facility, inpatient in a state owned and operated nursing facility, a Maryland licensed Special hospital for Chronic Disease that is CARF accredited for Brain Injury Inpatient Rehabilitation, or individuals who have been placed by Medicaid in an out-of-state facility.

Services available through the TBI Waiver: day habilitation, individual support services, medical day care, residential habilitation, and supported employment.

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<tr>
<th>Waiver Type</th>
<th>1915(c)</th>
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<tr>
<td><strong>Target Population</strong></td>
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<tr>
<td><strong>Eligibility</strong></td>
<td>Individuals who are ages 22 and older who have a brain injury. Individuals must be between the ages of 22 – 64 at the time of applying but may stay on the waiver past the age of 64. The brain injury must have been acquired after the age of 17</td>
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<tr>
<td><strong>Level of Care</strong></td>
<td>Individuals require level of care available in a rehabilitative/chronic/specialty hospital or nursing facility (NF).</td>
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<td><strong>Respite Services</strong></td>
<td>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: 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; Nursing services performed by a registered nurse or by a licensed practical nurse under the supervision of a registered nurse; Physical therapy services, performed by or under supervision of a licensed physical therapist; Occupational therapy services, performed by an occupational therapist; Assistance with activities of daily living such as walking, eating, toileting, grooming, and supervision of personal hygiene; Nutrition services; Social work services performed by a licensed, certified social worker or licensed social work associate; Activity Programs; and Transportation Services. A waiver participant must attend the MDC a minimum of 4 hours per day for the service to be coverable. The frequency of attendance is determined by the physician orders and is part of the service plan developed by the multi-disciplinary team. Waiver participants cannot attend day habilitation or supported employment on the same day as MDC. Medical Day Care is provider managed.</td>
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- Respite Provider Eligibility: Information on becoming a provider of services: [https://bha.health.maryland.gov/Pages/Information-For-Providers.aspx](https://bha.health.maryland.gov/Pages/Information-For-Providers.aspx)
- Caregiver Eligibility: Medical Day Care may not be provided by a relative, legal guardian or legally responsible person.
- Enrollment Limit: 140: Year ending 06/30/2021
- 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: Office of Adult Services, Behavioral Health Administration (410) 402-8476. You may also contact the Brain Injury Resource Coordinator at 410-448-2924 or 1-800-444-6443.
- Link to Waiver Application: [https://mmcp.health.maryland.gov/longtermcare/SiteAssets/SitePages/Home/Brain%20Injury%20MD.40198.R03.00.pdf](https://mmcp.health.maryland.gov/longtermcare/SiteAssets/SitePages/Home/Brain%20Injury%20MD.40198.R03.00.pdf)
- Expiration Date: 06/30/2021
- Date of Last Update: 07/25/2019
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, community based day supports (CBDS), day services, home accessibility adaptations, individual support and community habilitation, occupational therapy, physical therapy, specialized medical equipment, speech therapy, transitional assistance, and transportation for individuals age 22 and older with an acquired brain injury.

**MA Community Living**

Provides 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, peer support, specialized medical equipment and supplies, stabilization, transportation, and vehicle modifications for individuals ages 22 and older who are diagnosed with an Intellectual Disability.

**MA Intensive Supports**

Provides 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, peer support, specialized medical equipment and supplies, stabilization, transitional assistance services, transportation, and vehicle modification for individuals ages 22 and older diagnosed with an Intellectual Disability.

**MA Adult Supports**

Provides 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, peer support, specialized medical equipment and supplies, stabilization, transportation, and vehicle modification for individuals ages 22 and older who are diagnosed with an Intellectual Disability.
MA Frail Elder

Provides Alzheimer’s/Dementia coaching, home health aide, homemaker, personal care, respite, chore, companion, complex care training and oversight (formerly skilled nursing), enhanced technology/cellular personal emergency response system (PERS), environmental accessibility adaptation, evidence based education programs, goal engagement program, grocery shopping and delivery, home based wandering response systems, home delivered meals, home delivery of pre-packaged medication, home safety/independent evaluations (formerly occupational therapy), laundry, medication dispensing system, orientation and mobility services, peer support, senior care options (SCO), supportive day program supportive home care aide, transitional assistance, and transportation for individuals with physical disabilities ages 60 to 64 and individuals ages 65 and older.

MA TBI

Provides homemaker, individual support and community habilitation, residential habilitation, respite, supported employment, adult companion, day services, home accessibility adaptations, shared living - 24 hour supports, specialized medical equipment, 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, adult companion, chore service, community based day supports (CBDS), community behavioral health support and navigation, community family training, day services, home accessibility adaptations, independent living supports, individual support and community habilitation, occupational therapy, orientation and mobility services, peer support, physical therapy, shared home supports, skilled nursing, specialized medical equipment, speech therapy, supportive home care aide, transitional assistance services, transportation, and vehicle modification for individuals ages 18 to 64 with physical disabilities or mental illnesses and for individuals who are 65 and older.
MA Acquired Brain Injury Non-Residential Habilitation (40702.R02.00)
State Operating Agency: Executive Office of Health and Human Services, the Massachusetts Rehabilitation Commission (MRC)

Description
The waiver’s goal is to transition eligible individuals 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. ABI Non-Residential Habilitation waiver services will be provided according to a Plan of Care (POC) that is developed with the waiver participant through a person-centered planning process.

Services include: homemaker, personal care, respite, supported employment, adult companion, chore, community based day supports (CBDS), day services, home accessibility adaptations, individual support and community habilitation, occupational therapy, physical therapy, specialized medical equipment, speech therapy, transitional assistance, and transportation.

Waiver Type
1915(c)

Target Population-Eligibility
Individuals 22 years and older who are diagnosed with a brain injury. Additionally, individuals must reside (and must have resided for a period of not less than 90 consecutive days) in an inpatient facility (specifically, a nursing facility or chronic disease/rehabilitation hospital)

Level of Care
Individuals require level of care available in a Nursing Facility (NF) or Chronic and Rehabilitation Hospital

Respite Services
Respite services are provided to participants 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. 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: Adult Foster Care Program (provides personal care services in a family-like setting); hospital (with licensed acute care medical or surgical hospital beds); 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); Rest Home (provides a supervised, supportive and protective living environment and support services); Assisted Living Residence (provides personal care services); in the home of a Community Respite Provider (provides personal care services in a home-like setting); and DDS Licensed Respite Facilities (provides care and supervision).

Respite services are provider managed.

Respite Provider Eligibility
Information on becoming a provider of services: https://www.mass.gov/info-details/home-and-community-based-services-hcbswaivers-abi-and-mfp-information-for-providers
UMass Provider Network Administration Unit: ProviderNetwork@umassmed.edu

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

Enrollment Limit
120: Year ending 4/30/2023

How to Apply
Complete the waiver application, found at: https://www.mass.gov/files/documents/2018/06/14/abi-a-n.pdf

Contact Information
Call UMASS ABI Waiver Unit: (866) 281-5602, TTY: (800) 596-1746 or email: ABlinfo@umassmed.edu

Expiration Date
04/30/2023

Date of Last Update
07/16/2019
**MA Community Living Waiver (0826.R02.00)**

**State Operating Agency:** The Department of Developmental Services, Executive Office of Health and Human Services

<p>| Description | The waiver provides support to individuals in their communities to prevent the need for restrictive institutional care. Participants require more support than those in the Adult Supports Waiver, but less than those in the Intensive Supports Waiver. Through the coordination of natural supports, Medicaid services, generic community resources, and the services available in this Waiver, waiver participants are able to live successfully in the community. 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. For individuals who reside with their families, the waiver will provide for a level of support to assist the individual to acquire the skills necessary to work and access the community or to provide substantial assistance to the family/caregiver to allow the individual to remain at home. Services may be participant directed or delivered through the traditional provider based system. Services include: 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, peer support, specialized medical equipment and supplies, stabilization, transportation, and vehicle modification. |
|---|
| Waiver Type | 1915(c) |
| Target Population-Eligibility | Individuals 22 years or older who are diagnosed with an intellectual disability. These individuals live with family or in a setting with assistance, which is less than 24 hours/7 days per week of support and supervision to avoid institutionalization. These individuals are not at serious risk for out of home placement but their need for supervision and support cannot be met by the level of services that are available in the Adult Supports Waiver. |
| 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 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 the needs of the waiver participant. Respite care may be made available to participants who receive other services on the same day, such as Group or Individual Supported Employment, 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 be provided up to 30 days per year and is reflected in the Individual Service Plan based on assessed need. Respite services may be participant-directed or provider managed. 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. |
| Respite Provider Eligibility | For information on becoming a provider go to: <a href="https://www.mass.gov/info-details/home-and-community-based-services-hcbs-waivers-for-adults-with-intellectual">https://www.mass.gov/info-details/home-and-community-based-services-hcbs-waivers-for-adults-with-intellectual</a> |
| Caregiver Eligibility | Respite may be provided by a relative, but not by a legal guardian or legally responsible person. |
| Enrollment Limit | 2691: Year ending 06/30/2023 |</p>
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<th>How to Apply</th>
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<td>Eligibility determination for the HCBS waivers for adults with intellectual disabilities is a multi-step process: 1. Apply for DDS eligibility (if you are not currently DDS eligible, find more info at <a href="https://www.mass.gov/dds-eligibility-services">https://www.mass.gov/dds-eligibility-services</a>); 2. Apply for the DDS waiver program (access the application at <a href="https://www.mass.gov/doc/waiver-application/download">https://www.mass.gov/doc/waiver-application/download</a>); and 3. Submit your application to your Area Office (preferred) or directly to the DDS Waiver Management Unit. To expedite the eligibility determination of your application, it is recommended you coordinate with your DDS Service Coordinator or Area Office to complete and submit your waiver application to the DDS Waiver Management Unit. Find your local DDS Area Office at <a href="https://areaofficelocator.dds.state.ma.us/Home/LookupByCity">https://areaofficelocator.dds.state.ma.us/Home/LookupByCity</a>.</td>
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<th>Contact Information</th>
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<td>Department of Developmental Services, Waiver Management Unit: (888) 367-4435, press 2 at prompt You can also contact your local DDS Area Office or your DDS Service Coordinator.</td>
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MA Intensive Supports Waiver (0827.R02.00)
State Operating Agency: The Department of Developmental Services, Executive Office of Health and Human Services

Description
The goal of this waiver is to provide support to these individuals in their communities to prevent the need for restrictive institutional care. Based on the severity of their functional impairments, these individuals require a comprehensive level of support beyond the services that are contained in the Adult Supports Waiver or the Community Living Waiver. 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, and therefore the individual needs waiver services and supports. For individuals who cannot and do not have family to provide care for them, the waiver services in combination with Medicaid State Plan services and generic community resources make it possible for them to successfully live in the community. Services may be participant directed or delivered through the traditional provider based system.

Services include: 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, peer support, specialized medical equipment and supplies, stabilization, transitional assistance services, transportation, and vehicle modification.

Waiver Type
1915(c)

Target Population-Eligibility
Individuals 22 years and older with an intellectual disability and are determined through an assessment process to require supervision and support 24 hours, 7 days per week to avoid institutionalization.

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 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 the needs of the waiver participant. Respite care may be made available to participants who receive other services on the same day, such as Group or Individual Supported Employment, 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 be provided up to 30 days per year and is reflected in the Individual Service Plan based on assessed need.

Respite services may be participant-directed or provider managed. 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.

Respite Provider Eligibility
For information on becoming a provider go to: https://www.mass.gov/info-details/home-and-community-based-services-hcbs-waivers-for-adults-with-intellectual

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

Enrollment Limit
11518: Year ending 6/30/2023
| How to Apply | Eligibility determination for the HCBS waivers for adults with intellectual disabilities is a multi-step process: 1. Apply for DDS eligibility (if you are not currently DDS eligible, find more info at [https://www.mass.gov/dds-eligibility-services](https://www.mass.gov/dds-eligibility-services)); 2. Apply for the DDS waiver program (access the application at [https://www.mass.gov/doc/waiver-application/download](https://www.mass.gov/doc/waiver-application/download)); and 3. Submit your application to your Area Office (preferred) or directly to the DDS Waiver Management Unit. To expedite the eligibility determination of your application, it is recommended you coordinate with your DDS Service Coordinator or Area Office to complete and submit your waiver application to the DDS Waiver Management Unit. Find your local DDS Area Office at [https://areaofficelocator.dds.state.ma.us/Home/LookupByCity](https://areaofficelocator.dds.state.ma.us/Home/LookupByCity) |
| Contact Information | Department of Developmental Services, Waiver Management Unit: (888) 367-4435, press 2 at prompt You can also contact your local DDS Area Office or your DDS Service Coordinator. |
| Link to Waiver Application | Link to application not available. |
| Expiration Date | 06/30/2023 |
| Date of Last Update | 07/16/2019 |
MA Adult Supports Waiver (0828.R02.00)
State Operating Agency: The Department of Developmental Services, Executive Office of Health and Human Services

Description
The goal of this Waiver is to provide support to participants in their communities to prevent the need for restrictive institutional care. Included in this waiver are individuals who would be at risk for more intensive supports or institutional care, but have a strong natural or informal support system, and do not require the amount of services provided under the Community Living Waiver or Intensive Support Waiver. For participants 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. For participants who reside with their families the waiver will provide for 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 in this Waiver so that individuals are able to live successfully in the community. Services may be participant directed or delivered through the traditional provider based system.

Services include: 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, peer support, specialized medical equipment and supplies, stabilization, transportation, and vehicle modification.

Waiver Type
1915(c)

Target Population-Eligibility
Individuals 22 years or older who are diagnosed with an Intellectual Disability. The family/caregiver’s ability to continue to provide care for the individual is currently stable and can continue with the addition of the services offered in this waiver. These individuals live in the family home, adult foster care, or live independently.

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 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 the needs of the waiver participant. Respite care may be made available to participants who receive other services on the same day, such as Group or Individual Supported Employment, 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 be provided up to 30 days per year and is reflected in the Individual Service Plan based on assessed need.

Respite services may be participant-directed or provider managed. 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.

Respite Provider Eligibility
For information on becoming a provider go to: https://www.mass.gov/info-details/home-and-community-based-services-hcbs-waivers-for-adults-with-intellectual

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

Enrollment Limit
6730: Year ending 6/30/2023
| How to Apply | Eligibility determination for the HCBS waivers for adults with intellectual disabilities is a multi-step process: 1. Apply for DDS eligibility (if you are not currently DDS eligible, find more info at [https://www.mass.gov/dds-eligibility-services](https://www.mass.gov/dds-eligibility-services)); 2. Apply for the DDS waiver program (access the application at [https://www.mass.gov/doc/waiver-application/download](https://www.mass.gov/doc/waiver-application/download)); and 3. Submit your application to your Area Office (preferred) or directly to the DDS Waiver Management Unit. To expedite the eligibility determination of your application, it is recommended you coordinate with your DDS Service Coordinator or Area Office to complete and submit your waiver application to the DDS Waiver Management Unit. Find your local DDS Area Office at [https://areaofficelocator.dds.state.ma.us/Home/LookupByCity](https://areaofficelocator.dds.state.ma.us/Home/LookupByCity). |
| Contact Information | Department of Developmental Services, Waiver Management Unit: (888) 367-4435, press 2 at prompt You can also contact your local DDS Area Office or your DDS Service Coordinator. |
| Link to Waiver Application | Link to application is not available. |
| Expiration Date | 06/30/2023 |
| Date of Last Update | 07/16/2019 |
**MA Frail Elder Waiver (0059.R07.00)**

**State Operating Agency: Executive Office of Health and Human Services, Executive Office of Elder Affairs**

<table>
<thead>
<tr>
<th>Description</th>
<th>The purpose of the Frail Elder Waiver is to make sufficient supports available in order to enable participants to remain safely in their homes. This avoids delays or shortens nursing facility stays. Additionally, the waiver provides cost effective alternatives to support elders’ home and community based service needs. Included in this waiver are individuals with a variety of needs that can be met through supports that range from basic to intensive levels. Through development of a person-centered service plan, waiver services are planned, authorized, arranged for and monitored by the case manager. Services include: Alzheimer’s/Dementia coaching, home health aide, homemaker, personal care, respite, chore, companion, complex care training and oversight (formerly skilled nursing), enhanced technology/personal emergency response system (PERS), environmental accessibility adaptation, evidence based education programs, goal engagement program, grocery shopping and delivery, home based wandering response systems, home delivered meals, home delivery of pre-packaged medication, home safety/independent evaluations (formerly occupational therapy), laundry, medication dispensing system, orientation and mobility services, peer support, senior care options (SCO), supportive day program supportive home care aide, transitional assistance, and transportation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiver Type</td>
<td>1915(c); concurrent operation with 1915 (a)(1)(a)</td>
</tr>
<tr>
<td>Target Population-Eligibility</td>
<td>Individuals ages 60-64 with physical disabilities and individuals age 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>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 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. In addition to respite care provided in the participants home or private place of residence, Respite Care services may be provided in the following locations: Adult Foster Care Program (provides personal care services in a family-like setting); hospital (with licensed acute care medical or surgical hospital beds); 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); Rest Home (provides a supervised, supportive and protective living environment and support services); Assisted Living Residence (provides personal care services); and Adult Day Health program (provides an organized program of health care and supervision, restorative services, and socialization for elders who require skilled services or physical assistance with activities of daily living, included nutrition and personal care). Respite services are provider managed.</td>
</tr>
<tr>
<td>Respite Provider Eligibility</td>
<td>For more information on becoming a provider go to: <a href="https://www.mass.gov/info-details/frail-elder-waiver-information-for-providers#iv.-few-provider-enrollment">https://www.mass.gov/info-details/frail-elder-waiver-information-for-providers#iv.-few-provider-enrollment</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>20000: Year ending 12/31/2023</td>
</tr>
<tr>
<td>How to Apply</td>
<td>To apply, contact your local Massachusetts Aging Service Access Points (ASAPs) and request a clinical eligibility assessment. You can find your ASAP by calling (800) AGE-INFO ((800) 243-4636) or using the search function at <a href="https://contactus.800ageinfo.com.FindAgency.aspx">https://contactus.800ageinfo.com.FindAgency.aspx</a></td>
</tr>
</tbody>
</table>
### Contact Information

Contact the Executive Office of Elder Affairs Phone: (617)-727-7750, Toll Free: (800)-243-4636  
Contact your local ASAP  
Contact MassHealth Customer Service Center at: **(800) 841-2900**

<table>
<thead>
<tr>
<th>Link to Waiver Application</th>
<th>Link to application not available.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expiration Date</td>
<td>12/31/2023</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>07/16/2019</td>
</tr>
</tbody>
</table>
## Description
This program supports the choice of participants to remain in the community and provides services that help them to avoid or delay institutional placement. Waiver Services are provided according to an Individual Service Plan (ISP) developed based on person-centered principles with the participant. Services include: homemaker, individual support and community habilitation, residential habilitation, respite, supported employment, adult companion, day services, home accessibility adaptations, shared living - 24 hour supports, specialized medical equipment, transitional assistance, and transportation.

### Waiver Type
1915(c)

### Target Population - Eligibility
Individuals ages 18 years or older with a traumatic brain injury currently living in the community. 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 Nursing Facility (NF) or Chronic and Rehabilitation Hospital.

### 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 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: Adult Foster Care Program (provides personal care services in a family-like setting); hospital (with licensed acute care medical or surgical hospital beds); 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); Assisted Living Residence (provides personal care services); in the home of a Community Respite Provider (provides personal care services in a home-like setting); and DDS Licensed Respite Facilities (provides care and supervision). Respite services are provider managed.

### Respite Provider Eligibility
For more information on becoming a provider go to: [https://www.mass.gov/how-to/apply-to-become-a-masshealth-provider](https://www.mass.gov/how-to/apply-to-become-a-masshealth-provider)

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

### Enrollment Limit
100: Year ending 06/30/2024

### How to Apply
For information on how to apply for the TBI Waiver contact the Statewide Head Injury Program (SHIP):
[https://www.mass.gov/service-details/statewide-head-injury-program-ship](https://www.mass.gov/service-details/statewide-head-injury-program-ship)
Email SHIPU@MPR.state.ma.us or Call (617) 204-3852, toll-free (Massachusetts only) 1-800-223-2559. TTY: (617) 204-3817.

### Contact Information
Massachusetts Rehabilitation Commission, 600 Washington Street, Boston, MA 02111
Contact MassHealth Waiver Information at 1-866-281-5602

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

### Expiration Date
06/30/2024

### Date of Last Update
07/17/2019
MA Children’s Autism Spectrum Disorder Waiver (40207.R02.01)
State Operating Agency: Executive Office of Health and Human Services, the Department of Developmental Services

<table>
<thead>
<tr>
<th>Description</th>
<th>The waiver helps ensure individuals can remain in their homes and actively participate with their families and community by providing intensive supports to children and their families to improve functioning. The Waiver is entirely Participant Directed, as it operates under the belief that families know what is best for their child and should be the ones directing interventions and supports. 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, and vehicle modifications.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiver Type</td>
<td>1915(c)</td>
</tr>
<tr>
<td>Target Population-Eligibility</td>
<td>Children ages 0 – 8 diagnosed on the Autism Spectrum. Individuals must have severe behavioral and or social/communication deficits that interfere with the participant’s ability to remain in the home and participate in the community, be determined to be able to be served safely in the community, and have a legally responsible representative willing and able to direct the services and supports of the waiver.</td>
</tr>
<tr>
<td>Level of Care</td>
<td>Individuals require level of care available in 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 unable to care for themselves and 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. Respite services are participant-directed.</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>280: Year ending 09/30/2020</td>
</tr>
<tr>
<td>How to Apply</td>
<td>The Department of Developmental Services is not currently holding an open enrollment period (Open enrollment periods tend to be in October each year). Call 1-888-367-4435 or email <a href="mailto:AutismDivision@state.ma.us">AutismDivision@state.ma.us</a> for more information on enrollment periods. You can also visit their website to check for updates at <a href="https://www.mass.gov/service-details/dds-autism-waiver-program-open-interest-period">https://www.mass.gov/service-details/dds-autism-waiver-program-open-interest-period</a></td>
</tr>
<tr>
<td>Contact Information</td>
<td>Department of Developmental Services: 1-617-727-5608 Autism Division: 617-624-7518 You can also contact the Autism Support Center near you at <a href="https://www.mass.gov/service-details/dds-autism-support-centers">https://www.mass.gov/service-details/dds-autism-support-centers</a></td>
</tr>
<tr>
<td>Link to Waiver Application</td>
<td>Link to application not available.</td>
</tr>
<tr>
<td>Expiration Date</td>
<td>09/30/2020</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>07/17/2019</td>
</tr>
</tbody>
</table>
MA Money Follows the Person Community Living (MFP-CL) (1027.R01.01)

State Operating Agency: Executive Office of Health and Human Services, the Massachusetts Rehabilitation Commission (MRC)

**Description**

The goal of the waiver is to transition eligible adults from institutions 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. Waiver services will be provided according to a Plan of Care (POC) that is developed with the Waiver participant through a person-centered planning process.

Services provided by this waiver include: home health aide, homemaker, personal care, prevocational services, respite, supported employment, adult companion, chore service, community based day supports (CBDS), community behavioral health support and navigation, community family training, day services, home accessibility adaptations, independent living supports, individual support and community habilitation, occupational therapy, orientation and mobility services, peer support, physical therapy, shared home supports, skilled nursing, specialized medical equipment, speech therapy, supportive home care aide, transitional assistance services, transportation, and vehicle modification.

**Waiver Type**

1915(c)

**Target Population-Eligibility**

Individuals ages 18 – 64 with mental illnesses or physical disabilities as well as individuals aged 65 and older.

**Level of Care**

Individuals require level of care available in a Chronic and Rehabilitation Hospital, Psychiatric Hospital, or nursing facility (NF). Must reside (and have resided for not less than 90 consecutive days) in an inpatient facility (specifically, a nursing facility, chronic disease or rehabilitation hospital, or psychiatric hospital).

**Respite Services**

Respite services are provided to participants 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. 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: Adult Foster Care Program (provides personal care services in a family-like setting); hospital (with licensed acute care medical or surgical hospital beds); 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); Rest Home (provides a supervised, supportive and protective living environment and support services); Assisted Living Residence (provides personal care services); in the home of a Community Respite Provider (provides personal care services in a home-like setting); and DDS Licensed Respite Facilities (provides care and supervision). Respite services are provider managed.

**Respite Provider Eligibility**


UMass Provider Network Administration Unit: ProviderNetwork@umassmed.edu

**Caregiver Eligibility**

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

**Enrollment Limit**

1243: Year ending 03/31/2023

**How to Apply**


**Contact Information**

Call MFP Waiver Unit: 1-855-499-5109, TTY: 800-596-1746, or email mfpinfo@umassmed.edu

**Link to Waiver Application**

[Link to application not available.](https://www.mass.gov/files/documents/2018/06/14/mfp-cl.pdf)

**Expiration Date**

03/31/2023

**Date of Last Update**

07/17/2019
Michigan Department of Health and Human Services (MDHHS)
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 usually is paid for through one or more of the following types of waivers: research and demonstration (1115), managed care (1915b) and HCBS (1915c) waiver programs.

Michigan is currently transitioning the Michigan Medicaid program to operate their managed care authority under the 1115 Pathways to Integration demonstration waiver and have moved the following three HCBS waivers to operate concurrently through 1915(c)/1115(a) combination waivers: MI Waiver for Children with Severe Emotional Disorder, MI Children’s Waiver, and MI Habilitation Supports waiver. The complete list of this state’s Medicaid waivers that include respite are:

**MI Choice Waiver**

Provides adult day health, respite, supports coordination, specialized medical equipment and supplies, fiscal intermediary, goods and services, chore, community living supports, community transportation, counseling, environmental accessibility adaptations, home delivered meals, nursing, personal emergency response system, private duty nursing/respiratory care, 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, specialty service for individuals and overnight health and safety support, 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, 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.
## MI Choice Waiver (0233.R05.01)

**State Operating Agency:** Michigan Department of Health and Human Services, Medical Services Administration (MSA)

### Description

The goal of the waiver is to provide home and community based services and supports to participants using a person-centered planning process that allows them to maintain or improve their health, welfare, and quality of life.

Services include: adult day health, respite, supports coordination, specialized medical equipment and supplies, fiscal intermediary, goods and services, chore, community living supports, community transportation, counseling, environmental accessibility adaptations, home delivered meals, nursing, personal emergency response system, private duty nursing/respiratory care, 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, a licensed Adult Foster Care or Home for the Aged facility, a Medicaid-certified nursing facility, or another State approved facility.

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. 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 services may be participant directed or provider managed.

### Respite Provider Eligibility

Information for providers: [https://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860_78446_78448---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860_78446_78448---,00.html)

Medicaid Provider Help - MSA/MDHHS: 1-800-292-2550

### Caregiver Eligibility

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

### Enrollment Limit

12800: Year ending 09/30/2023

### How to Apply

To get services in Michigan, contact the Michigan DHHS General Information line at 517-373-3740. Or, contact the MI Choice Waiver Agency in your community, who can provide you with more information. To identify the waiver agency in your community, see the Waiver Agency Region Map. After finding your region on the map, refer to the List of Waiver Agents by Region. [https://www.michigan.gov/mdhhs/0,5885,7-339-71547_2943_4857_5045-16263--00.html#map](https://www.michigan.gov/mdhhs/0,5885,7-339-71547_2943_4857_5045-16263--00.html#map)

### Contact Information

Michigan DHHS: Phone: 517-373-3740, Medical Services Admin 517-582-4145

Contact your local Area Agency on Aging or the Waiver Agents by Region above.

### Link to Waiver Application


### Expiration Date

09/30/2023

### Date of Last Update

07/17/2019
Waiver for Children with Serious Emotional Disturbances (SED) (0438.R02.00)
State Operating Agency: MDHHS - Behavioral Health and Developmental Disabilities Administration (BHDDA)

### Description
The Children’s Waiver Program (CWP) is transitioning from fee-for-service to managed care. 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 has been limited to thirty-seven counties and twenty-four/five CMHSPs, but if the current renewal application is approved, it will be expanded to serve all counties.

### Waiver Type
1915(c) waiver operates concurrently with Michigan 1115 Pathways to Integration 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: https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_80988-427532--.00.html

### Level of Care
Individuals require level of care available in a hospital – inpatient psychiatric facility.

### 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. 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, or an agency contracted with the PIHP. Respite may be family directed or provider managed.

### Respite Provider Eligibility
Michigan uses CHAMPS online provider enrollment to enroll Medicaid and Medicaid Waiver Providers. Call (517) 335-5492 for more information.
https://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860_78448_78460--.00.html

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

### Enrollment Limit
969: Year ending 9/30/2024

### How to Apply
Application for the SEDW is made through your county Community Mental Health Services Programs (CMHSPs) which you can find here: https://www.macmhb.org/membership/cmhs-thst-ling . Click the “Download” button next to “CMH Directory.”

### 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
https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_80988-427532--.00.html

### Link to Waiver Application

### Expiration Date
09/30/2024

### Date of Last Update
09/10/2019
### Description

The Children’s Waiver Program (CWP) is transitioning from fee-for-service to managed care. The purpose of the CWP is to provide community-based services to enable children with developmental disabilities, significant needs and meet the CWP eligibility requirements, to live with their parents or legal guardians and to participate in their communities. The objective is to provide regular Medicaid State Plan and waiver services that address the child’s/youth’s identified needs. Waiver services include: Respite; Enhanced Transportation; Community Living Supports; Environmental Accessibility Adaptations and Specialized Medical Equipment and Supplies; Family Support and Training; Home Care Training (Family); Home Care Training (Non-Family); Financial Management Services; Specialty Services (i.e., music, recreation, art and massage therapy) and Overnight Health and Safety Support.

### Waiver Type

1915(c) – Operates concurrently with the Michigan 1115 Pathway to Integration Waiver.

### Target Population-Eligibility

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.

### Level of Care

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

### Respite Services

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. "Short-term" means respite provided during a limited period (e.g., few hours, few days, weekends, or vacations). Respite can be provided in child’s home, licensed family foster home, licensed family group home, licensed children’s camp, 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. Respite services are self-directed or provider managed.

### Respite Provider Eligibility

Michigan uses CHAMPS online provider enrollment to enroll Medicaid and Medicaid Waiver Providers. Call (517) 335-5492 for more information or visit: [https://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860_78446_78460---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860_78446_78460---,00.html)

### Caregiver Eligibility

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

### Enrollment Limit

Year 1-469 slots, Year-2-519 slots, Year-3, 4 and 5-569: Year ending 09/30/2024

### How to Apply

Call the Community Mental Health agency in your county. Current phone numbers can be found at: [https://www.macmhb.org/membership/cmhsp-listings](https://www.macmhb.org/membership/cmhsp-listings). When you call, be prepared to describe your child’s needs, functional limitations, the in-home help and services you are requesting, and your family’s income and resources (including private insurance and Medicaid eligibility).

### 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

[https://www.michigan.gov/documents/mdhhs/CWP_Renewal_Application_662989_7.pdf](https://www.michigan.gov/documents/mdhhs/CWP_Renewal_Application_662989_7.pdf)

### Expiration Date

09/30/2024—renewal application submitted and pending

[https://www.michigan.gov/documents/mdhhs/CWP_Renewal_Application_662989_7.pdf](https://www.michigan.gov/documents/mdhhs/CWP_Renewal_Application_662989_7.pdf)

### Date of Last Update

09/10/2019
### Habilitation Supports Waiver (0167.R05.00)

**State Operating Agency: MDHHS, Behavioral Health and Development Disabilities Administration (BHDDA)**

<table>
<thead>
<tr>
<th>Description</th>
<th>The goal of the HSW is to enable people with intellectual/developmental disabilities, significant needs and who meet the HSW eligibility requirements to live and participate in their communities. The objective is to provide regular Medicaid State Plan and Additional Services through the §1115 Pathway to Integration and waiver services through the HSW that address the participant's identified needs. Waiver services include: community living supports (CLS), enhanced medical equipment &amp; supplies, enhanced pharmacy, environmental modifications, family training, fiscal intermediary, goods &amp; services, non-family training, out-of-home non-vocational habilitation, overnight health and safety support, personal emergency response system, prevocational services, private duty nursing, respite care, and supported employment.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiver Type</td>
<td>1915(c) operates concurrently with the 1115 Pathway to Integration waiver and the 1115 Healthy Michigan Plan</td>
</tr>
<tr>
<td>Target Population-Eligibility</td>
<td>Individuals diagnosed with a developmental disability with no age restrictions.</td>
</tr>
<tr>
<td>Level of Care</td>
<td>Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual or Developmental Disabilities (ICF/IID).</td>
</tr>
<tr>
<td>Respite Services</td>
<td>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. &quot;Short-term&quot; 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 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.</td>
</tr>
<tr>
<td>Respite Provider Eligibility</td>
<td>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 &amp; Human Services website: <a href="https://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860_78446_78448_78460---,00.html">https://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860_78446_78448_78460---,00.html</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. Respite care may not be provided by a parent of a minor participant, the spouse of the participant, or the primary unpaid caregiver.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>8268: Year ending 09/30/2024</td>
</tr>
</tbody>
</table>
| **How to Apply** | 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  
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.  
[https://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860_78446_78448_78460---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860_78446_78448_78460---,00.html) |
| **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_4899-178824--.00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4899-178824--.00.html) |
| **Link to Waiver Application** | [https://www.michigan.gov/documents/mdhhs/HSW_Renewal_Application_662990_7.pdf](https://www.michigan.gov/documents/mdhhs/HSW_Renewal_Application_662990_7.pdf) |
| **Expiration Date** | 09/30/2024-renewal application submitted and pending.  
| **Date of Last Update** | 09/10/2019 |
MI Health Link HCBS Waiver (1126.R00.03)
State Operating Agency: MDHHS, Bureau of Medicaid Long-term Care Services and Supports

<table>
<thead>
<tr>
<th>Description</th>
<th>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 and reside in any one of the four specified regions. The goal is to provide home and community based supports and services to participants using a person-centered planning process that allows them to maintain or improve their health, welfare, and quality of life. 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. This waiver provides adult day program, respite, adaptive medical equipment and supplies, fiscal intermediary, assistive technology, chore, environmental modifications, expanded community living supports, home delivered meals, non-medical transportation, Personal Emergency Response System, preventive nursing services, and private duty nursing.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiver Type</td>
<td>1915(c) operates concurrently with the 1915(b) mandatory managed care authority called MI Health Link HCBS.</td>
</tr>
<tr>
<td>Target Population-Eligibility</td>
<td>Individuals who are dually eligible for Medicare and Medicaid that includes those who are 65 years and older or between ages 21 - 64 diagnosed with physical disabilities. Individuals must live in one of the following 4 regions: Region 1 (Upper Peninsula) – Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft Counties; Region 4 (Southwest) – Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, Van Buren Counties; Region 7 (Wayne) – Wayne County; Region 9 (Macomb) – Macomb County.</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, intermittent basis to relieve the family or other primary caregiver from daily stress and care demands during times when providing unpaid care. It 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 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, Medicaid certified nursing facilities, or other State-approved facilities. 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 except in situations that involve the regular unpaid caregiver’s absence/vacation, or if the respite is provided in a facility on a temporary basis. Respite services shall not be provided by the enrollee’s usual caregiver who provides other waiver services to the enrollee. Respite may be participant-directed or provider managed.</td>
</tr>
<tr>
<td>Respite Provider Eligibility</td>
<td>Information for providers: <a href="https://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_64077-335615--,00.html">https://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_64077-335615--,00.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>4700: Year ending 12/31/2019</td>
</tr>
<tr>
<td>How to Apply</td>
<td>Call Michigan ENROLLS toll-free at 1-800-975-7630 to enroll (TTY: 1-888-263-5897)</td>
</tr>
<tr>
<td>Contact Information</td>
<td>Call Michigan ENROLLS, email <a href="mailto:IntegratedCare@michigan.gov">IntegratedCare@michigan.gov</a>, or visit: <a href="http://www.Michigan.gov/MIHealthLink">www.Michigan.gov/MIHealthLink</a></td>
</tr>
<tr>
<td>Expiration Date</td>
<td>12/31/2019, with plans to renew</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>07/17/2019</td>
</tr>
</tbody>
</table>
Minnesota Department of Health  
P.O. Box 64975, St. Paul, MN 55164  
http://www.health.state.mn.us/  

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:

Minnesota uses both 1115 demonstrations and 1915(c) waiver programs to provide respite. The 1115 demonstration, called Minnesota Reform 2020, provides home and community based services (including respite) alongside the existing 1915(c) waivers.

MN Reform 2020

This waiver demonstration provides services through two main programs: the Alternative Care program and the Community First Services and Supports program. The Alternative Care program provides an array of home and community-based services based on assessed need and amounts determined in a plan for each beneficiary. The services covered by Alternative Care are the same as the services covered under the federally approved Elderly Waiver with a few exceptions. The Alternative Care program services are provided fee-for-service and are administered by counties and tribal health agencies, and services are provided by qualified providers who are enrolled as Medicaid providers.

MN Elderly Waiver

Provides adult day services, case management, homemaker, respite, extended home care nursing, extended state plan home health care services, extended state plan personal care assistant (PCA), adult companion services, adult day service bath, adult foster care, chore services, CDCS: environmental modifications and provisions, CDCS: personal assistance, CDCS: self-direction support activities, CDCS: treatment and training, customized living services, environmental accessibility adaptations, family caregiver services, home delivered meals, individual community living supports, managed care premiums, specialized equipment and supplies, transitional services, and transportation for individuals ages 65 and older.

MN Brain Injury (BI) Waiver

Provides adult day service, caregiver living expenses, case management, homemaker, prevocational services, respite, supported employment, extended home care nursing services, extended home health care services, extended personal care assistance services, 24-hour emergency assistance, adult companion services, adult day service bath, adult foster care, child foster care, chore services, consumer directed community supports (CDCS): self-direction support activities, CDCS: environmental modifications and provisions, CDCS: personal assistance, CDCS: treatment and training, crisis respite, customized living, employment development services, employment exploration services, employment support services, environmental accessibility adaptations, family training and counseling, home-delivered meals, housing access coordination, in-home family supports, independent living skills (ILS) therapies, ILS training services, individualized home supports, night supervision services, personal support services, positive support services, residential care services, specialist services, specialized equipment and supplies, structured day program, transitional services, and transportation for individuals 0-64 diagnosed with brain injury.
MN Community Alternative Care (CAC) Waiver

Provides adult day service, caregiver living expenses, case management, homemaker, respite, supported employment, extended home care nursing, extended home health care, extended personal care assistance, 24-hour emergency assistance, adult companion services, adult foster care, child foster care, chore services, CDCS: environmental modifications & provisions, CDCS: personal assistance, CDCS: self-direction support activities, CDCS: treatment and training, crisis respite services, employment development services, employment exploration services, employment support services, environmental accessibility adaptations, family training and counseling, home delivered meals, housing access coordination, in-home family supports, independent living skills (ILS) training, individualized home supports, night supervision services, personal support services, positive support services, specialist services, specialized equipment and supplies, transitional services, and transportation for individuals 0 – 64 years old with other disabilities.

MN Community Access for Disability Inclusion (CADI) Waiver

Provides adult day service, caregiver living expenses, case management, homemaker, prevocational services, respite, supported employment, extended home health care services, extended personal care assistance services, extended state plan home care nursing, 24-hour emergency assistance, adult day service bath, adult foster care, child foster care, chore services, consumer-directed community supports (CDCS): personal assistance, CDCS: self-direction support activities, CDCS: environmental modifications and provisions, CDCS: treatment and training, crisis respite, customized living, employment development services, employment exploration services, employment support services, environmental accessibility adaptations, family training and counseling, home delivered meals, housing access coordination, in-home family supports, independent living skills training services, individualized home supports, night supervision services, personal support services, positive support services, residential care, specialist services, specialized equipment and supplies, transitional services, and transportation for individuals ages 0 – 64 years old diagnosed with physical and other disabilities.

MN Developmental Disabilities (DD) Waiver

Provides adult day service, caregiver living expenses, case management, day training and habilitation, homemaker, prevocational services, respite, supported employment, extended personal care assistance services, 24-hour emergency assistance, adult day service bath, assistive technology, chore, consumer directed community supports (CDCS): environmental modifications and provisions, CDCS: personal assistance, CDCS: self-direction support activities, CDCS: treatment and training, crisis respite, employment development services, employment exploration services, employment support services, environmental accessibility adaptations, family training and counseling, home delivered meals, housing access coordination, night supervision services, personal support services, positive support services, residential habilitation, specialist services, specialized equipment and supplies, transitional services, and transportation for individuals of any age diagnosed with intellectual and developmental disabilities.
MN Reform 2020  
**State Operating Agency: Department of Human Services**

**Description**
This waiver demonstration provides services through two main programs: the Alternative Care program and the Community First Services and Supports program. The Alternative Care program provides an array of home and community-based services based on assessed need and amounts determined in a plan for each beneficiary. The services covered by Alternative Care are the same as the services covered under the federally approved Elderly Waiver with a few exceptions. The AC program services are provided fee for service and are administered by counties and tribal health agencies, and services are provided by qualified providers who are enrolled as Medicaid providers.

**Waiver Type**
1115

**Target Population-Eligibility**
Individuals 65 and older who have income and/or assets exceeding the state plan standards for aged, blind, and disabled categorical eligibility for any groups covered in the state plan.

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

**Respite Services**
Respite care is provided under the Alternative Care program as part of its package of home and community-provider based services. The service definitions and standards for respite care under the Alternative Care program are the same as the service definitions and standards for respite specified in the federally approved Elderly Waiver plan.

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, and it may be provided both in-home and out of home.

Respite may be provided in the participant’s home or place of residence, a home licensed to provide foster care, a community residential setting, a Medicare certified hospital or nursing facility, a building registered as housing with services delivered by a licensed home care provider, unlicensed settings where agencies or individual providers must be licensed under Minnesota Statutes, or a private home that is identified by the participant. It 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.

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. Participants who live in settings that are responsible to provide customized living, 24-hour care, supervision, residential care or shift staff foster care or supports are not eligible for this service with the exception of community emergencies or disasters requiring relocation of waiver participants. Respite is provider managed.

**Respite Provider Eligibility**
Information for providers: [https://mn.gov/dhs/partners-and-providers/](https://mn.gov/dhs/partners-and-providers/)

**Caregiver Eligibility**
Caregiver eligibility is not available.

**Enrollment Limit**
Enrollment limit is not available.
### How to Apply
To apply, you can contact the Long-Term Care Consultation contact in your county at https://mn.gov/dhs/people-we-serve/seniors/services/home-community/contact-us/ltcc-contacts.jsp
Or call the Senior LinkAge Line at 800-333-2433

### Contact Information
More information is available by calling the Senior LinkAge Line at 800-333-2433.

### Link to Waiver Application

### Expiration Date
09/30/2019, currently operating under extension while CMS is reviewing the renewal application.

### Date of Last Update
09/10/2019
MN Elderly Waiver (0025.R08.02)
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 support and maintain older adults in their own homes and communities and delay nursing facility admission. This is accomplished through comprehensive support planning that encourages the use of person-centered planning methods. Participants’ needs are assessed, and an individualized support plan is developed. The waiver also includes an option for self-direction through the consumer-directed community supports (CDCS) services. Waiver services are provided through two managed care options: MSHO and MSC+. Medical Assistance recipients age 65 and over are required to receive their Medical Assistance benefits through MCOs, with two exceptions: recipients who are required to pay a medical spenddown; and, certain people served by American Indian tribes.

