The Hilltop Institute

analysis to advance the health of vulnerable populations

Overview of Supports Waivers

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Donna Folkemer & Aaron Tripp

Presentation to DD Stakeholder Group

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Introduction

- Asked to review available literature on supports waivers
- Not a great deal has been written; further research will be interviews with key states
- It is clear that the trend is for more states to develop supports waivers

Best References

Smith, G., Agosta, J., Fortune, J., and O'Keefe, J. (2007, April). *Gauging the use of HCBS support waivers for people with intellectual and developmental disabilities: Final project report*. Office of Disability, Aging and Long-Term Care Policy in the Office of the Assistant Secretary for Planning and Evaluation U.S. Department of Health and Human Services. Contract #HHS-100-03-0025.

CMS Medicaid Waiver website: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers.html

Our Goal

- Assist in framing the topics for discussion and decision points
- Summarize the highlights of the ASPE report with some updated numbers

Purpose

- Address increased service demands on states
- Maximize resources by shifting state funded programs to HCBS waivers
- Complement supports from family caregivers

Defining Characteristics

- **Typical Target Population**
  - Persons with I&DD who require ICF/ID level of care, who live with their families or in the community, and who do not require licensed residential services

Defining Characteristics continued

- **Dollar Limits**
  - Individual budget limits are imposed on the total amount of HCBS that may be authorized
  - Limits are typically set at levels below the average cost of serving a person in the state's comprehensive waiver or in an institution

Defining Characteristics continued

- **Services**
  - Usually include the provision of personal assistance, day services outside the home and supported employment services (for adults) along with other ancillary services (e.g., therapeutic services)
  - Supports waivers exclude the provision of services in licensed residential settings
  - Many states offer self-directed service models

Package of Services

- Most supports waivers cover a common set of basic services and supports (e.g., respite, in-home supports, transportation, and home modifications)
- Waivers that serve adults with I&DD usually cover one or more types of day supports that are provided outside the family home, such as supported employment, group or individual community participation activities, adult day habilitation training, and pre-vocational services

Package of Services continued

- Services provided through supports waivers often mirror the services that states furnish through their comprehensive waivers, except for the coverage of residential services

Defining Characteristics continued

- **Service Planning/Authorization**
  - Services that participants receive are authorized through a person-centered service planning process that determines a budget level or which services a person may receive
  - Support brokers can play a key role in self-directed services

Defining Characteristics continued

- **Quality Assurance**
  - Supports waivers are subject to the same federal requirements as all waivers with respect to quality assurance, including periodic monitoring, the identification of issues that may negatively affect the health and welfare of participants, and remediation of such issues

As of April 2012, 25 states have supports waivers

- Colorado (2)
- Connecticut (2)
- Florida
- Georgia
- Illinois
- Indiana
- Kentucky
- Louisiana
- Maine
- Massachusetts
- Michigan
- Missouri
- Montana
- Nebraska (2)
- New Hampshire
- North Carolina
- Oklahoma (2)
- Oregon
- Pennsylvania
- South Carolina
- South Dakota
- Texas
- Utah
- Virginia (2)
- Washington

Age Groups

- Target children only: 6
- Target adults only: 8
- Target both: 16

Funding Limits

- CMS allows individual cost limits at less than the cost of institutional services
- States with individual budget limits for total service package range from $7,800 in Montana to $58,000 in one of the Connecticut waivers
- Some states place limits on service delivery units instead of a budget cap on total package

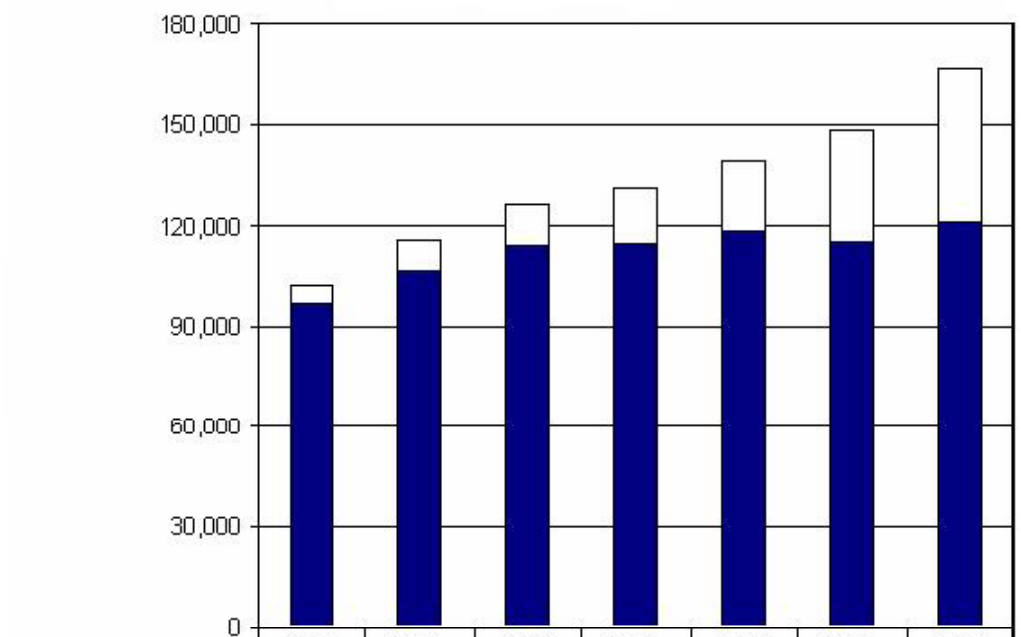
Funding Limits continued

- Limits that apply to supports waivers for children tend to be lower than the limits for programs that support adults
- These lower limits are due to the availability of the full range of Early and Periodic Screening, Diagnosis, and Treatment Medicaid state plan benefits as well as services funded through education agencies for school-aged children

