



Advocate

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HCBS WAIVERS AS A FUNDING SOURCE FOR AT

A Home and Community Based Medicaid Waiver May Fund a Range of Assistive Technology Not Typically Available Through Medicaid

Over the past 10 to 12 years, a significant percentage of Protection and Advocacy for Assistive Technology (PAAT) program resources have been devoted to helping our clients obtain a range of assistive technology (AT) devices through the traditional Medicaid program. Similarly, the pages of this newsletter have often been devoted to traditional Medicaid, outlining how the program can be used as an AT funding source and highlighting our victories as an AT advocacy network.

In this newsletter, at our annual conferences, on our AT list serve, and during our teleconference work group meetings we have shared strategies for successfully obtaining some of the more expensive equipment, like the standing wheelchair, or the latest devices, like the therapy vest cases that many of us worked on during the 1990s. Many of us have succeeded, on a case-by-case basis, in having items like ramps and environmental control devices covered through a state's traditional Medicaid program.

Despite our willingness to take on the next big challenge, the reality is that many of the non-traditional items that our clients seek, such as the standing wheelchair or ramp mentioned above, might only be available in your state through a fair hearing or, in some cases, a court appeal or action. Even then, your client may have waited several months for the favorable hearing decision or more than a year for the court decision or out-of-court settlement. Although we continue to urge attorneys and advocates to push their Medicaid programs, through the hearing process and litigation, to fund the expensive and cutting edge equipment,

there are likely to be some items that  will all concede are unlikely to be covered by traditional Medicaid even if we are willing to push the matter at a fair hearing or even, as they say, make a federal case out of it.

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Children and adults can benefit from a wide range of AT devices that will be difficult, if not impossible to obtain from the traditional Medicaid program. These include home modifications, telecommunication devices for the deaf (TDDs), computer software, vehicle modifications, environmental control units, and adapted kitchen appliances, just to name a few. All of these items are currently available through a Home and Community Based Services (HCBS) waiver program in one or more states.

This newsletter will briefly describe the underlying concept of an HCBS waiver and the key federal Medicaid provisions that can be waived through a federally-approved HCBS waiver program. We will then summarize the broad contours within which an HCBS waiver is permitted to operate and describe categories of service that can be funded under a waiver. Finally, we will provide state-by-state examples of waivers and some of the

specific AT that is available through them.

The Concept of a CMS-Approved Waiver

Medicaid is a program that is subject to very extensive federal mandates. An HCBS waiver, approved by the federal Centers for Medicare and Medicaid Services (CMS), allows a state to operate outside the confines of specified federal mandates, often to test innovative approaches to delivery of services or to extend or expand coverage for a targeted population. Although states are not required to implement waiver programs, all states have one or more CMS-approved HCBS waivers.

There are three basic requirements to qualify for any HCBS waiver:

1. *Risk of institutional care.* The individuals served by the waiver must be at risk of institutional care and meet state-established criteria for institutional care. This is because the purpose for a waiver is to serve as a

Resources on HCBS Waivers

Kaiser Family Foundation website: www.kff.org

- This site contains a wealth of information on Medicaid and other health insurance issues.
- For an excellent summary of HCBS waivers and recent trends, see *Recent Growth in Medicaid Home and Community-Based Service Waivers* (April 2004), available at: www.kff.org/medicaid/upload/Recent-Growth-in-Medicaid-Home-and-Community-Based-Service-Waivers-PDF.pdf.

National Health Law Program website: www.healthlaw.org

- Also contains a wealth of information on Medicaid and other health insurance issues, with an emphasis on resources to support the attorney or advocate.
- Many resources that relate to HCBS waivers are located on NHelp's website.
- For a great resource, see J. Perkins, *The Deficit Reduction Act of 2005: Implications for Advocacy* (April 2006) (can be located by following links from home page to "Medicaid," then "Deficit Reduction Act of 2005").