The waiver provides adult day services, case management, homemaker, respite, extended home care nursing, extended state plan home health care services, extended state plan personal care assistant (PCA), adult companion services, adult day service bath, adult foster care, chore services, CDCS: environmental modifications and provisions, CDCS: personal assistance, CDCS: self-direction support activities, CDCS: treatment and training, customized living services, environmental accessibility adaptations, family caregiver services, home delivered meals, individual community living supports, managed care premiums, specialized equipment and supplies, transitional services, and transportation.

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 community residential setting, a Medicare certified hospital or nursing facility, a building registered as housing with services delivered by a licensed home care provider, unlicensed settings where agencies or individual providers must be licensed under Minnesota Statutes, 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.

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. Participants who live in settings that are responsible to provide customized living, 24-hour care, supervision, residential care or shift staff foster care or supports are not eligible for this service with the exception of community emergencies or disasters requiring relocation of waiver participants. Respite is provider managed.
<table>
<thead>
<tr>
<th><strong>Respite Provider Eligibility</strong></th>
<th>Information for providers: <a href="https://mn.gov/dhs/partners-and-providers/">https://mn.gov/dhs/partners-and-providers/</a></th>
</tr>
</thead>
<tbody>
<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>43470: Year ending 06/30/2023</td>
</tr>
<tr>
<td><strong>How to Apply</strong></td>
<td>Contact the Long-term Care Consultation contact in your county (list of county and tribal health offices at <a href="https://mn.gov/dhs/people-we-serve/seniors/services/home-community/contact-us/ltcc-contacts.jsp">https://mn.gov/dhs/people-we-serve/seniors/services/home-community/contact-us/ltcc-contacts.jsp</a>) Or call Senior LinkAge Line at 800-333-2433.</td>
</tr>
<tr>
<td><strong>Contact Information</strong></td>
<td>More information is available by calling the Senior LinkAge Line at 800-333-2433.</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>06/30/2023</td>
</tr>
<tr>
<td><strong>Date of Last Update</strong></td>
<td>07/19/2019</td>
</tr>
</tbody>
</table>
MN Brain Injury Waiver (4169.R05.05)
State Operating Agency: Department of Human Services, Disability Services Division

Description
This waiver program provides supports and services that enable people to exercise their right of self-determination, to live in the most integrated settings and to be able to freely participate in their communities will be appropriate to their needs and of their choosing. This is accomplished through comprehensive community support planning using a person-centered approach. The waiver also includes an option for self-direction through the consumer directed community supports (CDCS) services.

Waiver services include adult day service, caregiver living expenses, case management, homemaker, prevocational services, respite, supported employment, extended home care nursing services, extended home health care services, extended personal care assistance services, 24-hour emergency assistance, adult companion services, adult day service bath, adult foster care, child foster care, chore services, consumer directed community supports (CDCS): self-direction support activities, CDCS: environmental modifications and provisions, CDCS: personal assistance, CDCS: treatment and training, crisis respite, customized living, employment development services, employment exploration services, employment support services, environmental accessibility adaptations, family training and counseling, home-delivered meals, housing access coordination, in-home family supports, independent living skills (ILS) therapies, ILS training services, individualized home supports, night supervision services, personal support services, positive support services, residential care services, specialist services, specialized equipment and supplies, structured day program, transitional services, and transportation.

Waiver Type
1915(c) waiver operates concurrently with 1915(b) waiver for case management services

Target Population-Eligibility
Individuals ages 0 – 64 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 Neurobehavioral hospital or Specialized Nursing Facility (SNF).

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 or community residential setting; Medicaid certified hospital; Medicaid certified nursing facility; or other unlicensed settings where agency and individual providers must be licensed under Minnesota Statutes.

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 care is not available to participants living in settings where Customized Living, Residential Care, or shift staff foster care are provided, with the exception of community emergencies or disasters.

Respite services are provider managed.
<table>
<thead>
<tr>
<th>Respite Provider Eligibility</th>
<th>Information for providers: <a href="https://mn.gov/dhs/partners-and-providers/">https://mn.gov/dhs/partners-and-providers/</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregiver Eligibility</td>
<td>Respite may not be provided by a relative, legal guardian or legally responsible person.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>1600: Year ending 03/31/2021</td>
</tr>
<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>Contact your local county agency or tribe or call the DSD Response Center at Phone: 651-431-4300 or Toll free: 866-267-7655. 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></td>
</tr>
<tr>
<td>Link to Waiver Application</td>
<td><a href="#">Link to application not available.</a></td>
</tr>
<tr>
<td>Expiration Date</td>
<td>03/31/2021</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>07/19/2019</td>
</tr>
</tbody>
</table>
MN Community Alternative Care (CAC) Waiver (4128.R07.01)  
State Operating Agency: Department of Human Services, Disability Services Division

**Description**
This waiver provides community-based services and supports that enable people to exercise their right of self-determination, to live in the most integrated settings and to be able to freely participate in their communities that are appropriate to their needs and of their choosing. This is accomplished through comprehensive community support planning using a person-centered approach. The waiver also includes an option for self-direction through the consumer directed community supports (CDCS) service.

Waiver services include: adult day service, caregiver living expenses, case management, homemaker, respite, supported employment, extended home care nursing, extended home health care, extended personal care assistance, 24-hour emergency assistance, adult companion services, adult foster care, child foster care, chore services, CDCS: environmental modifications & provisions, CDCS: personal assistance, CDCS: self-direction support activities, CDCS: treatment and training, crisis respite services, employment development services, employment exploration services, employment support services, environmental accessibility adaptations, family training and counseling, home delivered meals, housing access coordination, in-home family supports, independent living skills (ILS) training, individualized home supports, night supervision services, personal support services, positive support services, specialist services, specialized equipment and supplies, transitional services, and transportation.

**Waiver Type**
1915(c) waiver operates concurrently with 1915(b) waiver for case management services

**Target Population-Eligibility**
Individuals ages 0 – 64 who are diagnosed with other disabilities. Participants may stay on the waiver after turning 65.

**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 or community residential setting, Residential hospice facilities, Medicaid certified hospital, Medicaid certified nursing facility, or other unlicensed settings where agency and individual providers must be licensed under Minnesota Statutes.

In the event of an 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 not available to participants living in settings where shift staff foster care is provided, with the exception of community emergencies or disasters. Respite care is limited to 30 consecutive days per respite occurrence when provided 24 hours a day. Respite is provider managed.

**Respite Provider Eligibility**
Information for providers: [https://mn.gov/dhs/partners-and-providers/](https://mn.gov/dhs/partners-and-providers/)

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

**Enrollment Limit**
991: Year ending 03/31/2023
<table>
<thead>
<tr>
<th><strong>How to Apply</strong></th>
<th>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).</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contact Information</strong></td>
<td>Contact your local county agency or tribe or call the DSD Response Center at Phone: 651-431-4300 or Toll free: 866-267-7655. For more information view the CAC Waiver fact sheet: <a href="https://edocs.dhs.state.mn.us/lfserver/Public/DHS-5711-ENG">https://edocs.dhs.state.mn.us/lfserver/Public/DHS-5711-ENG</a></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>03/31/2023</td>
</tr>
<tr>
<td><strong>Date of Last Update</strong></td>
<td>07/19/2019</td>
</tr>
</tbody>
</table>
MN Community Access for Disability Inclusion (CADI) Waiver (0166.R06.03)
State Operating Agency: Department of Human Services, Disability Services Division

Description
This waiver provides community-based services and supports that enable people to exercise their right of self-determination, to live in the most integrated settings and to be able to freely participate in their communities that are appropriate to their needs and of their choosing. This is accomplished through comprehensive community support planning using a person-centered approach. The waiver also includes an option for self-direction through the consumer directed community supports (CDCS) service.
Waiver services include: adult day service, caregiver living expenses, case management, homemaker, prevocational services, respite, supported employment, extended home health care services, extended personal care assistance services, extended state plan home care nursing, 24-hour emergency assistance, adult companion services, adult day service bath, adult foster care, child foster care, chore services, consumer-directed community supports (CDCS): personal assistance, CDCS: self-direction support activities, CDCS: environmental modifications and provisions, CDCS: treatment and training, crisis respite, customized living, employment development services, employment exploration services, employment support services, environmental accessibility adaptations, family training and counseling, home delivered meals, housing access coordination, in-home family supports, independent living skills training services, individualized home supports, night supervision services, personal support services, positive support services, residential care, specialist services, specialized equipment and supplies, transitional services, and transportation.

Waiver Type
1915(c) waiver operates concurrently with 1915(b) waiver for case management services

Target Population-Eligibility
Individuals ages 0 – 64 years old diagnosed with physical and other disabilities. Participants may stay on the waiver after turning 65.

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

Respite Services
Respite care is 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 or community residential setting; residential hospice facilities; Medicaid certified hospital; Medicaid certified nursing facility; and other unlicensed settings where agency and individual providers must be licensed under Minnesota Statutes.

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 not available to participants living in settings where Customized Living, Residential Care or shift staff Foster Care are provided, with the exception of community emergencies or disasters. Respite care is limited to 30 consecutive days per respite stay. Respite services are provider managed.

Respite Provider Eligibility
Information for providers: https://mn.gov/dhs/partners-and-providers/

Caregiver Eligibility
Respite may not be provided by a relative, legal guardian or legally responsible person.
<table>
<thead>
<tr>
<th>Enrollment Limit</th>
<th>35570: Year ending 09/30/2020</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>Contact your local county agency or tribe or call the DSD Response Center at Phone: 651-431-4300 or Toll free: 866-267-7655. For more information view the CADI waiver factsheet: <a href="https://edocs.dhs.state.mn.us/lfserver/Public/DHS-5712-ENG">https://edocs.dhs.state.mn.us/lfserver/Public/DHS-5712-ENG</a></td>
</tr>
<tr>
<td>Link to Waiver Application</td>
<td>Link to application not available.</td>
</tr>
<tr>
<td>Expiration Date</td>
<td>09/30/2020</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>07/22/2019</td>
</tr>
</tbody>
</table>
MN Developmental Disabilities (DD) Waiver (0061.R07.05)
State Operating Agency: Department of Human Services, Disability Services Division

Description
This waiver provides community-based services and supports that enable people to exercise their right of self-determination, to live in the most integrated settings and to be able to freely participate in their communities that are appropriate to their needs and of their choosing. This is accomplished through comprehensive community support planning using a person-centered approach. The waiver has been instrumental in transitioning people from ICFs/DD to community-based settings. The waiver also includes an option for self-direction through the consumer directed community supports (CDCS) service.

Waiver services include: adult day service, caregiver living expenses, case management, day training and habilitation, homemaker, prevocational services, respite, supported employment, extended personal care assistance services, 24-hour emergency assistance, adult day service bath, assistive technology, chore, consumer directed community supports (CDCS): environmental modifications and provisions, CDCS: personal assistance, CDCS: self-direction support activities, CDCS: treatment and training, crisis respite, employment development services, employment exploration services, employment support services, environmental accessibility adaptations, family training and counseling, home delivered meals, housing access coordination, night supervision services, personal support services, positive support services, residential habilitation, specialist services, specialized equipment and supplies, transitional services, and transportation.

Waiver Type
1915(c) waiver operates concurrently with 1915(b) waiver for case management services

Target Population-Eligibility
Individuals of any age diagnosed with intellectual or developmental disabilities.

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 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 or community residential setting; residential hospice facilities; Medicaid certified hospitals; or other unlicensed setting where agency and individual providers must be licensed under Minnesota statutes.

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 not available to participants living in settings that are not the primary residence of the license holder, with the exception of community emergencies or disasters. Respite care is limited to 30 consecutive days per respite stay when provided 24 hours a day in a location that is not the participant’s own home. In this instance, “home” means a setting that the participant, or their family, owns or leases. Respite services are provider managed.
<table>
<thead>
<tr>
<th><strong>Respite Provider Eligibility</strong></th>
<th>Information for providers: <a href="https://mn.gov/dhs/partners-and-providers/">https://mn.gov/dhs/partners-and-providers/</a></th>
</tr>
</thead>
<tbody>
<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>25154: Year ending 06/30/2022</td>
</tr>
<tr>
<td><strong>How to Apply</strong></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>
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<td><strong>Contact Information</strong></td>
<td>Contact your local county agency or tribe or call the DSD Response Center at Phone: 651-431-4300 or Toll free: 866-267-7655. For more information view the DD waiver factsheet: <a href="https://edocs.dhs.state.mn.us/lfserver/Public/DHS-5713-ENG">https://edocs.dhs.state.mn.us/lfserver/Public/DHS-5713-ENG</a></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>06/30/2022</td>
</tr>
<tr>
<td><strong>Date of Last Update</strong></td>
<td>07/22/2010</td>
</tr>
</tbody>
</table>
Mississippi State Department of Health
570 East Woodrow Wilson Drive, Jackson, MS 39216
http://www.msdh.state.ms.us/

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, community transition, home delivered meals, institutional respite care, physical therapy, and speech therapy for individuals 65 years and older or ages 21 – 64 diagnosed with physical disabilities.

**MS Intellectual Disabilities/Developmental Disabilities (ID/DD)**

Provides day services-adults, in-home respite, prevocational services, 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, in-home nursing respite, job discovery, shared supported living, and transition assistance for individuals of any age diagnosed with autism, developmental disability, and intellectual disability.

**MS Traumatic Brain Injury/Spinal Cord Injury (TBI/SCI)**

 Provides case management, personal care attendant, respite, environmental accessibility adaptations, specialized medical equipment and supplies, and transition assistance services for individuals of any age diagnosed with a brain injury or spinal cord injury.
### MS Elderly and Disabled Waiver (0272.R05.00)

**State Operating Agency:** Long-term Care, Division of Elderly and Disabled Waiver Program

#### Description

The goal of the waiver is to provide high quality of care to assure the participants can attain and maintain life in a home and community based setting and avoid institutionalization. Case management agencies perform the comprehensive assessment to determine the participant needs, preferences and goals for services and arrange for those services through a person-centered approach.

This waiver provides adult day care, case management, in-home respite, personal care, extended home health, community transition, home delivered meals, institutional respite care, physical therapy, and speech therapy.

#### Waiver Type

1915(c)

#### Target Population - Eligibility

Individuals 65 years and older or ages 21 – 64 diagnosed with physical disabilities.

#### Level of Care

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

#### Respite Services

This waiver offers two forms of respite services: in-home respite and institutional respite.

**In-home respite** is provided to individuals unable to care for themselves, on a short-term basis because of the absence or need for relief of those person’s normally providing the care. Respite is nonmedical care and supervision provided to the participant in the absence of the participant’s primary full-time, live-in caregiver(s) on a short-term basis. Services assist the caregiver(s) during a crisis situation and/or as scheduled relief to the primary caregiver(s) to prevent, delay or avoid premature institutionalization. In-home respite is 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. Respite will be approved for no more than sixty (60) hours per month to any participant.

**Institutional Respite** is 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. Services can be used for up to thirty calendar days per fiscal year. The days do not have to be taken concurrently.

Both forms of respite are provider-managed.

#### 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

22200: Year ending 06/30/2022

#### How to Apply

Contact the Division of Medicaid Long-term Care at 1-800-421-2408 or 601-359-6141

#### Contact Information

Division of Medicaid: 550 High Street, Suite 1000, Jackson, MS 39201
Or Phone: 1-800-421-2408, 1-601-359-6141


#### Link to Waiver Application


#### Expiration Date

06/30/2022

#### Date of Last Update

07/22/2019
### Description
This waiver aims: to provide access to meaningful and necessary home and community-based services and supports; to provide services in a culturally competent, person-centered manner; and to provide services and supports that facilitate an individual living as independently as possible in his/her community. Services are available statewide without regard to age.

This waiver provides day services—adults, in-home respite, prevocational services, 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, in-home nursing respite, job discovery, shared supported living, and transition assistance.

<table>
<thead>
<tr>
<th>Waiver Type</th>
<th>1915(c)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target Population-Eligibility</td>
<td>Individuals of any age diagnosed with autism, developmental disability, or 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>This waiver provides three forms of respite: in-home respite, in-home nursing respite, and community respite.</td>
</tr>
</tbody>
</table>

**In-Home Respite** provides temporary, periodic relief to those persons normally providing care for the eligible individual. In-Home Respite staff provides all the necessary care the usual caregiver would provide during the same time period. In-Home Respite is only available to individuals living in a family home and is not permitted for individuals living independently, either with or without a roommate. In-Home Respite is not available for people who receive Supported Living, Supervised Living, Shared Supported Living, Host Home services, or who live in any other type of staffed residence, or for people who are in the hospital, an ICF/IID, nursing home, or other type of rehabilitation facility that is billing Medicaid, Medicare, and/or private insurance, including inpatient psychiatric facilities. In-Home Respite cannot be provided in the provider’s residence. Activities are to be based upon the outcomes identified in the PSS and implemented through the Activity Support Plan, including: assistance with personal care needs such as bathing, dressing, toileting, grooming; assistance with eating and meal; assistance with transferring and/or mobility; and leisure activities.

**In-Home Nursing Respite** has all of the above qualities of In-Home Respite. In-Home Nursing Respite is provided by a registered or licensed practical nurse and is provided for persons who require skilled nursing services as prescribed by a physician in the absence of the primary caregiver. The need for administration of medications alone is not a justification for receiving In-Home Nursing Respite.

**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 service settings must be physically accessible to the person and must be integrated in, and support full access of persons receiving Medicaid HCBS to, the greater community and be selected by the person. Each individual must have an Activity Support Plan that is developed with the person and is based on his/her Plan of Services and Supports. Community Support cannot be provided overnight. 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, Shared Supported Living or Supported Living or who live in any type of staffed residence cannot receive Community Respite.
Community Respite settings do not include the following: A nursing facility; An institution for people with mental illness; An intermediate care facility for individuals with intellectual disabilities (ICF/IID); A hospital; Any other locations that have qualities of an institutional setting, as determined by the State; or any setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or in a building on the grounds of, or immediately adjacent to, a publicly or privately operated facility that provides inpatient institutional treatment, or any other setting that has the effect of isolating persons receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS.

<table>
<thead>
<tr>
<th>Respite Provider Eligibility</th>
<th>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></th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregiver Eligibility</td>
<td>In-home respite may be provided by a relative but not a legally responsible person, or legal guardian. Community respite and in-home nursing respite may not be provided by a relative, legally responsible person, or legal guardian.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>4150: Year ending 06/30/2023</td>
</tr>
<tr>
<td>How to Apply</td>
<td>To apply for the ID/DD Waiver, you must first apply at a Department of Mental Health Regional Center. You can find a listing of these centers at <a href="https://medicaid.ms.gov/wp-content/uploads/2016/02/Fact-Sheet_Intellectual-Disabilities-and-Developmental-Disabilities-Waiver.pdf">https://medicaid.ms.gov/wp-content/uploads/2016/02/Fact-Sheet_Intellectual-Disabilities-and-Developmental-Disabilities-Waiver.pdf</a></td>
</tr>
<tr>
<td>Expiration Date</td>
<td>06/30/2023</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>07/22/2019</td>
</tr>
</tbody>
</table>
**MS Traumatic Brain Injury Spinal Cord Injury (TBI/SCI) Waiver (0366.R03.00)**

**State Operating Agency:** Mississippi Department Rehabilitation Services (MDRS), Division of Medicaid

<table>
<thead>
<tr>
<th><strong>Description</strong></th>
<th>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 are: case management, personal care attendant, respite, environmental accessibility adaptations, specialized medical equipment and supplies, and transition assistance services.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Waiver Type</strong></td>
<td>1915(c) waiver operates concurrently with 1915(b) waiver for case management services</td>
</tr>
<tr>
<td><strong>Target Population-Eligibility</strong></td>
<td>Individuals of any age diagnosed with a traumatic brain injury or spinal cord injury. In addition, individuals must be certified as medically stable by their physician.</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 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 can fall under three categories based on the activities, settings, and provider type: in-home companion respite, in-home nursing respite, or institutional respite. 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 services may be participant directed or provider managed.</td>
</tr>
<tr>
<td><strong>Respite Provider Eligibility</strong></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><strong>Caregiver Eligibility</strong></td>
<td>Respite may not be provided by a relative, legal guardian or legally responsible person.</td>
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<tr>
<td><strong>Enrollment Limit</strong></td>
<td>3600: Year ending 06/30/2020</td>
</tr>
<tr>
<td><strong>How to Apply</strong></td>
<td>Contact the Division of Medicaid Long-term Care at 1-800-421-2408 or 601-359-6141</td>
</tr>
<tr>
<td><strong>Contact Information</strong></td>
<td>Division of Medicaid: 550 High Street, Suite 1000, Jackson, MS 39201 Or Phone: 1-800-421-2408, 1-601-359-6141 More information is available on the program fact sheet at <a href="https://medicaid.ms.gov/wp-content/uploads/2016/02/Fact_Sheet_Traumatic-Brain-Injury_Spinal-Cord-Injury-Waiver.pdf">https://medicaid.ms.gov/wp-content/uploads/2016/02/Fact_Sheet_Traumatic-Brain-Injury_Spinal-Cord-Injury-Waiver.pdf</a> You may also contact the Department of Rehabilitation Services at 1-800-443-1000.</td>
</tr>
<tr>
<td><strong>Expiration Date</strong></td>
<td>06/30/2020</td>
</tr>
<tr>
<td><strong>Date of Last Update</strong></td>
<td>07/22/2019</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:

**MO Children w/DD (MOCDD)**

Provides day habilitation, in home respite, personal assistant, support broker, applied behavior analysis, assistive technology, community integration, community specialist, crisis intervention, environmental accessibility adaptations-home/vehicle modification, individualized skill development, out of home respite, person centered strategies consultation, specialized medical equipment and supplies (adaptive equipment), and transportation for children younger than 18 diagnosed with intellectual and developmental disabilities.

**MO DD Comprehensive**

Provides day habilitation, group home, in home respite, individualized supported living, personal assistant, prevocational services, supported employment, support broker, applied behavior analysis, assistive technology, career planning, community integration, community specialist, community transition, counseling, crisis intervention, environmental accessibility adaptations-home/vehicle modification, individualized skill development, job development, occupational therapy, out of home respite, person centered strategies consultation, physical therapy, professional assessment and monitoring, shared living, specialized medical equipment and supplies (adaptive equipment), speech therapy, and transportation for individuals of any age diagnosed with intellectual and developmental disabilities.

**MO Division of DD Community Support**

Provides day habilitation, in home respite, personal assistant, prevocational services, supported employment, support broker, applied behavior analysis, assistive technology, career planning, community integration, community specialist, community transition, counseling, crisis intervention, environmental accessibility adaptations-home/vehicle modification, individualized skill development, job development, 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, 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 respite, chore, and home delivered meals 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.
**MO Children w/Developmental Disabilities (MOCDD) Waiver (4185.R05.01)**

**State Operating Agency: Missouri Department of Mental Health, Division of Developmental Disabilities**

<table>
<thead>
<tr>
<th>Description</th>
<th>This waiver establishes and maintains a community based system of care 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. Services delivery methods include both provider managed and self-directed options for personal assistant and community specialist. Waiver services include: day habilitation, in home respite, personal assistant, support broker, applied behavior analysis, assistive technology, community integration, community specialist, crisis intervention, environmental accessibility adaptations-home/vehicle modification, individualized skill development, out of home respite, person centered strategies consultation, specialized medical equipment and supplies (adaptive 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 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.</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>This waiver offers in home respite care and out of home respite care as two distinct 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. 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 or in a licensed/certified/accredited facility when service is provided in interim periods, at the discretion of the individual/guardian/family, which does not include overnight care. If the service includes overnight care, it must be provided in the individual’s place of residence. The only limitation on total hours provided is that they be necessary to avoid institutionalization and remain within the overall cost effectiveness of each individual’s plan. 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 purpose of respite care is to provide planned relief to the usual caregiver and is not intended to be permanent placement. 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. Both In Home Respite and Out of Home Respite are provider managed.</td>
</tr>
<tr>
<td>Respite Provider Eligibility</td>
<td>Information on provider eligibility can be found at <a href="https://dmh.mo.gov/dd/ServiceProviders.htm">https://dmh.mo.gov/dd/ServiceProviders.htm</a></td>
</tr>
<tr>
<td>Caregiver Eligibility</td>
<td>Respite may not be provided by a relative, legal guardian or legally responsible person for both In Home Respite and Out of Home Respite.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>350: Year ending 06/30/2023</td>
</tr>
<tr>
<td>How to Apply</td>
<td>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></td>
</tr>
<tr>
<td>Contact Information</td>
<td>Contact your local regional office or contact the Missouri Department of Mental Health, Division of Developmental Disabilities at (573) 751-4054, toll free 800-207-9329.</td>
</tr>
</tbody>
</table>

Medicaid Waivers for Respite Support – 2019
ARCH National Respite Network and Resource Center | archrespite.org
<table>
<thead>
<tr>
<th><strong>Link to Waiver Application</strong></th>
<th><a href="https://dmh.mo.gov/dd/docs/mocddwaiveramendment.pdf">https://dmh.mo.gov/dd/docs/mocddwaiveramendment.pdf</a></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Expiration Date</strong></td>
<td>06/30/2023</td>
</tr>
<tr>
<td><strong>Date of Last Update</strong></td>
<td>07/22/2019</td>
</tr>
</tbody>
</table>
This waiver establishes and maintains a community based system of care that includes a comprehensive array of services that meets the individualized support needs of individuals in a community setting. Participants in this waiver require the highest levels of care. Service delivery methods include provider-managed for all waiver services and a self-directed option for personal assistant and community specialist.

Waiver services include day habilitation, group home, in home respite, individualized supported living, personal assistant, prevocational services, supported employment, support broker, applied behavior analysis, assistive technology, career planning, community integration, community specialist, community transition, counseling, crisis intervention, environmental accessibility adaptations-home/vehicle modification, individualized skill development, job development, occupational therapy, out of home respite, person centered strategies consultation, physical therapy, professional assessment and monitoring, shared living, specialized medical equipment and supplies (adaptive equipment), speech therapy, and transportation.

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 Individuals with Intellectual Disabilities (ICF/IID).

Respite Services: This waiver offers in home respite care and out of home respite care as two distinct 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 or in a licensed/certified/accredited facility when service is provided in interim periods, at the discretion of the individual/guardian/family, which does not include overnight care. If the service includes overnight care, it must be provided in the individual’s place of residence. The only limitation on total hours provided is that they be necessary to avoid institutionalization and remain within the overall cost effectiveness of each individual's plan.

Out of home respite is care provided outside the home 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 purpose of respite care is to provide planned relief to the customary caregiver and is not intended to be permanent placement. 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. Out of home respite provided in an ICF/ID or State Habilitation Center cannot exceed 30 days.

Both In Home Respite and Out of Home Respite are provider managed.

Respite Provider Eligibility: Information on provider eligibility can be found at https://dmh.mo.gov/dd/ServiceProviders.htm

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.
<table>
<thead>
<tr>
<th>Enrollment Limit</th>
<th>9182: Year ending 06/30/2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>How to Apply</td>
<td>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></td>
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<tr>
<td>Contact Information</td>
<td>Contact the Missouri Department of Mental Health, Division of Developmental Disabilities at (573) 751-4054, toll free 800-207-9329.</td>
</tr>
<tr>
<td>Link to Waiver Application</td>
<td><a href="https://dmh.mo.gov/dd/progs/waiver/docs/comprehensive-waiver-amendment.pdf">https://dmh.mo.gov/dd/progs/waiver/docs/comprehensive-waiver-amendment.pdf</a></td>
</tr>
<tr>
<td>Expiration Date</td>
<td>06/30/2021</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>07/22/2019</td>
</tr>
</tbody>
</table>
**Description**

This waiver establishes and maintains a community based system of care 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. Participants in this waiver have a place to live, but require supports so family members can continue employment and to give primary caregivers relief. Service delivery methods in this waiver include provider-managed for all waiver services and a self-directed option for personal assistant and community specialist.

Waiver services include day habilitation, in home respite, personal assistant, prevocational services, supported employment, support broker, applied behavior analysis, assistive technology, career planning, community integration, community specialist, community transition, counseling, crisis intervention, environmental accessibility adaptations-home/vehicle modification, individualized skill development, job development, 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, and transportation.

**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 Individuals with Intellectual Disabilities (ICF/IID).

**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 or in a licensed/certified/accredited facility when service is provided in interim periods, at the discretion of the individual/guardian/family, which does not include overnight care. If the service includes overnight care, it must be provided in the individual’s place of residence. The only limitation on total hours provided is that they be necessary to avoid institutionalization and remain within the overall cost effectiveness of each individual's plan.

Out of home respite is care provided outside the home 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 purpose of respite care is to provide planned relief to the customary caregiver and is not intended to be permanent placement. The need for this service has to be 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 60 days may be consecutive, unless the service is provided in an ICF/ID or State Habilitation Center. Out of home respite provided in an ICF/ID or State Habilitation Center cannot exceed 30 days.

Both In Home Respite and Out of Home Respite are provider managed.

**Respite Provider Eligibility**

Information on provider eligibility can be found at [https://dmh.mo.gov/dd/ServiceProviders.htm](https://dmh.mo.gov/dd/ServiceProviders.htm)

**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.
### MISSOURI

<table>
<thead>
<tr>
<th>Enrollment Limit</th>
<th>5604: Year ending 06/30/2021</th>
</tr>
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<tbody>
<tr>
<td>How to Apply</td>
<td>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></td>
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<tr>
<td>Contact Information</td>
<td>Contact the Missouri Department of Mental Health, Division of Developmental Disabilities at (573) 751-4054, toll free 800-207-9329.</td>
</tr>
<tr>
<td>Expiration Date</td>
<td>06/30/2021</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>07/23/2019</td>
</tr>
</tbody>
</table>
**Description**
This waiver establishes and maintains a community-based system of care/services for aged individuals and individuals who have physical disabilities that 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 respite, chore, and home delivered meals.

**Waiver Type**
1915(c)

**Target Population-Eligibility**
Individuals age 65 and older and individuals 63 and 64 years old diagnosed as physically disabled.

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

**Respite Services**
Basic Respite care services are maintenance and supervisory services provided to a participant with non-skilled 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 participant assistance, all the services that are required to maintain the participant in his/her home.

Advanced Respite services are maintenance and supervisory services provided to a participant with non-skilled needs that require specialized training in that individual’s home. This encompasses all the needs of a participant that might come up during the service provision that fall under supervision, companionship, and direct participant assistance, all the services that are required to maintain the participant in his/her home. Participants appropriate for Advanced Respite care include, but are not limited to: participants who are essentially bedfast, and require specialized care involving turning and position, including assistance with mechanical transfer equipment and/or assistance with elimination, including the use of a urinal, bed pan, catheter and/or ostomy; participants who have behavior disorders resulting in disruptive behavior especially due to Alzheimer’s disease which requires close monitoring; participants who have health problems requiring manual assistance with oral medications; participants who have special monitoring and assistance needs due to swallowing problems.

Both forms of respite are provided in 15-minute units. The established service planning and prior authorization processes ensure that respite services do not overlap with each other.

**Respite Provider Eligibility**
Provider eligibility and information can be found on the following website: [http://health.mo.gov/seniors/hcbs/](http://health.mo.gov/seniors/hcbs/)

**Caregiver Eligibility**
Both basic and advanced respite may not be provided by a relative, legal guardian or legally responsible person.

**Enrollment Limit**
26,932: Year ending 06/30/2023

**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](http://health.mo.gov/seniors/pdf/AAARegion.pdf)
You can also make a referral by calling the DSDS at 1-866-835-3505

**Contact Information**
Contact the Division of Senior and Disability Services at 573-526-8557
Contact the DSDS, Area Agencies on Aging at Telephone: 573-526-4542 or Email: [info@health.mo.gov](mailto:info@health.mo.gov)

**Link to Waiver Application**

**Expiration Date**
06/30/2023

**Date of Last Update**
07/23/2019
### MO Adult Day Care Waiver (1021.R01.01)

**State Operating Agency:** The Department of Health and Senior Services (DHSS), Division of Senior and Disability Services (DSDS)

| **Description** | This waiver is meant: to 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 to maintain and improve a community based system of care that diverts individuals from institutional care and residential care. The goal is to establish and maintain a community-based system of care/services for individuals with a disability who live, and wish to continue living, in their communities. This waiver provides adult day care. |
| **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** | This waiver does not provide respite, but it does offer adult day care, which is continuous care and supervision of disabled adults 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. Through the completion of a comprehensive assessment and person centered care plan, any services received by the participant at the adult day care setting would not duplicate those services received through EPSDT. Planned group activities include socialization, recreation and cultural activities that stimulate the individual and help the client maintain optimal functioning. This service can be used 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 be related to transporting an individual to and from the adult day care setting. Adult day care is provider managed. |
| **Adult Day Care Provider Eligibility** | To enroll or find out eligibility information go to: [https://mmac.mo.gov/providers/provider-enrollment/home-and-community-based-services/adult-day-care-waiver-services/](https://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** | 4000: Year ending 12/31/2020 |
| **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](http://health.mo.gov/seniors/pdf/AAARegion.pdf) You can also make a referral by calling the DSDS at 1-866-835-3505 |
| **Contact Information** | Contact the Division of Senior and Disability Services at 573-526-8557 Contact the DSDS, Area Agencies on Aging at Telephone: 573-526-4542 or Email: [info@health.mo.gov](mailto:info@health.mo.gov) |
| **Expiration Date** | 12/31/2020 |
| **Date of Last Update** | 07/25/2019 |
**Montana Department of Public Health and Human Services**
111 North Sanders Street, P.O. Box 4210, Helena, MT 59620

http://dphhs.mt.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:

**MT Big Sky**

Provides adult day health, case management, community first choice/personal assistance and specially trained attendant care, day habilitation, homemaker, prevocational services, residential habilitation, respite, supported employment, audiology, respiratory therapy, financial management services, 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, occupational therapy, pain and symptom management, personal emergency response systems, physical therapy, post-acute rehabilitation services, private duty nursing, senior companion, specialized child care for medically fragile children, specialized medical equipment and supplies, speech therapy, supported living, vehicle modifications for individuals 65 years and older and individuals less than 65 diagnosed with physical and other disabilities.

**MT HCBW for Individuals w/DD**

Provides day supports and activities, homemaker, residential habilitation, respite, supported employment - follow along support, nutritionist services, occupational therapy, physical therapy, private duty nursing, speech therapy, supports brokerage, adult foster support, assisted living, behavioral support services, caregiver training and support, community transition services, companion services, environmental modifications, individual goods and services, meals, personal care, personal emergency response system (PERS), personal supports, psychological evaluation, counseling and consultation services, remote monitoring equipment, remote monitoring, retirement services, specialized medical equipment and supplies, 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 Behavioral Health Severe Disabling Mental Illness HCBS**

Provides adult day health, case management, homemaker, prevocational services, residential habilitation, respite, supported employment, community transition, consultative clinical and therapeutic services, environmental accessibility adaptations, habilitation aide, health and wellness, homemaker chore, life coach, meals, non-medical transportation, pain and symptom management, peer support, personal assistance attendant, personal emergency response system, private duty nursing/registered nurse supervision, specialized medical equipment and supplies, and specially trained attendant for individuals 18 and older diagnosed with a mental illness.
**Description**

This waiver provides individuals the choice of receiving long care term services in a community setting as an alternative to receiving long-term care services in an institutional setting. The waiver provides a vast array of traditional, self-directed and participant directed services. Services are assessed, prioritized and developed through the completion of a service plan.

Waiver services include: adult day health, case management, community first choice/personal assistance and specially trained attendant care, day habilitation, homemaker, prevocational services, residential habilitation, respite, supported employment, audiology, respiratory therapy, financial management services, 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, occupational therapy, pain and symptom management, personal emergency response systems, physical therapy, post-acute rehabilitation services, private duty nursing, senior companion, specialized child care for medically fragile children, specialized medical equipment and supplies, speech therapy, supported living, vehicle modifications.

**Waiver Type**

1915(c) operates concurrently with 1915(b)(4) to limit case management providers

**Target Population-Eligibility**

Individuals aged 65 and older and individuals ages 0 – 64 who are 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 short-term, intermittent care provided to members 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 can be provided in the member’s residence or by placing the member 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, or payment for other duplicative services under HCBS is precluded (e.g., payment for respite when member is in Adult Day Care). Respite care is limited to no more than 30 consecutive days. Respite care is provider managed.

**Respite Provider Eligibility**

For provider information, visit: [https://dphhs.mt.gov/sltc/csb/provider#287023779-big-sky-waiver](https://dphhs.mt.gov/sltc/csb/provider#287023779-big-sky-waiver)

**Caregiver Eligibility**

Respite may be provided by a relative, legal guardian or a legally responsible person.

**Enrollment Limit**

2580: Year ending 12/31/2022

**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**

Senior and Long-term Care Division, General Help & Questions: (406) 444-4077

Community Services Bureau, 1-800-551-3191

**Link to Waiver Application**

[https://dphhs.mt.gov/Portals/85/sltc/documents/BigSkyWaiverAmendment-PDNRateIncrease.pdf](https://dphhs.mt.gov/Portals/85/sltc/documents/BigSkyWaiverAmendment-PDNRateIncrease.pdf)

**Expiration Date**

12/31/2022

**Date of Last Update**

07/23/2019
# Medicaid Waivers for Respite Support

## MT HCBW for Individuals with DD (0208.R06.02)

### State Operating Agency: Developmental Services Division, Developmental Disabilities Program (DDP)

<table>
<thead>
<tr>
<th>Description</th>
<th>The purpose of this waiver, also called the Comprehensive Waiver, is to provide the necessary support options to help participants achieve and maintain a good quality of life. Waiver services include day supports and activities, homemaker, residential habilitation, respite, supported employment - follow along support, nutritionist services, occupational therapy, physical therapy, private duty nursing, speech therapy, supports brokerage, adult foster support, assisted living, behavioral support services, caregiver training and support, community transition services, companion services, environmental modifications, individual goods and services, meals, personal care, personal emergency response system (PERS), personal supports, psychological evaluation, counseling and consultation services, remote monitoring equipment, remote monitoring, retirement services, specialized medical equipment and supplies, supported employment - co-worker support, supported employment - individual employment support, supported employment - small group employment support, and transportation.</th>
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</thead>
<tbody>
<tr>
<td>Waiver Type</td>
<td>1915(c)</td>
</tr>
<tr>
<td>Target Population-Eligibility</td>
<td>Individuals of any age diagnosed with intellectual or developmental disabilities. The disability must have originated before the participant turned 18.</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 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. The amount and frequency of respite care (with the exception of emergencies) is included in each participant’s plan of care. Respite services are temporary in nature, meaning a member is not permitted to receive respite care for a period of 24 hours per day for more than 29 consecutive days. Age appropriate licensed day care is a respite care option for persons of all ages. Children from birth through age 17 may be served in licensed children’s day care centers and in licensed family and group day care homes. Individuals aged 18 and older may receive support and supervision services in licensed adult day centers. Respite may not replace routine childcare that a caregiver is responsible to provide. 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 (including day care) is only available to members residing with primary caregivers in family settings, including adult foster homes. Respite is available when a primary caregiver is not compensated for providing some or all of the supervision and support needed by the member. Respite may be participant-directed or provider managed.</td>
</tr>
<tr>
<td>Respite Provider Eligibility</td>
<td>For information on Providers and Provider eligibility, go to the DDP Qualified Provider Process for Medicaid Waiver Services website: <a href="http://dphhs.mt.gov/dsd/developmentaldisabilities/DDPproviderprocess">http://dphhs.mt.gov/dsd/developmentaldisabilities/DDPproviderprocess</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>2777: Year ending 06/30/2023</td>
</tr>
</tbody>
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*Medicaid Waivers for Respite Support – 2019*

*ARCH National Respite Network and Resource Center | archrespite.org*
### 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 or your DDP Regional Office.

### Link to Waiver Application

### Expiration Date
06/30/2023

### Date of Last Update
07/23/2019
<table>
<thead>
<tr>
<th>Description</th>
<th>This waiver, also called the 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. The objective of the SDMI Waiver is rehabilitation and recovery, while encouraging the member to accept personal responsibility for services and desired outcomes. Waiver services include: adult day health, case management, homemake, prevocational services, residential habilitation, respite, supported employment, community transition, consultative clinical and therapeutic services, environmental accessibility adaptations, habilitation aide, health and wellness, homemake chore, life coach, meals, non-medical transportation, pain and symptom management, peer support, personal assistance attendant, personal emergency response system, private duty nursing/registered nurse supervision, specialized medical equipment and supplies, and specially trained attendant.</th>
</tr>
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<tbody>
<tr>
<td>Waiver Type</td>
<td>1915(c) operates concurrently with 1915(b)(4) to limit case management providers</td>
</tr>
<tr>
<td>Target Population-Eligibility</td>
<td>This waiver provides services for individuals 18 and older diagnosed with a severe disabling mental illness.</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 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 can be provided in the participant’s residence or by placing the participant in another private residence, adult residential setting, 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 care is provider managed.</td>
</tr>
<tr>
<td>Respite Provider Eligibility</td>
<td>For information on Provider eligibility, reference the Program Policy Manual here: <a href="https://dphhs.mt.gov/amdd/hcbspolicymanual">https://dphhs.mt.gov/amdd/hcbspolicymanual</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>Enrollment Limit</td>
<td>357: Year ending 06/30/2020</td>
</tr>
<tr>
<td>How to Apply</td>
<td>To make a referral for Home &amp; Community Based Services contact the Mountain Pacific Quality Health (MPQH) at 1-800-219-7035.</td>
</tr>
<tr>
<td>Contact Information</td>
<td>To contact AMDD: call (406)-444-3964 or for general questions or concerns email <a href="mailto:hhsamddemail@mt.gov">hhsamddemail@mt.gov</a></td>
</tr>
<tr>
<td>Expiration Date</td>
<td>06/30/2020</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>07/23/2019</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) (0394.R03.01)**
Provides day habilitation, prevocational services, respite, supported employment – individual, adult companion service, adult day services, assistive technology, behavioral risk services, community living and day supports, consultative assessment service, crisis intervention support, environmental modification assessment, habilitative community inclusion, habilitative workshop, home modification, integrated community employment, medical risk services, personal emergency response system (PERS), retirement services, supported employment – enclave, supported employment - follow along, team behavioral consultation, transitional services, transportation, vehicle modification, vocational planning habilitation service, workstation habilitation services for individuals 21 years and older diagnosed with autism, intellectual disability, and developmental disability.

