

About Home and Community Based Services (HCBS) Waiver:

The Department of Developmental Services (DDS) Home and Community Based Services Waivers are a way for individuals to receive services in their home instead of an institution. These Waivers are a federal state partnership. They are run by the Commonwealth of Massachusetts through MassHealth (Medicaid) which pays for health care and services in the home for individuals living in Massachusetts who have limited income.

Background:

In 1965, Congress approved Title XIX of the Social Security Act which enacted Medicaid, a publicly financed national health insurance plan to provide basic health insurance for low income families and individuals who received cash welfare payments.

Through Title XIX, Medicaid was created as a partnership between states and the federal government. It was determined that under the Medicaid program the state and the federal government would share the cost of providing services. The state pays a portion of the costs of Medicaid and the federal government then matches the state payments at a rate determined through a formula for each state.

In order to receive these federal Medicaid funds, states must agree to offer a set of mandatory or required services such as physician, hospital and/or institutional care for those individuals who meet financial eligibility.

In 1981, chapter 1915(c) Home and Community Based Services was adopted as part of Social Security Act. It allows states to ask the federal Medicaid agency for permission to waive, or disregard, certain regulations that only allowed a state to use Medicaid funds for physician, hospital and/or institutional care and allow states to also fund home and community based services for a specific population of individuals. The funds that would have paid for institutional care can now be directed towards providing services out in the community for those eligible individuals who are either currently living in an institution and want to transition back to the community or who are at risk for living in an institution and require supports to remain safely in their own home or the home of a family or caregiver.

In Massachusetts, the Medicaid benefit is provided through the Office of Medicaid and is called MassHealth.

The DDS Waivers:

DDS offers three Home and Community Based Adult Waivers.

- 1) The **Adult Supports Waiver** provides services to individuals who meet the eligibility criteria and require at least one home and community based waiver service per month. These individuals do not require the amount of services provided under either the Community Living Waiver or the Intensive Supports Waiver. These individuals live in the family home, adult foster care, or

independently and do not require 24 hour care. Their health and welfare needs can be met either in the family home or in the community. Waiver services may differ depending on the living arrangement of the individual. An individual will only receive services that are needed in order to remain safely in the community. The Adult Supports Waiver can support participant direction offering both budget and employer authority for specific services if the individual is interested.

Services offered under the Adult Supports Waiver are:

- Adult Companion
- Assistive Technology
- Behavioral Supports and Consultation
- Center Based Day Supports
- Chore
- Community Based Day Supports
- Day Habilitation Supplement
- Family Training
- Group Supported Employment
- Home Modification and Adaptations
- Individual Goods and Services
- Individualized Day Supports
- Individualized Home Supports
- Individual Supported Employment
- Occupational Therapy
- Peer Supports
- Physical Therapy
- Respite
- Specialized Medical Equipment and Supplies
- Speech Therapy
- Stabilization
- Transportation
- Vehicle Modification

- 2) The **Community Living Waiver** provides services to individuals who meet the eligibility criteria and require at least one home and community based waiver service per month. These individuals require more support than those in the Adult Support Waiver, but less than those in the Intensive Support Waiver. These individuals either live in the family home, adult foster care, with a live – in caregiver or independently and do not require 24 hour care. Their health and welfare needs can be met either in the family home or in the community. Waiver services may differ depending on the living arrangement of the individual. An individual will only receive services that are needed in order to remain safely in the community. The Community Living Waiver can support participant direction offering both budget and employer authority for specific services if the individual is interested.

Services offered under the Community Living Waiver are:

- Adult Companion
- Assistive Technology
- Behavioral Supports and Consultation
- Center Based Day Supports
- Chore
- Community Based Day Supports
- Day Habilitation Supplement
- Family Training
- Group Supported Employment
- Home Modification and Adaptations
- Individual Goods and Services
- Individualized Day Supports
- Individualized Home Supports
- Individual Supported Employment
- Live-In Caregiver
- Occupational Therapy
- Peer Supports
- Physical Therapy
- Respite
- Specialized Medical Equipment and Supplies
- Speech Therapy
- Stabilization
- Transportation
- Vehicle Modification

- 3) The **Intensive Supports Waiver** provides services to individuals who meet the eligibility criteria and require supervision and support 24 hours a day, seven days a week due to significant behavioral, medical and/or physical support needs. Waiver services may differ depending on the living arrangement of the individual. An individual will only receive services that are needed in order to remain safely in the community. The Intensive Supports Waiver can support participant direction offering both budget and employer authority for specific services if the individual is interested.

Services offered under the Intensive Supports Waiver are:

- Adult Companion
- Assistive Technology
- Behavioral Supports and Consultation
- Center Based Day Supports
- Chore
- Community Based Day Supports

- Day Habilitation Supplement
- Family Training
- Group Supported Employment
- Home Modification and Adaptations
- Individual Goods and Services
- Individualized Day Supports
- Individualized Home Supports
- Individual Supported Employment
- Live-In Caregiver
- Occupational Therapy
- Peer Supports
- Physical Therapy
- Residential Habilitation
- Respite
- Specialized Medical Equipment and Supplies
- Speech Therapy
- Stabilization
- Transitional Assistance Services
- Transportation
- Vehicle Modification
- 24 Hour Self-Directed Home Sharing

Eligibility Criteria:

In order for individuals to be eligible for the DDS Waivers, they must meet the following Federal Waiver requirements:

- Be a person with an intellectual disability as determined by DDS;
- Be eligible for and enrolled in MassHealth Standard*;
- Be at least 22 years of age or older;
- Be eligible for admission to an Intermediate Care Facility for Individuals with an Intellectual Disability (ICF/ID);
- Agree to receive services in the community rather than an institution; and
- Be assessed by DDS to need one or more Waiver services.

* In determining eligibility for MassHealth Standard only the income and assets of the individual are counted regardless of his or her marital status. Only individuals who meet the clinical eligibility criteria of a DDS Waiver will be eligible to benefit from the waivers' expanded financial eligibility rules. Those rules are that the individual have countable income less than or equal to 300 percent of the federal

benefit rate (FBR) for an individual; and have countable assets of \$2,000 or less and have not transferred resources for the sole purpose of obtaining MassHealth as described in 130 CMR 520.018 and 520.019.

Access to Waivers:

If you are interested in applying to one of the Waivers, you will need to fill out a Waiver application. Applications are available on this site or you may obtain one through one of our Area Offices. Upon receipt of the application, DDS will conduct an assessment of your needs and determine if you meet the eligibility requirements. Meeting the eligibility requirements does not guarantee access to the Waiver. Each Waiver has a limit on the number of people who can be served each Waiver year. In addition, DDS has the authority to limit enrollment into the Waivers based on availability of funding for new Waiver participants.

If you are enrolled in a Waiver and you feel your needs have changed requiring a different Waiver, you may request to be enrolled in a different Waiver by filling out a new application or speaking with your Service Coordinator. You can only ever be enrolled in one Waiver at a time.

Other MassHealth Services:

An individual enrolled in one of the DDS Waivers can still receive all other MassHealth services that have been determined medically necessary. They could include medical care, nursing care, home health aides, personal care attendant services and any other services that are available through the MassHealth State Plan.