US Department of Health and Human Services, Office of Disability, Aging, and Long-Term Care Policy website: http://aspe.hhs.gov/_/office_specific/daltcp.cfm

- This website includes information on a variety of health care concerns that children, working adults and older persons with disabilities face.
- For a recent overview of HCBS Support Waivers see "Gauging the Use of HCBS Support Waivers for People with Intellectual and Developmental Disabilities: Profiles of State Support Waivers" available at: <http://aspe.hhs.gov/daltcp/reports/2006/gauging.htm>.

Clearinghouse for the Community Living Exchange Collaborative website: www.hcbs.org

- This website includes information on Medicaid and other health care issues.
- The goal of the website is to share information between different states and organizations to create systems that reflect the needs and preferences of individuals with disabilities.

PAS: Center for Personal Assistance Services website: www.pascenter.org

- Based at the University of California, San Francisco, the Center provides information on personal assistance devices in the United States.
- The site includes a summary of all HCBS waivers offered within each state. Links are also provided to the state's relevant website.

community alternative to institutional care.

2. *Cost neutrality.* Waivers must meet a “cost neutrality” standard, i.e., the average per capita cost of providing services under a waiver must not exceed the average cost of institutional care.
3. *Financial eligibility.* An eligible individual must meet the usual income criteria for Medicaid, but states may choose to ignore (or waive) the requirement that income and resources of legally responsible spouses and parents are counted.

The potential cost of Medicaid waivers may concern state Medicaid officials. The concern stems from the fact that waivers may, by ignoring the income and resources of legally responsible spouses and parents, create Medicaid eligibility for individuals who were not previously eligible. Waivers may also be costly because they often pay for an array of costly services that are not traditionally covered by Medicaid. Subject to federal criteria and CMS approval, a state can legally limit its costs in two key ways: by limiting enrollment to a fixed number of participants and establishing waiting lists when those numbers are exceeded; and by providing for spending caps, limiting the amounts that can be spent on any one case or any one service for an individual.

Readers should be cautious when counseling individuals about HCBS waiver eligibility and the ability to obtain expensive AT and related services through a waiver. Before counseling the individual or family, it is always best to see if there are openings in the waiver program and check carefully regarding any spending caps. (Note: While beyond the scope of this article, when states are using one or more Medicaid waivers to move individuals from institutions to the community, pursuant to CMS mandates following the *Olmstead v. L.C.* decision (reported at 527 U.S. 581 (1999)), there will be strong arguments that favor lifting of enrollment limits as necessary to effectuate this movement to community settings. This concept has been the basis of litigation in several states.)

Some Examples of Waivers that CMS Can Approve

While our focus is on the HCBS waiver, it is important to understand that there are a number of waivers which allow state Medicaid programs to operate outside the confines to traditional federal mandates. Three of the more common waivers that states have used include:

1. *The “freedom of choice” waiver*, often called a section 1915(b) waiver, 42 U.S.C. §

1396n(b), is typically used to create a managed care model to serve Medicaid recipients. A key provision waived in a managed care model is that provision that would ordinarily allow recipients to get services from the provider they choose.

2. *The “home and community-based services” (HCBS) waiver* allows Medicaid agencies to serve individuals who would be eligible for Medicaid if institutionalized. These are often called 1915(c) waivers, 42 U.S.C. §§ 1396a(a)(10)(A)(ii)(VI), 1396n(b)-(e), and can be used to offer a broader range of services than are offered to Medicaid recipients under the general state plan. See also, 42 C.F.R. §§ 441.300-308, 441.310, 441.350-357, 441.360, and 441.365. 42 C.F.R. § 440.180 lists services allowed under an HCBS waiver.
3. *The “demonstration waiver”* is often called the section 1115 waiver, 42 U.S.C. § 1315(a), and can be used to implement demonstration projects which are “likely to assist in promoting the objectives” of the Medicaid Act. Massachusetts is implementing its Medicaid buy-in program through an approved 1115 waiver.