**NE HCBS for Aged & Adults & Children with Disabilities (0187.R06.00)**
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 Comprehensive Developmental Disabilities Services (4154.R06.02)**
Provides prevocational services, residential habilitation, respite, supported employment – individual, adult companion service, adult day services, assistive technology, consultative assessment service, crisis intervention support, environmental modification assessment, habilitative community inclusion, habilitative workshop, home modifications, homemaker services, in-home residential habilitation, personal emergency response system, supported employment – enclave, supported employment - follow along, transitional services, transportation, vehicle modification for individuals of all ages diagnosed with autism, intellectual or developmental disabilities.
**NE Day Services Waiver for Adults with Developmental Disabilities (DD) (0394.R03.01)**

State Operating Agency: Nebraska DHHS Division of Developmental Disabilities (DDD)

<table>
<thead>
<tr>
<th>Description</th>
<th>This waiver allows individuals with intellectual or developmental disabilities to maximize their independence and participate to the fullest extent possible in their communities. It offers participants an array of services which focus on choice, employment, community inclusion, and integration to meet the needs and wants of the participant. The number of self-directed services has expanded to ensure providers flexibility, control of choice, and informed consent. Provider-managed services are habilitative and non-habilitative, and may not be self-directed. The services provided by this waiver include: day habilitation, prevocational services, respite, supported employment – individual, adult companion service, adult day services, assistive technology, behavioral risk services, community living and day supports, consultative assessment service, crisis intervention support, environmental modification assessment, habilitative community inclusion, habilitative workshop, home modification, integrated community employment, medical risk services, personal emergency response system (PERS), retirement services, supported employment – enclave, supported employment - follow along, team behavioral consultation, transitional services, transportation, vehicle modification, vocational planning habilitation service, and workstation habilitation services.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiver Type</td>
<td>1915(c)</td>
</tr>
<tr>
<td>Target Population-Eligibility</td>
<td>Individuals 21 years or older who are diagnosed with autism, developmental disabilities (DD), and intellectual disabilities (ID).</td>
</tr>
<tr>
<td>Level of Care</td>
<td>Individuals require level of care available in an Intermediate Care Facility Individuals with Intellectual Disabilities (ICF/IID).</td>
</tr>
<tr>
<td>Respite Services</td>
<td>Respite service is a non-habilitative service that is provided to participants unable to care for themselves and is furnished on a short-term, temporary basis for relief to the usual caregiver(s) living in the same private residence as the participant. Respite includes assistance with activities of daily living (ADL), health maintenance, and supervision. Respite services may be provided in the caregiver’s home, the provider’s home or in community settings. Respite services may be self-directed or provider managed.</td>
</tr>
<tr>
<td>Respite Provider Eligibility</td>
<td>Information on becoming a provider of services: <a href="http://dhhs.ne.gov/Pages/DD-Providers.aspx">http://dhhs.ne.gov/Pages/DD-Providers.aspx</a></td>
</tr>
<tr>
<td>Caregiver Eligibility</td>
<td>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.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>900: Year ending 02/28/2022</td>
</tr>
<tr>
<td>How to Apply</td>
<td>Contact Developmental Disabilities Service Coordination at (402) 471-8501 or your local Department of Health and Human Services office. Apply online through ACCESSNebraska.</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>
</tr>
<tr>
<td>Link to Waiver Application</td>
<td><a href="http://dhhs.ne.gov/DD%20Documents/0394%20Approved%20Waiver.pdf">http://dhhs.ne.gov/DD%20Documents/0394%20Approved%20Waiver.pdf</a></td>
</tr>
<tr>
<td>Expiration Date</td>
<td>02/28/2022</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>06/05/2019</td>
</tr>
</tbody>
</table>
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. It is based on a family-centered, consumer-directed philosophy with an emphasis on the use of informal and natural supports in the community. Individuals are provided with options related to needed services and community supports. 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 modifications, 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 services are provided to consumers unable to care for themselves that are furnished on a short-term basis because of the absence of or need for relief of those persons who normally provide care for the consumer.

Respite may be provided in or out of the consumer’s home. Out of home respite may be provided in the following locations: private residence of a respite service provider, Medicaid certified nursing facility, Licensed Assisted Living Facility, Licensed Respite Facility, Licensed or approved child care home or center, or other community settings.

Respite may not be used to allow the usual caregiver to accept or maintain employment. Respite services are provider managed.

Respite Provider Eligibility

Information on becoming a provider of services: [http://dhhs.ne.gov/Pages/Medicaid-Providers.aspx](http://dhhs.ne.gov/Pages/Medicaid-Providers.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

6500: Year Ending 07/31/2021

How to Apply

Children (0-3) services are offered through Early Childhood Development Network; children (3-17) at local DHHS offices; adults (18-64) at League of Human Dignity, and adults (65 and older) at Area Agencies on Aging. (These numbers can be found at [http://dhhs.ne.gov/Pages/Medicaid-Home-and-Community-Based-Programs.aspx](http://dhhs.ne.gov/Pages/Medicaid-Home-and-Community-Based-Programs.aspx) under “Aged and Disabled Waiver”)

Contact Information

Nebraska Department of Health and Human Services Division of Medicaid and Long-term Care; (402) 471-3121

Link to Waiver Application

[http://dhhs.ne.gov/Documents/A%26D%20Waiver%20Complete.pdf](http://dhhs.ne.gov/Documents/A%26D%20Waiver%20Complete.pdf)

Expiration Date

07/31/2021

Date of Last Update

06/05/2019
This waiver is designed to offer quality home and community-based services so that individuals with intellectual or developmental disabilities (DD) may remain in their family home or local communities. This waiver offers participants an array of services available which focus on choice, employment, community inclusion, and integration to meet the needs and wants of the participant. Participant-directed services are intended to give participants more control over the services received. Agency-based services are habilitative, with the exception of Adult Day and Respite. Independent services are self-directed by the participant and/or their representative as needed; they are habilitative in nature except Respite.

The services provided by this waiver include: prevocational services, residential habilitation, respite, supported employment – individual, adult companion service, adult day services, assistive technology, consultative assessment service, crisis intervention support, environmental modification assessment, habilitative community inclusion, habilitative workshop, home modifications, homemaker services, in-home residential habilitation, personal emergency response system, supported employment – enclave, supported employment - follow along, transitional services, transportation, and vehicle modification.

<table>
<thead>
<tr>
<th>Description</th>
<th>This waiver is designed to offer quality home and community-based services so that individuals with intellectual or developmental disabilities (DD) may remain in their family home or local communities. This waiver offers participants an array of services available which focus on choice, employment, community inclusion, and integration to meet the needs and wants of the participant. Participant-directed services are intended to give participants more control over the services received. Agency-based services are habilitative, with the exception of Adult Day and Respite. Independent services are self-directed by the participant and/or their representative as needed; they are habilitative in nature except Respite. The services provided by this waiver include: prevocational services, residential habilitation, respite, supported employment – individual, adult companion service, adult day services, assistive technology, consultative assessment service, crisis intervention support, environmental modification assessment, habilitative community inclusion, habilitative workshop, home modifications, homemaker services, in-home residential habilitation, personal emergency response system, supported employment – enclave, supported employment - follow along, transitional services, transportation, and vehicle modification.</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 with autism, developmental disability, or 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 service is provided to participants unable to care for themselves and is furnished on a short-term, temporary basis for relief to the usual caregiver(s) living in the same private residence as the participant. Respite includes assistance with activities of daily living (ADL), health maintenance, and supervision. Respite services may be provided in the caregiver’s home, the provider’s home or in community settings. Respite services may be self-directed or provider managed.</td>
</tr>
<tr>
<td>Respite Provider Eligibility</td>
<td>Information on becoming a provider of services: <a href="http://dhhs.ne.gov/Pages/DD-Providers.aspx">http://dhhs.ne.gov/Pages/DD-Providers.aspx</a></td>
</tr>
<tr>
<td>Caregiver Eligibility</td>
<td>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.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>4410: Year Ending 05/31/2022</td>
</tr>
<tr>
<td>How to Apply</td>
<td>Contact Developmental Disabilities Service Coordination at (402) 471-8501 or your local Department of Health and Human Services office. Apply online through ACCESSNebraska.</td>
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<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>
</tr>
<tr>
<td>Link to Waiver Application</td>
<td><a href="http://dhhs.ne.gov/DD%20Documents/4154%20Approved%20Waiver.pdf">http://dhhs.ne.gov/DD%20Documents/4154%20Approved%20Waiver.pdf</a></td>
</tr>
<tr>
<td>Expiration Date</td>
<td>05/31/2022</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>06/05/2019</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:

**NV HCBW for Persons with Physical Disabilities (4150.R06.01)**

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 (0152.R06.00)**

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.
NEVADA

NV HCBW for Persons with Physical Disabilities (4150.R06.01)
State Operating Agency: Nevada DHHS, Aging and Disability Services Division (ADSD)

**Description**
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 and self-sufficiency for persons with physical disabilities who would otherwise need institutional nursing facility services. Access to services is voluntary. 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, attendant care, specialized medical equipment and supplies, assisted living, chore, environmental accessibility adaptations, home delivered meals, and personal emergency response systems (PERS).

**Waiver Type**
1915(c)

**Target Population-Eligibility**
Individuals 65 and older and individuals 0-64 with physical disabilities.

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

**Respite Services**
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. The respite provider may perform general assistance with ADLs (Activities of Daily Living) and IADLs (Instrumental Activities of Daily Living), as well as provide supervision to functionally impaired recipients in their home or place of residence.
Services may be for 24-hour periods, and the goal is relief of the primary caregiver.
Respite care is limited to 120 hours per recipient, per year. Respite care is provider managed.

**Respite Provider Eligibility**
Provider eligibility information can be found at [https://www.medicaid.nv.gov/providers/enroll.aspx](https://www.medicaid.nv.gov/providers/enroll.aspx).

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

**Enrollment Limit**
1573: Year Ending 12/31/2022

**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/](http://adsd.nv.gov/Contact/Contact_AgingDisability/)

**Contact Information**
Aging and Disability Services Division Administrative Office: (775) 687-4210 and adsd@adsd.nv.gov

**Link to Waiver Application**
[http://dhcfp.nv.gov/uploadedFiles/dhcfp_nvgov/content/Pgms/LTC/PhysicallyDisabledWaiver.pdf](http://dhcfp.nv.gov/uploadedFiles/dhcfp_nvgov/content/Pgms/LTC/PhysicallyDisabledWaiver.pdf)

**Expiration Date**
12/31/2022

**Date of Last Update**
06/06/2019
### NV Frail Elderly (0152.R06.00)
**State Operating Agency:** Nevada DHHS, Aging and Disability Services Division (ADSD)

<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 and self-sufficiency for individuals who would otherwise need institutional nursing facility services. Access to services is voluntary. 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).</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 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 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. The respite provider may perform general assistance with ADLs (Activities of Daily Living) and IADLs (Instrumental Activities of Daily Living), as well as provide supervision to functionally impaired recipients in their home or place of residence. Services may be for 24-hour periods, and the goal is relief of the primary caregiver. Respite care is limited to 336 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</td>
</tr>
<tr>
<td><strong>Caregiver Eligibility</strong></td>
<td>Respite may not be provided by the legally responsible person, a relative, or a legal guardian.</td>
</tr>
<tr>
<td><strong>Enrollment Limit</strong></td>
<td>1994: Year Ending 06/30/2020</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>Aging and Disability Services Division Administrative Office: (775) 687-4210 and <a href="mailto:adsd@adsd.nv.gov">adsd@adsd.nv.gov</a></td>
</tr>
<tr>
<td><strong>Link to Waiver Application</strong></td>
<td><a href="http://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/Pgms/LTC/Approved_HCBS_FS_Waiver.pdf">http://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/Pgms/LTC/Approved_HCBS_FS_Waiver.pdf</a></td>
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<tr>
<td><strong>Expiration Date</strong></td>
<td>06/30/2020</td>
</tr>
<tr>
<td><strong>Date of Last Update</strong></td>
<td>06/06/2019</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:

New Hampshire has introduced an 1115 waiver program, called Building Capacity for Transformation, which also will provide respite to participants. This program delivers services through Integrated Delivery Networks. The 1915(c) waivers that provide respite will continue to operate.

NH Building Capacity for Transformation

New Hampshire seeks to transform its behavioral health delivery system through: Integrating physical and behavioral health to better address the full range of beneficiaries’ needs; Expanding provider capacity to address behavioral health needs in appropriate settings; and Reducing gaps in care during transitions through improved care coordination for individuals with behavioral health issues.

NH In Home Supports (IHS) Waiver for Children with Developmental Disabilities (0397.R03.00)

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 Developmental Disabilities (DD) Waiver (0053.R06.00)

Provides community participation services, residential habilitation/personal care services, respite, service coordination, supported employment, assistive technology support services, community support services (CSS), crisis response services, environmental and vehicle modification services, participant directed and managed services (PDMS), specialty services, wellness coaching for individuals of all ages diagnosed with autism, intellectual disabilities or developmental disabilities.

NH Acquired Brain Disorder (ABD) Waiver (4177.R05.00)

Provides community participation services, respite, service coordination, supported employment services, assistive technology support services, community support services (CSS), crisis response services, environmental and vehicle modification services, participant directed and managed services - PDMS, residential habilitation/personal care services, specialty services, wellness coaching for individuals age 22 and older diagnosed with a brain injury that constitutes an Acquired Brain Disorder.

NH Choices for Independence CFI Waiver (0060.R07.00)

Provides adult medical day services, home health aide, homemaker, personal care, respite, supported employment, financial management services, adult family care, adult in-home services, community transition services, environmental accessibility services, home-delivered meals, non-medical transportation, participant directed and managed services, personal emergency response system, residential care facility services, skilled nursing, specialized medical equipment services, supportive housing services for aged individuals 65 years and older and individuals age 18-64 diagnosed with physical and other disabilities.
NEW HAMPSHIRE

NH Building Capacity for Transformation
State Operating Agency: Department of Health and Human Services

Description
In New Hampshire the demand for mental health and substance abuse services is increasing. New Hampshire seeks to transform its behavioral health delivery system through: Integrating physical and behavioral health to better address the full range of beneficiaries’ needs; Expanding provider capacity to address behavioral health needs in appropriate settings; and Reducing gaps in care during transitions through improved care coordination for individuals with behavioral health issues. This program is also called the DRISP program and helps provide services through Integrated Delivery Networks (IDNs).

The programs that provide HCBS are two designated state health programs. Emergency services are covered through Community Mental Health Program (CMHP) interventions for the purposes of reducing a person’s acute psychiatric symptoms, the likelihood of harm to self or others, or assisting the person’s return to his or her pre-crisis level of functioning. The outcomes for people receiving emergency services will be referral to, or placement in, the optimal and least restrictive level of care necessary to initiate treatment and stabilize the acute psychiatric condition and resolve the psychiatric emergency or ameliorate the risk of harm to self, others, community or property. Peer Support services inform an increased quality of life, hope for and belief in the possibility of recovery, choice regarding services and supports available, awareness of and access to less restrictive and less costly services as an alternative to more restrictive and/or costly services such as hospitalization, and increased social connectedness for persons living with mental illness. Peer support agencies provide help to people with mental illness who are 18 years of age or older and who identify themselves as a recipient, a former recipient, or a person who is at significant risk of becoming a recipient of publicly funded mental health services.

Waiver Type
1115

Target Population-Eligibility
Community Mental Health Center Emergency Services: the eligible populations associated with the program are individuals with a Severe Mental Illness or Severe and Persistent Mental Illness, as well as children with a serious emotional disturbance who are receiving community mental health services in the community, but have associated program expenses not reimbursable by the Medicaid program.

Peer Support Services: Individuals age 18 and older who self-identify as having a mental illness.

Expansion of Peer Support Access, Capacity, and Utilization program: consumers with behavioral health conditions.

Level of Care
Level of care is not available.

Respite Services
The Community Mental Health Center Emergency Services program provides crisis respite care. Emergency services are available 24 hours a day, 7 days per week to individuals served by the state’s mental health services system who have a psychiatric emergency anywhere in the region served by the CMHP.

The Peer Support Services program also provides crisis respite as a 24 hour, short-term, non-medical crisis program.

One Capacity Building Project that includes respite is the Expansion of Peer Support Access, Capacity, and Utilization program. This project seeks to promote the inclusion of the peer support perspective in behavioral health service planning/delivery, increase collaboration between traditional clinical behavioral health programs and alternative mental health consumer-run peer support agencies, and expand peer support workforce capacity, including peer-run Crisis Respite Centers. It is anticipated that the project will result in improved health status for individuals with behavioral health conditions and reduced use of more restrictive crisis service settings including involuntary hospital admissions. Requirements specific to peer support agencies: On-site provision of respite at peer support agencies, as one of many peer-run program offering; Training for Peer Support Agency staff in Intentional Peer Support (IPS) with additional specific training in crisis respite for staff assigned to that program.
<table>
<thead>
<tr>
<th><strong>Respite Provider Eligibility</strong></th>
<th>Provider eligibility is not available.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Caregiver Eligibility</strong></td>
<td>Caregiver eligibility is not available.</td>
</tr>
<tr>
<td><strong>Enrollment Limit</strong></td>
<td>The state expects the demonstration to affect 140,000 Medicaid beneficiaries. All will not need respite services.</td>
</tr>
<tr>
<td><strong>How to Apply</strong></td>
<td>To apply online, go to: <a href="https://nheasy.nh.gov">https://nheasy.nh.gov</a>; or For information on all of the ways to apply, go to <a href="https://www.dhhs.nh.gov/dfa/apply.htm">https://www.dhhs.nh.gov/dfa/apply.htm</a> • Print out one of the following Applications, completing it, and mailing it in to your local District office at <a href="https://www.dhhs.nh.gov/contactus/districtoffices.htm">https://www.dhhs.nh.gov/contactus/districtoffices.htm</a> or • Call (800) 852-3345, ext 4344; or (603) 271-4344</td>
</tr>
<tr>
<td><strong>Contact Information</strong></td>
<td>Please contact the Department through <a href="mailto:1115waiver@dhhs.state.nh.us">1115waiver@dhhs.state.nh.us</a> with any questions you have</td>
</tr>
<tr>
<td><strong>Expiration Date</strong></td>
<td>12/30/2020</td>
</tr>
<tr>
<td><strong>Date of Last Update</strong></td>
<td>08/02/2019</td>
</tr>
</tbody>
</table>
### Description
The purpose of this waiver is to provide personal care and other related supports and services to promote greater independence and skill development for a child, adolescent, or young adult who has a developmental disability. It provides assistance to families with children or individuals who require long-term supports and services. 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 as to allow the individual to remain actively engaged with their community.

The services provided by this waiver include: enhanced personal care, consultations, environmental and vehicle modifications, family support/service coordination, and respite 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 from birth to age 21 who are diagnosed with autism, developmental disabilities, and/or intellectual disabilities. Waiver services are limited to individuals who live at home with his or her family.</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 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, and can be family-arranged or agency-arranged.</td>
</tr>
<tr>
<td><strong>Caregiver Eligibility</strong></td>
<td>Respite may not be provided by a legally responsible person, relative, or legal guardian.</td>
</tr>
<tr>
<td><strong>Enrollment Limit</strong></td>
<td>500: Year ending 12/31/2020</td>
</tr>
<tr>
<td><strong>How to Apply</strong></td>
<td>To apply for developmental services, contact the local Area Agency for Developmental Services in the geographical region where the person resides (<a href="http://www.dhhs.nh.gov/dcbcs/bds/agencies.htm">http://www.dhhs.nh.gov/dcbcs/bds/agencies.htm</a>).</td>
</tr>
<tr>
<td><strong>Contact Information</strong></td>
<td>Bureau of Developmental Services, Division of Community Based Care Services (603) 271-5034 or <a href="mailto:BDS@dhhs.nh.gov">BDS@dhhs.nh.gov</a></td>
</tr>
<tr>
<td><strong>Expiration Date</strong></td>
<td>12/31/2020</td>
</tr>
<tr>
<td><strong>Date of Last Update</strong></td>
<td>06/06/2019</td>
</tr>
</tbody>
</table>
**NEW HAMPSHIRE**

**NH Developmental Disabilities (DD) Waiver (0053.R06.00)**

State Operating Agency: New Hampshire DHHS, Bureau of Developmental Services (BDS)

| Description | This waiver provides services which maximize the ability and informed decision-making authority of people with developmental disabilities and which promote the individual’s personal development, independence and quality of life in a manner that is determined by the individual. 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 as to allow the individual to remain actively engaged with their community. The services provided by this waiver include: community participation services, residential habilitation/personal care services, respite, service coordination, supported employment, assistive technology support services, community support services (CSS), crisis response services, environmental and vehicle modification services, participant directed and managed services (PDMS) formerly consolidated developmental services, specialty services, and wellness coaching. |
| Waiver Type | 1915(c) |
| Target Population-Eligibility | Individuals of any age diagnosed with: autism, developmental disabilities (DD), and/or intellectual disabilities (ID). |
| 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 is furnished on a short-term basis because of the absence or need for relief of the caregiver 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 | 5303: Year Ending 08/31/2021 |
| How to Apply | To apply for developmental services, contact the local Area Agency for Developmental Services in the geographical region where the person resides ([http://www.dhhs.nh.gov/dcbcs/bds/agencies.htm](http://www.dhhs.nh.gov/dcbcs/bds/agencies.htm)). |
| Contact Information | Bureau of Developmental Services, Division of Community Based Care Services (603) 271-5034 or BDS@dhhs.nh.gov |
| Expiration Date | 08/31/2021 |
| Date of Last Update | 06/06/2019 |
**NEW HAMPSHIRE**

**NH Acquired Brain Disorder (ABS) Waiver (4177.R05.00)**  
State Operating Agency: New Hampshire DHHS, Bureau of Developmental Services (BDS)

| **Description** | The goal of this waiver is to provide services that maximize the ability and decision-making of people with acquired brain disorder (ABD), and promote personal development, independence, and quality of life in a manner that is determined by the individual. Individual/families work with the Area Agencies (AA) and State to identify, through a 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: community participation services, respite, service coordination, supported employment services, assistive technology support services, community support services (CSS), crisis response services, environmental and vehicle modification services, participant directed and managed services - PDMS, residential habilitation/personal care services, specialty services, and wellness coaching. |
| **Waiver Type** | 1915(c) |
| **Target Population-Eligibility** | Individuals age 22 and older who have been determined to have a brain injury that is classified as an Acquired Brain Disorder (ABD). While there is no maximum age limit to continue receiving this waiver, the brain injury must have occurred before the individual was 60 years of age in order to be classified as an ABD. |
| **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 and is furnished on a short-term basis because of the absence or need for relief of the caregiver 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/provierservices.htm](http://www.dhhs.nh.gov/ombp/medicaid/provierservices.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** | 307: Year Ending 10/31/2021 |
| **How to Apply** | To apply for developmental services, contact the local Area Agency for Developmental Services in the geographical region where the person resides ([http://www.dhhs.nh.gov/dcbcs/bds/agencies.htm](http://www.dhhs.nh.gov/dcbcs/bds/agencies.htm)). |
| **Contact Information** | Bureau of Developmental Services, Division of Community Based Care Services (603) 271-5034 or [BDS@dhhs.nh.gov](mailto:BDS@dhhs.nh.gov) |
| **Expiration Date** | 10/31/2021 |
| **Date of Last Update** | 06/06/2019 |
### NH Choices for Independence (CFI) Waiver (0060.R07.00)

**State Operating Agency: New Hampshire DHHS, Bureau of Elderly and Adult Services (BEAS)**

<table>
<thead>
<tr>
<th>Description</th>
<th>The goal of this waiver is to support elders and adults with disabilities to live independently in their community. The individual selects an Independent Case Management agency, which provides the supports necessary for development of the supports outlined in the person centered plan and provides ongoing monitoring and support to ensure services are provided as outlined in the plan. The services provided by this waiver include: adult medical day services, home health aide, homemaker, personal care, respite, supported employment, financial management services, adult family care, adult in-home services, community transition services, environmental accessibility services, home-delivered meals, non-medical transportation, participant directed and managed services, personal emergency response system, residential care facility services, skilled nursing, specialized medical equipment services, and supportive housing services.</th>
</tr>
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<table>
<thead>
<tr>
<th>Waiver Type</th>
<th>1915(c)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Target Population-Eligibility</th>
<th>Individuals who are: 65 years and older or between 18 and 64 years old who are diagnosed as having a physical or other disability.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Individuals require level of care available in a nursing facility (NF).</th>
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</table>

<table>
<thead>
<tr>
<th>Respite Services</th>
<th>Respite is provided to individuals unable to care for themselves and is furnished on a short-term basis because of the absence or need for relief of the caregiver normally providing the care. Respite services may be participant-directed or provider managed. Services are limited to the equivalent of 30, 24 hour days of care per state fiscal year/participant. Services are provided in units of time that are determined appropriate by the caregiver and case manager.</th>
</tr>
</thead>
</table>

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<thead>
<tr>
<th>Respite Provider Eligibility</th>
<th>Information about provider eligibility: <a href="http://www.dhhs.nh.gov/ombp/medicaid/providerservices.htm">http://www.dhhs.nh.gov/ombp/medicaid/providerservices.htm</a></th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Caregiver Eligibility</th>
<th>Respite may be provided by the legally responsible person, legal guardian, or relative.</th>
</tr>
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<table>
<thead>
<tr>
<th>Enrollment Limit</th>
<th>3766: Year Ending 06/30/2022</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>How to Apply</th>
<th>To apply, contact New Hampshire ServiceLink at (866) 634-9412 or your local area agency on aging.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Contact Information</th>
<th>Contact Bureau of Elderly and Adult Services at (603) 271-9203, <a href="mailto:BEAS@dhhs.nh.gov">BEAS@dhhs.nh.gov</a> or go the Home and Community Care website at <a href="http://www.dhhs.nh.gov/dcbcs/beas/homecare.htm">http://www.dhhs.nh.gov/dcbcs/beas/homecare.htm</a> to find more information on the program.</th>
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<table>
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<tr>
<th>Expiration Date</th>
<th>06/30/2022</th>
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</thead>
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<table>
<thead>
<tr>
<th>Date of Last Update</th>
<th>06/06/2019</th>
</tr>
</thead>
</table>
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 but one of New Jersey’s Home and Community-Based 1915(c) waivers have been incorporated into the 1115 Demonstration: “NJ FamilyCare 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. For the Community Care waiver, case management services are provided through the FamilyCare Comprehensive waiver, but respite is still provided through the Community Care waiver (fee-for-service).

NJ FamilyCare 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 except the Community Care Waiver were transitioned to Managed Long-term Supports and Services (MTLSS) under this demonstration. Participants in the Community Care Waiver receive case management through the Comprehensive Waivers, and all other services through the Community Care Waiver.

NJ Community Care Waiver (0031.R06.00)

Provides case management, day habilitation, individual supports, prevocational training services, respite, supported employment - individual employment support, support coordination, assistive technology, behavioral supports, career planning, community transition services, environmental modifications, occupational therapy, personal emergency response system (PERS), physical therapy, speech, language, and hearing therapy, supported employment – small group employment support, transportation, and vehicle modifications for individuals age 21 and older with autism, intellectual disabilities, or developmental disabilities.
NJ FamilyCare Comprehensive Demonstration
State Operating Agency: NJ Department of Human Services, Division of Medical Assistance and Health Services

**Description**
In this extension of the demonstration, the state will continue healthcare delivery reforms that were initiated during the previous demonstration period. Specifically, the state will continue its expansion of managed care to Long-term Services and Supports (LTSS) and behavioral health services, targeted home and community-based services (HCBS) programs for children and in home community supports for individuals with intellectual and development disabilities. In addition, the state will implement new targeted initiatives to provide behavioral health and substance use disorder services and expand the scope and duration of supports services for individuals with intellectual and developmental disabilities.

The Managed Long-term Supports and Services (MLTSS) program provides home and community based services to elderly and disabled individuals through a managed care delivery system. HCBS Fee-for-Service programs also work to provide home and community based services to participants.

**Waiver Type**
1115

**Target Population-Eligibility**
Eligibility for MLTSS: individuals 21 and older who meet NF level of care and meet functionality criteria and children under 20 who exhibit functional limitations, identified in terms of developmental delay or functional limitations in specific age-appropriate activities of daily living, requiring skilled nursing care over and above routine parenting.

Eligibility for Supports Program: Individuals over the age of 21, who live with a family member in their own home that is not licensed by the state and who are otherwise not eligible under the Medicaid State Plan due to income. Individuals meet the definitions for developmental disabilities and meet all criteria for functional eligibility for DDD services.

Eligibility for Children’s Support Services Program for ID/DD: youth with intellectual/developmental disabilities (ID/DD) or a co-occurring mental health diagnosis (ID/DD-MI), ages 0-21, who meet the functionality criteria. Individuals are at risk of hospitalization, out of home treatment or at hospital level of care.

**Level of Care**
Level of care varies under the different programs and within programs. Individuals on the MLTSS program may require nursing facility (NF) level of care. Individuals on the Children’s Support Services Program for ID/DD may require hospital level of care. Individuals on the Supports Program may require nursing facility (NF) level of care.

**Respite Services**
Respite is available under the MLTSS program. Under this program, 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 an unpaid, informal caregiver (those persons who normally provide unpaid care) for the participant. In the case where a person is in the personal preference program or is self-directing services, respite may be used to provide relief for the temporary absence of the primary paid care giver. Respite is limited to up to 30 days per participant per calendar year. Respite will not be reimbursed for individuals who reside permanently in a Community Residential Service setting (CRS), an Assisted Living Residence or Comprehensive Personal Care Home or for individuals that are admitted to the Nursing Facility. Respite care must not be reimbursed as a separate service during the hours the participant is participating in either Adult Day Health Services or Social Adult Day Care. Services excluded from additional billing while simultaneously receiving Respite care include: Chore, Home-Based Supportive Care, Home delivered Meals, and Personal Care Assistant services. Sitter, live-in, or companion services are not considered Respite Services and cannot be authorized as such. Respite services are not provided for formal, paid caregivers (i.e. Home Health or Certified Nurse Aides). Respite services are not to be authorized due to the absence of those persons who would normally provide paid care for the participant. Eight or more hours of respite in one 24-hour period, provided by the same provider is the DAILY respite service. Respite care may be provided in the following location(s): Individual's home or place of residence; Medicaid certified Nursing Facility that has a separate Medicaid provider number to bill for Respite; Another community care residence that is not a private residence including: an Assisted Living Residence (AL), a Comprehensive Personal Care Home (CPCH), or an Adult Family Care (AFC) Home; Community Residential Services for those individuals with a TBI diagnosis.
Respite is also available under two HCBS Fee-for-Service programs: The Supports Program and Children’s Support Services Program for I/DD.

Under the Supports Program, Respite includes services provided to demonstration participants unable to care for them 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 demonstration participant. Respite may be provided in the demonstration participant’s home, a DHS licensed group home, or another community-based setting approved by DHS. Some settings, such as a hotel, may be approved by the state for use when options using other settings have been exhausted. Hotel Respite must not exceed two consecutive weeks and 30 days per year.

Under the Children’s Support Services Program for I/DD, Respite services, including assessment and respite care planning, temporarily relieve the family/caregiver from the demands of caring for youth with I/DD. Respite services can support the youth in the home and community by reducing stress, preventing family disruption, and enhancing family/caregiver relationships. Respite is intended to be provided during the times when the family/caregiver normally would be available to provide care. Respite may be provided in the youth’s home, a licensed facility, or other Department of Children and Families / Children’s System of Care (CSOC) approved community based setting. Respite cannot be provided in a hospital or other out of home care.

<table>
<thead>
<tr>
<th>Respite Provider Eligibility</th>
<th>Information for providers: <a href="https://www.state.nj.us/humanservices/dmahs/info/resources/">https://www.state.nj.us/humanservices/dmahs/info/resources/</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregiver Eligibility</td>
<td>Caregiver eligibility is not available.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>Enrollment limit is not available.</td>
</tr>
<tr>
<td>How to Apply</td>
<td>You can apply to receive services under the waiver at <a href="https://njfc.force.com/familycare/quickstart">https://njfc.force.com/familycare/quickstart</a></td>
</tr>
<tr>
<td></td>
<td>To apply for MLTSS specifically: For individuals 21 and older contact your local County Area Agency on Aging (AAA) - Aging and Disability Resource Connection (ADRC). For children birth through 20 years old contact 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.</td>
</tr>
<tr>
<td></td>
<td>To apply for Supports Program specifically: complete a DDD application available at <a href="https://www.nj.gov/humanservices/ddd/documents/ddd_intake_application_english.pdf">https://www.nj.gov/humanservices/ddd/documents/ddd_intake_application_english.pdf</a></td>
</tr>
<tr>
<td>Contact Information</td>
<td>If you have any questions or comments on the Waiver, e-mail <a href="mailto:dmahs.cmwcomments@dhs.state.nj.us">dmahs.cmwcomments@dhs.state.nj.us</a>.</td>
</tr>
<tr>
<td></td>
<td>If you need help completing your application, you may call and speak to a Health Benefits Coordinator at 1-800-701-0710.</td>
</tr>
<tr>
<td></td>
<td>Contact the Division’s Medicaid Eligibility Help Desk at 609-631-6505 or visit the Division of Medical Assistance and Help Services website: <a href="http://www.state.nj.us/humanservices/dmahs/home/waiver.html">http://www.state.nj.us/humanservices/dmahs/home/waiver.html</a></td>
</tr>
<tr>
<td>Expiration Date</td>
<td>06/30/2022</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>08/01/2019</td>
</tr>
</tbody>
</table>
**NEW JERSEY**

**NJ Community Care Waiver (0031.R06.00)**  
State Operating Agency: NJ Department of Human Services, Division of Medical Assistance and Health Services

<table>
<thead>
<tr>
<th>Description</th>
<th>The goal of the Community Care Waiver (CCW) program is to support participants in the least restrictive setting in the community and ensure participants' health, safety, and freedom from exploitation as they achieve their goals in a manner that allows for the maximization of choice. The State's objectives are to create a person-driven long-term support system in which CCW participants have maximum choice and access to services which aid in diverting and/or transitioning individuals from institutional settings into their own homes or other community living arrangements such as supervised apartments or group homes. This waiver allows statewide opportunities for participant-direction of designated services. Services provided by this waiver include: case management, day habilitation, individual supports, prevocational training services, respite, supported employment - individual employment support, support coordination, assistive technology, behavioral supports, career planning, community transition services, environmental modifications, occupational therapy, personal emergency response system (PERS), physical therapy, speech, language, and hearing therapy, supported employment – small group employment support, 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 age 21 and older with autism, intellectual disabilities, or 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 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. Respite may be delivered in multiple periods of duration such as partial hour, hourly, daily without overnight, or daily with overnight. Respite may be provided in the participant’s home, a DHS licensed group home, or another community-based setting approved by DHS (i.e.: unlicensed setting such as supported living, supportive housing, hotel, etc.). Hotel Respite shall not exceed two consecutive weeks and 30 days per year. Respite may be provider managed or participant directed.</td>
</tr>
<tr>
<td>Respite Provider Eligibility</td>
<td>Information for providers: <a href="https://www.state.nj.us/humanservices/ddd/providers/">https://www.state.nj.us/humanservices/ddd/providers/</a></td>
</tr>
<tr>
<td>Caregiver Eligibility</td>
<td>Respite may be provided by a relative but not by a legally responsible person or legal guardian.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>13049: Year ending 06/30/2021</td>
</tr>
<tr>
<td>How to Apply</td>
<td>To request to be added to the Community Care Program Waiting List, complete and submit the Community Care Program Waiting List Request Form at <a href="https://www.state.nj.us/humanservices/ddd/documents/Documents%20for%20Web/Waiver%20WL%20Request%20Form%20-%20Web.pdf">https://www.state.nj.us/humanservices/ddd/documents/Documents%20for%20Web/Waiver%20WL%20Request%20Form%20-%20Web.pdf</a></td>
</tr>
</tbody>
</table>
| Contact Information | Contact the DDD Fee for Service HelpDesk at [DDD.FeeForService@dhs.state.nj.us](mailto:DDD.FeeForService@dhs.state.nj.us)  
More information is available at [https://www.state.nj.us/humanservices/ddd/services/ccw/ccwwl.html](https://www.state.nj.us/humanservices/ddd/services/ccw/ccwwl.html) |
| Link to Waiver Application | Link to waiver application unavailable |
| Expiration Date | 06/30/2021 |
| Date of Last Update | 08/08/2019 |
**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:

New Mexico’s Home and Community-Based 1915(c) waivers are being incorporated into the 1115 Demonstration: “NM Centennial Care 2.0 waiver“ and are now operated as Managed Long-term Services and Supports. For members qualifying for basic Medicaid, all of the waiver services offered by the Home and Community-Based 1915(c) waivers including respite care are to be provided in the MLTSS delivery system. Members qualifying as part of the 217-like group (individuals who need HCBS to avert institutional placement, who would be eligible for Medicaid under another eligibility group if they were in an institution, and who receive waiver services) will receive respite and other LTSS through the 1915(c) waivers listed below.

**NM Centennial Care 2.0**

Centennial Care 2.0 features an integrated, comprehensive Medicaid delivery system in which a member’s Managed Care Organization (MCO) is responsible for coordinating his/her full array of services, including acute care (including pharmacy), behavioral health services, institutional services and home and community-based services (HCBS), including respite.

**NM Developmental Disabilities (DD) Waiver (0173.R06.01)**

Provides case management, community integrated employment, customized community supports, living supports, respite, nutritional counseling, occupational therapy for adults, physical therapy for adults, speech and language therapy for adults, supplemental dental care, adult nursing, assistive technology, behavioral support consultation, crisis support, customized in-home supports, environmental modifications, independent living transition service, intense medical living supports, non-medical transportation, personal support technology/on-site response service, preliminary risk screening and consultation related to inappropriate sexual behavior, socialization and sexuality education for individuals with autism, intellectual disabilities (ID), and developmental disabilities (DD) of all ages.

**NM Mi Via – ICF/MR Waiver (0448.R02.01)**

Provides consultant/support guide, customized community group supports, employment supports, home health aide services, homemaker/direct support services, respite, skilled therapy for adults, personal plan facilitation, behavior support consultation, community direct support, emergency response services, environmental modifications, in-home living supports, individual directed goods and services, nutritional counseling, private duty nursing for adults, specialized therapies, transportation for individuals with autism, developmental disabilities (DD), and intellectual disabilities (ID) of all ages.

**NM Medically Fragile Waiver (0223.R05.00)**

Provides case management, home health aide, respite, nutritional counseling, skilled therapy for adults, behavior support consultation, private duty nursing, and specialized medical equipment and supplies for medically fragile individuals of any age.
## NM Centennial Care 2.0

**State Operating Agency:** Human Services Department (HSD), Medical Assistance Division (MAD)

<table>
<thead>
<tr>
<th>Description</th>
<th>In the extension of this demonstration for New Mexico’s Medicaid managed care program, known as Centennial Care 2.0, the state must continue to provide the most effective, efficient health care possible for its most vulnerable and needy citizens and continue the healthcare delivery reforms that were initiated during the previous demonstration period. Today, Centennial Care 2.0 features an integrated, comprehensive Medicaid delivery system in which a member’s Managed Care Organization (MCO) is responsible for coordinating his/her full array of services, including acute care (including pharmacy), behavioral health services, institutional services and home and community-based services (HCBS). As part of the demonstration extension, the state will continue to expand access to LTSS through the Community Benefit (CB) that includes both the personal care and HCBS benefits, and by allowing eligible members who meet a nursing facility level of care to access the CB without the need for a waiver slot. Individuals who are not otherwise Medicaid eligible and meet the criteria for the 217-like group (individuals who need HCBS to avert institutional placement, who would be eligible for Medicaid under another eligibility group if they were in an institution, and who receive waiver services) will be able to access the CB if a slot is available. As is the case today, managed care enrollment will be required for all members who meet NF level of care or who are dually eligible.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiver Type</td>
<td>1115</td>
</tr>
<tr>
<td>Target Population-Eligibility</td>
<td>This waiver provides respite for individuals eligible under the state's 1915(c) Developmentally Disabled waiver, Medically Fragile waiver; and previous AIDS, Colts, and Mi Via-NF waivers.</td>
</tr>
<tr>
<td>Level of Care</td>
<td>Enrollees who meet the nursing facility (NF) level of care criteria will be eligible for the Community Benefits (CB), which provides respite.</td>
</tr>
<tr>
<td>Respite Services</td>
<td>Respite is available under the Community Benefits provided by this waiver. Respite services are provided to members 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. Respite care is furnished at home, in a private residence of a respite care provider, in a specialized foster care home, in a hospital or nursing facility or an ICF/IDD meeting the qualifications for provider certification. Respite care services include: medical and non-medical health care; personal care bathing; showering; skincare; 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; 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 primary care giver, physician, and case manager, ensuring the health and safety of the member at all times. When respite care services are provided to a member by an institution, that individual will not be considered a resident of the institution for purposes of demonstration eligibility; however, respite is not provided to members in Assisted Living facilities. Respite services are limited to a maximum of 300 hours annually per care plan year. It is available through both the agency-based and self-direction models.</td>
</tr>
<tr>
<td>Respite Provider Eligibility</td>
<td>Information for providers: <a href="https://www.hsd.state.nm.us/providers/Default.aspx">https://www.hsd.state.nm.us/providers/Default.aspx</a></td>
</tr>
<tr>
<td>Caregiver Eligibility</td>
<td>Caregiver eligibility not available.</td>
</tr>
</tbody>
</table>
**Enrollment Limit**
Over the life of the demonstration, the state will work to expand access to the CB; however, the state will impose enrollment limits for persons who are not otherwise eligible for Medicaid under the state plan and who have been determined to meet nursing facility level of care, in order to manage the growth of the program. The maximum number of slots is currently 4,289, but a pending amendment proposes to increase the number of slots by 1,500 through the waiver amendment.

**How to Apply**
To apply for Centennial Care online, visit the YesNM Online Portal, create an account and follow the instructions. [https://www.yes.state.nm.us/yesnm/home/index](https://www.yes.state.nm.us/yesnm/home/index)
To complete an application by phone, please call the Human Services Division’s Medicaid Expansion Hotline toll-free at 1-855-637-6574.

**Contact Information**
For general questions, please call MAD Customer Service Hotline at 1-888-997-2583.

**Link to Waiver Application**

**Expiration Date**
12/31/2023

**Date of Last Update**
07/31/2019
NM Developmental Disabilities (DD) Waiver (0173.R06.01)
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. This person-centered, community oriented approach is provided to increase independence and achieve personal goals while enabling individuals to live as active members of their community. Services include: case management, community integrated employment, customized community supports, living supports, respite, nutritional counseling, OT for adults, PT for adults, speech and language therapy for adults, supplemental dental care, adult nursing, assistive technology, behavioral support consultation, crisis support, customized in-home supports, environmental modifications, independent living transition service, intense medical living supports, non-medical transportation, personal support technology/on-site response service, preliminary risk screening and consultation related to inappropriate sexual behavior, socialization and sexuality education.

**Waiver Type**
1915(c)

**Target Population-Eligibility**
Individuals of any age who have been diagnosed with: autism, developmental disabilities, and/or an intellectual disability. While there are no age restrictions, the related conditions or developmental disability must occur before age 22, and intellectual disability must manifest before the age of 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 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 is provider managed. Individuals receiving Family Living, Supported Living, Intensive Medical Living Services or Customized In Home supports may not access respite.

**Respite Provider Eligibility**
https://nmhealth.org/about/ddsd/pven/ddmfen/

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

**Enrollment Limit**
3810: Year Ending 06/30/2021

**How to Apply**
Contact your local Developmental Disabilities Supports Division Regional Office (https://nmhealth.org/about/ddsd/region/) and ask to speak with an Intake and Eligibility worker.

For more general information on the application process, reference Intake and Eligibility section of the DOH website: https://nmhealth.org/about/ddsd/intake/

**Contact Information**
Contact the Intake and Eligibility Bureau at 505-841-5552 or obtain a listing of staff members for the DD waiver program at https://nmhealth.org/about/ddsd/pgsv/ddw/staff/

**Expiration Date**
06/30/2021

**Date of Last Update**
06/07/2019
**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. Mi Via’s Guiding Principles state that all participants have value and potential; shall be viewed in terms of their abilities; have the right to participate and be fully included in their communities; and have the right to live, work, learn, and receive all services and supports, appropriate to their individual needs, in the most integrated settings within their communities.

The services provided by this waiver include: consultant/support guide, customized community group supports, employment supports, home health aide services, homemaker/direct support services, respite, skilled therapy for adults, personal plan facilitation, behavior support consultation, community direct support, emergency response services, environmental modifications, in-home living supports, individual directed goods and services, nutritional counseling, private duty nursing for adults, specialized therapies, transportation.