Self-Direction

- Several states offer waiver participants the opportunity to directly manage their waiver services, either through budget authority, employer authority, or both
- Support brokers can be utilized by states to assist participants in finding and accessing available support services and monitoring services and budget limits

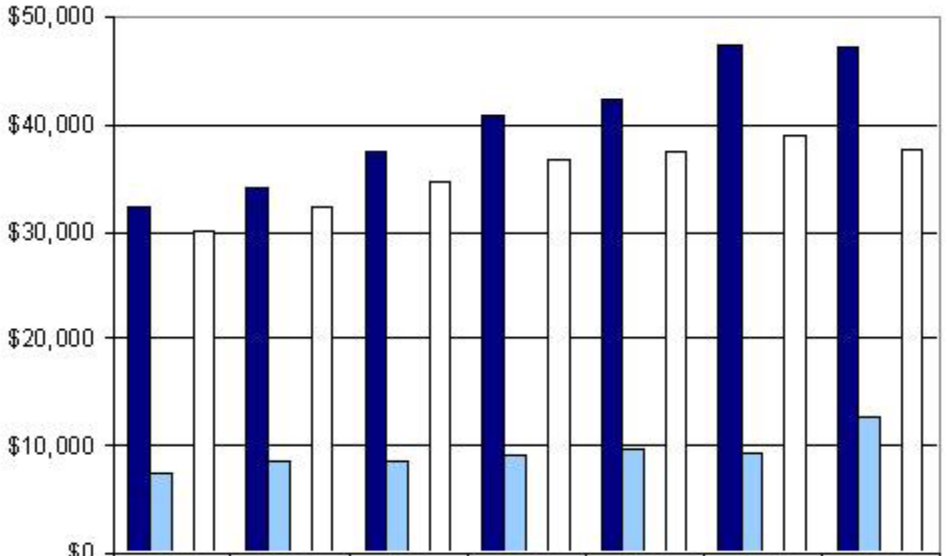
Supports and Comprehensive Waiver Enrollment 2000-2006



	2000	2001	2002	2003	2004	2005	2006
Total People	102,791	115,841	126,737	131,573	138,945	148,807	166,673
% Supports Waivers	5.7%	7.8%	9.8%	13.1%	15.0%	22.5%	27.6%
□ Supports Waiver	5,837	8,991	12,455	17,198	20,842	33,452	46,008
■ Comprehensive Waiver	96,954	106,850	114,282	114,375	118,103	115,355	120,665

Source: Smith, G., Agosta, J., Fortune, J., and O'Keefe, J. (2007, April). Gauging the use of HCBS support waivers for people with intellectual and developmental disabilities: Final project report. Office of Disability, Aging and Long-Term Care Policy in the Office of the Assistant Secretary for Planning and Evaluation U.S. Department of Health and Human Services. Contract #HHS-100-03-0025.

Average Annual Expenditures per Participant 2000-2006



	2000	2001	2002	2003	2004	2005	2006
Comprehensive Waiver	$32,180	$34,208	$37,448	$40,916	$42,438	$47,413	$47,136
Supports Waiver	$7,367	$8,575	$8,703	$9,210	$9,644	$9,354	$12,622
% Supports Waiver	22.9%	25.1%	23.2%	22.5%	22.7%	19.7%	26.8%
Weighted Average	$30,077	$32,281	$34,623	$36,772	$37,518	$38,857	$37,609

Source: Smith, G., Agosta, J., Fortune, J., and O'Keefe, J. (2007, April). Gauging the use of HCBS support waivers for people with intellectual and developmental disabilities: Final project report. Office of Disability, Aging and Long-Term Care Policy in the Office of the Assistant Secretary for Planning and Evaluation U.S. Department of Health and Human Services. Contract #HHS-100-03-0025.

Waiting Lists

- According to interviews conducted for the ASPE report:
  - “Informants unanimously viewed the supports waiver as an important, practical tool for addressing the wait-list. Though most could not cite empirical evidence to this effect, they reasoned that the lower costs associated with supports waivers allowed more people to receive services than would have been possible if the state had only a comprehensive waiver.”

ASPE Observations about the Impact of Supports Waivers

- Supports waivers improve access to HCBS
- Supports waivers have slowed the growth of more costly comprehensive waivers
- Many states have comprehensive waiver services available for supports waiver participants if they cannot be served within the limits of the supports waiver
- Most supports waivers offer supplemental services if needs arise
- Supports waivers based on preliminary research appear to be meeting the needs of most participants and their families, but further evidence is needed

About The Hilltop Institute

The Hilltop Institute at the University of Maryland, Baltimore County (UMBC) is a nationally recognized research center dedicated to improving the health and wellbeing of vulnerable populations. Hilltop conducts research, analysis, and evaluations on behalf of government agencies, foundations, and nonprofit organizations at the national, state, and local levels.

www.hilltopinstitute.org

Contact Information

Donna Folkemer

Director of Long-Term Services and Supports Policy and Research

410.455.6239

dfolkemer@hilltop.umbc.edu

Aaron Tripp

Policy Analyst

410.455.6861

atripp@hilltop.umbc.edu