This article will not provide any further discussion on either the model waiver or demonstration waiver. Nor will we describe any of the growing federal initiatives which may be viewed as giving states a wider range of options for delivering services to the traditional Medicaid populations.

How an HCBS Waiver Can Help Individuals With Disabilities

The HCBS waivers have been available to states since 1981. Although they are optional, every state has implemented one or more HCBS

“Bridges to Better Advocacy” Conference: Join Us in Austin, Texas, April 2-4, 2008

Our 12th annual “Bridges” conference will take place again at the Hilton Garden Inn in Austin, Texas. Our traditional two-day event will take place on April 3rd and 4th (Thursday-Friday). An optional pre-conference is scheduled for Wednesday, April 2nd and will focus on Medicaid.

A flyer and registration form is available as an insert to this newsletter or is available on the National AT Advocacy Project’s website, www.nls.org/natmain.htm.

waivers. These waivers can be used to extend eligibility to individuals who would not otherwise be eligible for Medicaid or to provide services not available to the Medicaid population generally. Information on the HCBS waivers available in your state can be obtained through the Kaiser Family Foundation's website at www.statehealthfacts.org (follow the links for your state, then the state Medicaid program).

The HCBS waiver can be used to waive three key federal Medicaid requirements:

1. *Waiver of statewidedness*: Ordinarily, the state's Medicaid plan must offer comparable coverage in all regions of a state. A waiver could be approved that will offer a level of Medicaid coverage in one or more sections of the state that is not available to recipients statewide.
2. *Waiver of comparability*: Ordinarily, the state's Medicaid plan must treat all similarly situated recipients equally. A waiver could select a targeted group of Medicaid recipients (such as persons with traumatic brain injury, for example) and offer them a scope of services not available to persons who have different disabilities but similar needs.
3. *Waiver of certain income and resource rules*: A waiver can be implemented which exempts certain populations from the general income and resource requirements. For example, many states operate waiver programs that make certain children with very severe disabilities eligible for Medicaid without regard to parental income and resources.

The expanded scope of services, potentially available through an HCBS waiver, can be very important to individuals with disabilities who are pursuing vocational goals. An HCBS waiver can offer optional services to a specific disability group that are not otherwise offered to adult Medicaid recipients. These could include optional services such as private duty nursing or prosthetic devices. The HCBS waiver can also offer services that are not currently authorized by the Medicaid Act, including some that are not strictly medical in nature.

Services Possible Through an HCBS Waiver

Under federal HCBS waiver regulations a very wide range of services can be provided, including [see 42 C.F.R. § 440.180]:

- Case management
- Homemaker services
- Home health aide services
- Personal care services
- Adult day health
- Habilitation

- Respite
- Partial hospitalization and psycho-social rehabilitation for persons with psychiatric diagnoses
- "Other services" requested by the agency and approved by CMS as cost effective and necessary to avoid institutionalization

States have apparently used this "other services" category to approve things like home modifications and even modifications to vehicles. See N.Y. State Department of Health, Administrative Directive, Transmittal # 00 OMM/ADM-4 (May 22, 2000), available at www.wnyc.net/pdf/2000-adms/00ommadm4.pdf, explaining the criteria for approving home adaptations and vehicle modifications under the state's Care at Home I and Care at Home II waiver programs.

In 1997, the HCBS regulations were amended to allow for "expanded habilitation services," which include "prevocational services" and "educational services." 42 C.F.R. § 440.180(c)(2)(I) & (ii). See 59 Federal Register 37702-01(7/25/94) for a discussion on the changes. Under the prevocational and educational services categories, CMS could allow an approved waiver to provide a wide range of services that would prepare an individual with a very severe disability to eventually move to either competitive employment, long term supported employment, or a more traditional vocational rehabilitation program.

Services available through the expanded habilitation services category include:

- Teaching an individual such concepts as compliance, attendance, task completion, problem solving, and safety;
- Supported employment services (which presumably includes job coaching) that are provided in integrated work settings with an assumption that the individual is not receiving a competitive wage (at or above minimum wage) during the period they receive services;
- Any combination of special supervisory services, training, transportation, and adaptive equipment that the state demonstrates are essential for engaging in paid employment.