<table>
<thead>
<tr>
<th>Waiver Type</th>
<th>1915(c)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target Population-Eligibility</td>
<td>Individuals of any age who are deemed to have a medically fragile condition or who are diagnosed with autism, developmental disabilities (DD), and/or intellectual disabilities (ID). While there are no age restrictions for receiving waiver services, the specific related conditions, developmental disability, or medically fragile condition must have occurred before the age of 22, and the intellectual disability must have manifested before the age of 18. Consumers must be able to self-direct their services.</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 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 is participant directed.</td>
</tr>
<tr>
<td>Respite Provider Eligibility</td>
<td><a href="https://nmhealth.org/about/ddsd/pven/sdwen/">https://nmhealth.org/about/ddsd/pven/sdwen/</a></td>
</tr>
<tr>
<td>Caregiver Eligibility</td>
<td>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, including 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.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>2443: Year ending 09/30/2020</td>
</tr>
<tr>
<td>How to Apply</td>
<td>Contact your local Developmental Disabilities Supports Division Regional Office (<a href="https://nmhealth.org/about/ddsd/region/">https://nmhealth.org/about/ddsd/region/</a>) and ask to speak with an Intake and Eligibility worker. For more general information on the application process, reference Intake and Eligibility section of the DOH website: <a href="https://nmhealth.org/about/ddsd/intake/">https://nmhealth.org/about/ddsd/intake/</a></td>
</tr>
<tr>
<td><strong>Contact Information</strong></td>
<td>Contact the Intake and Eligibility Bureau at 505-841-5552 or visit <a href="https://nmhealth.org/about/ddsd/pgsv/sdw/staff/">https://nmhealth.org/about/ddsd/pgsv/sdw/staff/</a> for a listing of staff members for the Mi Via waiver program.</td>
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<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>
</tr>
<tr>
<td><strong>Date of Last Update</strong></td>
<td>06/07/2019</td>
</tr>
</tbody>
</table>
# NM Medically Fragile Waiver (0223.R05.00)

**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 conditions that require frequent and ongoing medical supervision out of institutions. The program is designed to keep medically fragile individuals with conditions that require frequent and ongoing medical supervision out of institutions. The goals of the waiver are to maintain consumers in a comfortable home environment and maximize their level of functioning through the provision of waiver services. 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.

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.

## Waiver Type
1915(c)

## Target Population-Eligibility
Individuals of any age who have been diagnosed as medically fragile before reaching the age of 22.

## 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 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 caretaker illness, or meet a sudden family crisis or emergency. By permitting the caretaker a specific and limited break from the daily routine of providing care, burnout is avoided, and the primary caretaker 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, or specialized foster care home. Respite is provider managed. 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 services are furnished up to a maximum of 14 days or 336 hours per annualized budget.

### Respite Provider Eligibility
[https://nmhealth.org/about/ddsd/pven/ddmfen/](https://nmhealth.org/about/ddsd/pven/ddmfen/)

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

### Enrollment Limit
178: Year ending 06/30/2021

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Medicaid Waivers for Respite Support – 2019

ARCH National Respite Network and Resource Center | archrespite.org
### Medicaid Waivers for Respite Support

**NEW MEXICO**

<table>
<thead>
<tr>
<th>How to Apply</th>
<th>Contact your local Developmental Disabilities Supports Division Regional Office (<a href="https://nmhealth.org/about/ddsd/region/">https://nmhealth.org/about/ddsd/region/</a>) to apply over the phone.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Information</td>
<td>For more information, call 1-877-696-1472 or the Program Manager at 505-841-2913</td>
</tr>
<tr>
<td>Link to Waiver Application</td>
<td>Link to application unavailable.</td>
</tr>
<tr>
<td>Expiration Date</td>
<td>06/30/2021. 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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<tr>
<td>Date of Last Update</td>
<td>06/07/2019</td>
</tr>
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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: “Medicaid Redesign Team” 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.

**NY Medicaid Redesign Team (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.

**NY OPWDD Comprehensive Waiver (0238.R05.04)**

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.

**NY Nursing Home Transition and Diversion Medicaid Waiver (0444.R02.00)**

Provides respite, service coordination (SC), assistive technology, community transitional services (CTS), environmental modifications services, moving assistance services, transportation services, community integration counseling services (CIC), congregate and home delivered meals services, home and community support services (HCSS), home visits by medical personnel, independent living skills training services (ILST), nutritional counseling/educational services, peer mentoring, positive and behavioral interventions and supports services (PBIS), respiratory therapy services, structured day program services (SDP), wellness counseling service for aged individuals age 65 and older, and physically disabled ages 18 – 64.
NY TBI Waiver (0269.R04.01)
Provides respite, service coordination, assistive technology (AT), community transitional services (CTS), environmental modifications, transportation services, community integration counseling (CIC), home and community support services (HCSS), independent living skills and training, positive behavioral interventions and support services, structured day program (SDP), substance abuse program services for individuals w/brain injury ages 18 and older.

NY Children’s Waiver (4125.R05.03)
Provides case management, community habilitation, day habilitation, prevocational services, respite, supported employment, adaptive and assistive equipment, caregiver/family supports and services, community self-advocacy training and supports, crisis intervention, environmental modifications, family support, non-medical transportation, palliative care - expressive therapy, palliative care – bereavement service, palliative care – massage therapy, palliative care – pain and symptom management, vehicle modifications, youth peer support and training for individuals with physical and other disabilities ages 0-20, brain injury 0-20, HIV/AIDS 0-20, medically fragile 0-20, technology dependent 0-20, autism 0-20, developmental disabilities (DD) 0-20, intellectual disabilities (ID) 0-20, mental illness 18-20, and serious emotional disturbance (SED) 0-18.
# NY Medicaid Redesign Team (formerly Partnership Plan)

**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 need long-term care and supports. The state’s goal in implementing the Medicaid Redesign Team 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; 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.

## Waiver Type

1115

## Target Population - Eligibility

**HCBS Expansion program:** Respite eligibility under the HCBS Expansion program is based on the participant’s similarity to an individual determined eligible for and enrolled in the Nursing Home Transition and Diversion and Traumatic Brain Injury waivers. These include individuals who are: 65 and older; are ages 0-64 and have physical disabilities; and those diagnosed with traumatic brain injury (TBI) or a related condition ages 18-64 and injured after age 18.

Health and Recovery Plans (HARPs): Individuals age 21 and older with a specified severe mental illness (SMI) or substance use disorder (SUD).

## Level of Care

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

## Respite Services

**HCBS Expansion program:** this program may provide respite care/services to participants in a setting selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.

Health and Recovery Plans (HARPs): Within the HARPs, a benefit package of behavioral health (BH) home and community based services (HCBS) is provided, which includes crisis respite. Crisis respite may include Intensive crisis respite or Short term crisis respite in a dedicated facility. Crisis respite has a threshold of 7 days per service, and up to 21 days per year.

## 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 https://www.emedny.org/info/ProviderEnrollment/index.aspx

## Caregiver Eligibility

Caregiver eligibility is not available.

## 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)

<table>
<thead>
<tr>
<th>Medicaid Waivers for Respite Support – 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NEW YORK</strong></td>
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<tr>
<td></td>
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<tr>
<td>Expiration Date</td>
</tr>
<tr>
<td>Date of Last Update</td>
</tr>
</tbody>
</table>
NY OPWDD Comprehensive Waiver (0238.R05.05)
State Operating Agency: The New York State Office for People with Developmental Disabilities (NYS-OPWDD)

**Description**
The waiver utilizes natural supports and community-based resources to allow the participant to be as independent, and when possible, as self-directing as possible. It aims to provide person-centered and individualized alternatives to enable people to lead more typical lives in their communities.

Waiver services provided include day habilitation, live-in caregiver (42 CFR §441.303(f)(8)), prevocational services, residential habilitation, respite, supported employment (SEMP), community transition services, fiscal intermediary (FI), individual directed goods and services, moving assistance, support brokerage, assistive technology - adaptive devices, community habilitation, environmental modifications (home accessibility), family education and training, intensive behavioral services, pathway to employment, plan of care support services, vehicle modifications.

**Waiver Type**
1915(c); operating concurrently with 1915(a)(1)(a) voluntary managed care waiver

**Target Population-Eligibility**
Individuals of any age who are diagnosed with autism, developmental disability (DD), or an intellectual disability (ID).

**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 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 services are provided in the following locations: individual's home or place of residence or any other non-certified community location; Family Care home; Medicaid certified ICF/DD; Individualized Residential Alternative (IRA) or Community Residence (CR); and free-standing Respite facility under the auspices of OPWDD. Respite care is not furnished or provided for the purpose of compensating relief or substitute staff in certified community residences. Respite may be participant-directed or provider-managed.

**Respite Provider Eligibility**
Provider eligibility information can be found at: https://www.emedny.org/info/ProviderEnrollment/omrdd/index.aspx

**Caregiver Eligibility**
Respite may not be provided by a legally responsible person or legal guardian, but may be provided by a relative. Relative must be qualified, must be at least 18 years of age, and must not live in the same residence as the participant to provide respite.

**Enrollment Limit**
85657: Year ending 03/30/2021.

**How to Apply**
Contact the Eligibility Coordinator of your Developmental Disabilities Regional Office (listings at https://opwdd.ny.gov/opwdd_services_supports/eligibility/documents/eligibility_contacts_ddosos)

**Contact Information**
Contact the Office for People with Developmental Disabilities at INFORMATION LINE 1-(866)-946-9733 or email at opwdd.sm.info.line@opwdd.ny.gov for more information. 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 that can be found here: http://www.opwdd.ny.gov/welcome-front-door/resource-booklet

**Link to Waiver Application**

**Expiration Date**
03/30/2021

**Date of Last Update**
07/08/2019
# NEW YORK

## NY Nursing Home Transition and Diversion (NHTD) Medicaid Waiver (0444.R02.00)

**State Operating Agency:** The Office of Health Insurance Programs, Division of Long-term Care

### Description

The Nursing Home Transition and Diversion (NHTD) waiver provides community-based long-term care services, as an alternative to institutional care. The goal of the waiver program is to assure access to the least restrictive and most community integrated care appropriate. Waiver services are delivered in a traditional method. A Service Coordinator works with the participant to develop and implement a plan for waiver services and other resources.

The state has submitted a plan to eliminate the NHTD waiver and transition its participants into managed care programs operated by New York State sometime in the future.

The services provided by this waiver include: respite, service coordination (SC), assistive technology, community transitional services (CTS), environmental modifications services, moving assistance services, transportation services, community integration counseling services (CIC), congregate and home delivered meals services, home and community support services (HCSS), home visits by medical personnel, independent living skills training services (ILST), nutritional counseling/educational services, peer mentoring, positive and behavioral interventions and supports services (PBIS), respiratory therapy services, structured day program services (SDP), and wellness counseling service.

### Waiver Type

1915(c); 1115 operates concurrently with Partnership Plan

### Target Population - Eligibility

Individuals aged 65 and older, age 18-64 physically disabled. Residential settings of four or more unrelated individuals are excluded.

### Level of Care

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

### Respite Services

Respite is an individually designed service intended to provide scheduled relief to non-paid supports who provide primary care and support to a waiver participant. The primary location for the provision of this service is in the waiver participant’s home, but Respite services may also be provided in another non-congregate care community dwelling acceptable to the waiver participant. Receipt of respite services does not preclude a participant from receiving other services on the same day. Respite services are provided in 24-hour blocks of time, not to exceed thirty (30) days per year. Respite services are provider managed.

### Respite Provider Eligibility

Provider enrollment info: [https://www.emedny.org/info/ProviderEnrollment/nursing_home_transition/index.aspx](https://www.emedny.org/info/ProviderEnrollment/nursing_home_transition/index.aspx)


### Caregiver Eligibility

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

### Enrollment Limit

3576: Year ending 06/30/2023

### How to Apply

Contact the Regional Resource Development Center that serves your country (listing at [https://www.health.ny.gov/facilities/long_term_care/regional_resource_development_centers.htm](https://www.health.ny.gov/facilities/long_term_care/regional_resource_development_centers.htm))

### Contact Information

New York State Department of Health Division of Long-term Care
(518) 486-1354 or E-mail: NHTDWaiver@health.state.ny.us

### Link to Waiver Application


### Expiration Date

06/30/2023

### Date of Last Update

06/13/2019
## NEW YORK

### NY TBI Waiver (0269.R04.01)

**State Operating Agency:** The Office of Health Insurance Programs, Division of Long-term Care

**Description**

The TBI Waiver provides community-based alternatives to individuals to allow participants to avoid or transition from unwanted institutional placement. It makes every effort to promote the right of waiver applicants/participants to choose participation in the waiver, identify needed services, and select service providers. The waiver participant is the primary decision-maker in the development of goals, and selection of supports and individual service providers. A Service Coordinator works with participants in the development, implementation, and evaluation of the service plan.

The state has submitted a plan to eliminate the NHTD waiver and transition its participants into managed care programs operated by New York State sometime in the future.

The services provided by this waiver include: respite, service coordination, assistive technology (AT), community transitional services (CTS), environmental modifications, transportation services, community integration counseling (CIC), home and community support services (HCSS), independent living skills and training, positive behavioral interventions and support services, structured day program (SDP), substance abuse program services.

### Waiver Type

1915(c); 1115 Concurrent operation with Partnership Plan

### Target Population-Eligibility

Individuals who are 18 and older with a brain injury. Individuals must be 18-64 years old at time of application, but once enrolled there is no maximum age limit.

### Level of Care

The individual requires the level of care available at a nursing facility (NF).

### Respite Services

Respite is an individually designed service intended to provide scheduled relief to non-paid supports who provide primary care and support to a waiver participant. The service is provided in a 24-hour block of time as required. The primary location for the provision of this service is in the waiver participant’s home, but Respite services may also be provided in another non-congregate care community dwelling acceptable to the waiver participant. Receipt of respite services does not preclude a participant from receiving other services on the same day. Respite services are not to exceed 30 days per year.

Respite services are provider managed.

### Respite Provider Eligibility

Provider enrollment info:

[https://www.emedny.org/info/ProviderEnrollment/HCBS-TBIWaiver/index.aspx](https://www.emedny.org/info/ProviderEnrollment/HCBS-TBIWaiver/index.aspx)

### Caregiver Eligibility

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

### Enrollment Limit

5132: Year ending 08/31/2022

### How to Apply

Contact your Regional Resource Development Center

(No a list of RRDCs for the TBI Medicaid Waiver Program and the counties they serve on page 7 on [https://www.health.ny.gov/publications/1111.pdf](https://www.health.ny.gov/publications/1111.pdf))

### Contact Information

Contact the New York State Department of Health, TBI Medicaid Waiver Program at 518-474-5271.

### Link to Waiver Application


### Expiration Date

08/31/2022

### Date of Last Update

06/13/2019

Medicaid Waivers for Respite Support – 2019

ARCH National Respite Network and Resource Center | archrespite.org
NEW YORK

NY Children’s Waiver (4125.R05.03)
State Operating Agency: New York Office of Health Insurance Programs

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. Formerly named "Care at Home I/II", the Children’s Waiver is the result of the consolidation of several previous waivers and programs, including: Serious Emotional Disturbance (SED) waiver, OPWDD Care At Home waiver, Bridges to Health (B2H) SED waiver, B2H Developmental Disability (DD) waiver, and B2H Medically Fragile waiver. All of the Home and Community Based Services provided in these waivers are now incorporated into the Children’s Waiver.

The services provided by this waiver include case management, community habilitation, day habilitation, prevocational services, respite, supported employment, adaptive and assistive equipment, caregiver/family supports and services, community self-advocacy training and supports, crisis intervention, environmental modifications, family support, non-medical transportation, palliative care - expressive therapy, palliative care – bereavement service, palliative care – massage therapy, palliative care – pain and symptom management, vehicle modifications, youth peer support and training.

This waiver is part of the Children’s Medicaid System Transformation and will be implemented concurrently with an 1115 waiver in the future.

Waiver Type
1915(c)

Target Population
Individuals: who have physical or other disabilities ages 0-20; who have a brain injury ages 0-20; who have HIV/AIDS ages 0-20; who are medically fragile ages 0-20; who are technologically dependent ages 0-20; who have autism, intellectual disabilities (ID), or developmental disabilities (DD) ages 0-20; who have a mental illness ages 18-20; or who have a serious emotional disturbance (SED) ages 0-18.

Level of Care
The individual requires the level of care available in a Hospital, Nursing Facility (NF) or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

Respite Services
This service focuses on short-term assistance provided to children/youth regardless of disability (developmental, physical and/or behavioral) because of the absence of or need for relief of the child or the child’s family caregiver. Respite workers supervise the individual and engage them in activities that support his/her and/or primary caregiver/family’s constructive interests and abilities. Such services can be provided in a planned mode or delivered in a crisis situation.

Planned respite services provide planned short-term relief for the child or family/primary caregivers that are needed to enhance the family/primary caregiver’s ability to support the individual’s functional, developmental, behavioral health and/or health care needs. This may occur in short-term increments of time (usually during the day) or on an overnight or longer-term increment.

Crisis Respite is a short-term care and intervention strategy for children/youth and their families that helps to alleviate the risk for an escalation of symptoms, a loss of functioning, and/or a disruption in a stable living environment. It may be used when challenging behavioral or situational crises occur which the individual and/or family/caregiver is unable to manage without intensive assistance and support. Crisis Respite can also be used as a result of crisis intervention or from visiting the emergency room. Services offered may include: site-based crisis residence, monitoring for high risk behavior, health and wellness skill building, wellness activities, family/caregiver support, conflict resolution, and other services as needed.

Both planned and crisis respite can be provided during the day or overnight. Planned/Crisis Day respite services can be provided in the home of an eligible youth or a community setting. Planned/Crisis Overnight settings include: Foster boarding home, OCGS licensed/certified setting, Teaching Family Home, OMH-certified Community Residence: (community-based or state operated), including Crisis Residence. Both forms of respite are provider managed.
### Respite Provider Eligibility

Provider eligibility information can be found at: [https://www.emedny.org/info/ProviderEnrollment/index.aspx](https://www.emedny.org/info/ProviderEnrollment/index.aspx)

For more provider resources, access the Children’s Waiver page on the DOH website at [https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/1115_waiver_amend.htm](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/1115_waiver_amend.htm)

### Caregiver Eligibility

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

### Enrollment Limit

13894: Year ending 03/31/2022

### How to Apply

Contact your local Department of Social Services: [https://www.health.ny.gov/health_care/medicaid/ldss.htm](https://www.health.ny.gov/health_care/medicaid/ldss.htm)

### Contact Information


### Link to Waiver Application

[https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/hcbs_waivers_application_ny_4125_r05_02.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/hcbs_waivers_application_ny_4125_r05_02.pdf)

### Expiration Date

03/31/2022

### Date of Last Update

06/12/2019
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 TBI Waiver (1326.R00.00)**

Provides adult day health, day supports, personal care, residential supports, respite, supported employment, occupational therapy, physical therapy, speech and language therapy, assistive technology, cognitive rehabilitation (CR), community networking, community transition, crisis supports services, home modifications, in home intensive support, life skills training, natural supports education, resource facilitation, specialized consultation, vehicle modifications for individuals with brain injury ages 22 and up.

**NC 2008 Community Alternatives Program for Disabled Adults CAP/DA Waiver (0132.R07.00)**

Provides: adult day health, CAP in-home aide, coordination of care - case management and care advisement, financial management services, personal assistance services, community integration services, community transition, coordinated caregiving, equipment, modification and technology, individual goods and services, meal preparation and delivery, nutritional services, participant goods and services, personal emergency response services, pest eradication, respite services, specialized medical supplies, training/education and consultative services for individuals 65 years and older and individuals between 18-64 years old diagnosed as physically disabled.

**NC Community Alternatives Program for Children CAP/C Waiver (4141.R06.00)**

Provides in-home care aide service, financial management, assistive technology, case management, community transition, home accessibility and adaptation, institutional and non-institutional respite, participant goods and services, pediatric nurse aide services, specialized medical equipment and supplies, training, education and consultative services, vehicle modifications for individuals who are medically fragile ages 0 – 20.

**NC Innovations Waiver (0423.R03.00)**

Provides community navigator, community networking, day supports, residential supports, respite, supported employment, financial support services, assistive technology, community living and support, community transition, crisis services, home modifications, individual goods and services, natural supports education, specialized consultation, supported living - periodic, supported living - transition, supported living, and vehicle modifications for individual with intellectual disabilities and developmental disabilities with no age restrictions.
**NC TBI Waiver (1326.R00.00)**  
**State Operating Agency: NC DHHS, Division of Medical Assistance and Alliance Behavioral Healthcare**

<table>
<thead>
<tr>
<th>Description</th>
<th>The NC TBI Waiver is designed to provide an array of community-based rehabilitative services and supports that facilitates recovery and promotes choice, independence and community involvement. These services provide a community-based alternative to institutional care for individuals with traumatic brain injuries to enable them to be fully functioning members of their community. The waiver aims to offer person centered service options. The services provided by this waiver include: adult day health, day supports, personal care, residential supports, respite, supported employment, occupational therapy, physical therapy, speech and language therapy, assistive technology, cognitive rehabilitation (CR), community networking, community transition, crisis supports services, home modifications, in home intensive support, life skills training, natural supports education, resource facilitation, specialized consultation, and vehicle modifications. It currently serves individuals only in four counties (Alliance Behavioral Health catchment area).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiver Type</td>
<td>1915(c); 1915(b) Operates concurrently with the NC Mental Health, Intellectual and Developmental Disabilities and Substance Abuse Services Health Plan waiver, #NC-02.</td>
</tr>
<tr>
<td>Target Population-Eligibility</td>
<td>Individuals who are diagnosed with a brain injury and are 22 or older. Must live in one of the following counties: Cumberland, Durham, Johnston, and Wake</td>
</tr>
<tr>
<td>Level of Care</td>
<td>The individual requires level of care available in a Specialty Hospital or Skilled Nursing Facility (SNF).</td>
</tr>
<tr>
<td>Respite Services</td>
<td>Respite services provide periodic or scheduled 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. This service also enables the individual to receive periodic support and relief from the primary caregiver(s) at his/her choice. Respite may include in and out-of-home services, inclusive of overnight, weekend care, or emergency care (family emergency based, not to include out of home crisis). This service may not be used as a regularly scheduled daily service in individual support. Respite may not be used for consumers who are living alone or with a roommate. Respite may not be provided by any person who resides in the individual’s primary place of residence. Respite is not available at the same time of day as Community Networking, Day Supports, Life Skills Training, Personal Care, Supported Employment or one of the State Plan Medicaid Services that works directly with the consumer. Respite services are provider managed.</td>
</tr>
<tr>
<td>Respite Provider Eligibility</td>
<td>Information about provider eligibility: <a href="https://www.alliancehealthplan.org/providers/">https://www.alliancehealthplan.org/providers/</a></td>
</tr>
<tr>
<td>Caregiver Eligibility</td>
<td>Respite may not be provided by a legally responsible person, relative or a legal guardian.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>107: Year ending 04/30/2021</td>
</tr>
<tr>
<td>How to Apply</td>
<td>Call Alliance’s 24-hour Access and Information line at (800) 510-9132. Please specifically ask to apply for the TBI waiver.</td>
</tr>
</tbody>
</table>
| Contact Information | TBI Program Contact: 919-715-1294 or TBIContact@dhhs.nc.gov  
Call Alliance’s 24-hour Access and Information line for more information. |
| Expiration Date | 04/30/2021 |
| Date of Last Update | 06/11/2019 |
The CAP/DA waiver application is intended to provide a safe and supportive network of services, promote community integration, and autonomy of choice. This supportive network of services supplements Medicaid State Plan services to address deficiencies in the performance of activities of daily living (ADLs), interactive activities of daily living (IADLs) and gaps in the support systems. The waiver's goals are to provide an alternative to institutional care for individuals who choose to remain integrated in their community, and to ensure the health, safety, and well-being of each waiver participant through person-centered planning. The waiver offers both traditional methods of service and consumer-directed options.

Services provided by this waiver include: adult day health, CAP in-home aide, coordination of care - case management and care advisement, financial management services, personal assistance services, community integration services, community transition, coordinated caregiving, equipment, modification and technology, individual goods and services, meal preparation and delivery, nutritional services, participant goods and services, personal emergency response services, pest eradication, respite services, specialized medical supplies, training/education and consultative services.

The information in this description is based on the submitted and pending renewal application.

<table>
<thead>
<tr>
<th>Waiver Type</th>
<th>1915(c)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target Population-Eligibility</td>
<td>Individuals who are 65 years and older or who are physically disabled between the ages of 18 and 64 years old.</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 services provide temporary relief to the individual's primary unpaid caregiver(s) by taking over the care needs of the individual for a limited time. This service may be used to meet a wide variety of needs, including family emergencies; planned special circumstances when the primary unpaid caregiver needs to be away for an extended period (such as vacations, hospitalizations, or business trips); relief from the daily responsibility of caring for an individual with a disability, or the provision of time for the primary unpaid caregiver to complete essential personal tasks. It can be used as day, evening, or overnight care to meet a range of beneficiary needs such as caregiver relief. Respite care may be provided either in the consumer's residence or in a licensed facility. Respite services shall not exceed 30 calendar days or 720 hours in one fiscal year. Respite services may be provider managed or participant directed.</td>
</tr>
<tr>
<td>Respite Provider Eligibility</td>
<td>Information about provider eligibility: <a href="https://medicaid.ncdhhs.gov/providers">https://medicaid.ncdhhs.gov/providers</a></td>
</tr>
<tr>
<td>Caregiver Eligibility</td>
<td>Respite services may not be provided by a legal guardian, but may be provided by a legally responsible person or relative.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>11534: Year ending 06/30/24 based on proposed effective date</td>
</tr>
<tr>
<td>How to Apply</td>
<td>Contact the lead Community Alternatives Program for Disabled Adults Waiver (CAP/DA) lead agency in your area (<a href="https://files.nc.gov/ncdma/CAP-DA_Lead_Agency_Directory.xlsx">https://files.nc.gov/ncdma/CAP-DA_Lead_Agency_Directory.xlsx</a>) Or, contact your county Division of Social Services (directory at <a href="https://www.ncdhhs.gov/divisions/social-services/local-dss-directory">https://www.ncdhhs.gov/divisions/social-services/local-dss-directory</a>) Relevant forms are available at: <a href="https://medicaid.ncdhhs.gov/providers/forms/community-alternatives-program-forms">https://medicaid.ncdhhs.gov/providers/forms/community-alternatives-program-forms</a></td>
</tr>
</tbody>
</table>
### Contact Information
Contact the NC Medicaid Clinical Section at 919-855-4340 or medicaid.capda@dhhs.nc.gov
Contact the NC Medicaid Division of Health Benefits at 919-855-4100
More information about this program can be found on the NC Medicaid Division of Health Benefits website:
https://medicaid.ncdhhs.gov/medicaid/get-started/find-programs-and-services/community-alternatives-program-for-disabled-adults

### Link to Waiver Application

### Expiration Date
09/30/2018, renewal submitted 03/01/19, proposed effective 07/01/19; Awaiting CMS approval.

### Date of Last Update
06/11/2019
NC Community Alternative Program for Children (CAP/C) Waiver (4141.R06.00)
State Operating Agency: NC Department Health and Human Services (DHHS), Division of Health Benefits

| Description | The purpose of the CAP/C waiver is to provide a community alternative for children who have complex medical conditions. The program works to support the consumer directly and indirectly by providing physical, educational, and emotional support to the consumer and his or her family and informal caregivers. The services provided aim to reduce institutionalization, thus promoting continuous community living.

The services provided by this waiver include: in-home care aide service, financial management, assistive technology, case management, community transition, home accessibility and adaptation, institutional and non-institutional respite, participant goods and services, pediatric nurse aide services, specialized medical equipment and supplies, training, education and consultative services, vehicle modifications. |
<table>
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<tbody>
<tr>
<td>Waiver Type</td>
<td>1915(c)</td>
</tr>
</tbody>
</table>
| Target Population-Eligibility | 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. |
| Level of Care | The individual requires level of care available in a Hospital or Nursing Facility (NF). |
| Respite Services | Respite care provides short-term support for the primary caregiver(s) for the consumer by taking over the care needs for a limited time. It can be used when the consumer or primary caregiver needs physical time away from home, or to give the caregiver personal time for emotional, physical or psychosocial balance. This waiver provides both Institutional and Non-Institutional Respite services.

Institutional Respite: The provision of this service takes place in a Medicaid-certified nursing facility or a hospital with swing beds.

Non-Institutional Respite: 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 an individual with a disability; or the provision of time for the caregiver(s) to complete essential personal tasks. The provision of this service takes place within the consumer’s home.

Respite services can be provider managed or participant-directed. Respite services can be provided for up to 720 hours per fiscal year. |
| Respite Provider Eligibility | Information about provider eligibility: [https://medicaid.ncdhhs.gov/providers](https://medicaid.ncdhhs.gov/providers) |
| Caregiver Eligibility | Respite may not be provided by a legal guardian, legally responsible person, or relative. |
| Enrollment Limit | 3950: Year ending 02/28/2022 |
| How to Apply | Contact your county Division of Social Services (directory at [https://www.ncdhhs.gov/divisions/social-services/local-dss-directory](https://www.ncdhhs.gov/divisions/social-services/local-dss-directory))

Relevant forms are available at: [https://medicaid.ncdhhs.gov/providers/forms/community-alternatives-program-forms](https://medicaid.ncdhhs.gov/providers/forms/community-alternatives-program-forms) |
| Contact Information | Contact the NC Medicaid Clinical Section at 919-855-4340 or medicaid.capc@dhhs.nc.gov
Contact the NC Medicaid Division of Health Benefits at 919-855-4100 |

Medicaid Waivers for Respite Support – 2019
ARCH National Respite Network and Resource Center | archrespite.org
<table>
<thead>
<tr>
<th><strong>Link to Waiver Application</strong></th>
<th><a href="https://files.nc.gov/ncdma/https_mms-mmdl.cdsvd.pdf">https://files.nc.gov/ncdma/https_mms-mmdl.cdsvd.pdf</a></th>
</tr>
</thead>
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<tr>
<td><strong>Expiration Date</strong></td>
<td>02/28/2022</td>
</tr>
<tr>
<td><strong>Date of Last Update</strong></td>
<td>06/11/2019</td>
</tr>
</tbody>
</table>
NC Innovations Waiver (0423.R03.00)
State Operating Agency: NC Department of Health and Human Services (DHHS), Division of Medical Assistance

Description
This waiver provides 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 waiver aims to support consumers to be fully functioning members of their community, and focuses on maximizing individuals’ self-determination, self-advocacy and self-sufficiency.

The services provided by this waiver include: community navigator, community networking, day supports, residential supports, respite, supported employment, financial support services, assistive technology, community living and support, community transition, crisis services, home modifications, individual goods and services, natural supports education, specialized consultation, supported living - periodic, supported living - transition, supported living, 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 4 beds or less.

Level of Care
Individual requires 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. This service also enables the individual to receive periodic support and relief from the primary caregiver(s) at his/her choice. Respite may be utilized during school hours for sickness or injury. Respite may include in and out-of-home services, inclusive of overnight, weekend care, or emergency care (family emergency based, not to include out of home crisis).

This service may not be used as a regularly scheduled routine service for individual support. Respite does not include transportation to/from school settings. This service is not available at the same time of day as community networking, day supports, community living and supports, supported employment or one of the State Plan Medicaid Services that works directly with the consumer. Respite may not be used for participants who are living alone or with a roommate. Respite care is not provided by any individual who resides in the individual’s primary place of residence.

Respite services may be participant-directed or provider managed.

Respite Provider Eligibility
Information about provider eligibility: [https://medicaid.ncdhhs.gov/providers](https://medicaid.ncdhhs.gov/providers)

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

Enrollment Limit
13138: Year ending 06/30/2024

How to Apply
To apply, contact the Local Management Entity-Managed Care Organization in your county: [https://www.ncdhhs.gov/providers/lme-mco-directory](https://www.ncdhhs.gov/providers/lme-mco-directory)

Contact Information
Division of Mental Health, Developmental Disabilities, and Substance Abuse Services: 855-262-1946
NC Medicaid Recipient Services: 919-855-4000 or [IDDListeningSessions@dhhs.nc.gov](IDDListeningSessions@dhhs.nc.gov).

Link to Waiver Application

Expiration Date
06/30/2024

Date of Last Update
07/15/2019
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 Medicaid Waiver for Medically Fragile Children (0568.R02.02)**

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 medically fragile.

**ND Medicaid Waiver HCBS (0273.R05.02)**

Provides adult day care, adult residential care, case management, homemaker, respite care, supported employment, adult foster care, chore, community transition services, emergency response, environmental modification, extended personal care, family personal care, home delivered meals, non-medical transportation, specialized equipment & supplies, supervision, transitional living for individuals who are aged 65 – no max age, disabled-physical ages 18-64, and disabled-other ages 18-64 yrs.

**ND Children’s Hospice Waiver (0834.R02.01)**

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 Eleven Waiver (0842.R02.00)**

Provides: respite, service management, assistive technology, program design and monitoring, and skills training for children ages 0-11 diagnosed with autism.
**ND Medicaid Waiver for Medically Fragile Children (0568.R02.02)**

**State Operating Agency:** North Dakota Department of Human Services, Developmental Disabilities (DD) Division

<table>
<thead>
<tr>
<th>Description</th>
<th>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. This will reduce and prevent institutional placement for children who are medically fragile. 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.</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 3-17 years old diagnosed as medically fragile.</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>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.</td>
</tr>
<tr>
<td><strong>Respite Provider Eligibility</strong></td>
<td>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: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/provider.html">http://www.nd.gov/dhs/services/medicalserv/medicaid/provider.html</a></td>
</tr>
<tr>
<td><strong>Caregiver Eligibility</strong></td>
<td>Respite may not be provided by a legal guardian, relative, or legally responsible person.</td>
</tr>
<tr>
<td><strong>Enrollment Limit</strong></td>
<td>25: Year ending 05/31/2021</td>
</tr>
<tr>
<td><strong>How to Apply</strong></td>
<td>Contact Developmental Disabilities Division. To find the office nearest you, please visit: <a href="http://www.nd.gov/dhs/services/disabilities/dd-offices.html">http://www.nd.gov/dhs/services/disabilities/dd-offices.html</a></td>
</tr>
<tr>
<td><strong>Contact Information</strong></td>
<td>Department of Human Services, Developmental Disabilities Division: (701) 328-8930 or <a href="mailto:dhssdd@nd.gov">dhssdd@nd.gov</a> Medical Services Division: (701) 328-7068, toll free number 1-800-755-2604, or <a href="mailto:dhsmed@nd.gov">dhsmed@nd.gov</a></td>
</tr>
<tr>
<td><strong>Expiration Date</strong></td>
<td>05/31/2021</td>
</tr>
<tr>
<td><strong>Date of Last Update</strong></td>
<td>06/28/2019</td>
</tr>
</tbody>
</table>
### Description
This waiver provides options for a continuum of home and community based services in the least restrictive environment. The goal is to adequately and appropriately sustain individuals in their own homes and communities and to delay or divert institutional care. The waiver uses a consumer-centered, affordable delivery system 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, supervision, 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 (which includes individuals with brain injuries or dementia).

### 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. Respite is provided in cases where: 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.

Generally, these services are limited to approximately 9 hours a week for in-home respite, and 4 days a month for institutional respite. 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
580: Year ending 03/31/2022

### How to Apply
Contact the Medical Services Division of your local County Social Service Office [http://www.nd.gov/dhs/locations/countyss/index.html](http://www.nd.gov/dhs/locations/countyss/index.html)

### Contact Information
Medical Services Division
(701) 328-7068, toll free number 1-800-755-2604, or [dhsmed@nd.gov](mailto:dhsmed@nd.gov)

Aging and Disability Resource
1-855-462-5465

### Link to Waiver Application

### Expiration Date
03/31/2022

### Date of Last Update
06/07/2019
ND Children’s Hospice Waiver (0834.R02.01)
State Operating Agency: North Dakota Department of Human Services (DHS), Medical Services Division

<table>
<thead>
<tr>
<th>Description</th>
<th>The purpose of this waiver is to keep children, who have a life limiting diagnosis that may be less than one year, in their home as much as possible, avoiding lengthy hospital stays and delaying or diverting institutional care. This waiver 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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiver Type</td>
<td>1915(c)</td>
</tr>
<tr>
<td>Target Population-Eligibility</td>
<td>Individuals who are aged 0-21 and diagnosed as medically fragile. Child will have a letter from their primary physician stating they have a life limiting diagnosis that could possibly be end of life within one year or less.</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 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 Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) for the child. 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 or family members, and 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). Child must be residing in their legally responsible caregiver’s home and respite must occur within this home. Respite services are provider managed. Respite services are limited to 76 hours per year for the identified child.</td>
</tr>
<tr>
<td>Respite Provider Eligibility</td>
<td>Information about provider eligibility: <a href="http://www.nd.gov/dhs/services/medicaleds/medicaid/provider.html">http://www.nd.gov/dhs/services/medicaleds/medicaid/provider.html</a></td>
</tr>
<tr>
<td>Caregiver Eligibility</td>
<td>Respite may not be provided by a legally responsible person, relative, or legal guardian.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>30: Year ending 06/30/2023.</td>
</tr>
<tr>
<td>How to Apply</td>
<td>Contact the Medical Services Division of your local County Social Service Office <a href="http://www.nd.gov/dhs/locations/countysocialserv/index.html">http://www.nd.gov/dhs/locations/countysocialserv/index.html</a></td>
</tr>
<tr>
<td>Contact Information</td>
<td>Medical Services Division (701) 328-7068, toll free number 1-800-755-2604, or <a href="mailto:dhsmed@nd.gov">dhsmed@nd.gov</a></td>
</tr>
<tr>
<td>Expiration Date</td>
<td>06/30/2023</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>06/07/2019</td>
</tr>
</tbody>
</table>

Medicaid Waivers for Respite Support – 2019
ARCH National Respite Network and Resource Center | archrespite.org
**ND Autism Spectrum Disorder Birth through Eleven Waiver (0842.R02.00)**

**State Operating Agency:** North Dakota Department of Human Services, Autism Services Division

<table>
<thead>
<tr>
<th>Description</th>
<th>The waiver provides service options for children from birth through age 11 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 state oversees the process from application to delivery of service including child outcomes. The services provided by this waiver include: respite, service management, and assistive technology.</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 ages 0-11 who has been diagnosed with Autism or are on the Autism Spectrum.</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 to participants unable to care for themselves and 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. The maximum number of hours of respite for which a family is eligible is 40 hours per month. Respite services may be participant-directed or provider managed.</td>
</tr>
<tr>
<td><strong>Caregiver Eligibility</strong></td>
<td>Respite may not be provided by a legally responsible person or a legal guardian, but may be provided by a relative.</td>
</tr>
<tr>
<td><strong>Enrollment Limit</strong></td>
<td>96: Year ending 10/31/2023.</td>
</tr>
<tr>
<td><strong>How to Apply</strong></td>
<td>Contact Autism Services Division or complete the application online at: <a href="http://www.nd.gov/dhs/autism/">http://www.nd.gov/dhs/autism/</a></td>
</tr>
<tr>
<td><strong>Contact Information</strong></td>
<td>North Dakota Department of Human Services, Autism Services Division 701-328-2324, toll-free 800-755-2719 or <a href="mailto:dhsgautism@nd.gov">dhsgautism@nd.gov</a>.</td>
</tr>
<tr>
<td><strong>Expiration Date</strong></td>
<td>10/31/2023</td>
</tr>
<tr>
<td><strong>Date of Last Update</strong></td>
<td>06/07/2019</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:

**OH Level One Waiver (0380.R03.06)**

Provides community respite, habilitation- adult day support, habilitation- vocational habilitation, homemaker/personal care, specialized medical equipment and supplies, assistive technology, career planning, environmental accessibility adaptations, group employment support, home delivered meals, individual employment support, informal respite, money management, non-medical transportation, participant-directed homemaker/personal care, remote supports, residential respite, transportation, and waiver nursing delegation for persons with Intellectual Disabilities (ID) or Developmental Disabilities (DD), with no age restrictions.

**OH Home Care Waiver (0337.R04.04)**

Provides adult day health center services, personal care aide, home care attendant, home delivered meals, home modifications, out-of-home respite, personal emergency response services, supplemental adaptive and assistive device services, supplemental transportation, waiver nursing services for individuals with physical disabilities ages 0-59.

**OH Individual Options Waiver (0231.R05.00)**

Provides community respite, habilitation - adult day support, homemaker/personal care, specialized medical equipment and supplies, assistive technology, career planning, community transition service, environmental accessibility adaptations, group employment support, habilitation - vocational habilitation, home delivered meals, homemaker/personal care - daily billing unit, individual employment support, interpreter, money management, non-medical transportation, nutrition, participant-directed homemaker/personal care, remote supports, residential respite, shared living, social work, transportation, waiver nursing delegation, waiver nursing for individuals with intellectual disabilities (ID) or developmental disabilities (DD), with no age restrictions.

**OH Passport Waiver (0198.R06.01)**

Provides adult day service, homemaker, personal care, alternative meals service, choices - home care attendant service, chore, community transition service enhanced community living service, home care attendant, home delivered meals, home medical equipment and supplies, independent living assistance, minor home modification, maintenance and repair, non-emergency medical transportation, non-medical transportation, nutritional consultation, out-of-home respite, personal emergency response system, pest control, social work counseling, waiver nursing service for aged individuals ages 65 years and up, and individuals with physical disabilities ages 60-64.
OHIO

**OH Self Empowered Life Funding (SELF) Waiver (0877.R01.06)**

Provides participant-directed homemaker/personal care, residential respite, participant-directed goods and services, participant/family stability assistance, support brokerage, assistive technology, career planning, clinical/therapeutic intervention, community inclusion, community respite, functional behavioral assessment, group employment support, habilitation - adult day support, habilitation - vocational habilitation, individual employment support, non-medical transportation, remote supports, transportation, waiver nursing delegation for individuals with intellectual disabilities (ID) and developmental disabilities (DD), with no age restrictions.

**OH Integrated Care Delivery System (MyCare Ohio) Waiver (1035.R01.00)**

Provides adult day health, homemaker, personal care, alternative meals service, assisted living service, choices-home care attendant service, chore, community transition, enhanced community living, home care attendant, home delivered meals, home medical equipment and supplemental adaptive and assistive device services, home modifications, independent living assistance, nutritional consultation, out-of-home respite, personal emergency response systems, pest control, social work counseling, waiver nursing service, and waiver transportation for individuals 65 and older and individuals ages 18-64 with physical disabilities.
**OHIO**

**OH Level One Waiver (0380.R03.06)**  
*State Operating Agency: Ohio Department of Developmental Disabilities (DODD)*

<table>
<thead>
<tr>
<th><strong>Description</strong></th>
<th>The purpose of this waiver is to provide services in order to avoid or delay the institutionalization of individuals with developmental disabilities whose support needs are primarily met by family or informal support systems. Traditional and self-directed methods of service delivery are used. The services provided by this waiver include: community respite, habilitation - adult day support, homemaker/personal care, specialized medical equipment and supplies, assistive technology, career planning, community transition service, environmental accessibility adaptations, group employment support, habilitation - vocational habilitation, home delivered meals, homemaker/personal care - daily billing unit, individual employment support, interpreter, money management, non-medical transportation, nutrition, participant-directed homemaker/personal care, remote supports, residential respite, shared living, social work, transportation, waiver nursing delegation, waiver nursing.</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 any age who are diagnosed with an intellectual disability (ID) and/or a developmental disability (DD).</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 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. This waiver offers three different categories of respite services:  
**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. Community Respite is limited to 60 calendar days per waiver eligibility span.  
**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 Respite** shall only be provided in an ICF/IID; or another residential facility or a residence other than an ICF/IID, licensed by the department, where Residential Respite is provided by an agency provider. Residential Respite is limited to 90 calendar days per waiver eligibility span.  
All respite services are provider managed. |
| **Respite Provider Eligibility** | Information on becoming a provider of services: [http://dodd.ohio.gov/Providers/Pages/default.aspx#](http://dodd.ohio.gov/Providers/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. Community and Residential respite services may not be provided by a relative, legal guardian or the legally responsible person. |
| **Enrollment Limit** | 19200: Year ending 06/30/2021 |
| **How to Apply** | Contact your local County Board of Developmental Disabilities [http://dodd.ohio.gov/CountyBoards/CNT/Pages/default.aspx](http://dodd.ohio.gov/CountyBoards/CNT/Pages/default.aspx). |
| **Contact Information** | Ohio Department of Developmental Disabilities at (800) 617-6733 or in person at your local office |
| **Link to Waiver Application** | Link to application unavailable. |
| **Expiration Date** | 06/30/2021 |
| **Date of Last Update** | 06/10/2019 |
OHIO

OH Home Care Waiver (0337.R04.05)
State Operating Agency: Bureau of Long-term Care Services and Supports

Description
The goals of the Home Care waiver are to better target individuals’ unique needs while placing greater emphasis on cost management, and to increase individual choice and control over home and community based services and the providers who furnish them. A broad range of services continues to be included in the Ohio Home Care 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.

