

Medicaid and Home and Community-Based Services (HCBS) Options for Individuals with Mental Illness (MI) and/or Intellectual/Developmental Disabilities (I/DD)

Among recent new and modified programs designed to expand HCBS and rebalance expenditures while drawing on additional federal funds, there are four options that stand out as popular or useful for states. Most states are combining more than one of these options with additional resources like Health Home plans. These options are:

Feature	1915(c) HCBS Waiver	1915(i) State Plan HCBS	1915(k) Community First Choice	State Balance Incentive Program*
Services (Examples)	<ul style="list-style-type: none"> Day services Home health aide Personal care Respite care Community transition Supportive housing 	<ul style="list-style-type: none"> Same as 1915(c) Community or assisted living Transportation Supported employment Behavioral health Peer Supports 	<ul style="list-style-type: none"> Individual need-based care plan Personal attendant (ADLs/IDLs) Teaching on acquisition of skills Assistive technology back-up systems Training on managing attendants Transition costs (deposits, utility) Items to increase independence 	Home health care, PCS, and services under an 1115, 1915(c), (d), (i), or (j)
Beneficiary Eligibility/Access	<ul style="list-style-type: none"> Can waive conditions to include incomes $\leq 300\%$ of SSI Specific # of slots and waiting lists are allowed 	<ul style="list-style-type: none"> Incomes $\leq 150\%$ of FPL Individuals who would otherwise be institutionalized Option to include incomes $\leq 300\%$ of SSI Cannot limit/cap access 	<ul style="list-style-type: none"> Income $\leq 150\%$ of FPL or must meet level to qualify for nursing facility services Can use if enrolled in another waiver Cannot have waiting list 	For the state: less than 50% of Medicaid long term supports and services (LTSS) expenditures for FY 2009 must have been on non-institutional care
<i>Assessment of Need (“Eligibility link”)</i>	<ul style="list-style-type: none"> Must require hospital, nursing facility, or institutional level of care Can be stricter than institutional level of care 	<ul style="list-style-type: none"> Must be less stringent than institution level of care Needs-based/function (ADL/IDL) Can include state-defined risk factors 	<ul style="list-style-type: none"> Individual who would otherwise need nursing facility care Needs-based/functional 	As defined by the State Plan/waivers
<i>Populations</i>	<ul style="list-style-type: none"> Can target specific groups (and specific geographic locations) Reside at home/community ID/DD 	<ul style="list-style-type: none"> Can offer to specific, targeted populations Must project the number to be served Must reside in community DD, Chronic/Serious MI 	<ul style="list-style-type: none"> Medicaid eligible Disabled 	As defined by the State Plan/waivers
<i>State-wideness</i>	Can waive this requirement	Mandated state-wide	Mandated state wide	N/A
Funding	Bills to Medicaid	<ul style="list-style-type: none"> Bills to Medicaid Can get federal cost sharing 	6% enhanced FMAP	2% or 5% enhanced FMAP
Cost-Neutrality	Must be budget neutral	Not subject to neutrality	Not subject to neutrality	N/A
Notes	<ul style="list-style-type: none"> Waiver is not entitlement Services narrowly targeted Stringent reporting requirements 	<ul style="list-style-type: none"> Ideal for recover-focused and supported living services for MI Can assist in shift of resources to cover specific populations (example, homeless) Flexible service packages 	<ul style="list-style-type: none"> Cannot be used to reduce commitment to HCBS Must maintain or exceed previous HCBS Medicaid expenditures 	<ul style="list-style-type: none"> Rebalances Medicaid spending between institutional and HCBS Can only use payments to expand or provide new HCBS Cannot replace existing infrastructure funds
States	All <i>except</i> for AZ, HI, RI, and VT	CA, CO, CT, DC, FL, ID, IN, IA, LA, MT, NV, NM, OR, TX, and WI	AK, CA, LA, MD, NY, RI, and WA	CT, GA, IN, IA, MD, MS, MO, NH, NJ, and TX

* Effective as of 2011, CMS authorizes grants for states making structural reforms to rebalance Medicaid spending between institutional and home and community-based (HCB) long-term services and supports (LTSS) through achieving cost savings, improving consumer utilization, and improving quality.