State-Specific Examples of HCBS Waivers

In this section, we provide a number of examples of how the optional HCBS waiver is being used to exempt certain populations from Medicaid's regular income and resource criteria, or to offer a scope of services not available to persons who have different disabilities but similar needs. We do have to caution the reader: Many of the items that are listed in CMS-approved HCBS waivers are items that have been funded through a

regular Medicaid program, often following an appeal. In the representative waivers discussed below, the AT examples picked are mostly items that would either not be available through traditional Medicaid or that would be difficult to get approved through a traditional Medicaid program absent an appeal. We left out many examples that experience teaches should be available through the regular Medicaid program. The examples are based on information available on state agency websites as of late 2007.

Alabama operates a “Technology Assisted Waiver for Adults.” This waiver provides services to individuals who previously received private duty nursing services through the Medicaid Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program but are no longer eligible after turning age 21. Financial eligibility is allowed at income levels up to 300 percent of the SSI benefit level. AT is available up to a limit of \$20,000; amounts above \$20,000 can be separately approved. See “Fact Sheet” on this waiver at: www.medicaid.alabama.gov/documents/Program-LTC/3D-1f-4-FactSheet-TA_Waiver_1.07.pdf.

Connecticut operates a “Department of Mental Retardation Waiver”:

- Eligibility: Must be a resident of Connecticut and have either mental retardation as defined by statute or medically diagnosed Prader-Willi Syndrome.
- Services available include specialized medical equipment and supplies, home and vehicle modifications, interpreter services, and family training.

For more information please see: www.ct.gov/longtermcare/cwp/view.asp?a=1398&q=299542#TOP.

Illinois operates a “Persons with Physical Disabilities Waiver”:

- Eligibility: Generally, for all Illinois waivers, individuals must meet financial criteria for the individual HCBS waivers, must require institutionalization in the absence of the HCBS waiver, and the HCBS waiver must be cost effective.
- Services provided include environmental adaptations, specialized medical supplies and equipment, and personal care assistant.

For more information see: www.hfs.illinois.gov/hcbswaivers/disabilities.html.

Iowa operates a “Brain Injury Waiver” which serves children and adults up to 64 years old. Eligibility is determined based on the individual’s income and resources (not that of a parent or

spouse). The cost of waiver services cannot exceed \$2,650 per month. Equipment funded includes home modifications, blind/visual disability aids, TDDs, environmental controls, computer software, educational and vocational aids, and vehicle modifications. For more information see www.ime.state.ia.us/docs/BIPacket.doc.

Michigan operates a “MI Choice Waiver Program.” This waiver is designed to allow elderly and disabled residents to remain in their homes or other residential setting when they otherwise would be required to live in a nursing home. The services provided include environmental modifications, transportation, and medical supplies and equipment not covered by the Medicaid State Plan.

More information is accessible at: www.michigan.gov/mdch/0,1607,7-132-2943_4857-16263--,00.html.

Montana operates a “Home and Community Based Services Program (A.K.A. Medicaid Waiver Program).” To be eligible, an individual must be financially eligible for Medicaid, require nursing facility level of care, and have an unmet need that can be met by home and community based services.

When to Suggest an HCBS Waiver to Your Client

There are a number of circumstances when an HCBS Medicaid waiver may be the best way for your client to obtain the medical equipment or other health related benefits they need:

- The waiver will allow Medicaid to ignore the income and resources of a legally responsible parent or spouse, making the individual eligible for Medicaid on their income and resources alone.
- The waiver will allow the individual to leave an institution and live in the community by providing for a range of services in the community that have historically only been available in the institution.
- The waiver will allow for a range of services, such as vehicle lifts and home modifications, that have seldom been available through traditional Medicaid.
- Although the traditional Medicaid program might be forced to pay for the item, following a fair hearing or court review, your client would like the certainty of knowing they can count on receiving the item in question right away.