The services provided by this waiver include: adult day health center services, personal care aide, personal emergency response systems, community integration services, community transition services, home care attendant, home delivered meals, home modifications, home maintenance and chore services, 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, and three meals per day that meet the consumer's dietary requirements.

Respite Provider Eligibility
Information on becoming a provider of services: https://medicaid.ohio.gov/provider

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

Enrollment Limit
9800: Year ending 06/30/2021.

How to Apply
Contact Ohio Department of Medicaid’s Bureau of Long-Term Care Services and Supports to find the office nearest you or visit http://jfs.ohio.gov/County/County_Directory.pdf. Application instructions available at https://medicaid.ohio.gov/FOR-OHIOANS/Programs/Ohio-Home-Care-Waiver

Contact Information
Ohio Department of Medicaid’s Bureau of Long-Term Care Services and Supports at 614-466-6742 or call the Consumer Hotline at (800) 324-868-8680

Link to Waiver Application
https://medicaid.ohio.gov/Portals/0/Resources/PublicNotices/HomeCare/Detail-OHCW-021519.pdf

Expiration Date
06/30/2021

Date of Last Update
07/15/2019
OHIO

OH Individual Options Waiver (0231.R05.00)
State Operating Agency: Ohio Department of Development Disabilities (DODD)

| Description | The waiver provides home and community-based waiver services to persons with developmental disability, and/or intellectual disability in order to avoid or delay institutionalization. These services are provided in community settings of the individual's choice and may include living with family, in their own home, in shared living settings or in small congregate settings. Traditional and self-directed methods of service delivery are used. Services include community respite, habilitation - adult day support, homemaker/personal care, specialized medical equipment and supplies, assistive technology, career planning, community transition service, environmental accessibility adaptations, group employment support, habilitation - vocational habilitation, home delivered meals, homemaker/personal care - daily billing unit, individual employment support, interpreter, money management, non-medical transportation, nutrition, participant-directed homemaker/personal care, remote supports, residential respite, shared living, social work, transportation, waiver nursing delegation, and waiver nursing. |
| Waiver Type | 1915(c) |
| Target Population-Eligibility | Individuals of any age who are diagnosed with a developmental disability and/or Intellectual disability. |
| Level of Care | Individuals require level of care available in an Intermediate Care Facility for the Intellectual Disabilities (ICF/IID). |
| 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 who normally provide care for the individuals. This waiver offers both Community and Residential Respite services. 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 shall not be: provided in any residence, simultaneously provided at the same location where Adult Day Support or Vocational Habilitation is provided, or provided to an individual at the same time by the same provider as Homemaker/Personal Care or Shared Living. Community Respite is limited to 60 calendar days of service per waiver eligibility span. Residential Respite shall only be provided in an ICF/IID; or another residential facility or a residence other than an ICF/IID, licensed by the department, where Residential Respite is provided by an agency provider. It may not be provided to an individual at the same time by the same provider as Shared Living. Residential respite is limited to 90 calendar days of service per waiver eligibility span. Both respite services are provider managed. |
| Respite Provider Eligibility | Information on becoming a provider of services: [http://dodd.ohio.gov/Providers/Pages/default.aspx#](http://dodd.ohio.gov/Providers/Pages/default.aspx#) |
| Caregiver Eligibility | Respite services may not be provided by a legally responsible person, relative, or a legal guardian. |
| Enrollment Limit | 30500: Year ending 06/30/24 |
| How to Apply | Contact your County Board of Developmental Disabilities [http://dodd.ohio.gov/CountyBoards/CNT/Pages/default.aspx](http://dodd.ohio.gov/CountyBoards/CNT/Pages/default.aspx). |
| Contact Information | Ohio Department of Developmental Disabilities at (800) 617-6733 or in person at your local office |
| Link to Waiver Application | Link to application unavailable. |
| Expiration Date | 06/30/2024 |
| Date of Last Update | 06/10/2019 |
## OH Passport Waiver (0198.R06.02)
**State Operating Agency:** Ohio Department of Aging (ODA)

### Description
The goal of the Passport program is to enable individuals who have a clinically documented need for long-term care services and supports to remain at home. Case managers work with eligible consumers to develop a package of services and supports in a person-centered process. This waiver offers both participant-directed and provider managed service delivery methods.

The services provided by this waiver include: adult day service, homemaker, personal care, alternative meals service, choices - home care attendant service, community integration, community transition, enhanced community living service, home care attendant, home delivered meals, home maintenance and chore, home medical equipment and supplies, home modification, non-emergency medical transportation, non-medical transportation, nutritional consultation, out-of-home respite, personal emergency response system, social work counseling, and waiver nursing service.

### Waiver Type
1915(c)

### Target Population-Eligibility
Participants must be 65 and older or between 60-64 years old diagnosed as physically disabled.

### Level of Care
Individually requires level of care available in nursing facility (NF).

### Respite Services
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 consumer’s dietary requirements. Respite services are provider managed.

### Respite Provider Eligibility
Information on becoming a provider of services: [https://aging.ohio.gov/ProviderCertification](https://aging.ohio.gov/ProviderCertification)

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

### Enrollment Limit
39807: Year ending 06/30/2023

### How to Apply
- Contact your local Area Agency on Aging by calling 1-866-243-5678 or visiting [https://aging.ohio.gov/FindServices#1084129-map](https://aging.ohio.gov/FindServices#1084129-map)
- Application instructions online at [https://aging.ohio.gov/Portals/0/PDF/profile_passport.pdf](https://aging.ohio.gov/Portals/0/PDF/profile_passport.pdf)

### Contact Information
Contact the Ohio Department of Aging at 1-800-266-4346 or your local Passport Administrative Agency

### Link to Waiver Application
[https://medicaid.ohio.gov/Portals/0/Resources/PublicNotices/PassportWaiver021219/WaiverDetail.pdf](https://medicaid.ohio.gov/Portals/0/Resources/PublicNotices/PassportWaiver021219/WaiverDetail.pdf)

### Expiration Date
06/30/2023

### Date of Last Update
07/08/2019
**Ohio Self Empowered Life Funding (SELF) Waiver (0877.R01.06)**  
**State Operating Agency:** The Ohio Department of Developmental Disabilities (DODD)

<table>
<thead>
<tr>
<th>Description</th>
<th>The purpose of the waiver is to provide services under a participant-directed model to individuals with developmental disabilities in order to avoid or delay their institutionalization. The services provided by this waiver include: participant-directed homemaker/personal care, residential respite, participant-directed goods and services, participant/family stability assistance, support brokerage, assistive technology, career planning, clinical/therapeutic intervention, community inclusion, community respite, functional behavioral assessment, group employment support, habilitation - adult day support, habilitation - vocational habilitation, individual employment support, non-medical transportation, remote supports, transportation, waiver nursing delegation.</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 have developmental or intellectual disabilities (DD/ID).</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 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. This waiver offers both residential and community respite services. Residential Respite shall only be provided in an intermediate care facility for individuals with intellectual disabilities (ICF/IID); or another residential facility or a residence other than an ICF/IID, licensed by the department, 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 shall not be provided in any residence or a location where Adult Day Support or Vocational Habilitation is provided, and shall not be provided to an individual at the same time as Community Inclusion. Community Respite is limited to 60 calendar days per waiver eligibility span. Both respite services may be participant-directed or 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/Pages/default.aspx">http://dodd.ohio.gov/Providers/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>3600: Year ending 06/30/2020.</td>
</tr>
<tr>
<td>How to Apply</td>
<td>Contact your local County Board of Developmental Disabilities <a href="http://dodd.ohio.gov/CountyBoards/CNT/Pages/default.aspx">http://dodd.ohio.gov/CountyBoards/CNT/Pages/default.aspx</a>.</td>
</tr>
<tr>
<td>Contact Information</td>
<td>Ohio Department of Developmental Disabilities (800) 617-6733 or in person at your local office</td>
</tr>
<tr>
<td>Link to Waiver Application</td>
<td>Link to application unavailable.</td>
</tr>
<tr>
<td>Expiration Date</td>
<td>06/30/2020</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>06/10/2019</td>
</tr>
</tbody>
</table>
### 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 assures continuity of care by offering HCBS that are consistent with the services available in Ohio's five Nursing Facility level of care waivers. The waiver will authorize HCBS not otherwise available through Ohio's Medicaid State plan, enabling consumers to maximize their independence and live in settings of their choice. The waiver provides for self-direction of selected services. Services include: adult day health, homemaker, personal care, alternative meals service, assisted living service, choices - home care attendant service, community integration service, community transition service, enhanced community living service, home care attendant, home delivered meals, home maintenance and chore, home medical equipment and supplemental adaptive and assistive device services, home modification, nutritional consultation, out-of-home respite, personal emergency response system, social work counseling, waiver nursing, and waiver transportation.

### 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 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. Respite services are provider managed.

### Respite Provider Eligibility
Information on becoming a provider of services: https://medicaid.ohio.gov/provider

### Caregiver Eligibility
Out-of-Home Respite may not be provided by a legally responsible person, relative, or legal guardian.

### Enrollment Limit
35305: Year ending 12/31/2023.

### How to Apply
Contact your local County Agency at http://jfs.ohio.gov/County/County_Directory.stm
You must be enrolled in this waiver by MyCare Ohio, a managed care plan.

### Contact Information
Ohio Medicaid Consumer Hotline 1-800-324-8680
Learn more and locate additional resources at https://ohiomh.com/home/index

### Link to Waiver Application
https://medicaid.ohio.gov/Portals/0/Resources/PublicNotices/MyCareWaiver/MyCare-Waiver-Amend-Detail-021519.pdf

### Expiration Date
12/31/2023

### Date of Last Update
07/08/2019
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 (0256.R05.02)**

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, and therapy services for individuals aged 65 and older, and individuals ages 21-64 diagnosed with physical and/or other disabilities.

**OK Community Waiver (0179.R06.02)**

Provides adult day health, habilitation training specialist services, homemaker, prevocational services, respite, supported employment, nursing, prescribed drugs, agency companion, audiology services, community transition services, daily living supports, dental services, environmental accessibility adaptations and architectural modification, extended duty nursing, family counseling, family training, group home, intensive personal support, nutrition services, occupational therapy services, physical therapy services, psychological services, specialized foster care also known as specialized family home/care, specialized medical supplies and assistive technology, speech therapy services, and transportation for individuals with intellectual disabilities age 3 and older.

**OK Homeward Bound Waiver (0399.R03.02)**

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, specialized foster care, specialized medical supplies and assistive technology, speech therapy, and transportation for select individuals 21 and older diagnosed with intellectual disabilities (ID).

**OK In-Home Supports Waiver for Children (0351.R04.02)**

Provides habilitation training specialist services, prevocational services, respite, supported employment, environmental accessibility adaptations and architectural modification, family training, occupational and physical therapy, self-directed goods and services (SD-GS), and specialized medical supplies and assistive technology for individuals ages 3-17 diagnosed with intellectual disabilities (ID).
OKLAHOMA

OK In-Home Supports Waiver for Adults (0343.R04.02)

Provides adult day services, habilitation training specialist services, homemaker, prevocational services, respite, supported employment, prescribed drugs, audiology services, dental services, environmental accessibility adaptations and architectural modification, family counseling, family training, nutrition services, occupational therapy, physical therapy, psychological services, self-directed goods and services (SD-GS), specialized medical supplies and assistive technology, speech therapy, transportation services for individuals ages 18 and older diagnosed with intellectual disabilities (ID).

OK Medically Fragile Waiver (0811.R02.01)

Provides case management, personal care, respite, prescribed drugs, advanced supportive/restorative assistance, environmental modifications, home delivered meals, hospice care, institutional transition case management, personal emergency response system (PERS), private duty nursing, self-directed goods and services (SD-GS), skilled nursing, specialized medical equipment and supplies, therapy services: respiratory, therapy services: occupational, therapy services: physical, therapy services: speech, and transitional case management for individuals 19 and older diagnosed as medically fragile and technology dependent.
**OKLAHOMA**

**OK ADvantage Waiver (0256.R05.02)**  
**State Operating Agency:** Oklahoma Department of Human Services (OKDHS), Aging Services Division

### Description
The ADvantage program is a home and community-based alternative to allow participants to remain at home or in the residential setting of their choosing. 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 and individuals ages 21-64 who are diagnosed as physically otherwise disabled. Eligibility is limited to persons with developmental disability without cognitive impairment related to the developmental disability.

### Level of Care
The individual requires level of care available in Nursing Facility (NF).

### Respite Services
Respite 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 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:  
[http://www.okdhs.org/services/aging/pages/FAQs.aspx](http://www.okdhs.org/services/aging/pages/FAQs.aspx)  
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
24375: Year ending 06/30/2021.

### How to Apply
To apply, contact your local DHS county office:  
[http://www.okdhs.org/countyoffices/Pages/default.aspx](http://www.okdhs.org/countyoffices/Pages/default.aspx)  
Or apply over the phone by calling 1-800-435-4711

### Contact Information
Contact Oklahoma Department of Human Services, ADvantage Administration Unit  
(918) 933-4900 or (800) 435-4711

### Link to Waiver Application

### Expiration Date
06/30/2021

### Date of Last Update
06/13/2019
OK Community Waiver (0179.R06.02)
State Operating Agency: Oklahoma Department of Human Services (OKDHS), Developmental Disabilities Services Division (DDSD)

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 services, respite, supported employment, nursing, prescribed drugs, agency companion, audiology services, community transition services, daily living supports, dental services, environmental accessibility adaptations and architectural modification, extended duty nursing, family counseling, family training, group home, intensive personal support, nutrition services, occupational therapy services, physical therapy services, psychological services, specialized foster care also known as specialized family home/care, specialized medical supplies and assistive technology, speech therapy services, and transportation.

Waiver Type
1915(c)

Target Population-Eligibility
Individuals age 3 and older diagnosed with Intellectual Disabilities (ID).

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 consumers unable to care for themselves and are 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-IID.

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 is generally limited to 30 days or 720 hours annually per member for those not receiving Agency Companion services. Respite services are provider managed.

Respite Provider Eligibility
Information on becoming a provider of services: [http://www.okdhs.org/services/dd/Pages/default1.aspx](http://www.okdhs.org/services/dd/Pages/default1.aspx)
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
3220: Year ending 06/30/2021

How to Apply
Applications are made through DHS Developmental Disabilities Services (DDS) area offices: [http://www.okdhs.org/services/dd/pages/areacontactinfo.aspx](http://www.okdhs.org/services/dd/pages/areacontactinfo.aspx)

Contact Information
Developmental Disabilities Services Division at (405) 521-3571

Link to Waiver Application

Expiration Date
06/30/2021

Date of Last Update
06/13/2019
OK Homeward Bound Waiver (0399.R03.02)
State Operating Agency: Oklahoma Department of Human Services (OKDHS), 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, 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><strong>Target Population-Eligibility</strong></td>
<td>Individuals 21 and older diagnosed with an intellectual disability (ID) 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.</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 to consumers unable to care for themselves and are 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-IID. 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 is generally limited to 30 days or 720 hours annually per member for those not receiving Agency Companion services. 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://www.okdhs.org/services/dd/Pages/default1.aspx">http://www.okdhs.org/services/dd/Pages/default1.aspx</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>
</tr>
<tr>
<td><strong>Enrollment Limit</strong></td>
<td>640: Year ending 06/30/2021.</td>
</tr>
<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>
</tr>
<tr>
<td><strong>Contact Information</strong></td>
<td>Developmental Disabilities Services Division at (405) 521-3571.</td>
</tr>
<tr>
<td><strong>Link to Waiver Application</strong></td>
<td><a href="https://www.okhca.org/individuals.aspx?id=8147">https://www.okhca.org/individuals.aspx?id=8147</a></td>
</tr>
<tr>
<td><strong>Expiration Date</strong></td>
<td>06/30/2021</td>
</tr>
<tr>
<td><strong>Date of Last Update</strong></td>
<td>06/13/2019</td>
</tr>
</tbody>
</table>
## OK In-Home Supports Waiver for Children (IHSW-C) (0351.R04.02)

### State Operating Agency: Oklahoma Department of Human Services (OKDHS), Developmental Disabilities Services Division (DDSD)

<table>
<thead>
<tr>
<th>Description</th>
<th>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. In-Home Supports Waiver for Children services, when used in conjunction with non-waiver SoonerCare services and other generic services and natural supports, provide for the health and developmental needs of members who otherwise would not be able to reside in a home or community-based setting. Members are given the option of choosing to self-direct some services. Services are provided with the goal of promoting independence through the strengthening of the member’s capacity for self-care and self-sufficiency. The services provided by this waiver include: habilitation training specialist services, prevocational services, respite, supported employment, environmental accessibility adaptations and architectural modification, family training, occupational and physical therapy, self-directed goods and services (SDGS), and specialized medical supplies and assistive technology.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiver Type</td>
<td>1915(c)</td>
</tr>
<tr>
<td>Target Population-Eligibility</td>
<td>Individuals who are 3-17 years old with intellectual disabilities (ID) who live with family, friends, or in their own home.</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 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>
| Respite Provider Eligibility | Information on becoming a provider of services: [http://www.okdhs.org/services/dd/Pages/default1.aspx](http://www.okdhs.org/services/dd/Pages/default1.aspx)
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 | 250: Year ending 06/30/2022. |
| How to Apply | Applications are made through DHS Developmental Disabilities Services (DDS) area offices: [http://www.okdhs.org/services/dd/pages/areacontactinfo.aspx](http://www.okdhs.org/services/dd/pages/areacontactinfo.aspx) |
| Contact Information | Developmental Disabilities Services Division (405) 521-3571. |
| Expiration Date | 06/30/2022 |
| Date of Last Update | 06/13/2019 |
## OK In-Home Supports Waiver for Adults (IHSW-A) (0343.R04.02)

### State Operating Agency: Oklahoma Department of Human Services (OKDHS), Developmental Disabilities Services Division (DDSD)

<table>
<thead>
<tr>
<th>Description</th>
<th>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. In-Home Supports Waiver for Children services, when used in conjunction with non-waiver SoonerCare services and other generic services and natural supports, provide for the health and developmental needs of members who otherwise would not be able to reside in a home or community-based setting. Members are given the option of choosing to self-direct some services. Services are provided with the goal of promoting independence through the strengthening of the member’s capacity for self-care and self-sufficiency. The services provided by this waiver include: adult day services, habilitation training specialist services, homemaker, prevocational services, respite, supported employment, prescribed drugs, audiology services, dental services, environmental accessibility adaptations and architectural modification, family counseling, family training, nutrition services, occupational therapy, physical therapy, psychological services, self-directed goods and services (SD-GS), specialized medical supplies and assistive technology, speech therapy, transportation services.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiver Type</td>
<td>1915(c)</td>
</tr>
<tr>
<td>Target Population-Eligibility</td>
<td>Individuals who are 18 years or older and are diagnosed with an intellectual disability (ID).</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 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>
<tr>
<td>Respite Provider Eligibility</td>
<td>Information on becoming a provider of services: <a href="http://www.okdhs.org/services/dd/Pages/default1.aspx">http://www.okdhs.org/services/dd/Pages/default1.aspx</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>1900: Year ending 06/30/2022.</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.</td>
</tr>
<tr>
<td>Expiration Date</td>
<td>06/30/2022</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>11/03/2019</td>
</tr>
</tbody>
</table>
**OK Medically Fragile Waiver (0811.R02.01)**
State Operating Agency: Oklahoma Health Care Authority (OHCA), Community Living and Quality Assurance Unit

### Description
The goal of this program is to provide services which allow consumers 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 institutional placement. 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 case management, personal emergency response system (PERS), private duty nursing, self-directed goods and services (SD-GS), skilled nursing, specialized medical equipment and supplies, therapy services: respiratory, therapy services: occupational, therapy services: physical, therapy services: speech, and transitional case management.

### Waiver Type
1915(c)

### Target Population-Eligibility
Individuals 19 years and older who are diagnosed as medically fragile and/or technology dependent.

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

### 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 is provided in the individual's home or place of residence, or in a Nursing Facility. Respite services may be participant-directed or 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 be provided by the legally responsible person, a relative, or a legal guardian.

### Enrollment Limit
138: Year ending 06/30/2023

### How to Apply
You may apply online at the Long-term Care Administration website https://www.okhca.org/individuals.aspx?id=15746

Or, submit an application by fax at 405-530-7265 or by mail to OHCA, Attention Medically Fragile, 4345 N. Lincoln Blvd., Oklahoma City, OK 73105

### Contact Information
Contact the Medically Fragile Waiver Program at 888-287-2443 (toll-free) or medicallyfragilewaiver@okhca.org

### Link to Waiver Application
https://okhca.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=21761&libID=20743

### Expiration Date
06/30/2023

### Date of Last Update
06/13/2019
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 long-term supports and services, including respite, through its 1115 demonstration: Oregon Health Plan. The majority of health care services under the OHP are provided through managed care organizations.

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.
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. Services may be delivered, as appropriate, in a clinic, home, school or other settings familiar and comfortable for the individual receiving such services. Other settings may be aftercare/daycare, county case manager office, mental health clinic, and primary care clinic. 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. Services are proactive and are intended to help prevent families from going into crisis. Families and service coordinators work to develop a plan revolving around the child and family needs and identify all available resources from the family and community. 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

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. It is a capped program. 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: https://www.oregon.gov/oha/HSD/OHP/Pages/Provider-Splash.aspx

Caregiver Eligibility

Caregiver eligibility unavailable.

Enrollment Limit

Family Support program: 500 case load; Children Long-Term Support program: 180 case load. Enrollment limit is unavailable for the MH Children and Adolescent program.

How to Apply

You can apply for Oregon Health Plan online by going to 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: https://www.oregon.gov/oha/HSD/OHP/Pages/Coordinated-Care-Organizations.aspx Or contact the Member Customer Service Number: 800-273-0557. Visit the Oregon Health Plan Contact Us website: https://www.oregon.gov/oha/HSD/Medicaid-Policy/Pages/Contact-Us.aspx |
| Expiration Date | 06/30/2022 |
| Date of Last Update | 07/29/2019 |
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 (0593.R02.03)**
- Provides day habilitation, residential habilitation, respite, supported employment, supports coordination, therapies, assistive technology, career planning, community transition services, family support, home modifications, nutritional consultation, specialized skill development, temporary supplemental services, transitional work services, and vehicle modifications for individuals age 21 and older diagnosed with autism.

**PA Consolidated Waiver (0147.R06.03)**
- Provides community participation support, education support services, homemaker/chore, in-home and community support, residential habilitation, respite, supported employment, supports coordination, specialized supplies, therapy services, supports broker services, advanced supported employment, assistive technology, behavioral support, benefits counseling, communication specialist, companion, consultative nutritional services, family/caregiver training and support, home accessibility adaptations, housing transition and tenancy sustaining services, life sharing, music therapy, art therapy and equine assisted therapy, shift nursing, small group employment, supported living, transportation, vehicle accessibility adaptations for individuals with autism of any age, individuals with developmental disabilities (DD) ages 0-8, and individuals with intellectual disabilities (ID) of any age.

**PA Person/Family Directed Support Waiver (0354.R04.03)**
- Provides community participation support, education support services, homemaker/chore, in-home and community support, respite, supported employment, supports coordination, specialized supplies, therapy services, supports broker services, advanced supported employment, assistive technology, behavioral support, benefits counseling, communication specialist services, companion, consultative nutritional services, family/caregiver training and support, home accessibility adaptations, housing transition and tenancy sustaining service, music therapy, art therapy and equine assisted therapy, participant-directed goods and services, shift nursing, small group employment, transportation, vehicle accessibility adaptations for individuals with autism of any age, individuals with developmental disabilities (DD) ages 0-8, and individuals with intellectual disabilities (ID) of any age.

**PA Home and Community Based Care Waiver (HCBW) for Individuals Aged 60 & Over (Aging Waiver) (0279.R05.00)**
- Provides adult daily living services, personal assistance services, respite, service coordination, counseling services, home health aide, nursing services, occupational therapy services, physical therapy services, specialized medical equipment and supplies, speech and language therapy services, assistive technology, community transition services, home adaptations, home delivered meals, non-medical transportation, nutritional consultation services, participant-directed community supports, participant-directed goods and services, personal emergency response service (PERS), telecare for individuals ages 65 as well as individuals ages 60-64 diagnosed with physical disabilities.
PA Community HealthChoices (Formerly COMMCARE) Waiver (0386.R03.10)

Provides adult daily living, employment skills development, job coaching, personal assistance services, residential habilitation, respite, service coordination, structured day habilitation services, supported employment, behavior therapy, counseling services, home health aide services, home health services, nursing services, occupational therapy services, physical therapy services, specialized medical equipment and supplies, speech and language therapy services, therapeutic and counseling services, assistive technology, benefits counseling, career assessment, cognitive rehabilitation therapy services, community integration, community transition services, home adaptations, home delivered meals, job finding, non-medical transportation, nutritional consultation, participant-directed community supports, participant-directed goods and services, personal emergency response system (PERS), pest eradication, prevocational services, telecare, vehicle modifications for aged 65 and over and individuals w/physical disabilities age 21-64.

PA Independence Waiver (0319.R04.08)

Provides adult daily living, employment skills development, job coaching, personal assistance services, residential habilitation, respite, service coordination, structured day habilitation, supported employment, behavior therapy services, counseling services, home health, nursing services, occupational therapy services, physical therapy services, specialized medical equipment and supplies, speech and language therapy services, assistive technology, benefits counseling, career assessment, cognitive rehabilitation therapy services, community integration, community transition services, home adaptations, job finding, non-medical transportation, nutritional consultation services, personal emergency response (PERS), therapeutic and counseling services, vehicle modifications for individuals with physical disabilities ages 18 – 59 years old.

PA OBRA Waiver (0235.R05.07)

Provides adult daily living, employment skills development, job coaching (intensive and extended follow-along), personal assistance services, residential habilitation services, respite, service coordination, structured day habilitation services, behavior therapy services, nursing services, occupational therapy, physical therapy services, specialized medical equipment and supplies, speech and language therapy services, assistive technology, benefits counseling, career assessment, cognitive rehabilitation therapy services, community integration, community transition services, counseling services, home adaptations, job finding, non-medical transportation, nutritional consultation, personal emergency response system, prevocational services, supported employment, vehicle modifications for individuals ages 18-59 diagnosed with developmental disabilities.

PA Community Living Waiver (1486.R00.02)

Provides community participation support, education support services, homemaker/chore, in-home and community support, life sharing, respite, supported employment, supports coordination, specialized supplies, therapy services, supports broker service, advanced supported employment, assistive technology, behavioral support, benefits counseling, communication specialist services, companion, consultative nutritional services, family/caregiver training and support, home accessibility adaptations, housing transition and tenancy sustaining service, music therapy, art therapy and equine assisted therapy, participant-directed goods and services, shift nursing, small group employment, supported living, transportation, vehicle accessibility adaptations for individuals with autism and ID ages 0 - no max age, and individuals w/DD ages 0-8
PA Adult Autism Waiver (0593.R02.03)
State Operating Agency: Pennsylvania Department of Human Services, Office of Developmental Programs (ODP), Bureau of Autism Services (BAS)

Description
The Pennsylvania Adult Autism Waiver is designed to provide community-based services and supports to assist participants in leading successful, happy, and safe lives in the community. Individuals work with a Supports Coordinator to develop an Individual Support Plan. The waiver offers only agency-managed services; it 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, career planning, community transition services, family support, home modifications, nutritional consultation, specialized skill development, temporary supplemental services, transitional work services, vehicle modifications.

Waiver Type
1915(c)

Target Population-Eligibility
Individuals 21 years and older diagnosed with autism or Autism Spectrum Disorder (ASD). Also must have been diagnosed before age 22 and 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 Individuals with Intellectual Disabilities (ICF/IID).

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 delivered in: the participant’s home, an unlicensed home controlled by a provider or a private home of staff of a Respite provider, a Family Living home, a Community Home, or general public community settings. 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 Support, Day Habilitation, Supported Employment, or Transitional Work Services is provided. 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

Caregiver Eligibility
Respite may not be provided by the Legally Responsible Person, relative, or Legal Guardian.

Enrollment Limit
668: Year ending 06/30/2021

How to Apply
To request an application over the phone, call toll-free (866) 539-7689
To request an application online, visit the Information Referral Tool (IRT): http://www.dhs.pa.gov/irt

Contact Information
Bureau of Autism Services: (866) 539-7689, email ra-odpautismwaiver@pa.gov, or visit http://www.dhs.pa.gov/citizens/autismservices/adultautismwaiver/index.htm
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<tbody>
<tr>
<td>Expiration Date</td>
<td>06/30/2021</td>
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<tr>
<td>Date of Last Update</td>
<td>06/14/2019</td>
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</tbody>
</table>
The Consolidated Waiver has been developed to emphasize deinstitutionalization, prevent or minimize institutionalization and provide an array of services and supports in community integrated settings. The Consolidated Waiver is designed to support consumers 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: community participation support, education support services, homemaker/chore, in-home and community support, residential habilitation, respite, supported employment, supports coordination, specialized supplies, therapy services, supports broker services, advanced supported employment, assistive technology, behavioral support, benefits counseling, communication specialist, companion, consultative nutritional services, family/caregiver training and support, home accessibility adaptations, housing transition and tenancy sustaining services, life sharing, music therapy, art therapy and equine assisted therapy, shift nursing, small group employment, supported living, transportation, and vehicle accessibility adaptations.

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 in planned or emergency situations. 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. To the degree possible, the respite provider must maintain the participant’s schedule of activities including activities that allow participation in the community. Respite Services may only be provided in the following location(s): 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 Life Sharing Home, Unlicensed Private Home, and Other community settings such as camp where the setting meets applicable state or local codes. During temporary travel, respite services may be provided in other locations as per the ODP travel policy. Respite services may not be provided in Hospitals, Personal Care Homes or public ICF/IIDs.

Participants can receive two categories of Respite services in private homes: Day respite and 15-minute respite. Day respite in private homes must be provided for periods of more than 16 hours, and 15-minute respite in private homes is provided for periods of 16 hours or less in 15 minute units. Only Day Respite is authorized in Residential Habilitation settings, Life Sharing settings, private ICF/IIDs and licensed nursing homes.

Participants authorized to receive either form of Respite services may not receive the following services at the same time: Companion, In-Home and Community Supports, Shift Nursing, Residential Habilitation, and Supported Living. Participants authorized to receive 15-minute unit Respite services may not receive the following services at the same time: Community Participation Support; Small Group Employment; Supported Employment; Advanced Supported Employment; Education Support; Music, Art and Equine Assisted Therapy and Consultative Nutritional Services.

Respite services are limited to 30 units of day respite per participant in a period of one fiscal year and 480 units of 15-minute unit respite per participant in a period of one fiscal year. 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 may not be provided by a legally responsible person, but may be provided by a relative or legal guardian.

### Enrollment Limit
18881: Year ending 06/30/2022

### How to Apply
To apply, contact your local county Mental Health/Intellectual Disabilities (MH/ID) program office: [http://pafamiliesinc.org/understanding-systems/intellectual-disabilities/intellectual-developmental-disabilities-county-contact-information-for-pennsylvania](http://pafamiliesinc.org/understanding-systems/intellectual-disabilities/intellectual-developmental-disabilities-county-contact-information-for-pennsylvania)

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
Intellectual Disabilities Customer Service Line: toll free at 1-888-565-9435

### Link to Waiver Application

### Expiration Date
06/30/2022

### Date of Last Update
06/14/2019
Description
The P/FDS Waiver has been developed to emphasize deinstitutionalization, prevent or minimize institutionalization and provide an array of services and supports in community-integrated settings. The P/FDS Waiver is designed to support consumers 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: community participation support, education support, homemaker/chore, in-home and community support, respite, supported employment, supports coordination, specialized supplies, therapy services, supports broker services, advanced supported employment, assistive technology, behavioral support, benefits counseling, communication specialist services, companion, consultative nutritional services, family/caregiver training and support, home accessibility adaptations, housing transition and tenancy sustaining service, music therapy, art therapy and equine assisted therapy, participant-directed goods and services, shift nursing, small group employment, transportation, and vehicle accessibility adaptations.

Waiver Type
1915(c)

Target Population-Eligibility
Individuals of any age with autism or intellectual disabilities (ID), and individuals with developmental disabilities (DD) ages 0-8. Individuals with DD will be reevaluated before their 9th birthday in order to continue receiving services after this age.

Individuals residing in licensed and unlicensed residential habilitation settings (including Community Homes for Individuals with Intellectual Disabilities, Family Living Homes, Child Residential Facilities, and Community Residential Rehabilitation Services) 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 provided on a short-term basis due to the absence or need for relief of those persons normally providing care in planned or emergency situations. 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. To the degree possible, the respite provider must maintain the participant’s schedule of activities including activities that allow participation in the community. Respite Services may be provided in the following location(s): 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 Life Sharing Home, unlicensed Private Home, and other community settings such as camp where the setting meets applicable state or local codes.

During temporary travel, respite services may be provided in other locations as per the ODP travel policy. Respite services may not be provided in Hospitals, Personal Care Homes or public ICF/IIDs.

Participants can receive two categories of Respite in private homes: Day respite and 15-minute respite. Day respite in private homes must be provided for periods of more than 16 hours, and 15-minute respite in private homes is provided for periods of 16 hours or less in 15 minute units. Only Day Respite is authorized in Residential Habilitation or Life Sharing settings, private ICF/IIDs and licensed nursing homes.

Participants authorized to receive either form of Respite services may not receive the following services at the same time: Companion, In-Home and Community Supports, and Shift Nursing. Participants authorized to receive 15-minute unit Respite services may not receive the direct portion of the following services at the same time: Community Participation Support; Small Group Employment; Supported Employment; Advanced Supported Employment; Education Support; Music, Art and Equine Assisted Therapy and Consultative Nutritional Services. Respite services are limited to: 30 units of day respite per participant in one fiscal year, and 1440 units of 15-minute unit respite per participant in a period of one fiscal year.

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

### Enrollment Limit
14200: Year ending 06/30/2022.

### How to Apply
To apply, contact your local county Mental Health/Intellectual Disabilities (MH/ID) program office: [http://pafamiliesinc.org/understanding-systems/intellectual-disabilities/intellectual-developmental-disabilities-county-contact-information-for-pennsylvania](http://pafamiliesinc.org/understanding-systems/intellectual-disabilities/intellectual-developmental-disabilities-county-contact-information-for-pennsylvania)

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
Intellectual Disabilities Customer Service Line: toll free at 1-888-565-9435

### Link to Waiver Application

### Expiration Date
06/30/2022

### Date of Last Update
06/14/2019
## Description
The Aging waiver provides home and community-based services and is designed to prevent or minimize institutionalization, support individuals to live more independently in their homes and communities, and 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 adult daily living services, personal assistance services, respite, service coordination, counseling services, home health aide, nursing services, occupational therapy services, physical therapy services, specialized medical equipment and supplies, speech and language therapy services, assistive technology, community transition services, home adaptations, home delivered meals, non-medical transportation, nutritional consultation services, participant-directed community supports, participant-directed goods and services, personal emergency response service (PERS), telecare.

The state is in the process of transitioning those served under this waiver to the Community HealthCare (CHC) program. The Aging Waiver will eventually be eliminated. For more info, visit [http://www.healthchoices.pa.gov/cs/groups/webcontent/documents/document/c_260104.pdf](http://www.healthchoices.pa.gov/cs/groups/webcontent/documents/document/c_260104.pdf).

<table>
<thead>
<tr>
<th>Waiver Type</th>
<th>1915(c)</th>
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</thead>
<tbody>
<tr>
<td>Target Population-Eligibility</td>
<td>Individuals who are 65 years and older or 60-64 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>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. Respite 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. In-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. Respites services may be participant directed or provider managed.</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 relative and a legally responsible person may provide respite, but a legal guardian may not.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>14529: Year ending 06/30/2020.</td>
</tr>
<tr>
<td>How to Apply</td>
<td>To apply, contact your local Area Agency on Aging at: <a href="https://www.aging.pa.gov/local-resources/Pages/AAA.aspx#V2wkCPkrJhE">https://www.aging.pa.gov/local-resources/Pages/AAA.aspx#V2wkCPkrJhE</a></td>
</tr>
<tr>
<td>Contact Information</td>
<td>Office of Long-Term Living Bureau of Participant Operations: (717) 787-8091 or Long-Term Care Contact Information: 1-800-753-8827</td>
</tr>
<tr>
<td>Expiration Date</td>
<td>06/30/2023</td>
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<tr>
<td>Date of Last Update</td>
<td>06/17/2019</td>
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PA Community HealthChoices (Formerly COMMERCARE) Waiver (0386.R03.10)
State Operating Agency: Pennsylvania DHS and Office of Long-Term Living

Description
Community HealthChoices (CHC) is Pennsylvania's managed Long-Term Services and Supports (LTSS) initiative. The 1915(b)/1915(c) waivers will allow the state to require Medicaid beneficiaries to receive LTSS, including nursing facility, hospice, home and community-based services (HCBS), and physical health services through managed care organizations (MCOs). The MCOs were selected by the state through a competitive procurement process. CHC will emphasize deinstitutionalization and provide an array of services and supports in community-integrated settings.

The services provided by this waiver include adult daily living, employment skills development, job coaching, personal assistance services, residential habilitation, respite, service coordination, structured day habilitation services, supported employment, behavior therapy, counseling services, home health aide services, home health services, nursing services, occupational therapy services, physical therapy services, specialized medical equipment and supplies, speech and language therapy services, therapeutic and counseling services, assistive technology, benefits counseling, career assessment, cognitive rehabilitation therapy services, community integration, community transition services, home adaptations, home delivered meals, job finding, non-medical transportation, nutritional consultation, participant-directed community supports, participant-directed goods and services, personal emergency response system (PERS), pest eradication, prevocational services, telecare, vehicle modifications.

This program is currently being phased-in. This CHC waiver will replace the other Office of Long-term Living waiver programs (with the exception of the OBRA waiver). For more information, visit http://www.healthchoices.pa.gov/cs/groups/webcontent/documents/document/c_260104.pdf

<table>
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<tr>
<th>Waiver Type</th>
<th>1915(c); concurrent operation with a 1915(b) waiver to implement Community HealthChoices (CHC).</th>
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<tbody>
<tr>
<td>Target Population-Eligibility</td>
<td>Individuals aged 65 and older and individuals aged 21-64 with physical disabilities (including acquired brain injuries).</td>
</tr>
<tr>
<td>Level of Care</td>
<td>The individual requires level of 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 visit: <a href="http://www.healthchoices.pa.gov/providers/about/community/index.htm">http://www.healthchoices.pa.gov/providers/about/community/index.htm</a></td>
</tr>
<tr>
<td>Caregiver Eligibility</td>
<td>Respite may not be provided by a legal guardian, but may be provided by a legally responsible person or relative, as long as they are not the power of attorney and do not reside in the home.</td>
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<tr>
<td>Enrollment Limit</td>
<td>96747: Year ending 06/30/2020.</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>
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<tr>
<td>Contact Information</td>
<td>CHC Call Center: 1-833-735-4416</td>
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<tr>
<td>Expiration Date</td>
<td>06/30/2020</td>
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<tr>
<td>Date of Last Update</td>
<td>06/17/2019</td>
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**PA Independence Waiver (0319.R04.08)**  
**State Operating Agency: Pennsylvania Office of Long-Term Living (OTLT)**

<table>
<thead>
<tr>
<th>Description</th>
<th>The Independence Waiver has been developed to emphasize deinstitutionalization, prevent or minimize institutionalization and provide an array of services and supports in community-integrated settings. It 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. The services provided by this waiver include: adult daily living, employment skills development, job coaching, personal assistance services, residential habilitation, respite, service coordination, structured day habilitation, supported employment, behavior therapy services, counseling services, home health, nursing services, occupational therapy services, physical therapy services, specialized medical equipment and supplies, speech and language therapy services, assistive technology, benefits counseling, career assessment, cognitive rehabilitation therapy services, community integration, community transition services, home adaptations, job finding, non-medical transportation, nutritional consultation services, personal emergency response (PERS), therapeutic and counseling services, vehicle modifications. The state is in the process of transitioning those served under this waiver to the Community HealthCare (CHC) program. The Independence waiver will eventually be eliminated. For more info, visit <a href="http://www.healthchoices.pa.gov/cs/groups/webcontent/documents/document/c_260104.pdf">http://www.healthchoices.pa.gov/cs/groups/webcontent/documents/document/c_260104.pdf</a>.</th>
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<tbody>
<tr>
<td>Waiver Type</td>
<td>1915(c)</td>
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<tr>
<td>Target Population-Eligibility</td>
<td>Individuals who are physically disabled and initially enrolled in the waiver between ages 18 and 59. 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 intellectual disability 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.</td>
</tr>
<tr>
<td>Level of Care</td>
<td>The individual requires level of 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 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 may be delivered through both participant directed and provider managed options.</td>
</tr>
<tr>
<td>Respite Provider Eligibility</td>
<td>Since this waiver is transitioning, visit HealthChoices’ provider resource page at <a href="http://www.healthchoices.pa.gov/providers/about/community/index.htm">http://www.healthchoices.pa.gov/providers/about/community/index.htm</a></td>
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<tr>
<td>Caregiver Eligibility</td>
<td>Respite may not be provided by a legally responsible person, or legal guardian, but may be provided by a relative. Relative may not be power of attorney or reside in the home.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>7953: Year ending 06/30/2020.</td>
</tr>
<tr>
<td>How to Apply</td>
<td>To apply, contact your PA Independent Enrollment Broker at 1-877-550-4227.</td>
</tr>
<tr>
<td>Contact Information</td>
<td>Office of Long-Term Living Bureau of Participant Operations: (717) 787-8091</td>
</tr>
<tr>
<td>Expiration Date</td>
<td>06/30/2020</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>06/17/2019</td>
</tr>
</tbody>
</table>
Description
Pennsylvania’s OBRA Waiver emphasizes deinstitutionalization, prevents or minimizes institutionalization and provide an array of services and supports in community-integrated settings. It supports 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. Waiver services include: adult daily living, employment skills development, job coaching (intensive and extended follow-along), personal assistance services, residential habilitation services, respite, service coordination, structured day habilitation services, behavior therapy, nursing, occupational therapy, physical therapy, specialized medical equipment and supplies, speech and language therapy, assistive technology, benefits counseling, career assessment, cognitive rehabilitation therapy, community integration, community transition, counseling, home adaptations, job finding, non-medical transportation, nutritional consultation, personal emergency response system, prevocational services, supported employment, vehicle modifications. The state is in the process of transitioning those served under this waiver to the Community HealthCare (CHC) program. The OBRA Waiver will still exist, but serve fewer and more select individuals. For more info, visit [http://www.healthchoices.pa.gov/cs/groups/webcontent/documents/document/c_260104.pdf](http://www.healthchoices.pa.gov/cs/groups/webcontent/documents/document/c_260104.pdf).

Waiver Type
1915(c)

Target Population-Eligibility
Individuals diagnosed with developmental disabilities prior to the age of 22 years of age can enroll in the waiver at age 18 through 59. Individuals who turn 60 while in the waiver can continue to receive services through the OBRA Waiver until services are no longer needed. 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) under the 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 or 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 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)

Since some of this waiver is transitioning, you can also visit HealthChoices’ provider resource page at [http://www.healthchoices.pa.gov/providers/about/community/index.htm](http://www.healthchoices.pa.gov/providers/about/community/index.htm)

Caregiver Eligibility
Respite services may not be provided by a legal guardian or legally responsible person. Respite services may be provided by a relative as long as the relative or family member is not a legal guardian, power of attorney, or does not reside in the home.

Enrollment Limit
1420: Year ending 06/30/2021.

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

Link to Waiver Application

Expiration Date
06/30/2021

Date of Last Update
06/17/2019
The Community Living Waiver was developed to emphasize deinstitutionalization, prevent or minimize institutionalization and provide an array of services and supports in community integrated settings. It is designed to support participants to live more independently in their homes and communities, including participant directed service models and traditional agency-based service models. Most services and supports funded under the Waiver are authorized by local Administrative Entities (AEs).

Waiver services include: community participation support, education support services, homemaker/chore, in-home and community support, life sharing, respite, supported employment, supports coordination, specialized supplies, therapy services, supports broker service, advanced supported employment, assistive technology, behavioral support, benefits counseling, communication specialist services, companion, consultative nutritional services, family/caregiver training and support, home accessibility adaptations, housing transition and tenancy sustaining service, music therapy, art therapy and equine assisted therapy, participant-directed goods and services, shift nursing, small group employment, supported living, transportation, and vehicle accessibility adaptation.

Respite Services are direct services provided on a short-term basis due to the absence or need for relief of those persons normally providing care in planned or emergency situations. 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. To the degree possible, the respite provider must maintain the participant’s schedule of activities including activities that allow participation in the community. Respite Services may only be provided in the following location(s): 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 Life Sharing Home, unlicensed Private Home, and other community settings such as camp where the setting meets applicable state or local codes. During temporary travel, respite services may be provided in other locations as per the ODP travel policy. Respite services may not be provided in Hospitals, Personal Care Homes or public ICF/IIDs.

Participants can receive two categories of Respite in private homes: Day respite and 15-minute respite. Day respite in private homes must be provided for periods of more than 16 hours, and 15-minute respite in private homes is provided for periods of 16 hours or less in 15 minute units. Only Day Respite is authorized in Residential Habilitation settings, Life Sharing settings, private ICF/IIDs and licensed nursing homes.

Participants authorized to receive either form of Respite services may not receive the following services at the same time: Companion, In-Home and Community Supports, Supported Living, and Shift Nursing.

Participants authorized to receive 15-minute unit Respite services may not receive the following services at the same time: Community Participation Support; Small Group Employment; Supported Employment; Advanced Supported Employment; Education Support; Music, Art and Equine Assisted Therapy and Consultative Nutritional Services.

Respite services are limited to 30 units of day respite per participant in one fiscal year and 1440 units of 15-minute unit respite per participant in one fiscal year. Respite services may be participant-directed or provider managed.
<table>
<thead>
<tr>
<th><strong>Respite Provider Eligibility</strong></th>
<th>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></th>
</tr>
</thead>
<tbody>
<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 legal guardian.</td>
</tr>
<tr>
<td><strong>Enrollment Limit</strong></td>
<td>2650: Year ending 12/31/2022.</td>
</tr>
</tbody>
</table>
| **How to Apply**              | To apply, contact your local county Mental Health/Intellectual Disabilities (MH/ID) program office: [http://pafamiliesinc.org/understanding-systems/intellectual-disabilities/intellectual-developmental-disabilities-county-contact-information-for-pennsylvania](http://pafamiliesinc.org/understanding-systems/intellectual-disabilities/intellectual-developmental-disabilities-county-contact-information-for-pennsylvania)  
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  
Intellectual Disabilities Customer Service Line: toll free at 1-888-565-9435 |
| **Expiration Date**           | 12/31/2022 |
| **Date of Last Update**      | 06/17/2019 |
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: Managed Care, Extended Family Planning, Rite Share premium assistance, Rhody Health Partners, Home and Community Based Services (HCBS), and Rite 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**

This waiver was designed to restructure the state’s program to establish a “sustainable cost-effective, person-centered and opportunity driven program utilizing competitive and value-based purchasing to maximize available service options” and “a results-oriented system of coordinated care.” The RI Comprehensive Demonstration includes: Managed Care that 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; Rite 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; Home and Community-Based Services (HCBS) provides services similar to those authorized under sections 1915(c) and 1915(i) to individuals who need home and community-based services either as an alternative to institutionalization or otherwise based on medical need.

<table>
<thead>
<tr>
<th>Waiver Type</th>
<th>1115</th>
</tr>
</thead>
</table>

**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 RI's existing state plan and enrolled in Rite Care on a mandatory basis; Home and Community-Based (HC) 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; Uninsured women under age 65 who are screened for breast and cervical cancer; 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; HCBS 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) preventative. 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. High level of care is for individuals who are determined based on medical need to benefit from either the institutional level of care or a significant level of home and community-based services, and will have access to community based core and preventive services. Preventive level of care is for individuals who do not presently need an institutional level of care and 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 EOHHS, Office of Long-term Services and Supports. A form of respite service is available for participants with highest, high, and preventative level of cares.
<table>
<thead>
<tr>
<th><strong>Respite Provider Eligibility</strong></th>
<th>Information for providers can be found on the Executive Office of Health and Human Services website: <a href="http://www.eohhs.ri.gov/ProvidersPartners/GenerallInformation.aspx">http://www.eohhs.ri.gov/ProvidersPartners/GenerallInformation.aspx</a></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Caregiver Eligibility</strong></td>
<td>Caregiver eligibility not available.</td>
</tr>
<tr>
<td><strong>Enrollment Limit</strong></td>
<td>Enrollment Limits not available.</td>
</tr>
<tr>
<td><strong>How to Apply</strong></td>
<td>To apply, you must be enrolled in Medicaid. Apply online at HealthSourceRI. 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></td>
</tr>
<tr>
<td><strong>Contact Information</strong></td>
<td>Questions about health coverage: HealthSource RI 1-855-840-4774 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/MedicaidStatePlanand1115Waiver.aspx">http://www.eohhs.ri.gov/ReferenceCenter/MedicaidStatePlanand1115Waiver.aspx</a></td>
</tr>
<tr>
<td><strong>Expiration Date</strong></td>
<td>12/31/2023</td>
</tr>
<tr>
<td><strong>Date of Last Update</strong></td>
<td>07/30/2019</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:

**SC Community Choices (0405.R03.00)**
Provides adult day health care, case management, personal care/ personal care I + II, respite, adult day health care transportation, adult day health care nursing, attendant care, companion care, home accessibility adaptations, home delivered meals, personal emergency response system, residential personal care II, specialized medical equipment and supplies, and telemonitoring for individuals aged 65 or older and individuals who are physically disabled ages 18 – 64 years old.

**SC Community Supports (0676.R02.01)**
Provides adult day health care services, personal care services, respite care services, waiver case management (WCM), incontinence supplies, adult day health care nursing, adult day health care transportation, assistive technology and appliances assessment/consultation, assistive technology and appliances, behavior support services, career preparation services, community services, day activity, employment services, environmental modifications, in-home support services, personal emergency response systems (PERS), private vehicle assessment/consultation, private vehicle modifications, and support center services for individuals of all ages with intellectual disabilities.

**SC Medically Complex Children (0675.R02.01)**
Provides care coordination, respite, and pediatric medical day care for individuals aged 0-18 who are medically fragile.

**SC Mechanical Ventilator Dependent (40181.R05.00)**
Provides case management, personal care I and personal care II, respite, attendant care, home accessibility adaptations, home delivered meals, personal emergency response system, pest control, private duty nursing, and specialized medical equipment and supplies for individuals who are technology dependent ages 21 and older.

**SC Head and Spinal Cord Injury (0284.R05.00)**
Provides attendant care/personal assistance services, career preparation services, day activity, residential habilitation, respite care services, waiver case management (WCM), incontinence supplies, occupational therapy, physical therapy, speech and hearing services, behavioral support services, employment services, environmental modifications, health education for participant-directed care, Medicaid waiver nursing, peer guidance for participant-directed care, personal emergency response systems, pest control bed bugs, pest control treatment, private vehicle assessment/consultation, private vehicle modifications, psychological services, supplies, equipment and assistive technology assessment/consultation, supplies, and equipment and assistive technology for individuals with physical and other disabilities ages 0-64.
SC Intellectual Disabilities and Related Disabilities (0237.R05.01)

Provides adult day health care, adult day health care services, personal care 2, personal care 1, residential habilitation, respite care, waiver case management (WCM), adult dental services, adult vision, audiology services, incontinence supplies, prescribed drugs, adult attendant care services, adult companion services, adult day health care nursing, adult day health care transportation, behavior support services, career preparation services, community services, day activity, employment services, environmental modifications, nursing services, personal emergency response system (PERS), pest control bed bugs, pest control treatment, private vehicle assessment/consultation, private vehicle modifications, psychological services, specialized medical equipment and supplies and assistive technology assessment/consultation, specialized medical equipment, supplies and assistive technology, and support center services for individuals of all ages with Intellectual or Related Disabilities.

SC HIV/AIDS (0186.R06.00)

Provides case management, personal care/personal care I and II, prescription drugs (except drugs furnished to participants who are eligible for Medicare Part D benefits), attendant care services, companion care, home accessibility adaptations, home delivered meals, private duty nursing, specialized medical equipment and supplies for individuals with HIV/AIDS of all ages.
**SC Community Choices (CC) Waiver (0405.R03.00)**  
**State Operating Agency: SC Department of Health and Human Services (SCDHHS), Community Long-term Care (CLTC)**

| **Description** | The Community Choices waiver provides participant directed options for supervision of services. The Community Choices 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 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.  
The services provided by this waiver include: adult day health care, case management, personal care/personal care I + II, respite, adult day health care transportation, adult day health care-nursing, attendant care, companion care, home accessibility adaptations, home delivered meals, personal emergency response system, residential personal care II, specialized medical equipment and supplies, telemonitoring. |
| **Waiver Type** | 1915(c); operates in conjunction with Section 1932(a) State Plan Amendment (SPA) to allow for the enrollment of waiver participants into managed care (e.g. the Healthy Connections Prime Dual Eligible Demonstration) |
| **Target Population-Eligibility** | Individuals 18 – 64 years old diagnosed with a physical disability or individuals 65 or older. |
| **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 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 may be provided in the participant’s home or another private residence, or in facilities including Medicaid certified nursing facilities, hospitals, or community residential care facilities. This service is limited to 28 days of respite per year outside of the home. Of those 28 days, no more than 14 days will be allowed in a hospital or nursing facility. In-home respite will not exceed two days in a week and no more than eight total days of in-home respite will be allowed in any year.  
Respite services are provider managed. |
| **Respite Provider Eligibility** | Provider enrollment information available at:  
https://www.scdhhs.gov/historic/insideDHHS/Bureaus/BureauofLongTermCareServices/BECOMINGAcltcPROVIDER.html or https://www.scdhhs.gov/provider. Call (888) 289-0709 |
| **Caregiver Eligibility** | Respite may not be provided by a legally responsible person or legal guardian, but may be provided by a relative. |
| **Enrollment Limit** | 23324: Year ending 06/30/2021 |
| **How to Apply** | Contact your local DHHS Community Long-term Care Office  
https://www.scdhhs.gov/historic/insideDHHS/Bureaus/BureauofLongTermCareServices/how%20do%20i%20apply-3.html  
Or make a referral online at https://phoenix.scdhhs.gov/cltc_referrals/new or by calling the CLTC referral toll-free number at (888) 971-1637 |
| **Contact Information** | Phone: (888) 549-0820, More information available at: https://www.scdhhs.gov/Contact-Info |
| **Link to Waiver Application** | https://www.scdhhs.gov/sites/default/files/Community%20Choices%20Waiver%202016-POST.pdf |
| **Expiration Date** | 06/30/2021 |
| **Date of Last Update** | 06/18/2019 |
**SC Community Supports (CS) Waiver (0676.R02.01)**  
**State Operating Agency:** South Carolina Department of Disabilities and Special Needs (SCDDSN)

<table>
<thead>
<tr>
<th>Description</th>
<th>The CS waiver offers the opportunity for participant/responsible party direction of the In-Home Support service; other services are provider managed. The services provided by this waiver include: day health care services, personal care services, respite care services, waiver case management (WCM), incontinence supplies, adult day health care nursing, adult day health care transportation, assistive technology and appliances assessment/consultation, assistive technology and appliances, behavior support services, career preparation services, community services, day activity, employment services, environmental modifications, in-home support services, personal emergency response systems (PERS), private vehicle assessment/consultation, private vehicle modifications, and support center services.</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>Serves individuals of all ages diagnosed with an Intellectual or Related disability. Disability must have manifested before age 22. Related disability is a severe, chronic condition closely related to an intellectual disability and must meet the following conditions: (1) attributable to cerebral palsy, epilepsy, autism or any other condition, except mental illness, closely related to intellectual disability and results in impairment and requires services similar; (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.</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 includes 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 services are provider managed.</td>
</tr>
<tr>
<td><strong>Respite Provider Eligibility</strong></td>
<td>Service Providers Information: <a href="https://ddsn.sc.gov/providers/how-become-qualified-provider">https://ddsn.sc.gov/providers/how-become-qualified-provider</a></td>
</tr>
<tr>
<td><strong>Caregiver Eligibility</strong></td>
<td>Respite may not be provided by a legally responsible person or legal guardian, but may be provided by a relative.</td>
</tr>
<tr>
<td><strong>Enrollment Limit</strong></td>
<td>8450: Year ending 06/30/2022</td>
</tr>
<tr>
<td><strong>How to Apply</strong></td>
<td>Contact the Disabilities and Special Needs Board that serves your county (listing at <a href="https://app.ddsn.sc.gov/public/directory/providers/listing.do?serviceld=80">https://app.ddsn.sc.gov/public/directory/providers/listing.do?serviceld=80</a>) Or, contact DDSN’s eligibility line at 1-800-289-7012. Info on applying to services: <a href="https://ddsn.sc.gov/resources/applying-services">https://ddsn.sc.gov/resources/applying-services</a></td>
</tr>
</tbody>
</table>
| **Contact Information** | South Carolina Department of Disabilities and Special Needs  
Main Phone: (803) 898-9600 or Toll Free: 1-888-376-4636 |
| **Expiration Date** | 06/30/2022 |
| **Date of Last Update** | 06/18/2019 |
**SC Medically Complex Children (MCC) Waiver (0675.R02.01)**

**State Operating Agency:** SC Department of Health and Human Services (SCDHHS), Community Long-term Care (CLTC)

<table>
<thead>
<tr>
<th>Description</th>
<th>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 provide ongoing continuity of care and decrease hospitalizations and emergency room visits to enhance the quality of life for participants in a cost-effective manner. The services offered in this waiver include care coordination, respite, and pediatric medical day care.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiver Type</td>
<td>1915(c) operates in conjunction with the 1915(a) voluntary managed care waiver.</td>
</tr>
<tr>
<td>Target Population-Eligibility</td>
<td>Children ages 0 – 18 years who are medically fragile with a chronic physical/health condition that is expected to last longer than 12 months.</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>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 skill 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 may be provided up to 12 hours per month. Respite services are provider managed.</td>
</tr>
<tr>
<td>Respite Provider Eligibility</td>
<td>Provider enrollment information is available at: <a href="https://www.scdhhs.gov/historic/insideDHHS/Bureaus/BureauofLongTermCareServices/BECOMINGAcltc">https://www.scdhhs.gov/historic/insideDHHS/Bureaus/BureauofLongTermCareServices/BECOMINGAcltc</a> PROVIDER.html or <a href="https://www.scdhhs.gov/provider">https://www.scdhhs.gov/provider</a>. Call (888) 289-0709. Providers must enroll in the SC Medicaid program and receive official notice of enrollment.</td>
</tr>
<tr>
<td>Caregiver Eligibility</td>
<td>Respite may not be provided by a legally responsible person or by a legal guardian, but may be provided by a relative.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>2551: Year ending 12/31/2021</td>
</tr>
<tr>
<td>How to Apply</td>
<td>Contact your local DHHS Community Long-term Care Office <a href="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</a> Or make a referral online at <a href="https://phoenix.scdhhs.gov/cltc_referrals/new">https://phoenix.scdhhs.gov/cltc_referrals/new</a> or by calling the CLTC referral toll-free number at (888) 971-1637</td>
</tr>
<tr>
<td>Contact Information</td>
<td>MCC Waiver Contact Phone: (803) 898-2577</td>
</tr>
<tr>
<td>Link to Waiver Application</td>
<td><a href="https://www.scdhhs.gov/sites/default/files/Application%20for%201915%20HCBS%20Waiver%20SC_0675_R02_00%20-%20Jan%202017_jsp.htm">https://www.scdhhs.gov/sites/default/files/Application%20for%201915%20HCBS%20Waiver%20SC_0675_R02_00%20-%20Jan%202017_jsp.htm</a></td>
</tr>
<tr>
<td>Expiration Date</td>
<td>12/31/2021</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>06/18/2019</td>
</tr>
<tr>
<td><strong>SC Mechanical Ventilator Dependent Waiver (40181.R05.00)</strong></td>
<td></td>
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<tr>
<td><strong>State Operating Agency: SC Department of Health and Human Service (SCDHHS), Community Long-term Care (CLTC)</strong></td>
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</tbody>
</table>

| **Description** | The Mechanical Ventilator waiver provides participant directed options for supervision of services. This 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 services provided by this waiver include: case management, personal care I and personal care II, respite, attendant care, home accessibility adaptations, home delivered meals, personal emergency response system, pest control, private duty nursing, and specialized medical equipment and supplies. |

| **Waiver Type** | 1915(c); operates in conjunction with Section 1932(a) State Plan Amendment (SPA) 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** | 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. Services may be provided in home or private residence, or in a Medicaid certified hospital or nursing facility. This service is limited to no more than 28 days of respite per year outside of the home. In home respite may be provided for a period not to exceed 14 days per state fiscal year. Respite services are provider managed. |

| **Respite Provider Eligibility** | Provider enrollment information is available at: [https://www.scdhhs.gov/historic/insideDHHS/Bureaus/BureauofLongTermCareServices/BECOMINGAcltcPROVIDER.html](https://www.scdhhs.gov/historic/insideDHHS/Bureaus/BureauofLongTermCareServices/BECOMINGAcltcPROVIDER.html) or [https://www.scdhhs.gov/provider](https://www.scdhhs.gov/provider). Call (888) 289-0709. |

| **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 12/31/2022 |

| **How to Apply** | Contact your local DHHS Community Long-term Care Office [https://www.scdhhs.gov/historic/insideDHHS/Bureaus/BureauofLongTermCareServices/how%20do%20%20apply-3.html](https://www.scdhhs.gov/historic/insideDHHS/Bureaus/BureauofLongTermCareServices/how%20do%20%20apply-3.html) Or make referral online at [https://phoenix.scdhhs.gov/cltc_referrals/new](https://phoenix.scdhhs.gov/cltc_referrals/new) or by calling the CLTC referral toll-free number at (888) 971-1637 |

| **Contact Information** | Phone: (888) 549-0820, More information available at: [https://www.scdhhs.gov/Contact-Info](https://www.scdhhs.gov/Contact-Info) |


| **Expiration Date** | 11/30/2022 |

| **Date of Last Update** | 06/18/2019 |
**Description**

The services offered in the Head and Spinal Cord Injury waiver are meant to prevent and/or delay institutionalization. Services in this waiver are provided at the local level mainly through a traditional service delivery system. This waiver also has a participant-directed attendant care service.

The services provided by this waiver include: attendant care/personal assistance services, career preparation services, day activity, residential habilitation, respite care services, waiver case management (WCM), incontinence supplies, occupational therapy, physical therapy, speech and hearing services, behavioral support services, employment services, environmental modifications, health education for participant-directed care, Medicaid waiver nursing, peer guidance for participant-directed care, personal emergency response systems, pest control bed bugs, pest control treatment, private vehicle assessment/consultation, private vehicle modifications, psychological services, supplies, equipment and assistive technology assessment/consultation, supplies, and equipment and assistive technology.

**Waiver Type**

1915(c)

**Target Population-Eligibility**

Individuals aged 0-64 who have either physical disabilities or other disabilities. 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. Waiver services are limited to participants with traumatic brain injury, spinal cord injury or both, or a similar disability not associated with the process of a progressive, degenerative illness, disease, dementia, or a neurological disorder related to aging, regardless of the age of onset.

**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 services are provider managed.

**Respite Provider Eligibility**

Service Providers Information: [https://ddsn.sc.gov/providers/how-become-qualified-provider](https://ddsn.sc.gov/providers/how-become-qualified-provider)

**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**

1272: Year ending 06/30/2023

**How to Apply**

Contact the DDSN Eligibility Referral Service at 1-800-289-7012 to be screened for referral to DDSN Head and Spinal Cord Injury (HACSI) Division and referral to the HACSI Waiver. Info on applying to services: [https://ddsn.sc.gov/resources/applying-services](https://ddsn.sc.gov/resources/applying-services)
<table>
<thead>
<tr>
<th>Contact Information</th>
<th>South Carolina Department of Disabilities and Special Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Main Phone: (803) 898-9600 or Toll Free: 1-888-376-4636</td>
</tr>
<tr>
<td>Expiration Date</td>
<td>06/30/2023</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>06/18/2019</td>
</tr>
</tbody>
</table>
### Description
The services offered in the ID/RD waiver are meant to prevent and/or delay institutionalization. This waiver reflects the State’s commitment to offer viable community options to institutional placement. 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.

It provides adult daycare, adult day health care services, personal care 2, personal care 1, residential habilitation, respite care, waiver case management, adult dental services, adult vision, audiology services, incontinence supplies, prescribed drugs, adult attendant care services, adult companion services, adult day health care nursing, adult day health care transportation, behavior support, career preparation services, community services, day activity, employment services, environmental modifications, nursing services, personal emergency response system (PERS), pest control bed bugs, pest control treatment, private vehicle assessment/consultation, private vehicle modifications, psychological services, specialized medical equipment and assistive technology assessment/consultation, specialized medical equipment, supplies and assistive technology, and support center services.

<table>
<thead>
<tr>
<th>Waiver Type</th>
<th>1915(c)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target Population-</td>
<td>Individuals of all ages who are diagnosed with intellectual disabilities and/or related disabilities. Disability must have manifested before age 22. Related disability is a severe, chronic condition closely related to an intellectual disability and must meet the following conditions: (1) attributable to cerebral palsy, epilepsy, autism or any other condition, except mental illness, closely related to intellectual disability and results in impairment and requires similar services; (2) likely to continue indefinitely; (3) 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.</td>
</tr>
<tr>
<td>Eligibility</td>
<td></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 individuals unable to care for themselves, and are furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care. 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; Community Residential Care Facility; or Licensed Nursing Facility (NF). Respite is limited to 68 hours per month unless approved for exception by DDSN. Respite services are provider managed.</td>
</tr>
<tr>
<td>Respite Provider</td>
<td>For information on how to become a provider please visit: <a href="https://ddsn.sc.gov/providers/how-become-qualified-provider">https://ddsn.sc.gov/providers/how-become-qualified-provider</a></td>
</tr>
<tr>
<td>Eligibility</td>
<td></td>
</tr>
<tr>
<td>Caregiver Eligibility</td>
<td>Respite 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>13230: Year ending 12/31/21</td>
</tr>
<tr>
<td>How to Apply</td>
<td>Contact the Disabilities and Special Needs Board that serves your county (listing at <a href="https://app.ddsn.sc.gov/public/directory/providers/listing.do?serviceld=80">https://app.ddsn.sc.gov/public/directory/providers/listing.do?serviceld=80</a>) Or, contact DDSN’s eligibility line at 1-800-289-7012. Info on applying to services: <a href="https://ddsn.sc.gov/resources/applying-services">https://ddsn.sc.gov/resources/applying-services</a></td>
</tr>
</tbody>
</table>
| Contact Information | South Carolina Department of Disabilities and Special Needs  
|                     | Main Phone: (803) 898-9600 or Toll Free: 1-888-376-4636 |
| Link to Waiver Application | https://ddsn.sc.gov/sites/default/files/Documents/Services/Chapter2-IDRD.pdf |
| Expiration Date      | 12/31/2021 |
| Date of Last Update  | 06/19/2019 |
### Description
The waiver serves participants with HIV/AIDS who meet level of care criteria. 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 services include: case management, personal care/personal care I and II, prescription drugs (except drugs furnished to participants who are eligible for Medicare Part D benefits), attendant care services, companion care, home accessibility adaptations, home delivered meals, private duty nursing, specialized medical equipment and supplies.

### Waiver Type
1915(c); concurrent operation with 1932(a) which allows for the enrollment of waiver participants into managed care (e.g. the Healthy Connections Prime Dual Eligible Demonstration)

### 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 Companion Care is available. 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.

Companion care may be participant-directed or provider managed.

### Respite Provider Eligibility
Provider enrollment information available at: [https://www.scdhhs.gov/historic/insideDHHS/Bureaus/BureauofLongTermCareServices/BECOMINGAcltCPROVIDER.html](https://www.scdhhs.gov/historic/insideDHHS/Bureaus/BureauofLongTermCareServices/BECOMINGAcltCPROVIDER.html) or [https://www.scdhhs.gov/provider](https://www.scdhhs.gov/provider). Call (888) 289-0709

### 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
889: Year ending 06/30/2021

### How to Apply
Contact your local DHHS Community Long-term Care Office [https://www.scdhhs.gov/historic/insideDHHS/Bureaus/BureauofLongTermCareServices/how%20do%20%20apply-3.html](https://www.scdhhs.gov/historic/insideDHHS/Bureaus/BureauofLongTermCareServices/how%20do%20%20apply-3.html)

Or make a referral online at [https://phoenix.scdhhs.gov/cltc_referrals/new](https://phoenix.scdhhs.gov/cltc_referrals/new) or by calling the CLTC referral toll-free number at (888) 971-1637

### Contact Information
Phone: (888) 549-0820, More information available at: [https://www.scdhhs.gov/Contact-Info](https://www.scdhhs.gov/Contact-Info)

### Link to Waiver Application

### Expiration Date
06/30/2021

### Date of Last Update
07/24/2019
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 360 Waiver (0338.R04.00)**

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 Home and Community-Based Options and Person Centered Excellence (HOPE) Waiver (0189.R06.02)**

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 Assistive Daily Living Services (ADLS) Waiver (0264.R05.00)**

Provides personal attendant care, respite, consumer preparation services, environmental accessibility adaptations, in home nursing, personal emergency response (PERS), specialized medical equipment and supplies, and vehicle modifications for individuals with a physical disability (quadriplegia) ages 18 and older.
**SD Family Support 360 Waiver (0338.R04.00)**  
**State Operating Agency: Department of Human Services (DHS), Division of Developmental Disabilities (DDD)**

**Description**  
The goal of the Family Support 360 waiver is to provide for the health and developmental needs of participants who otherwise would not be able to live in a home and community based setting. It recognizes the importance of family and the support necessary to keep the participant in their home environment. This waiver allows participants to self-direct their services and supports, and families are included in policy making, planning, implementation, and personal decisions.  
The services provided by this waiver include: personal care (1 and 2), respite, support coordination services, supported employment, companion care, environmental accessibility adaptations, nutritional supplements, specialized medical adaptive equipment and supplies, and vehicle modification.

| **Waiver Type** | 1915(c) |
| **Target Population-Eligibility** | This waiver serves individuals of any age with a developmental disability or intellectual disability. Eligible children must live with their natural, adopted, or 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. 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: [https://dhs.sd.gov/developmentaldisabilities/providerresources.aspx](https://dhs.sd.gov/developmentaldisabilities/providerresources.aspx) |
| **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 05/31/2022 |
| **How to Apply** | Application available by calling Division of Developmental Disabilities at 1-800-265-9684 |
| **Contact Information** | Contact the Division of Developmental Disabilities, Department of Human Services, Phone: (605) 773-3438; Toll free: 1-800-265-9684; E-Mail: [infodd@state.sd.us](mailto:infodd@state.sd.us) |
| **Link to Waiver Application** | [https://dhs.sd.gov/servicetotheblind/docs/Family%20Support%20360%20Medicaid%20Waiver%20Renewal%20Application.pdf](https://dhs.sd.gov/servicetotheblind/docs/Family%20Support%20360%20Medicaid%20Waiver%20Renewal%20Application.pdf) |
| **Expiration Date** | 05/31/2022 |
| **Date of Last Update** | 06/19/2019 |
**SD Home and Community-Based Options and Person Centered Excellence (HOPE) Waiver (0189.R06.02)**  
State Operating Agency: SD Department Human Services (DHS0, Division of Long-term Services and Supports (LTSS))

| Description | The HOPE waiver strives to maintain participants in their homes or the least restrictive community environment available to them by providing individuals with community-based services. Waiver services are provided by community-based agencies and facilities. The services provided by this waiver include: adult day services, respite care, homemaker, in-home nursing services, personal care, specialized medical equipment, specialized medical supplies, adult companion services, assisted living, chore services, community living home, community transition coordination, community transition supports, emergency response system (ERS), environmental accessibility adaptations, meals, nutritional supplements, and structured family caregiving. |

<table>
<thead>
<tr>
<th>Waiver Type</th>
<th>1915(c)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target Population-Eligibility</td>
<td>Individuals age 18 to 64 who have been diagnosed with a physical or other disability 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>Respite care will be provided short-term (less than 30 consecutive days) for an individual who is unable to care for him or herself in the absence of or for the relief of the caregiver. It is available to eligible individuals who reside with unpaid caregivers. Respite services are provider managed.</td>
</tr>
<tr>
<td>Respite Provider Eligibility</td>
<td>Information on becoming a provider of services: <a href="https://dhs.sd.gov/ltss/ltssproviders.aspx">https://dhs.sd.gov/ltss/ltssproviders.aspx</a></td>
</tr>
<tr>
<td>Caregiver Eligibility</td>
<td>Respite service may not be provided by a legally responsible person, a relative, or a legal guardian.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>2022: Year ending 09/30/2021</td>
</tr>
<tr>
<td>How to Apply</td>
<td>Contact Dakota at Home, South Dakota's Aging and Disability Resource Center at 1-833-663-9673 or make a referral online at <a href="https://dhs.sd.gov/ltss/referralform.aspx">https://dhs.sd.gov/ltss/referralform.aspx</a></td>
</tr>
</tbody>
</table>
| Contact Information | Contact Division of Long-term Services and Supports  
Phone: (605) 773-3656; Toll Free: 1-(866)-854-5465; Email: hcbs@state.sd.us |
| Link to Waiver Application | https://dhs.sd.gov/docs/HOPE%20Waiver%20approved%208.1.2018.pdf |
| Expiration Date | 09/30/2021 |
| Date of Last Update | 06/19/2019 |
**SD Assistive Daily Living Services (ADLS) Waiver (0264.R05.00)**  
**State Operating Agency:** Department of Human Services (DHS), Division of Rehabilitation Services  
**Description**  
The goal of the ADLS Waiver is to support eligible individuals with quadriplegia to live independently in their homes and in the communities of their choice as an alternative to institutionalization. The program promotes independence for participants through the provision of services while ensuring health and safety. This waiver offers services through both participant direction and traditional delivery methods.  
The services provided by this waiver include: personal attendant care, respite, consumer preparation services, environmental accessibility adaptations, in home nursing, personal emergency response (PERS), specialized medical equipment and supplies, and vehicle modifications.  
**Waiver Type**  
1915(c)  
**Target Population-Eligibility**  
Individuals age 18 and older who have been diagnosed with a physical disability. Participants must be diagnosed as having quadriplegia resulting from ataxia, cerebral palsy, rheumatoid arthritis, muscular dystrophy, multiple sclerosis, traumatic brain injury, congenital conditions, accidents and injuries to the spinal cord, and other neuromuscular or cerebral conditions or diseases, or an individual with four limbs absent due to disease, trauma or congenital conditions.  
**Level of Care**  
Individuals require level of care available in a nursing facility (NF).  
**Respite Services**  
Respite care services are provided to assist participants unable to care for themselves, furnished on an intermittent, occasional or emergency basis, as approved due to the absence or need for relief of those persons normally providing the care. Respite care can be provided in the following locations: Participant’s home or place of residence; Adult foster home; Medicaid certified hospital; Medicaid certified ICF/IID; 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. Out of home overnight respite is limited to 30 days in an individual’s plan year. Services are based on assessed need as identified in the person centered care plan. Respite services can be provider managed or participant directed.  
**Respite Provider Eligibility**  
Information on becoming a provider of services:  
**Caregiver Eligibility**  
Respite service may not be provided by a legal guardian, but may be provided by a legally responsible person or a relative.  
**Enrollment Limit**  
129: Year ending 05/31/2022  
**How to Apply**  
Print and complete the application (found at [https://dhs.sd.gov/docs/Application%202019.pdf](https://dhs.sd.gov/docs/Application%202019.pdf)). Mail the completed application to the address listed at the top of the application.  
**Contact Information**  
Contact Division of Rehabilitation Services  
(605) 773-4644  
**Link to Waiver Application**  
[https://dhs.sd.gov/docs/HOPE%20Waiver%20approved%208.1.2018.pdf](https://dhs.sd.gov/docs/HOPE%20Waiver%20approved%208.1.2018.pdf)  
**Expiration Date**  
05/31/2022  
**Date of Last Update**  
06/19/2019
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 is in the process of transitioning its 1915(c) waivers under its 1115 waiver demonstration, TennCare II, as part of their managed care programs. Enrollment in these 1915(c) waivers is now closed for new applicants. Individuals who are currently being served under the 1915(c) programs will continue to be served under those programs, but new HCBS applicants will be transferred to TennCare II.

TennCare II

Under TennCare II, the state will continue to provide Medicaid coverage to all mandatory and optional populations eligible under Tennessee's state plan. The CHOICES Program utilizes the existing at-risk Medicaid managed care organizations to provide eligible consumers with nursing facility services or home and community based services (HCBS), including respite. Employment and Community First (ECF) CHOICES is the newest component of the CHOICES program and utilizes Medicaid managed care to provide HCBS and LTSS for participants, including respite.

Tennessee Self-Determination Waiver Program (0427.R03.01)

Provides respite, nursing services, nutrition services, occupational therapy, physical therapy, specialized medical equipment and supplies and assistive technology, speech, language, and hearing services, adult dental services, behavior services, behavioral respite services, community participation supports, employment and day services, environmental accessibility modifications, facility-based day supports, individual transportation services, intermittent employment and community integration wrap-around, non-residential homebound support services, orientation and mobility services for impaired vision, personal assistance, personal emergency response systems, semi-independent living services, supported employment - individual employment support, and supported employment - small group employment support for individuals of all ages diagnosed with intellectual disabilities and individuals ages 5 and younger with developmental disabilities.

TN Comprehensive Aggregate Cap (or CAC) Waiver Program (0357.R03.01)

Provides residential habilitation, respite, support coordination, nursing services, nutrition services, occupational therapy, physical therapy, specialized medical equipment and supplies and assistive technology, speech, language, and hearing services, behavior services, behavioral respite services, community participation supports, dental services, employment and day services, environmental accessibility modifications, facility-based day supports, family model residential support, individual transportation services, intensive behavioral residential services, intermittent employment and community integration wrap-around supports, medical residential services, non-residential homebound support services, orientation and mobility services for impaired vision, personal assistance, personal emergency response system, semi-independent living, supported employment - individual employment support, supported employment - small group employment support, supported living, and transitional case management for individuals of all ages diagnosed with an intellectual disability.
TN Statewide HCBS Waiver Program (0128.R05.03)

Provides residential habilitation, respite, support coordination, nursing services, nutrition services, occupational therapy, physical therapy, specialized medical equipment and supplies and assistive technology, speech, language, and hearing services, adult dental services, behavior services, behavioral respite services, community participation supports, employment and day services, environmental accessibility modifications, facility-based day supports, family model residential support, individual transportation services, intensive behavioral residential services, intermittent employment and community integration wrap-around supports, medical residential services, non-residential homebound support services, orientation and mobility services for impaired vision, personal assistance, personal emergency response systems, semi-independent living, supported employment - individual employment support, supported employment - small group employment support, supported living, and transitional case management for individuals with developmental disabilities ages 0 - 5, and individuals of all ages diagnosed with an intellectual disability.
TENNESSEE

TennCare II
State Operating Agency: Division of TennCare

Description
Under TennCare II, the state will continue to provide Medicaid coverage to all mandatory and optional populations eligible under Tennessee’s state plan. The CHOICES Program utilizes the existing at-risk Medicaid managed care organizations to provide eligible consumers with nursing facility services or home and community based services (HCBS). This provides participants with an integrated package of acute and long-term services and supports (LTSS) through a managed care delivery system. Employment and Community First (ECF) CHOICES is the newest component of the CHOICES program and utilizes Medicaid managed care to provide HCBS and LTSS for participants.

Waiver Type
1115

Target Population-Eligibility
Individuals are eligible for respite under the CHOICES program if they are ages 65 and older or ages 21 and older with physical disabilities. Individuals are eligible for respite under various ECF CHOICES programs if they are children under age 21 with intellectual or developmental disabilities (I/DD) living at home with family, or are adults age 21 and older with I/DD whether or not they are living at home with family caregivers. Individuals are eligible for behavioral respite if they are under age 21 with I/DD who are living at home with family and have severe co-occurring behavioral health and/or psychiatric conditions that place the child or others at imminent and significant risk of serious physical harm, significantly strain the family’s ability to adequately respond to the child’s needs, threaten the sustainability of the family living arrangement, and place the child at imminent and significant risk of placement outside the home.

Level of Care
Individuals require level of care available in a nursing facility (NF), or if they do not meet the NF level of care, are “at risk” of NF placement in the absence of services.

Respite Services
Respite is provided under two different programs in this waiver: the CHOICES program and the Employment and Community First (ECF) CHOICES program.

CHOICES: This program provides both In-home respite care and In-patient respite care.
In-home respite services are provided to individuals unable to care for themselves, and are furnished on a short-term basis in the individual’s place of residence, because of the absence or need for relief of those persons normally providing the care. Members can self-direct in-home respite services. In-home respite may be used up to 216 hours per calendar year.

In-patient respite care services are provided to individuals unable to care for themselves, and are furnished on a short-term basis in a licensed nursing facility or licensed community-based residential alternative, because of the absence or need for relief of those persons normally providing the care. In-patient respite may be used up to 9 days per calendar year.

ECF CHOICES: Respite is available for individuals in the following sub-programs: Essential Family Supports, Essential Supports for Employment and Independent Living, and Comprehensive Supports for Employment and Community Living. Under ECF CHOICES programs, respite shall mean services provided to a person supported when unpaid caregivers are absent or need relief from routine caregiving responsibilities. Respite shall be limited to 30 days of service per person per calendar year or to 216 hours per person per calendar year, depending on the needs and preferences of the individual as reflected in the Person Centered Support Plan. (The 2 limits cannot be combined in a calendar year.) Respite services shall be provided in settings that meet the federal HCBS regulatory standards, which promote community involvement and inclusion and which allow individuals to sustain their lifestyle and routines when an unpaid caregiver is absent for a period of time.

In-home behavioral respite is also now available under the ECF CHOICES program Intensive Behavioral Family Supports.

Respite Provider Eligibility
Information for providers: https://www.tn.gov/tenncare/providers.html

Caregiver Eligibility
Caregiver eligibility is not available.

Medicaid Waivers for Respite Support – 2019
ARCH National Respite Network and Resource Center | archrespite.org
Enrollment Limit

Enrollment limit is not available.

How to Apply

To apply for TennCare, go to tennCareConnect.tn.gov and click “Apply Now.” You can also apply over the phone by calling TennCare Connect at 1-855-259-0701.


Contact Information

Call TennCare Connect at 1-855-259-0701 for help applying. You can also visit your county’s DHS office for help applying.

For information on or help with the CHOICE and ECF CHOICES programs, call the TennCare LTSS Help Desk at 1-877-224-0219.

Link to Waiver Application

https://www.tn.gov/content/dam/tn/tenncare/documents/tenncarewaiver.pdf

Expiration Date

06/30/2021

Date of Last Update

08/06/2019
### Description
The waiver program affords participants the opportunity to lead the person-centered planning process and directly manage selected services, including recruitment and management of service providers. Participants and families (as appropriate) electing self-direction have responsibility for managing, in accordance with waiver service definitions and limitations, a budget affording flexibility in service design and delivery. The Self-Determination Waiver offers a continuum of services designed to support each person’s independence and integration into the community and workplace.

Waiver services include: respite, nursing, nutrition services, occupational and physical therapy, specialized medical equipment and supplies and assistive technology, speech, language, and hearing services, adult dental services, behavior services, behavioral respite services, community participation supports, employment and day services, environmental accessibility modifications, facility-based day supports, individual transportation services, intermittent employment and community integration wrap-around, non-residential homebound support services, orientation and mobility services for impaired vision, personal assistance, personal emergency response systems, semi-independent living services, and supported employment.

### Waiver Type
1915(c)

### Target Population - Eligibility
Individuals who have been diagnosed with a developmental disability 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, a Family Model Residential Support home, a Medicaid-certified ICF/IID, a home operated by a licensed residential provider, 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. 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, Employment Services, or services under a 504 Plan or Individual Education Program (IEP), is being homeschooled, or any combination thereof. Respite shall be limited to a maximum of 30 days per person supported 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 crisis. Behavioral Respite Services providers shall help to plan, coordinate, and prepare for the individual’s transition back to his/her residential setting. 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. The Behavioral Respite Services provider shall be responsible for providing an appropriate level of services and supports 24 hours per day during the hours the person supported is not at school, including behavioral supervision and intervention for aggressive or inappropriate behavior that jeopardizes the health and safety of the person supported or others. 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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<thead>
<tr>
<th>Respite Provider Eligibility</th>
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<tr>
<td>Caregiver Eligibility</td>
<td>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.</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>This waiver is closed for new enrollees but remains available to Tennessee residents in the target population already enrolled in the waiver. 1094: Year ending 12/31/2020</td>
</tr>
<tr>
<td>How to Apply</td>
<td>This waiver is now closed for new enrollment. For individuals currently seeking services, similar services are offered under TennCare’s Employment and Community First CHOICES program.</td>
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| 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)  
Call the LTSS Help Desk at 1-877-224-0219. |
| Link to Waiver Application | [https://www.tn.gov/content/dam/tn/tenncare/documents/SelfDeterminationWaiver.pdf](https://www.tn.gov/content/dam/tn/tenncare/documents/SelfDeterminationWaiver.pdf) |
| Expiration Date            | 12/31/2022 |
| Date of Last Update        | 08/10/2019 |
## TN Comprehensive Aggregate Cap (or CAC) Home and Community Based Services Waiver (0357.R03.01)

### State Operating Agency: TN Department of Intellectual and Developmental Disabilities (TNDIDD)

### Description
This waiver serves individuals with intellectual disabilities who are former members of the certified class in U.S. vs. Tennessee, et al. (Arlington Developmental Center), current members of the certified class in the U.S. vs. 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). The CAC Waiver offers a continuum of services designed to support each person’s independence and integration into the community and uses a person-centered planning process.