Services available under this waiver include environmental adaptations, specialized medical equipment and supplies, and homemaker services. For more information see: www.dphhs.mt.gov/sltc/services/communityservices/cswaiver.shtml.

Ohio operates an “Individual Options Waiver”:

- **Eligibility:** Individual must have mental retardation or developmental disabilities, require an ICF/MR level of care and be eligible for Medicaid.
- **Services available include:**
 - Home Modifications such as installing ramps, widening doors, modifying bathrooms, and altering electric and plumbing systems to accommodate medical equipment;
 - Specialized Adaptive or Assistive Medical Equipment and Supplies like devices, controls, or appliances to aid in daily life activities or communication, items necessary for the upkeep of medical supplies and equipment, and durable and non-durable equipment not already covered.

More information is available at: odmrdd.state.oh.us/medicaid/docs/iowaiverhandbook.pdf.

Pennsylvania operates a “COMM CARE Waiver.” This waiver helps prevent the institutionalization of individuals with Traumatic Brain Injury by making them as independent as possible:

- **Eligibility:** Pennsylvania resident aged 21 or older whose TBI diagnosis requires a Special Rehabilitative Facility level of care.
- The disability must also substantially limit function in three or more major life activities: mobility, behavior, communication, self-care, self-direction, capacity for independent living, and cognitive capacity (judgment, memory, and reasoning).
- **Services available include:**
 - **Community Transition Services:** One time, set-up expenses, for the transition from institution to community living arrangement. Expenses covered include equipment and personal/environmental health and safety. Total expenses allowed per customer is \$4,000.
 - **Environmental Adaptations:** Physical adaptations to home to enable individual to function with greater independence possible. Also includes minor modifications to vehicles. The total cannot exceed \$20,000 per consumer, per lifetime.
 - **Specialized Medical Equipment/Supplies and Assistive Technology:** Includes devices, controls, or appliances specified in

Personal Support Plan, items necessary for life support, ancillary supplies, and equipment necessary for the proper functioning of such items, and durable and non-durable medical equipment not covered by State Plan. Prior authorization is needed and there is a \$10,000 lifetime cap.

More information is available at:

www.dpw.state.pa.us/Disable/AltNurseHomes/003670179.htm.

South Carolina operates a “Mental Retardation/Related Diseases Waiver”

- **Eligibility for mental retardation (MR):** significant below-average intellectual functioning; concurrent deficits in adaptive functioning in at least two of the following areas: communication, self care, home living, social/interpersonal skills, use of community of community resources, self-direction (ability to make decisions, seek assistance), functional academic skills, work, leisure, health and safety; and onset before age 18.
- **Eligibility for related diseases (RD):** Disability attributable to cerebral palsy, epilepsy, or any condition, other than mental illness, closely related to mental retardation resulting in impairment of general intellectual function or adaptive behavior which necessitates similar treatment or services to MR; disability to continue indefinitely; substantially limits function in three of the following major life activities: self care, understanding and use of language, learning, mobility, self-direction, and capacity for independent living; and onset before age 22. Attention Deficit Disorder and Attention Deficit Hyperactivity Disorder are not considered RDs.
- **Additional requirements for both MR and RD:** Individual requires degree of care of an Intermediate Care Facility for the Mentally Retarded, has needs that can be served by waiver services, and is cost effective.
- **Services provided include:** adult dental services, adult vision services, audiology services, environmental modifications, private vehicle modification, and specialized medical equipment, supplies and assistive technology.

For additional information see:

www.state.sc.us/ddsn/mr/mrdd.htm.

Texas operates a waiver known as the Star+Plus, which serves individuals in Harris County who are elderly or disabled. Adaptive aids available through the waiver include:

- Lifts (including wheelchair lifts, stairway lifts, ceiling track lifts);

- Mobility aids (including prescribed exercise equipment, portable ramps);
- Communication aids (including speaker and cordless phones for persons who cannot use conventional phones, telebraille and teletype phone systems, speech amplifiers);
- Environmental control units (including voice activated, light activated, and motion activated devices);
- Modifications/additions to primary transportation vehicles;
- Adaptive equipment for activities of daily living (including electric self-feeders, variations of everyday utensils, specially adapted kitchen appliances).