The waiver provides residential habilitation, respite, support coordination, nursing, nutrition services, occupational and physical therapy, specialized medical equipment/supplies, assistive technology, speech, language, and hearing services, behavior services, behavioral respite services, community participation supports, dental services, employment and day services, home accessibility modifications, facility-based day supports, family model residential support, transportation services, intensive behavioral residential services, intermittent employment and community integration wrap-around supports, medical residential services, non-residential homebound support services, orientation and mobility services for impaired vision, personal assistance, personal emergency response system, semi-independent living, supported employment and transitional case management.

### Waiver Type
1915(c)

### Target Population-Eligibility
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.

### 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, a Family Model Residential Support home, a Medicaid-certified ICF/IID, a home operated by a licensed residential provider, a licensed respite care facility, or 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. Services must not supplant natural supports that would otherwise be provided at no cost to the Medicaid program. Respite cannot be provided during the same time period that the person supported is receiving Personal Assistance Services, Day Services, Employment Services, or services under a 504 Plan or Individual Education Program (IEP), is being homeschooled, or any combination thereof. Respite is limited to a maximum of 30 days per person supported 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 crisis. Providers shall help plan, coordinate, and prepare for the individual’s transition back to his/her residential setting. Behavioral Respite is provided by individuals trained in the management of behavioral issues and may be provided in a Medicaid-certified ICF/IID, in a licensed respite 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. The provider shall be responsible for providing an appropriate level of services and supports 24 hours per day during the hours the person supported is not at school, including behavioral supervision and intervention for aggressive or inappropriate behavior that jeopardizes the health and safety of the person supported or others. 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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| **Enrollment Limit**          | This waiver is closed for new enrollees but remains available to Tennessee residents in the target population already enrolled in the waiver.  
1617: Year ending 12/31/2019 |
| **How to Apply**              | This waiver is now closed for new enrollment. For individuals currently seeking services, similar services are offered under TennCare's Employment and Community First CHOICES program. |
| **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)  
Call the LTSS Help Desk at 1-877-224-0219. |
| **Link to Waiver Application** | [https://www.tn.gov/content/dam/tn/tenncare/documents/ApplicationFor1915cHCBSWaiverCAC.pdf](https://www.tn.gov/content/dam/tn/tenncare/documents/ApplicationFor1915cHCBSWaiverCAC.pdf) |
| **Expiration Date**           | 12/31/2019 |
| **Date of Last Update**       | 08/06/2019 |
TENNESSEE

TN Statewide HCBS Waiver (0128.R05.03)
State Operating Agency: TN Department of Intellectual and Developmental Disabilities (TNDIDD)

Description
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 through a person-centered planning process to identify services to be included in each waiver participant’s Individual Service Plan. Services aim to support each person’s independence and full integration into the community, including opportunities for employment and work in competitive integrated settings.

The waiver provides residential habilitation, respite, support coordination, nursing, nutrition services, occupational and physical therapy, specialized medical equipment/supplies, assistive technology, speech, language, and hearing services, adult dental services, behavior services, behavioral respite services, community participation supports, employment and day services, home accessibility modifications, facility-based day supports, family model residential support, individual transportation services, intensive behavioral residential services, intermittent employment and community integration wrap-around supports, medical residential services, non-residential homebound support services, orientation and mobility services for impaired vision, personal assistance, personal emergency response systems, semi-independent living, supported living and employment, and transitional case management.

Waiver Type 1915(c)

Target Population-Eligibility
Individuals who have been diagnosed with a developmental disability 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, 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. 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, Employment Services, or services under a 504 Plan or Individual Education Program (IEP), is being homeschooled, or any combination thereof. Respite shall be limited to a maximum of 30 days per person supported per calendar year. Respite may be 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 Services providers shall also help to plan, coordinate, and prepare for the individual’s transition back to his/her residential setting. 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. The Behavioral Respite Services provider shall be responsible for providing an appropriate level of services and supports 24 hours per day during the hours the person supported is not at school, including behavioral supervision and intervention for aggressive or inappropriate behavior that jeopardizes the health and safety of the person supported or others. 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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Call the LTSS Help Desk at 1-877-224-0219. |
| Link to Waiver Application    | https://www.tn.gov/content/dam/tn/tenncare/documents/StatewideWaiver.pdf |
| Expiration Date               | 12/31/2019                                                                                         |
| Date of Last Update           | 08/06/2019                                                                                         |
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 (1915(b)) and HCBS (1915(c)) waiver programs. This state’s Medicaid waivers that include respite are:

Texas Healthcare Transformation and Quality Improvement Program

Provides long-term services and supports, including home and community based services and respite, through the waiver’s STAR+PLUS HCBS program.

TX Medically Dependent Children Program (0181.R06.02)

Provides respite, supported employment, financial management services, adaptive aids, employment assistance, flexible family support services, minor home modifications, and transition assistance services for individuals diagnosed as medically fragile ages 0 through 20.

TX Youth Empowerment Services (YES) (0657.R02.01)

Provides respite, supported employment, adaptive aids and supports, community living supports (CLS), employment assistance, family supports, minor home modifications, non-medical transportation, paraprofessional services, specialized therapies, supportive family-based alternatives, and transitional services for individuals with a severe emotional disturbance (SED) ages 3 through 18.

TX HCS Program (0110.R07.00)

Provides day habilitation, respite, supported employment, adaptive aids, audiology, occupational therapy, physical therapy, prescribed drugs, speech and language pathology, financial management services, support consultation, behavioral support, cognitive rehabilitation therapy, dental treatment, dietary services, employment assistance, minor home modifications, nursing, residential assistance (host home/companion care, supervised living, residential support services), social work, supported home living, and transition assistance services for individuals of all ages diagnosed with Intellectual or Developmental Disabilities.

TX Community Living Assistance & Support Services (CLASS) (0221.R05.04)

Provides case management, prevocational services, residential habilitation, respite (in-home and out-of-home), supported employment, adaptive aids, dental treatment, dietary, nursing, occupational therapy, physical therapy, prescribed drugs, speech and language pathology, financial management services, support consultation, auditory integration training/auditory enhancement training, behavioral support, cognitive rehabilitation therapy, continued family services, employment assistance, minor home modifications, specialized therapies, support family services, and transition assistance services for individuals of all ages with developmental disabilities.
TX Deaf Blind w/Multiple Disabilities (DBMD) (0281.R05.02)

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 services, behavioral support services, chore service, dental treatment, dietary services, employment assistance, intervenor, minor home modifications, nursing, occupational therapy services, orientation and mobility, physical therapy services, speech, hearing, and language therapy services, and transition assistance services for individuals of all ages diagnosed with a Developmental Disability.

TX Home Living Program (TxHmL) (0403.R03.03)

Provides day habilitation, respite, supported employment, prescription medications, financial management services, support consultation, adaptive aids, audiology services, behavioral support, community support, dental treatment, dietary services, employment assistance, minor home modifications, nursing, occupational therapy services, physical therapy services, speech-language pathology for individuals of all ages who have been diagnosed with an Intellectual or Developmental Disability.
### Texas Healthcare Transformation and Quality Improvement Program

**State Operating Agency:** Texas Health and Human Services Commission

#### Description
Through this demonstration, the state aims to: Expand risk-based managed care to new populations and services; Support the development and maintenance of a coordinated care delivery system; Improve outcomes while containing cost growth; and Transition to quality-based payment systems across managed care and providers. The STAR+PLUS HCBS Program provides long-term services and supports under this waiver. A participant-centered service plan of care must be developed for each participant. All waiver services must be furnished pursuant to the service plan, according to the projected frequency and type of provider. Participants have the option to self-direct several of the HCBS provided.

#### Waiver Type
1115

#### Target Population - Eligibility
The STAR+PLUS HCBS Program serves two distinct populations: STAR+PLUS 217-Like HCBS Group and SSI-Related Eligible Group. STAR+PLUS 217-Like HCBS Group. This group consists of persons age 21 and older who qualify as members of the 217-Like HCBS Group, and who need and are receiving HCBS as an alternative to NF care. The Demonstration population includes persons who could have been eligible had the state continued its section 1915(c) HCBS waiver for persons who are elderly and/or physically disabled. Persons age 65 and older, and adults age 21 and older, with physical disabilities that qualify as SSI eligibles.

#### Level of Care
Both eligibility groups require the level of care available in a Nursing Facility (NF).

#### Respite Services
Respite is provided through the STAR+PLUS HCBS Program. Respite care services are provided to individuals unable to care for themselves, and are furnished on a short-term basis because of the absence of or need for relief for those persons normally providing unpaid services. Respite care may be provided in the following locations: member’s home or place of residence; adult foster care home; Medicaid certified NF; and an assisted living facility. 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. Respite is limited to 30 days per year. Respite may be provider managed or self-directed.

#### Respite Provider Eligibility
Information for providers: [https://hhs.texas.gov/doing-business-hhs/provider-portals/health-services-providers](https://hhs.texas.gov/doing-business-hhs/provider-portals/health-services-providers)

#### Caregiver Eligibility
Caregiver eligibility is not available.

#### Enrollment Limit
25,574 in STAR+PLUS 217-like HCBS group: Year ending 2022
47,563 in SSI-related eligible group: Year ending 2022

#### How to Apply
You may call HHS at 1-855-937-2372 or the Medicaid client hotline at 1-800-252-8263
Or, contact your local Health and Human Services office (locate yours at [https://apps.hhs.texas.gov/contact/search.cfm](https://apps.hhs.texas.gov/contact/search.cfm))

#### Contact Information
For more information, email Managed_Care_Initiatives@hhsc.state.tx.us or contact your local Health and Human Services office

#### Link to Waiver Application

#### Expiration Date
09/30/2022

#### Date of Last Update
08/02/2019
**TX Medically Dependent Children Program (0181.R06.02)**

**State Operating Agency:** Texas Health and Human Services

### Description

The MDCP waiver supports families and primary caregivers of eligible individuals who wish to remain in the community or move from a nursing facility to 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. This program uses a person directed service plan.

The consumer or their legally authorized representative can choose 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 consumer or their legally authorized representative is the employer of the individual providers.

If the traditional service delivery model is chosen, the individual or their legally authorized representative chooses the provider for each service included in the service plan.

The services provided by this waiver include: respite, supported employment, financial management services, adaptive aids, employment assistance, flexible family support services, minor home modifications, and transition assistance services.

### Waiver Type

1915(c); concurrent operation with 1115 STAR Kids

### Target Population-Eligibility

Individuals age 0 through 20 determined to be Medically Fragile.

### Level of Care

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

### Respite Services

Respite is a service that provides temporary relief from caregiving to the primary caregiver during times when the individual’s primary caregiver would normally provide care. All respite settings must be located within the State of Texas. Respite may be provided in: Individual’s home or place of residence; Foster home; Medicaid certified hospital; Medicaid certified nursing facility; Specialty Care Facilities (an institution that provides a continuum of nursing or medical care or services primarily to persons with terminal illnesses including a special residential care facility); Host Families residence (must be licensed as a foster home or verified by a child-placing agency that is licensed by the Texas Department of Family and Protective Services); Accredited camps; and Licensed child care settings. This service may not be provided at the same time the following services are provided: flexible family support services; employment assistance or supported employment with the individual present.

Respite is generally limited to 29 days per service plan period when provided in a hospital or nursing facility. 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

6000: Year ending 08/31/2022

### How to Apply

Call 1-877-438-5658 to get on the MDCP interest list.

### Contact Information

Contact your local Health and Human Services office (locate yours at [https://apps.hhs.texas.gov/contact/search.cfm](https://apps.hhs.texas.gov/contact/search.cfm))

Or Contact MDCP staff at 1-877-438-5658

### Link to Waiver Application


### Expiration Date

08/31/2022

### Date of Last Update

06/20/2019
TX Youth Empowerment Services (YES) (0657.R02.01)

State Operating Agency: Texas Health and Human Services (HHS)

**Description**
The YES waiver aims to improve access to services and allow more flexibility in providing intensive community-based services and supports for youth with SED and their families. The goals of the waiver include reducing out-of-home placements and inpatient psychiatric treatment by all child-serving agencies and providing a more complete continuum of community-based services and supports, ensuring and improving the clinical and functional outcomes of children and adolescents.
The services provided by this waiver include: respite, supported employment, adaptive aids and supports, community living supports (CLS), employment assistance, family supports, minor home modifications, non-medical transportation, paraprofessional services, specialized therapies, supportive family-based alternatives, and transitional services.

**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 (with subcategory of inpatient psychiatric facility).

**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.
Generally, only up to 720 consecutive or cumulative hours (30 days) of respite may be provided per individual service plan year. Respite services cannot be provided at the same time as supportive family-based alternatives, community living supports, supported employment, employment assistance, non-medical transportation, or paraprofessional services. Respite services are provider managed.

**Respite Provider Eligibility**
Provider eligibility information [https://hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/youth-empowerment-services-waiver-providers](https://hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/youth-empowerment-services-waiver-providers)

**Caregiver Eligibility**
Respite may be provided by a relative but not by a legal guardian or legally responsible person. Respite services may be provided by a relative of the consumer other than the parents.

**Enrollment Limit**
3591: Year ending 03/31/2023

**How to Apply**
Call their respective YES Waiver Inquiry line to add your child to the YES Waiver Inquiry List

**Contact Information**
Phone: 512-206-4691 Email: YESWaiver@dshs.state.tx.us

**Link to Waiver Application**

**Expiration Date**
03/31/2023

**Date of Last Update**
06/20/2019
# TX HCS Program (0110.R07.00)

**State Operating Agency:** Texas Health and Human Services

## Description

The Home and Community-based Services (HCS) waiver provides community-based services and supports to participants 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. Services and supports are intended to enhance quality of life, functional independence and health and well-being in community-based living as an alternative to institutional living. The waiver offers provider-managed service delivery option for all services, but consumers may choose to self-direct some services which offer it as an option.

The services provided by this waiver include: day habilitation, respite, supported employment, adaptive aids, audiology, occupational therapy, physical therapy, prescribed drugs, speech and language pathology, financial management services, support consultation, behavioral support, cognitive rehabilitation therapy, dental treatment, dietary services, employment assistance, minor home modifications, nursing, residential assistance (host home/companion care, supervised living, residential support services), social work, supported home living, and transition assistance services.

## Waiver Type

1915(c)

## Target Population-Eligibility

Individuals of all ages diagnosed with an Intellectual Disability or 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 for the planned or emergency short-term relief of the unpaid primary caregiver of an individual who lives in the same residence as the individual. It is provided intermittently when the primary caregiver is temporarily unavailable to provide supports. 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. 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 and out-of-home respite. Respite may not be provided at the same supported home living, supported employment, state plan community first choice personal assistance services/habilitation, 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 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

26357: Year ending 08/31/2023
### How to Apply

Contact your county’s Local Intellectual and Developmental Disability Authority (LIDDA) to be placed on an interest list. The LIDDA Directory can be found at: [https://apps.hhs.texas.gov/contact/la.cfm](https://apps.hhs.texas.gov/contact/la.cfm)

### Contact Information

Contact your LIDDA or email [hcspolicy@hhsc.state.tx.us](mailto:hcspolicy@hhsc.state.tx.us)

### Link to Waiver Application


### Expiration Date

08/31/2023

### Date of Last Update

06/20/2019
Description
The Community Living Assistance and Support Services (CLASS) Program provides community-based services and supports to eligible individuals as an alternative to institutionalization. CLASS waiver services are intended to, as a whole, enhance the individual's integration into the community, maintain or improve the individual's independent functioning, and prevent the individual's admission to an institution. 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. A person-centered service plan is developed to addresses the individual's needs. The waiver offers provider-managed service delivery option for all services, but consumers may choose to self-direct some services which offer it as an option.

The services provided by this waiver include: case management, prevocational services, residential habilitation, respite (in-home and out-of-home), supported employment, adaptive aids, dental treatment, dietary, nursing, occupational therapy, physical therapy, prescribed drugs, speech and language pathology, financial management services, support consultation, auditory integration training/auditory enhancement training, behavioral support, cognitive rehabilitation therapy, continued family services, employment assistance, minor home modifications, specialized therapies, support family services, and transition assistance services.

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 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.

Respite provides an individual with assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs), performance of tasks delegated by a registered nurse in accordance with state law, and supervision of the individual’s safety and security. Respite 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.

Respite care will be provided in the following locations: Individual's home or place of residence; 3 or 4 person Adult Foster Homes; Licensed Assisted Living Facilities; nursing facility; Medicaid certified Intermediate Care Facility; and Approved Outdoor Camps accredited by American Camping Association.

Respite cannot be provided during the same period that residential habilitation, continued family service, or support family services are provided. The provision of respite care precludes the provision of, or payment for, other duplicative services under the waiver.

Respite is limited to 30 days of combined in-home respite and out-of-home respite for each service plan year. Respite services may be provider managed or participant directed.

Respite Provider Eligibility
Information on how to become a provider: https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/community-living-assistance-support-services/how-become-a-class-provider

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

Enrollment Limit
5633: Year ending 08/31/2019

How to Apply
Call 1-877-438-5658 to be placed on the CLASS interest list
| **Contact Information** | Contact your local Health and Human Services office (locate yours at [https://apps.hhs.texas.gov/contact/search.cfm](https://apps.hhs.texas.gov/contact/search.cfm))  
Or Contact CLASS staff at 1-877-438-5658 |
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<tbody>
<tr>
<td><strong>Expiration Date</strong></td>
<td>08/31/2019; application for renewal submitted</td>
</tr>
<tr>
<td><strong>Date of Last Update</strong></td>
<td>06/21/2019</td>
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</tbody>
</table>
The Deaf Blind with Multiple Disabilities (DBMD) waiver provides community based services and supports to participants in order to assist an individual to live in his/her own home, parent's or guardian's home, or in a small group home setting. The goals are 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. The waiver offers provider-managed service delivery option for all services, but consumers may choose to self-direct services which offer it as an option. The services provided by this waiver include: case management, day habilitation, residential habilitation, respite, supported employment, prescribed drugs, financial management services, support consultation, adaptive aids and medical supplies, assisted living, audiology services, behavioral support services, chore service, dental treatment, dietary services, employment assistance, intervener, minor home modifications, nursing, occupational therapy services, orientation and mobility, physical therapy services, speech, hearing, and language therapy services, and transition assistance services.

Respite services are 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 for Individuals with Intellectual Disabilities (ICF/IID) with a certified capacity of six or less, Assisted Living Facility with a certified capacity of six or less, or camp accredited by the American Camping Association. Respite is not provided to an individual receiving assisted living. This service may not be provided at the same time that supported employment, day habilitation, residential habilitation or state plan Community First Choice Personal Assistance Services/Habilitation is provided. The respite service is limited to 720 hours or 30 calendar days per service plan year. Respite services may be provider managed or participant-directed.


Respite may be provided by a relative or legal guardian but not by a legally responsible person (parent or spouse) or a paid caregiver of residential habilitation with whom the individual resides.

Enrollment Limit 345: Year ending 02/28/2023

How to Apply Call 1-877-438-5658 to be placed on the DBMD interest list.
<table>
<thead>
<tr>
<th>Contact Information</th>
<th>Contact your local Health and Human Services office (locate yours at <a href="https://apps.hhs.texas.gov/contact/search.cfm">https://apps.hhs.texas.gov/contact/search.cfm</a>) Or Contact DBMD program consultant at 512-438-3633 or staff at 1-877-438-5658</th>
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<tbody>
<tr>
<td>Expiration Date</td>
<td>02/28/2023</td>
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<td>Date of Last Update</td>
<td>06/21/2019</td>
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</table>
**TX Home Living Program (TxHmL) (0403.R03.03)**

**State Operating Agency:** Texas Health and Human Services

### Description

The Texas Home Living Program (TxHmL) provides essential community-based services and supports to participants 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. Services include: day habilitation, respite, supported employment, prescription medications, financial management services, support consultation, adaptive aids, audiology services, behavioral support, community support, dental treatment, dietary services, employment assistance, minor home modifications, nursing, OT services, PT services, and speech-language pathology.

### Waiver Type

1915(c)

### Target Population - Eligibility

Individuals of all ages diagnosed with a Developmental 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 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. 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 HCBS waiver program foster/companion care home, HCBS waiver group home, in the respite provider’s home, or at a camp accredited by the American Camp Association. Respite cannot be provided in an institution such as a nursing facility, intermediate care facility for individuals with intellectual disabilities, or a hospital. Hourly-reimbursed respite may not be provided at the same time Community Support, Supported Employment or Day Habilitation is provided. 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

5460: Year ending 02/28/2022

### How to Apply

Contact your county’s Local Intellectual and Developmental Disability Authority (LIDDA) to be placed on an interest list. The LIDDA Directory can be found at: [https://apps.hhs.texas.gov/contact/la.cfm](https://apps.hhs.texas.gov/contact/la.cfm)

### Contact Information

Contact your LIDDA or email TxHmLPolicy@hhsc.state.tx.us

### Link to Waiver Application


### Expiration Date

02/28/2022

### Date of Last Update

06/21/2019
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.R05.00)**

- Provides skilled nursing respite care, extended home health aide, extended private duty nursing, 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.R04.04)**

- Provides ABI waiver support coordination, homemaker, residential habilitation, day supports, supported employment, respite, behavior consultation I - III, chore services, companion services, environmental adaptations - home, environmental adaptations - vehicle, extended living supports, living start-up costs, massage therapy, personal budget assistance, personal emergency response system, professional medication monitoring, specialized medical equipment/supplies/assistive technology - purchase, specialized medical equipment/supplies/assistive technology - monthly fee, supported living, transportation services (non-medical), and financial management services for individuals ages 18 and older diagnosed with brain injury.

**UT New Choices (0439.R02.01)**

- Provides 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 or other disability, as well as individuals 65 and older.

**UT Community Supports Waiver for Individuals w/ID and Other Related Conditions (0158.R06.05)**

- 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.
UT Waiver for Individuals Age 65 or Older (0247.R05.02)

Provides adult day health, case management, homemaker, respite and respite care services - LTC facility, enhanced state plan supportive maintenance home health aide services, financial management services, adult companion services, chore services, community transition services, environmental accessibility adaptations, medication reminder systems, personal attendant services, personal attendant training services, personal budget assistance, personal emergency response systems (PERS) installation, testing, and removal, PERS purchase, rental, and repair, PERS response center service, specialized medical equipment/supplies/assistive technology, supplemental meals, and transportation services (non-medical) for individuals aged 65 and older.

UT Autism (1029.R01.00)

Provides respite and financial management services for children diagnosed with autism ages 2 through 6. 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.

UT Medically Complex Children’s Waiver (1246.R01.00)

Provides Skilled Nursing Respite and Routine Respite and Financial Management Services for individuals aged 0-19 determined to be medically fragile.
UT Waiver for Technology Dependent, Medically Fragile Individuals (40183.R05.00)
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. It aims to develop system responsiveness to participant/legal representative’s needs and preferences and prevent institutionalization due to family/caregiver burnout. RN Waiver Coordinators facilitate access to waiver services and monitor the ongoing needs of the participant and the services delivered.

The services provided by this waiver include skilled nursing respite care, extended home health aide, extended private duty nursing, financial management services, family support services, and in-home feeding therapy.

Waiver Type
1915(c)

Target Population-Eligibility
Individuals, ages 0 through 20, who are diagnosed as Medically Fragile and Technology Dependent. Participants who enter the waiver between the ages of 0-20 are allowed to remain in the waiver after the age of 21 as long as they continue to meet the other additional targeting criteria.

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 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 individual safely. The limits on the amount, frequency and/or duration of respite are specified in the individual’s Plan of Care and based on assessed needs. 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/
https://medicaid.utah.gov/health-care-providers

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

Enrollment Limit
139: Year ending 06/30/2023

How to Apply
Call the program contact at UDOH Bureau of Children with Special Health Care Needs at (801) 538-6578

Contact Information
Bureau of Children with Special Health Care Needs: Toll-free 1-800-829-8200
Division of Family Health and Preparedness: 801-273-6601
Division of Medicaid and Health Financing: (801)-538-6689

Link to Waiver Application

Expiration Date
06/30/2023

Date of Last Update
07/15/2019
**UT Acquired Brain Injury (ABI) (0292.R05.00)**

**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 and to assist these voluntary participants to live as independently as possible while residing in the community-based setting of their choice. 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. The renewal of this waiver is pending as of the time of this document. The descriptions below reflect the information provided in the pending approval.

The services provided by this waiver include: ABI waiver support coordination, homemaker, residential habilitation, day supports, supported employment, respite, behavior consultation I - III, chore services, companion services, environmental adaptations - home, environmental adaptations - vehicle, extended living supports, living start-up costs, massage therapy, personal budget assistance, personal emergency response system, professional medication monitoring, specialized medical equipment/supplies/assistive technology - purchase, specialized medical equipment/supplies/assistive technology - monthly fee, supported living, transportation services (non-medical), and financial management services.

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<tr>
<th>Description</th>
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<tr>
<td><strong>Waiver Type</strong></td>
<td>1915(c)</td>
</tr>
<tr>
<td><strong>Target Population-Eligibility</strong></td>
<td>Individuals 18 and older diagnosed with an acquired 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 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.</td>
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<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>
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<tr>
<td><strong>Enrollment Limit</strong></td>
<td>135: Year ending 06/30/2024, pending approval of this renewal</td>
</tr>
<tr>
<td><strong>How to Apply</strong></td>
<td>Contact an intake worker at the Division of Services for People with Disabilities by calling 1-844-275-3773 and choose the “apply for services” option. Or, start the process online at <a href="https://dspd.utah.gov/wp-content/uploads/2019/05/Intake-Packet-ABIrupdated-5.10.2019.pdf">https://dspd.utah.gov/wp-content/uploads/2019/05/Intake-Packet-ABIrupdated-5.10.2019.pdf</a></td>
</tr>
<tr>
<td><strong>Contact Information</strong></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> Learn more about the intake process at <a href="https://dspd.utah.gov/intake-process/">https://dspd.utah.gov/intake-process/</a></td>
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<td><strong>Link to Waiver Application</strong></td>
<td><a href="http://health.utah.gov/ltc/Files/ABIRenewal2.27.19.pdf">http://health.utah.gov/ltc/Files/ABIRenewal2.27.19.pdf</a></td>
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<tr>
<td><strong>Date of Last Update</strong></td>
<td>07/15/2019</td>
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**UT New Choices (0439.R02.01)**

**State Operating Agency: Division of Medicaid and Health Financing, Bureau of Authorization and Community Based Services**

**Description**

The New Choices waiver focuses on moving Medicaid recipients living in institutional settings (nursing facilities) back to home and community based service settings. 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).

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).

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<tr>
<td><strong>Target Population-Eligibility</strong></td>
<td>Individuals 18 to 64 years old diagnosed with a disability (physical or other) and individuals 65 and older.</td>
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<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 is 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 is not available for those receiving Adult Residential Services. Respite care may be participant-directed or provider managed.</td>
</tr>
<tr>
<td><strong>Respite Provider Eligibility</strong></td>
<td>Provider information available at: <a href="http://www.health.utah.gov/ltc/NC/NCProviders.htm">http://www.health.utah.gov/ltc/NC/NCProviders.htm</a></td>
</tr>
<tr>
<td><strong>Caregiver Eligibility</strong></td>
<td>Respite may be provided by a relative or legally responsible person but not by a legal guardian.</td>
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<td><strong>Enrollment Limit</strong></td>
<td>1400: Year ending 06/30/2020</td>
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<tr>
<td><strong>How to Apply</strong></td>
<td>Contact the New Choices Waiver program and request an application packet at 801-538-6155, option 6 or 800-662-9651, option 6</td>
</tr>
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</table>
| **Contact Information** | UDOH Bureau of Authorization and Community Based Services  
| Phone: 801-538-6155, option 6 or 800-662-9651, option 6  
| Email: newchoiceswaiver@utah.gov  
| Visit [http://health.utah.gov/ltc/NC/NCHome.htm](http://health.utah.gov/ltc/NC/NCHome.htm) for information on application, eligibility and services. |
| **Expiration Date**  | 06/30/2020 |
| **Date of Last Update** | 06/21/2019 |
UT Community Supports Waiver for Individuals w/ID and Other Related Conditions (0158.R06.05)
State Operating Agency: Department of Human Services, Division of Services for People with Disabilities (DSPD)

Description
The Community Supports 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 offers both the agency-based provider model and self-directed model of service delivery.

The services provided by this waiver include: 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).

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).

All of the above forms of 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. Respite 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><strong>Respite Provider Eligibility</strong></th>
<th>Provider eligibility information available at: <a href="https://dspd.utah.gov/providers/forms/">https://dspd.utah.gov/providers/forms/</a></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Caregiver Eligibility</strong></td>
<td>Respite Care – Session may not be provided by a relative, legal guardian, or legally responsible person. All other forms of respite care (intensive, routine group, routine) 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>5685: Year ending 06/30/2020</td>
</tr>
<tr>
<td><strong>How to Apply</strong></td>
<td>Contact an intake worker at the Division of Services for People with Disabilities by calling 1-844-275-3773 and choose the “apply for services” option. Or start the process online at <a href="https://dspd.utah.gov/wp-content/uploads/2019/05/Intake-Packet-IDRC-5.10.2019.pdf">https://dspd.utah.gov/wp-content/uploads/2019/05/Intake-Packet-IDRC-5.10.2019.pdf</a></td>
</tr>
<tr>
<td><strong>Contact Information</strong></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:dsdp@utah.gov">dsdp@utah.gov</a> Learn more about the intake process at <a href="https://dspd.utah.gov/intake-process/">https://dspd.utah.gov/intake-process/</a></td>
</tr>
<tr>
<td><strong>Expiration Date</strong></td>
<td>06/30/2020</td>
</tr>
<tr>
<td><strong>Date of Last Update</strong></td>
<td>07/15/2019</td>
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</tbody>
</table>
UT Waiver for Individuals Age 65 or Older (0247.R05.02)
State Operating Agency: Department of Human Services, Division of Aging and Adult Services (DAAS)

Description
This waiver, also known as the Aging Waiver, offers participants the option to remain in a home and community based setting of their choice rather than a facility. The waiver offers both participant-directed services, as well as the traditional method of service delivery.

The services provided by this waiver include: adult day health, case management, homemaker, respite and respite care services - LTC facility, enhanced state plan supportive maintenance home health aide services, financial management services, adult companion services, chore services, community transition services, environmental accessibility adaptations, medication reminder systems, personal attendant services, personal attendant training services, personal budget assistance, personal emergency response systems (PERS) installation, testing, and removal, PERS purchase, rental, and repair, PERS response center service, specialized medical equipment/supplies/assistive technology, supplemental meals, and transportation services (non-medical).

Waiver Type
1915(c)

Target Population-Eligibility
Individuals 65 and older.

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

Respite Services
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 caregiver 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) 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.

Respite Provider Eligibility
Provider eligibility information available at: https://medicaid.utah.gov/health-care-providers

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

Enrollment Limit
500: Year ending 06/30/2020

How to Apply
Contact the Division of Aging and Adult Services office or your local Area Agency on Aging (locate yours at https://daas.utah.gov/locations-new/)

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) Email: dass@utah.gov

Link to Waiver Application
http://health.utah.gov/ltc/AG/UT.0247.R05.01-7.1.2015.html

Expiration Date
06/30/2020

Date of Last Update
07/15/2019
| **Description** | 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. The waiver is offered on a statewide basis. 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. |
| **Waiver Type** | 1915(c) |
| **Target Population-Eligibility** | Individuals between 2 and 6 years old who have 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 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. Services are limited to a maximum of three (3) hours per week. Respite services may be participant-directed or provider managed. |
| **Respite Provider Eligibility** | Provider eligibility information available at: [http://health.utah.gov/ltc/asd/Provider.html](http://health.utah.gov/ltc/asd/Provider.html) |
| **Caregiver Eligibility** | Respite may be provided by a relative but not by a legal guardian or legally responsible person. |
| **Enrollment Limit** | 1: Year ending 09/30/2020 |
| **How to Apply** | This waiver is no longer accepting new enrollees. However, Utah does provide Medicaid Autism Related Services, which you can learn more about at [http://health.utah.gov/ltc/asd/Files/Accessing%20ASD%20Services%20FAQ%20V2%207%2015.pdf](http://health.utah.gov/ltc/asd/Files/Accessing%20ASD%20Services%20FAQ%20V2%207%2015.pdf) |
| **Contact Information** | Call (801) 538-6955 |
| **Link to Waiver Application** | Link to application unavailable. |
| **Expiration Date** | 09/30/2020 |
| **Date of Last Update** | 06/24/2019 |
### Description

The purpose of the Medically Complex Children’s Waiver (MCCW) is to offer supportive services statewide to eligible individuals to enable them to live as independently and productively as possible. The MCCW will offer both agency-based and self-directed services.

The services provided by this waiver include Skilled Nursing Respite, Routine Respite and Financial Management Services.

### Waiver Type

1915(c)

### Target Population-Eligibility

Individuals ages 0-19 diagnosed as medically fragile. Individual must have: 3 or more organ systems affected by their disability, 3 or more specialty physicians, and prolonged dependence on medical devices or treatments.

### Level of Care

Individuals require level of care available in a Nursing Facility (NF).

### Respite Services

Skilled Nursing Respite is provided in a private residence or other setting(s) in the community, outside of the participant’s home, but only when the participant, the RN cases manager and the respite care provider (individual or agency) have agreed and stipulated in the care plan that the alternative setting(s) is safe and can accommodate the necessary medical equipment and personnel needed to safely care for the participant.

Routine Respite is an intermittent service provided to a participant to relieve the primary caregiver from the stress of providing continuous care, thereby avoiding premature or unnecessary nursing facility admission. Routine Respite is provided in a private residence or other setting(s) in the community, outside of the participant’s home, but only when the participant, the RN cases manager and the respite care provider (individual or agency) have agreed and stipulated in the care plan that the alternative setting(s) is safe and can accommodate the necessary medical equipment and personnel needed to safely care for the participant. Licensed Residential Treatment Programs or Licensed Residential Support Programs may also be utilized for routine respite.

Respite services may not be provided in institutional settings or in settings that are not compliant with the HCBS settings requirements. This service is not available for ongoing daycare or childcare purposes and is not intended to be used for extended periods at one time. Six hours is the maximum number of respite hours that can be used at one time and cannot be used “overnight” without the approval of the case manager. Specific limits on the amount, frequency and duration of services are specified in the individual’s care plan and are based on assessed need.

Respite services may be participant-directed or provider managed.

### Respite Provider Eligibility

Provider eligibility information available at: [http://health.utah.gov/ltc/mccw/Provider.html](http://health.utah.gov/ltc/mccw/Provider.html)

### Caregiver Eligibility

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

### Enrollment Limit

580: Year ending 09/30/2023

### How to Apply

Applications will be accepted online (at [http://health.utah.gov/ltc/mccw](http://health.utah.gov/ltc/mccw)), via fax or mail during open application periods as funding permits.

To be notified of the next open application period, please enroll in the MCCW listserv by visiting: [https://medicaid.utah.gov/mccw-newsletter](https://medicaid.utah.gov/mccw-newsletter).

### Contact Information

Toll-free Phone: 1-800-662-9651, option 5; Email: mccw@utah.gov

### Link to Waiver Application

Link to application unavailable.

### Expiration Date

09/30/2023

### Date of Last Update

06/24/2019
Medicaid Waivers for Respite Support

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, 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, and program flexibility. 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 state plan populations; (2) Optional state plan populations; (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) individuals who are not otherwise eligible under the Medicaid state plan but are at risk for institutionalization and are in need of home and community-based services, and will 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 population groups 1, 2, 3 who have been diagnosed with a life-limiting illness that is expected to be terminal before adulthood, and those in the highest need, high need, and CRT groups under Choices for Care program.

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

Respite Services
Respite is offered under the TBI program, the Mental Illness Under 22 program, the Community Rehabilitation and Treatment program, the Developmental Disability Services program, the Palliative Care program, and the Choices for Care program.

Under the Palliative Care Program, respite is short-term relief for caretaker relatives from the demanding responsibilities for caring for a sick child. Under all other applicable programs, respite care as provided in this demonstration is alternate caregiving arrangements to facilitate planned short-term and time-limited breaks for unpaid caregivers.

For the TBI and DD programs, 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. Under the Choices for Care program, respite care services are limited in combination with companion service for individuals residing at home, and respite care is available for those with highest need, high need, and CRT levels of care.

Respite Provider Eligibility
Provider eligibility can be found on the Department of Vermont Health Access website:
http://dvha.vermont.gov/for-providers

Medicaid Waivers for Respite Support – 2019
ARCH National Respite Network and Resource Center | archrespite.org
<table>
<thead>
<tr>
<th><strong>Caregiver Eligibility</strong></th>
<th>Caregiver eligibility not available.</th>
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</thead>
<tbody>
<tr>
<td><strong>Enrollment Limit</strong></td>
<td>Enrollment Limits not available.</td>
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<tr>
<td><strong>How to Apply</strong></td>
<td>To apply, contact Vermont Health Connect, either through their website: <a href="http://info.healthconnect.vermont.gov/">http://info.healthconnect.vermont.gov/</a> or by phone at 855-899-9600</td>
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<tr>
<td><strong>Contact Information</strong></td>
<td>Contact the Department of Vermont Health Access for more information at 1-802-879-5900, option 9</td>
</tr>
<tr>
<td><strong>Expiration Date</strong></td>
<td>12/31/2021</td>
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<tr>
<td><strong>Date of Last Update</strong></td>
<td>07/30/2019</td>
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</table>
Medicaid Waivers for Respite Support

**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:

**VA Community Living (CL) Waiver (0372.R03.00)**

- Provides group day services, group home residential, individual supported employment, personal assistance services, respite, consumer-directed services facilitation, assistive technology, benefits planning, center-based crisis supports, community coaching, community engagement, community guide, community-based crisis supports, companion services, crisis support services, electronic home-based services, employment and community transportation, environmental modifications, group supported employment, in-home support services, peer mentor supports, personal emergency response system, private duty nursing, shared living, skilled nursing, sponsored residential, supported living, therapeutic consultation, transition services, workplace assistance services for individuals of all ages diagnosed with Intellectual Disabilities, Developmental Disabilities, or Autism.

**VA Family and Individual Support (FIS) Waiver (0358.R04.02)**

- Provides group day services, in-home support services, individual supported employment, personal assistance services, respite services, services facilitation, assistive technology, benefits planning, center-based crisis supports, community coaching, community engagement, community guide, community-based crisis supports, companion services, crisis support services, electronic home-based supports, employment and community transportation, environmental modifications, group supported employment, individual and family/caregiver training, peer mentor supports, personal emergency response system (PERS), private duty nursing, shared living, skilled nursing, supported living residential, therapeutic consultation, transition services, and workplace assistance for individuals of any age diagnosed with Autism, Developmental Disabilities, or Intellectual Disabilities.

**VA Commonwealth Coordinated Care Plus (CCC+) (0321.R04.03)**

- Provides adult day health care, personal assistance services, respite care services, services facilitation, assistive technology, environmental modifications, personal emergency response system (PERS), private duty nursing, and transition services for individuals aged 65 and older, individuals aged 0-64 with physical or other disabilities, and individuals of any age determined to be technology dependent.
The Community Living 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. An objective of the waiver is to provide an array of community supports that promotes inclusion and independence by enhancing, rather than replacing, existing natural 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.

The services provided by this waiver include: group day services, group home residential, individual supported employment, personal assistance services, respite, consumer-directed services facilitation, assistive technology, benefits planning, center-based crisis supports, community coaching, community engagement, community guide, community-based crisis supports, companion services, crisis support services, electronic home-based services, employment and community transportation, environmental modifications, group supported employment, in-home support services, peer mentor supports, personal emergency response system, private duty nursing, shared living, skilled nursing, sponsored residential, supported living, therapeutic consultation, transition services, workplace assistance 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. Respite is allowed in a family home, a respite center, a sponsored residential home, or in a group home. It is not allowed in a group home for a resident of that group home, an ICF/IID, or a nursing home.

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) Accompanying the individual to appointments.

Respite is limited to 480 hours per individual per year. Respite services may be participant-directed or provider managed.
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<thead>
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<th>Description</th>
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<tr>
<td>Expiration Date</td>
<td>06/30/2024</td>
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<tr>
<td>Date of Last Update</td>
<td>07/08/2019</td>
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</table>
VA Family and Individual Support (FIS) Waiver (0358.R04.02)
State Operating Agency: Department of Behavioral Health and Developmental Services (DBHDS)

Description
The goal of the Family and Individual Supports Waiver is to enable those community residents in need of supports, particularly those living with family members, to retain their community resident status through receiving those supports. It offers an alternative to institutionalization through an array of community supports that promotes inclusion and independence by enhancing, rather than replacing, existing natural 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 services include: group day services, in-home support services, individual supported employment, personal assistance services, respite, services facilitation, assistive technology, benefits planning, center-based crisis supports, community coaching, community engagement, community guide, community-based crisis supports, companion services, crisis support services, electronic home-based supports, employment and community transportation, environmental modifications, group supported employment, individual and family/caregiver training, peer mentor supports, personal emergency response system (PERS), private duty nursing, shared living, skilled nursing, supported living residential, therapeutic consultation, transition services, and workplace assistance.

Waiver Type
1915(c)

Target Population
Individuals of any age with an Intellectual Disability, 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 services are specifically designed to provide temporary, substitute care for that which is normally provided by the family or other unpaid, primary caregiver of an individual. Services are provided on a short-term basis because of the emergency absence or need for routine or periodic relief of the primary caregiver. Respite is allowed in a family home, a respite center, or in a group home. It is not allowed in a group home for a resident of that group home, an ICF/IID, or a nursing home.

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 care hours are limited to 480 hours per state fiscal year. Respite may be participant-directed or provider managed.

Respite Provider Eligibility
Provider eligibility available at http://www.dmas.virginia.gov/#/providerinformation

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

Enrollment Limit
2983: Year ending 06/30/2023

How to Apply
Find and contact your local community services board (CSB) at http://www.mylifemycommunityvirginia.org/taxonomy/mlmc-menu-zone/waiver-information
| Contact Information | Contact your local CSB.  
Or, contact the DBHDS Office, located at 1220 Bank Street, Richmond, VA, 23219.  
Mailing address: P.O. Box 1797, Richmond, VA 23218-1797.  
Phone: (804) 786-3921; Voice TDD: (804) 371-8977 |
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# VA Commonwealth Coordinated Care Plus (CCC+) (0321.R04.03)

**State Operating Agency:** VA Department of Medical Assistance Services (DMAS), Division of Long-term Care

| Description | This waiver is the result of the merging of two previous waiver programs: the Elderly or Disabled with Consumer Direction waiver and the Technology Assistance waiver. The goal of the CCC+ Waiver is to incorporate the principles of self-determination and supplement community supports while fostering dignity, quality of life, and security in the everyday lives of individuals while maintaining them in the community. The CCC+ Waiver offers an array of services to support community living and includes self-directed options for Personal Assistance Services and Respite Services. Through person-centered care planning, CCC+ health plans ensure that participants are aware of and can access community based treatment options designed to serve them in the settings of their choice. The services provided by this waiver include: adult day health care, personal assistance services, respite care services, services facilitation, assistive technology, environmental modifications, personal emergency response system (PERS), private duty nursing, and transition services. |
| Waiver Type | 1915(c); concurrent operation with 1915(b1 and b4) CCC Financial Alignment Demonstration |
| Target Population-Eligibility | Individuals aged 65 and older, individuals aged 0-64 with physical or other disabilities, and individuals of any age determined to be technology dependent. |
| Level of Care | Individuals require level of care available in a hospital, nursing facility (NF), or specialized nursing facility (SNF). |
| 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 children’s residential respite facility. Respite service may include skilled nursing care, but consumer direction is not available to individuals receiving skilled respite services. Respite care services provided in any setting are limited to a total of 480 hours per recipient per state fiscal year. Respite services may be participant-directed or provider managed. |
| 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 | 50040: Year ending 06/30/2022 |
| How to Apply | Contact your local Department of Social Services (DSS) to apply at [https://www.dss.virginia.gov/localagency/index.cgi](https://www.dss.virginia.gov/localagency/index.cgi) Or call the CCC+ Helpline toll free at 1-844-374-9159 |
| Contact Information | Contact your local DSS, the CCC+ Helpline at 1-844-374-9159, or email CCCPlusWaiver@dmas.virginia.gov |
| Link to Waiver Application | Link to application unavailable. |
| Expiration Date | 06/30/2022 |
| Date of Last Update | 06/25/2019 |
WASHINGTON

Washington State Health Care Authority (HCA)
626 8th Avenue SE
P.O. Box 45502
Olympia, WA 98504-5502
http://www.hca.wa.gov/Pages/index.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:

Washington has introduced an 1115 demonstration called the Medicaid Transformation Project in efforts to improve its healthcare delivery system. The waiver operates through ACHs, which are composed of managed care, provider, and many other community organizations and are focused on improving health and transforming care delivery for the populations that live within their region. The Individual and Family Services 1915(c) waiver operates concurrently with the demonstration. The following 1915(c) waivers with respite will continue to operate and there are currently no plans to incorporate them into the 1115 demonstration.

WA Medicaid Transformation Project
This demonstration aims to transform the health care delivery system through regional, collaborative efforts led by Accountable Communities of Health (ACH). It will test changes to payment, care delivery models and targeted services. It provides home and community based services (including respite) under three different programs: Medicaid Alternative Care, Tailored Supports for Older Adults (TSOA), and several sub-programs under the Designated State Health Plans (DSHPs).

WA Children’s Intensive In-Home Behavioral Support (40669.R02.01)
Provides respite, assistive technology, behavioral health stabilization services-crisis diversion bed services, behavioral health stabilization services-positive behavior support and consultation, environmental adaptations, nurse delegation, positive behavior support and consultation, risk assessment, specialized clothing, specialized medical equipment and supplies, staff/family consultation and training, therapeutic equipment and supplies, transportation, vehicle modifications for individuals with developmental disabilities (DD), intellectual disabilities, or autism ages 8-20.

WA Core Waiver (0410.R03.04)
Provides community inclusion, individual supported employment/group supported employment, prevocational services, residential habilitation, respite, behavioral health stabilization services-specialized psychiatric services, specialized psychiatric services, behavioral health stabilization services-behavioral health crisis diversion bed services, behavioral health stabilization services-positive behavior support and consultation, chemical extermination of bed bugs, community guide, community transition, environmental adaptations, individualized technical assistance, occupational therapy, physical therapy, positive behavior support and consultation, risk assessment, skilled nursing, specialized medical equipment and supplies, speech, hearing, and language services, staff family consultation and training, transportation, wellness education for individuals of any age with developmental disabilities (DD), intellectual disabilities (ID) or autism.
WASHINGTON

WA Basic Plus Waiver (0409.R03.02)
Provides community inclusion, individual supported employment/group supported employment, personal care, prevocational services, respite, behavioral health stabilization services-specialized psychiatric services, specialized psychiatric services, behavioral health stabilization services-behavioral health crisis diversion bed services, behavioral health stabilization services-positive behavior support and consultation, chemical extermination of bed bugs, community guide, emergency assistance, environmental adaptations, individualized technical assistance, occupational therapy, physical therapy, positive behavior support and consultation, risk assessment, skilled nursing, specialized medical equipment and supplies, speech, hearing and language services, staff/family consultation and training, transportation, wellness education for individuals with developmental disabilities (DD), intellectual disabilities (ID), or autism.

WA COPES (0049.R08.00)
Provides adult day health, adult day care, client support training & wellness education, community choice guiding, community support: goods and services, environmental modifications, home delivered meals, skilled nursing services, specialized medical equipment and supplies, transportation for aged individuals ages 65 - no maximum age and physical and other disabilities ages 18-64.

WA Individual and Family Services (1186.R01.00)
Provides respite, behavioral health stabilization services - specialized psychiatric services, specialized psychiatric services, assistive technology, behavioral health stabilization services - crisis diversion bed services, behavioral health stabilization services - positive behavior support and consultation, community engagement, environmental adaptations, nurse delegation, occupational therapy, peer mentoring, person-centered plan facilitation, physical therapy, positive behavior support and consultation, risk assessment, skilled nursing, specialized clothing, specialized medical equipment and supplies, speech, hearing and language services, staff/family consultation and training, supported parenting services, therapeutic equipment and supplies, transportation services, vehicle modifications, and wellness education for individuals of any age with autism, intellectual disabilities (ID), or developmental disabilities (DD).

WA Residential Support (1086.R01.00)
Provides adult day health, adult family home specialized behavior support service, client support training and wellness education, enhanced residential services, expanded community services, nurse delegation, skilled nursing, and specialized medical equipment for aged individuals ages 65 - no maximum age and physical and other disabilities ages 18-64.
### WA Medicaid Transformation Project
**State Operating Agency:** Accountable Communities of Health, Washington Health Care Authority

#### Description
This demonstration aims to transform the health care delivery system through regional, collaborative efforts led by Accountable Communities of Health (ACH). It will test changes to payment, care delivery models and targeted services. The goals are to: Integrate physical and behavioral health purchasing and service delivery to better meet whole person needs; Support provider capacity to adopt new payment and care models; Implement population health strategies that improve health equity; and Provide new targeted services that address the needs of the state’s aging populations and address key determinants of health. One program under this waiver is Medicaid Alternative Care (MAC), which will provide support for unpaid family caregivers who support individuals who are eligible for Medicaid but choose to wrap services around their unpaid caregiver as an alternative to other forms of traditional paid services. This benefit package will provide supports enabling unpaid caregivers to continue to provide high-quality care while also focusing on their own health and well-being, and uses a person-centered planning process. Similarly, Tailored Supports for Older Adults (TSOA) helps individuals and their families avoid or delay impoverishment and the future need for Medicaid LTSS services, while providing support to individuals and unpaid family caregivers. The demonstration also furnishes Designated State Health Programs (DSHPs) which provide home and community based services, including respite.

<table>
<thead>
<tr>
<th>Waiver Type</th>
<th>1115</th>
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| Target Population-Eligibility | Designated State Health Programs (DSHPs): Individuals eligible for the State Family Caregiver Support program are adults 18 or older caring for adults 18 or older. Individuals eligible for the Employment & Day and Other Community Services program are 21 and older with a developmental disability diagnosis attributable to intellectual disability, cerebral palsy, epilepsy, autism, or another neurological or other condition found by DDA to be closely related to intellectual disability or requiring treatment similar to that required for individuals with intellectual disability. Individuals eligible for the Community Residential & Homecare program have a developmental disability diagnosis and are enrolled and eligible clients of the Developmental Disabilities Administration, and have been assessed as needing community residential and homecare services to meet their health and welfare needs. Medicaid Alternative Care (MAC): Individuals who are age 55 or older, eligible for Categorically Needy (CN) or Alternative Benefit Plan (ABP) services, and not currently receiving Medicaid-funded LTSS. Tailored Supports for Older Adults (TSOA): Individuals age 55 or older who are U.S. citizens or in eligible immigration status, not be currently eligible for CN or ABP Medicaid, and meet functional eligibility criteria as determined through an eligibility assessment. |

| Level of Care | Individuals in the MAC and TSOA programs require the level of care available in a Nursing Facility (NF). |

| Respite Services | DSHPs: A form of respite is offered through three DSHPs. The State Family Caregiver Support program provides respite as a supportive service for the unpaid caregivers. The Employment & Day and Other Community Services program offers respite through individual providers and enhanced respite. The Community Residential & Homecare program provides companion home respite. Medicaid Alternative Care (MAC) program: Caregiver Assistant Services under the MAC Benefits Package provides in home and out of home respite. Services take the place of those typically performed by the unpaid caregiver in support of unmet needs the care receiver has for assistance with activities of daily living (ADL) and instrumental ADL. The Tailored Supports for Older Adults (TSOA) will also provide respite to provide support to individuals and unpaid family caregivers. |

| Respite Provider Eligibility | Information for providers: [https://www.hca.wa.gov/billers-providers-partners](https://www.hca.wa.gov/billers-providers-partners) |
**Caregiver Eligibility**
Caregiver eligibility is not available.

**Enrollment Limit**
Enrollment limit is not available.

**How to Apply**
Contact your local Community Living Connections/Area Agency on Aging or Home and Community Services Offices.
[https://www.dshs.wa.gov/ALTSA/resources](https://www.dshs.wa.gov/ALTSA/resources)

**Contact Information**
Email medicaidtransformation@hca.wa.gov or call the Community Living Connections line toll free at 1-855-567-0252.

**Link to Waiver Application**
[https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/wa/wa-medicaid-transformation-ca.pdf](https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/wa/wa-medicaid-transformation-ca.pdf)

**Expiration Date**
12/31/2021

**Date of Last Update**
08/08/2019
WA Children’s Intensive In-Home Behavioral Support (CIIBS) Waiver (40669.R02.01)
State Operating Agency: WA Department of Social and Health Services (DSHS), Developmental Disabilities Administration (DDA)

**Description**

The CIIBS 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 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.

The services provided by this waiver include: respite, assistive technology, behavioral health stabilization services-crisis diversion bed services, behavioral health stabilization services-positive behavior support and consultation, environmental adaptations, nurse delegation, positive behavior support and consultation, risk assessment, specialized clothing, specialized medical equipment and supplies, staff/family consultation and training, therapeutic equipment and supplies, transportation, vehicle modifications.

<table>
<thead>
<tr>
<th>Waiver Type</th>
<th>1915(c)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target Population-Eligibility</td>
<td>Individuals between the age of 8 and 20 years old who have been diagnosed with a developmental disability, intellectual disability, or autism. The condition must have originated prior to age 18.</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 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. A DDA assessment determines the amount of respite participants will receive. Respite cannot replace daycare while the parent or guardian is at work or Personal Care Hours available under the state plan. If respite is provided in a private home, it must either be: the participant’s home, the participant’s relative’s home, or a licensed home. The respite care provider cannot be the spouse of the caregiver receiving respite if the spouse and the caregiver reside in the same residence. If the waiver participant’s personal care provider is the parent and the individual lives in the parent’s adult family home, the individual may not receive respite. Respite provided by an LPN or RN requires a prior approval. Other DDA services may not be provided at the same time as respite. Respite services are provider managed.</td>
</tr>
<tr>
<td>Respite Provider Eligibility</td>
<td>Provider eligibility and information can be found at: <a href="https://www.dshs.wa.gov/dda/counties-and-providers/developmental-disabilities-administration-counties-provider-information">https://www.dshs.wa.gov/dda/counties-and-providers/developmental-disabilities-administration-counties-provider-information</a></td>
</tr>
<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>100: Year ending 08/31/2022</td>
</tr>
<tr>
<td>How to Apply</td>
<td>Complete a Service and Information Request over the phone or online. You can both find a list of regional numbers or complete the form online at <a href="https://www.dshs.wa.gov/dda/service-and-information-request">https://www.dshs.wa.gov/dda/service-and-information-request</a></td>
</tr>
</tbody>
</table>
| Contact Information | Call DDA’s Central office at (360) 407-1500  
Or, contact your local DDA office by visiting https://www.dshs.wa.gov/office-locations |
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<tr>
<td>Expiration Date</td>
<td>08/31/2022</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>06/25/2019</td>
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</tbody>
</table>
WA Core Waiver (0410.R03.04)
State Operating Agency: WA Department of Social and Health Services (DSHS), Developmental Disabilities Administration (DDA)

Description
The goal of the Core Waiver is to support individuals who choose to live in their community as an alternative to institutional placement. This is accomplished by coordination of natural supports, community resources/services, Medicaid services and services available via the waiver. Waiver services include: community inclusion, individual and group supported employment, prevocational services, residential habilitation, respite, behavioral health stabilization services-specialized psychiatric services, specialized psychiatric services, behavioral health stabilization services-behavioral health crisis diversion bed services, behavioral health stabilization services-positive behavior support and consultation, chemical extermination of bed bugs, community guide, community transition, environmental adaptations, individualized technical assistance, occupational therapy, physical therapy, positive behavior support and consultation, risk assessment, skilled nursing, specialized medical equipment and supplies, speech, hearing, and language services, staff family consultation and training, transportation, wellness education.

Waiver Type
1915(c)

Target Population-Eligibility
Individuals of all ages diagnosed with a developmental disability, intellectual disability, or autism. Individuals 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.

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 who normally provide care for and live with the waiver participant and 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 person-centered service plan. Respite is limited to individuals who: live in her/his family home and no person living with her/him is contracted by DSHS to provide the waiver participant with services; or live 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 live 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 location(s): individual’s home/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; 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. A DDA assessment determines the amount of respite participants will receive. Respite cannot replace daycare while the parent or guardian is at work or Personal Care Hours available under the state plan. The respite care provider cannot be the spouse of the caregiver receiving respite if the spouse and the caregiver reside in the same residence. If the waiver participant’s personal care provider is the parent and the individual lives in the parent’s adult family home, the individual may not receive respite. 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. Respite provided by an LPN or RN requires a prior approval. Other DDA services may not be provided at the same time as respite. Respite services are provider managed.
Respite Provider Eligibility
Provider eligibility and information can be found at: https://www.dshs.wa.gov/dda/counties-and-providers/developmental-disabilities-administration-counties-provider-information

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

Enrollment Limit
5300: Year ending 08/31/2022

How to Apply
Complete a Service and Information Request over the phone or online. You can both find a list of regional numbers or complete the form online at https://www.dshs.wa.gov/dda/service-and-information-request

Contact Information
Call DDA’s Central office at (360) 407-1500
Or, contact your local DDA office by visiting https://www.dshs.wa.gov/office-locations

Link to Waiver Application

Expiration Date
08/31/2022

Date of Last Update
06/25/2019
The purpose of the Basic Plus Waiver is to provide an alternative to ICF/IID placement for individuals who live with family or in their own home or in another setting with assistance and have a natural support system. The waiver serves individuals who are at high risk of loss of current living situation due to a variety of reasons or whose family/caregiver’s ability to continue caring for the individual is at risk for a variety of reasons. The objective is to develop and implement supports and services to successfully maintain individuals in their homes and communities.

The services provided by this waiver include: community inclusion, individual supported employment/group supported employment, personal care, prevocational services, respite, behavioral health stabilization services-specialized psychiatric services, specialized psychiatric services, behavioral health stabilization services-behavioral health crisis diversion bed services, behavioral health stabilization services-positive behavior support and consultation, chemical extermination of bed bugs, community guide, emergency assistance, environmental adaptations, individualized technical assistance, occupational therapy, physical therapy, positive behavior support and consultation, risk assessment, skilled nursing, specialized medical equipment and supplies, speech, hearing and language services, staff/family consultation and training, transportation, wellness education.
<table>
<thead>
<tr>
<th><strong>Respite Provider Eligibility</strong></th>
<th>Provider eligibility and information can be found at: <a href="https://www.dshs.wa.gov/dda/counties-and-providers/developmental-disabilities-administration-counties-provider-information">https://www.dshs.wa.gov/dda/counties-and-providers/developmental-disabilities-administration-counties-provider-information</a></th>
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<tbody>
<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>
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<tr>
<td><strong>Enrollment Limit</strong></td>
<td>8233: Year ending 08/31/2022</td>
</tr>
<tr>
<td><strong>How to Apply</strong></td>
<td>Complete a Service and Information Request over the phone or online. You can both find a list of regional numbers or complete the form online at <a href="https://www.dshs.wa.gov/dda/service-and-information-request">https://www.dshs.wa.gov/dda/service-and-information-request</a></td>
</tr>
<tr>
<td><strong>Contact Information</strong></td>
<td>Call DDA’s Central office at (360) 407-1500 Or, contact your local DDA office by visiting <a href="https://www.dshs.wa.gov/office-locations">https://www.dshs.wa.gov/office-locations</a></td>
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<tr>
<td><strong>Expiration Date</strong></td>
<td>08/31/2022</td>
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<tr>
<td><strong>Date of Last Update</strong></td>
<td>06/26/2019</td>
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</table>
**WA COPES (0049.R08.00)**

**State Operating Agency:** WA State Department of Social and Health Services (DSHS), Aging and Long-Term Support Administration (ALTSA)

**Description**
The goal of the Community Options Program Entry System (COPES) 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, adult day care, client support training & wellness education, community choice guiding, community support: goods and services, environmental modifications, home delivered meals, skilled nursing services, specialized medical equipment and supplies, and transportation.

**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.

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

**Respite Services**
There are no respite services provided by this waiver, but it does provide Adult Day Care. Adult Day Care services are provided in an adult day care center and 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. Adult Day Care is provider managed.

**Respite Provider Eligibility**
Information on provider eligibility can be found here [https://www.dshs.wa.gov/altsa/long-term-care-professionals-providers](https://www.dshs.wa.gov/altsa/long-term-care-professionals-providers)

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

**Enrollment Limit**
56644: Year ending 12/31/2023

**How to Apply**

**Contact Information**
For more information, contact the Home and Community Services Division of Aging and Long-term Support Administration at (360) 725-2300

**Link to Waiver Application**

**Expiration Date**
12/31/2023

**Date of Last Update**
07/24/2019
**WA Individual and Family Services Waiver (1186.R01.00)**

State Operating Agency: WA Department of Social and Health Services (DSHS), Developmental Disabilities Administration (DDA)

| Description | The purpose of the Individual and Family Services (IFS) Waiver is to provide support to individuals residing in the family home as an alternative to institutional placement. It aims to serve individuals whose family/caregiver’s ability to continue caring for them is at risk for a variety of reasons. The objective is to support natural support systems and develop and implement supports and services to successfully maintain individuals in their family homes and communities. The services provided by this waiver include: respite, behavioral health stabilization services - specialized psychiatric services, specialized psychiatric services, assistive technology, behavioral health stabilization services - crisis diversion bed services, behavioral health stabilization services - positive behavior support and consultation, community engagement, environmental adaptations, nurse delegation, occupational therapy, peer mentoring, person-centered plan facilitation, physical therapy, positive behavior support and consultation, risk assessment, skilled nursing, specialized clothing, specialized medical equipment and supplies, speech, hearing and language services, staff/family consultation and training, supported parenting services, therapeutic equipment and supplies, transportation services, vehicle modifications, and wellness education. |
| Waiver Type | 1915(c), concurrent operation with 1115 MTD |
| Target Population-Eligibility | Individuals of any age who have been diagnosed with a developmental disability, intellectual disability, or autism. Condition must have developed 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 is short-term intermittent relief for persons who normally provide care for and live with the waiver participant and 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 person-centered service plan. Respite is limited to individuals who: live in her/his family home and no person living with her/him is contracted by DSHS to provide the waiver participant with a service; or live 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 live 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 location(s): individual’s home/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; 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. A DDA assessment determines the amount of respite participants will receive. Respite cannot replace daycare while the parent or guardian is at work or Personal Care Hours available under the state plan. The respite care provider cannot be the spouse of the caregiver receiving respite if the spouse and the caregiver reside in the same residence. If the waiver participant’s personal care provider is the parent and the individual lives in the parent’s adult family home, the individual may not receive respite. 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. Respite provided by an LPN or RN requires a prior approval. Other DDA services may not be provided at the same time as respite. Respite services are provider managed. |

Medicaid Waivers for Respite Support – 2019
ARCH National Respite Network and Resource Center | archrespite.org
<table>
<thead>
<tr>
<th><strong>Respite Provider Eligibility</strong></th>
<th>Provider eligibility and information can be found at: <a href="https://www.dshs.wa.gov/dda/counties-and-providers/developmental-disabilities-administration-counties-provider-information">https://www.dshs.wa.gov/dda/counties-and-providers/developmental-disabilities-administration-counties-provider-information</a></th>
</tr>
</thead>
<tbody>
<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>6500: Year ending 08/31/2019 (pending approval of renewal)</td>
</tr>
<tr>
<td><strong>How to Apply</strong></td>
<td>Complete a Service and Information Request over the phone or online. You can both find a list of regional numbers or complete the form online at <a href="https://www.dshs.wa.gov/dda/service-and-information-request">https://www.dshs.wa.gov/dda/service-and-information-request</a></td>
</tr>
</tbody>
</table>
| **Contact Information**         | Call DDA’s Central office at (360) 407-1500  
Or, contact your local DDA office by visiting [https://www.dshs.wa.gov/office-locations](https://www.dshs.wa.gov/office-locations) |
| **Expiration Date**             | 08/31/2019 (pending approval of submitted renewal application) |
| **Date of Last Update**         | 06/26/2019 |
WA Residential Support Waiver (1086.R01.00)
State Operating Agency: WA State Department of Social and Health Services (DSHS), Aging and Long-Term Support Administration (ALTSA)

**Description**
As an important element of the State's commitment to provide community alternatives to institutional care, the Residential Support Waiver provides supports and services in licensed community residential settings to adults who have the need for enhanced residential services. The goal of the waiver is to provide residential supports and other services needed by participants to successfully live in the community.

The services provided by this waiver include: adult day health, adult family home specialized behavior support service, client support training and wellness education, enhanced residential services, expanded community services, nurse delegation, skilled nursing, specialized medical equipment.

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<tr>
<th>Waiver Type</th>
<th>1915(c)</th>
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<tr>
<td><strong>Target Population-Eligibility</strong></td>
<td>Individuals 18 to 64 years old who are diagnosed with a physical or other disability as well as individuals 65 years old or 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>
</tbody>
</table>

**Respite Services**
This waiver does not provide respite, but it does offer Adult Day Health. Adult Day Health is a supervised daytime program providing nursing and rehabilitative therapy services to adults with medical or disabling conditions that require the intervention or services of a registered nurse, or a licensed speech therapist, occupational therapist, or physical therapist acting under the supervision of the participant’s physician, when required. Services provided are specified in the participant's service plan and encompass both health and social services needed to ensure the optimal functioning of the participant. Transportation between the participant’s place of residence and the Adult Day Health site is included as a component of Adult Day Health services and is reflected in the rate paid to the Adult Day Health providers. Adult Day Health services are available to participants living in an adult family home, assisted living facility, enhanced adult residential care or enhanced services facility. For individuals living in an enhanced services facility, skilled nursing is provided by facility staff and cannot be duplicated in the Adult Day Health setting. Adult Day Health is provider managed.

**Respite Provider Eligibility**
Information on provider eligibility can be found here [https://www.dshs.wa.gov/altsa/long-term-care-professionals-providers](https://www.dshs.wa.gov/altsa/long-term-care-professionals-providers)

**Caregiver Eligibility**
Adult day health services may not be provided by a relative, legal guardian, or legally responsible person.

**Enrollment Limit**
4026: Year ending 12/31/2023

**How to Apply**

**Contact Information**
For more information, contact the Home and Community Services Division of Aging and Long-term Support Administration at (360) 725-2300

**Link to Waiver Application**

**Expiration Date**
12/31/2023

**Date of Last Update**
07/24/2019
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.R06.00)
Provides facility based day habilitation, home-based agency person-centered support, in-home respite, prevocational, service coordination, supported employment, dietary therapy, occupational therapy, physical therapy, speech therapy, participant-directed goods and services, behavior support professional, crisis intervention, crisis site person-centered support, electronic monitoring, environmental accessibility adaptations, family person-centered support, job development, licensed group home person-centered support, out-of-home respite, skilled nursing by a LPN, skilled nursing by a RN, transportation, and unlicensed residential person-centered support for individuals with intellectual and developmental disabilities (ID/DD) ages 3 and older.
West Virginia

WV Intellectual and Developmental Disabilities Waiver (IDDW) (0133.R06.00)
State Operating Agency: West Virginia Department of Health and Human Resources, Bureau for Medical Services

Description
The purpose of the Intellectual/Developmental Disability Waiver (IDDW) is to offer comprehensive services and supports to eligible individuals in order to avoid or delay institutionalization. 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). The goal of the IDDW program is to provide services through which qualifying individuals receive person-centered services and supports in the least restrictive manner in the community. All individuals are assessed annually and assigned an individualized budget. The IDDW offers both traditional and self-directed service options.

Waiver services include: facility-based day habilitation, home-based agency person-centered support, in-home respite, prevocational, service coordination, supported employment, dietary therapy, occupational therapy, physical therapy, speech therapy, participant-directed goods and services, behavior support professional, crisis intervention, crisis site person-centered support, electronic monitoring, environmental accessibility adaptations, family person-centered support, job development, licensed group home person-centered support, out-of-home respite, skilled nursing by a LPN, skilled nursing by a RN, transportation, and unlicensed residential person-centered support.

Waiver Type
1915(c)

Target Population-Eligibility
Individuals age 3 and older with a developmental disability, intellectual disability, or related condition. Condition must have manifested prior to age 22.

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 the 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.

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 offers two forms of respite: In-Home and Out-of-Home Respite. Both forms are to be used for relief of the primary caregiver(s) from the stress of providing continuous support and care to the participant. Both forms 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 are 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. In-Home Respite services may be used to: allow the primary caregiver 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. 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.

Both forms of respite may be participant directed or provider managed.

Medicaid Waivers for Respite Support – 2019
ARCH National Respite Network and Resource Center | archrespite.org
### Respite Provider Eligibility
- Information for providers: [https://dhhr.wv.gov/bms/Programs/WaiverPrograms/IDDW/Pages/Member-LR-Information.aspx](https://dhhr.wv.gov/bms/Programs/WaiverPrograms/IDDW/Pages/Member-LR-Information.aspx)

### 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 06/30/2020

### How to Apply
- For information on how to apply to this waiver click here [http://www.dhhr.wv.gov/bms/Programs/Documents/IDDApplication.pdf](http://www.dhhr.wv.gov/bms/Programs/Documents/IDDApplication.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
- 06/26/2019
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, live-in caregiver, prevocational, respite, supported employment – individual, nursing, fiscal employer agent, 1-2 bed adult family home, 3-4 bed adult family home, adaptive aids, assistive technology/communication aids/interpreter, consultative clinical and therapeutic services for caregivers, consumer education and training, counseling and therapeutic services, customized goods and services, day services, home delivered meals, home modification, housing counseling, personal emergency response system, relocation - housing start up and related utility costs, residential care apartment complex, specialized medical equipment and supplies, specialized transportation 2, specialized transportation, support broker, supported employment – group, supportive home care, training services for unpaid caregivers, vocational and futures planning for aged individuals 65 and up, individuals with developmental and intellectual disabilities (DD/IID) ages 18 and older, and individuals with physical disabilities ages 18-64.

**WI Children's Long-term Support (CLTS) Waiver Program (0414.R03.02)**

Provides consumer education and training, day services, respite, support and service coordination, supported employment – individual, supportive home care, financial management services, adaptive aids, adult family home, child care services, children’s foster care, communication aids/assistive technology/interpreter services, community integration services, counseling and therapeutic services, daily living skills training, home modification, housing counseling, mentoring, nursing services, personal emergency response system (PERS), relocation services, specialized medical and therapeutic supplies, supported employment - small group, training for parents/guardians & families of children with disabilities, and transportation for individuals ages 0-21 with physical or other disabilities, serious emotional disturbance (SED), autism, developmental disabilities (DD), or intellectual disabilities (ID).

**WI Family Care Waiver Renewal 2015 (0367.R03.05)**

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 and older, physically disabled/disabled other ages 18-64, and developmentally and/or intellectually disabled (DD/IID) individuals ages 18 and older.
Description
This waiver, also frequently called the Include, Respect, I Self-direct (IRIS) Waiver, is intended to provide persons with an alternative to enrolling in Family Care, the state’s managed care long-term care program. This waiver will provide eligible consumers the choice of a fully self-directed Medicaid Home and Community-Based Services Waiver.

When people are given the opportunity to enroll in long-term supports, the Aging and Disability Resource Center (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.

Services provided by this waiver include: adult day care, daily living skills training, IRIS consultant, live-in caregiver, prevocational, respite, supported employment – individual, nursing, fiscal employer agent, 1 -2 bed adult family home, 3-4 bed adult family home, adaptive aids, assistive technology/communication aids/interpreter, consultative clinical and therapeutic services for caregivers, consumer education and training, counseling and therapeutic services, customized goods and services, day services, home delivered meals, home modification, housing counseling, personal emergency response system, relocation - housing start up and related utility costs, residential care apartment complex, specialized medical equipment and supplies, specialized transportation 2, specialized transportation, support broker, supported employment – group, supportive home care, training services for unpaid caregivers, and vocational and futures planning.

Waiver Type
1915(c); operates in conjunction with section 1915(j)

Target Population-Eligibility
Aged individuals age 65 and older, individuals with developmental disabilities (DD) and intellectual disabilities (ID) age 18 and older, and individuals with physical disabilities ages 18-64.

Level of Care
Individuals require the level of care available in a Nursing Facility (NF) or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID).

Respite Services
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 settings.

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 Apartment Complex. Residential respite may include overnight stays by the participant.

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. 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 institutions such as a certified Medicaid setting (hospital, nursing home) or other licensed facility. Services may involve overnight or partial day stays by the participant. The standards for other setting respite are determined primarily by the participant and/or their legal decision-maker. However, the respite provider is still subject to a background check.

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. The actual length of the respite stay must be specified in the participant record.

Respite services are participant-directed.
<table>
<thead>
<tr>
<th><strong>Respite Provider Eligibility</strong></th>
<th>For provider information, see the forms listed under “Vendor Specific” at <a href="https://www.dhs.wisconsin.gov/iris/forms.htm">https://www.dhs.wisconsin.gov/iris/forms.htm</a></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Caregiver Eligibility</strong></td>
<td>Respite may be provided by a legal guardian, relative or legally responsible individual. Respite providers in Home Based Respite and Other setting Respite are still subject to a background check, similar to other providers.</td>
</tr>
<tr>
<td><strong>Enrollment Limit</strong></td>
<td>24786: Year ending 04/31/2021</td>
</tr>
<tr>
<td><strong>How to Apply</strong></td>
<td>Apply to the IRIS program by contacting your local Aging and Disability Resource Center (ADRC) <a href="https://www.dhs.wisconsin.gov/adrc/consumer/index.htm">https://www.dhs.wisconsin.gov/adrc/consumer/index.htm</a></td>
</tr>
</tbody>
</table>
| **Contact Information**       | Contact your local ADRC  
Contact the IRIS Call Center at 888-515-4747 or the Wisconsin Department of Health Services, IRIS Management Section at [DHSIRIS@wisconsin.gov](mailto:DHSIRIS@wisconsin.gov) |
| **Link to Waiver Application**| [https://www.dhs.wisconsin.gov/iris/hcbw.pdf](https://www.dhs.wisconsin.gov/iris/hcbw.pdf)                                                                 |
| **Expiration Date**           | 04/30/2021                                                                                                                          |
| **Date of Last Update**       | 06/27/2019                                                                                                                          |
**Description**

The overall purpose of Wisconsin’s Children’s Long-Term Support (CLTS) Waiver Program is to provide necessary supports and services to prevent placement in an institutional setting. The goal of the CLTS Waiver Program is to support children with substantial needs, as well as their parents/guardians, by delivering services to assure the child’s health, safety and welfare needs in an inclusive home and community setting. A key tenet of the program is that children are best served within the context of their family and community. This waiver is the consolidation of several previous CLTS waivers: the CLTS Developmental Disabilities waiver, the CLTS Serious Emotional Disturbance waiver, and the CLTS Physical Disabilities waiver.

Services provided by this waiver include: consumer education and training, day services, respite, support and service coordination, supported employment – individual, supportive home care, financial management services, adaptive aids, adult family home, child care services, children’s foster care, communication aids/assistive technology/interpreter services, community integration services, counseling and therapeutic services, daily living skills training, home modification, housing counseling, mentoring, nursing services, personal emergency response system (PERS), relocation services, specialized medical and therapeutic supplies, supported employment - small group, training for parents/guardians & families of children with disabilities, and transportation.

**Waiver Type**

1915(c); concurrent operation with 1915 (b)(4) Fee-for-Service Contracting Program

**Target Population-Eligibility**

Individuals 0 to 21 years old who have a physical or other disability, intellectual disabilities (ID), developmental disabilities (DD), autism, or a serious emotional disturbance (SED).

Participants must reside in an allowable community living situation (with their parents in the family’s private residence, in the home of a relative or guardian, including foster care providers or an adult family home (AFH) for participants 18 and older).

**Level of Care**

Individuals require level of care available in a Hospital, Nursing Facility (NF), or Intermediate Care Facility for the Individuals with Intellectual Disabilities (ICF/IID).

**Respite Services**

Respite care services are provided on a short term basis, to relieve the participant’s family or other primary caregiver(s) from daily stress and care demands. Respite may be provided in-home or out-of-home, in any of the following provider settings: Community-Based Residential Facility, Foster Homes, Respite Agency, Residential Care Center (RCC) for Children and Youth, Family Child Care Center, Group Homes for Children, Shelter Care Facilities, Group Child Care Center, Adult Family Home, Day Camps, or by another person appropriately qualified as approved by the State and as related to the unique service being provided.

This service may not duplicate any service that is provided under another waiver service category. Respite services may be participant-directed or provider managed.

**Respite Provider Eligibility**

Information for providers: [https://www.dhs.wisconsin.gov/clts/provider-home.htm](https://www.dhs.wisconsin.gov/clts/provider-home.htm)

**Caregiver Eligibility**

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

**Enrollment Limit**

14209: Year ending 03/31/2022

**How to Apply**

Apply by contacting your local County Agency (listings at [https://www.dhs.wisconsin.gov/clts/contact.htm](https://www.dhs.wisconsin.gov/clts/contact.htm))

For families living in Adams, Columbia, Dane, Green, Jackson, Jefferson, Kenosha, La Crosse, Lafayette, Marquette, Monroe, Ozaukee, Racine, Rock, Walworth, Washington, and Waukesha counties:

<table>
<thead>
<tr>
<th>Contact Information</th>
<th>For more information, contact your County Agency or CompassWisconsin: Threshold. Or, call the Department of Health Services at 608-266-1865.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Link to Waiver Application</td>
<td><a href="https://www.dhs.wisconsin.gov/clts/draft-waiver-amendment.pdf">https://www.dhs.wisconsin.gov/clts/draft-waiver-amendment.pdf</a></td>
</tr>
<tr>
<td>Expiration Date</td>
<td>03/31/2022</td>
</tr>
<tr>
<td>Date of Last Update</td>
<td>06/27/2019</td>
</tr>
</tbody>
</table>
Description  
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 participants the choice to receive long-term care in their own homes and integrated community settings. The goals of the waiver are to improve choice, access, quality, and cost-effectiveness.

Family Care is now statewide. 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) Family Care Partnership Program under State Plan

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 services may be participant-directed or provider-managed.

Respite Provider Eligibility  
For provider information, visit [https://www.dhs.wisconsin.gov/partners-providers.htm](https://www.dhs.wisconsin.gov/partners-providers.htm)

Contact information for counties and the providers within those counties can be found [here](https://www.dhs.wisconsin.gov/partners-providers.htm).

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

Enrollment Limit  
64266: Year ending 12/31/2019
<table>
<thead>
<tr>
<th>How to Apply</th>
<th>Apply for Family Care or Partnership by contacting their local Aging and Disability Resource Center (ADRC) at <a href="https://www.dhs.wisconsin.gov/adrc/consumer/index.htm">https://www.dhs.wisconsin.gov/adrc/consumer/index.htm</a></th>
</tr>
</thead>
<tbody>
<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>06/27/2019</td>
</tr>
</tbody>
</table>
Medicaid Waivers for Respite Support

Wyoming Department of Health
401 Hathaway Building
Cheyenne, WY 82002
http://www.health.wyo.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:

**WY Long-term Care (0236.R05.01)**

- Provides adult day care, case management, personal care, respite, fiscal management services, assisted living services, direct service worker, home delivered meals, non-medical transportation, personal emergency response system, and skilled nursing for aged individuals 65 and older and individuals with physical disabilities ages 19-64.

**WY Supports (1060.R00.01)**

- Provides adult day services, case management, community living services, community support services, homemaker, personal care, respite, supported employment, dietician services, occupational therapy, physical therapy, skilled nursing, speech, hearing and language services, behavioral support services, child habilitation services, cognitive retraining, companion services, crisis intervention support, environmental modification, individual habilitation training, specialized equipment, and transportation for individuals with intellectual and developmental disabilities (ID/DD) of any age and brain injuries (BI) who are ages 21 and older.

**WY Comprehensive (1061.R00.01)**

- Provides adult day services, case management, community living services, community support services, homemaker, personal care, respite, supported employment, dietician services, occupational therapy, physical therapy, skilled nursing, speech, hearing and language services, behavioral support services, child habilitation services, cognitive retraining, companion services, crisis intervention support, environmental modification, individual habilitation training, special family habilitation home, specialized equipment, and transportation for individuals with intellectual and/or developmental disabilities (ID/DD) of any age and individuals 21 and older with brain injuries.
Description

This waiver, also called the Community Choices Waiver (CCW), furnishes a range of home and community-based services that assist Medicaid recipients to live in the community, in the least restrictive environment and avoid institutionalization. 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. Participants are offered a choice of settings to receive their services identified on their individual Plans of Care (POC). All participants are required to receive case management services in addition to at least one other waiver service.

Services provided by this program include: adult day care, case management, personal care, respite, fiscal management services, assisted living services, direct service worker, home delivered meals, non-medical transportation, personal emergency response system, 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 are 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.

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 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.

These services are provided in the home. Respite services may not be provided in a facility.

Respite is short-term, which is defined as no more than 30 days in a 12 month plan period.

Respite services are provider managed.

Respite Provider Eligibility

For information on becoming a provider, visit https://health.wyo.gov/healthcarefin/medicaid/homeandcommunitybasedservicesunit/providers-and-community-partners/

Caregiver Eligibility

Respite services may not be provided by a legally responsible person, a relative, or a legal guardian.
<table>
<thead>
<tr>
<th><strong>Enrollment Limit</strong></th>
<th>3415: Year ending 06/30/2021</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How to Apply</strong></td>
<td>Contact the Medicaid Eligibility Long-term Care Unit toll free at 1-855-203-2936 for an application.</td>
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<td><strong>Contact Information</strong></td>
<td>Division of Healthcare Financing: (307) 777-7531</td>
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<td>Department of Health: (307) 777-7656</td>
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<td><strong>Link to Waiver</strong></td>
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<td><strong>Application</strong></td>
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<tr>
<td><strong>Expiration Date</strong></td>
<td>06/30/2021</td>
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<tr>
<td><strong>Date of Last Update</strong></td>
<td>06/27/2019</td>
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Description
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 purpose of the Supports Waiver is to assist individuals and their families in obtaining person-centered services and utilizing both natural supports and paid providers to support individuals in their community. 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.

Services provided by this waiver include: adult day services, case management, community living services, community support services, homemaker, personal care, respite, supported employment, dietician services, occupational therapy, physical therapy, skilled nursing, speech, hearing and language services, behavioral support services, child habilitation services, cognitive retraining, companion services, crisis intervention support, environmental modification, individual habilitation training, specialized equipment, and transportation.

Waiver Type
1915(c)

Target Population-Eligibility
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.

Level of Care
Individuals require the level of care available at a Nursing Facility or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

Respite Services
Respite services are intended to be utilized on a short-term, temporary basis to provide relief for an unpaid caregiver from the daily burdens of care. Respite includes assistance with ADLs, medication assistance if needed, and supervision. Routine transportation is included in the service rate. Respite may be provided in the caregiver’s home, the provider’s home, or in community settings. The respite setting and services shall support the identified needs of the participant and family. Respite shall only be provided for up to two people at the same time. Three people may be supported in this service if they are family members, live in the same household, and can be safely supported by one provider. Respite will generally not be provided to individuals under the age of 18 and individuals 18 and older at the same time.

Respite shall not 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. The participant may choose to receive a more appropriate service, such as child habilitation or companion services, for supports and supervision while their primary caregiver is working. Respite shall not replace residential or day services.

Respite services shall not be provided during the same time period as other waiver services. Approved service units and supervision levels are based upon the participant's need and budget limit. Respite is reimbursed as a 15-minute unit or a daily rate. Any use of respite over nine (9) hours a day must be billed as a daily unit.

Respite services may be participant-directed or provider managed.

Respite Provider Eligibility
For information on becoming a provider, reference the Comprehensive and Supports Waiver page https://health.wyo.gov/behavioralhealth/dd/providersandcasemanagers/

Caregiver Eligibility
Respite services may not be provided by a legally responsible person, legal guardian, or relative.
<table>
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<tr>
<th>Enrollment Limit</th>
<th>555: Year ending 03/31/2024</th>
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<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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Description
The Comprehensive 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 purpose of the Comprehensive Waiver is to assist individuals and their families in obtaining person-centered services and utilizing both natural supports and paid providers to support individuals in their community. 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 Comprehensive Waiver, along with providing traditional service delivery options. Services provided by this waiver include: adult day services, case management, community living services, community support services, homemaker, personal care, respite, supported employment, dietician services, occupational therapy, physical therapy, skilled nursing, speech, hearing and language services, behavioral support services, child habilitation services, cognitive retraining, companion services, crisis intervention support, environmental modification, individual habilitation training, special family habilitation home, specialized equipment, and transportation.

Waiver Type
1915(c)

Target Population-Eligibility
Individuals 21 and older with a brain injury and individuals of all ages diagnosed with a developmental or intellectual disability.

Level of Care
Individuals require the level of care available at a Nursing Facility (NF) or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

Respite Services
Respite services are intended to be utilized on a short-term, temporary basis to provide relief for an unpaid caregiver from the daily burdens of care. Respite includes assistance with ADLs, medication assistance if needed, and supervision. Routine transportation is included in the service rate. Respite may be provided in the caregiver’s home, the provider’s home, or in community settings. The respite setting and services shall support the identified needs of the participant and family. Respite shall only be provided for up to two people at the same time. Three people may be supported in this service if they are family members, live in the same household, and can be safely supported by one provider. Respite will generally not be provided to individuals under the age of 18 and individuals 18 and older at the same time.

Respite shall not 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. The participant may choose to receive a more appropriate service, such as child habilitation or companion services, for supports and supervision while their primary caregiver is working. Respite shall not replace residential or day services.

Respite services shall not be provided during the same time period as other waiver services. Approved service units and supervision levels are based upon the participant’s need and budget limit. Respite is reimbursed as a 15-minute unit or a daily rate. Any use of respite over nine (9) hours a day must be billed as a daily unit.

Respite services may be participant-directed or provider managed.

Respite Provider Eligibility
For information on becoming a provider, reference the Comprehensive and Supports Waiver page https://health.wyo.gov/behavioralhealth/dd/providersandcasemanagers/

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