For details on this waiver see www.dads.state.tx.us/handbooks/dbmd/8000/8320.htm.

Virginia operates an “MR Waiver”:

- **Eligibility:** If individual is 6 years old or older, there must be a psychological evaluation that states the diagnosis of mental retardation and reflects current level of functioning. If younger than 6, the child must have a psychological or standardized developmental evaluation that states the diagnosis of mental retardation and shows current level of functioning. In addition, customer must meet Intermediate Care Facility (ICF)-MR level of care.
- Financial eligibility is determined by local Department of Social Services and some individuals may qualify for the waiver who ordinarily do not qualify for Medicaid.
- Services provided include assistive technology such as specialized medical equipment, supplies, devices, controls and appliances, and environmental modifications to individual’s home or vehicle to aid in the individuals independence.

Further information is available at: www.dmhmrzas.virginia.gov/OMR-MRWaiverInformation.htm.

Washington State operates a “Community Options Program Entry System (COPES).” This waiver provides services to allow aged, blind or disabled adults to live in their own home or a residential setting who otherwise would need to live in a nursing home. Financial eligibility is set at 300 percent of the SSI federal benefit rate and functional eligibility is requiring a nursing home level of care. Services covered include specialized medical equipment and environmental modifications. More information is available at: fortress.wa.gov/dshs/maa/medicaidsp/Waivers/COPES%20Waiver%20ADSA%204-04%20-%2009.doc. Information

available about the specific services allowed can be found at: www.aasa.dshs.wa.gov/Professional/MB/MB99/mb-99-08.doc.

Conclusion

The traditional Medicaid program has itself become more and more complicated over the past 25 years. In fact, Medicaid is probably the most complicated of all benefit programs. Add to an already complex program a growing number of Medicaid HCBS waivers, with varying eligibility criteria, and one begins to understand the formidable task of trying to make sense of the options available to the clients we serve.

Our job, as AT advocates, is to assist individuals to obtain appropriate AT devices and services in a timely fashion. One way we can do this is to be prepared to direct our clients to funding sources which they might not otherwise know about. To do this, you need to at least be aware of the HCBS waivers that exist in your state, their basic eligibility criteria, who is eligible for them, what specialized services and equipment they cover, and where to apply for the benefit. With a modest investment of time, you can at least be in a better position to provide good information and referral sources so that more of those whom you serve receive the specialized equipment they need to lead more independent lives.

“Funding of AT Work Group” and “National AT List Serve” - - An Opportunity to Network on AT Issues

Funding of AT Work Group. This meeting, by telephone conference, occurs about four to five times per year, at no charge to participants. Meetings are chaired by Jim Sheldon of the National AT Advocacy Project and run between 60 and 90 minutes. This is an opportunity to keep up with legal developments, pose questions to other attorneys/advocates, and hear about what others are doing. Medicaid and Medicare tend to be the biggest areas of focus, but any AT-related subject is appropriate for the meeting. Meeting announcements are posted on our list serve.

National AT List Serve. This offers you the opportunity to post news or post questions and reach attorneys and advocates nationwide. To join our list serve, send an email to Jim Sheldon (jsheldon@nls.org).

The **AT Advocacy Project** will provide nationwide services to PAAT projects including technical assistance to advocates wanting to access funding for assistive technology for individuals with disabilities.



**If you would like the
AT Advocate Newsletter
sent to you in a large-print
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Update on The National Assistive Technology Resource Library

We have designed a word-searchable digest, using computer technology, to store and retrieve hearing decisions and other administrative documents. We also have indexed nearly 700 documents from more than 125 pending and decided court cases. All documents are available through our AT Resource Library. Please send us your hearing decisions, briefs and other documents involving AT.

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