What are 1915(c) Medicaid waivers?
1915(c) waivers allow states to establish Medicaid-funded programs to provide home- and community-based services to eligible individuals who would, without the benefit of such services, otherwise be institutionalized (e.g., placed in a nursing home or other facility). A waiver allows the state to waive certain federal Medicaid requirements in order to (1) provide services not typically provided under Medicaid and (2) limit waiver enrollment. Separate waivers are generally required for each eligible population and states typically operate multiple waivers. Connecticut has ten 1915(c) waivers.

What fiscal controls apply to waiver spending?
Federal law requires states to provide assurances that their waivers are “cost neutral,” meaning the average per capita expenditures for covered services will not exceed those for institutionalized care (42 U.S.C. 1396n(c)(2)(D)). Waivers also have individual cost caps established by the state and approved by the federal Centers for Medicare and Medicaid Services (CMS) that limit the total cost of a person’s care plan to some percentage of what it would cost to care for that person in an institution or a dollar amount.

What are care plans?
Federal law requires that 1915(c) waiver programs ensure that participants receive services in accordance with an individualized and person-centered plan of care (42 C.F.R. § 441.301). Those served by the waiver may receive different services depending on needs and preferences described in their plans.
What is the Mental Health Waiver?

The Mental Health Waiver is a 1915(c) Medicaid waiver managed by the Department of Mental Health and Addiction Services (DMHAS) that provides services to people with serious mental illnesses. As the state Medicaid agency, the Department of Social Services (DSS) provides oversight for the waiver.

What services are offered under the Mental Health Waiver?

According to DMHAS, each person enrolled in the waiver participates in a person-centered planning process to develop an individualized recovery plan. The plan will generally include one or more of the following services:

**Rehabilitative and Support Services**
- Brief Episode Stabilization — services designed to stabilize a participant in an emerging crisis situation or following discharge from an institutional level of care
- Community Support Program (CSP) — a flexible, team-based approach to community rehabilitation
- Peer Support — an alternative or “step-down” and follow-up to CSP provided by a certified peer specialist
- Personal Emergency Response System — electronic device worn by an individual to secure help in an emergency (may include an electronic medication management system)
- Recovery Assistant — homemaker, companion, personal care, and in-home respite services to help a participant maintain his or her home
- Supported Employment — an array of mental health supports to help participants find and sustain competitive employment
- Transitional Case Management — services provided during the weeks before, and immediately following discharge from a nursing home, to help locate and set up a suitable apartment or other living arrangement

**Residential Based Services**
- Assisted Living Service Agency — personal care and services, provided to residents in a licensed community care facility (includes 24-hour on-site response staff)

**Other Services**
- Adult Day Health
- Assistive Technology
- Chore Services
- Home Accessibility Adaptations
- Home Delivered Meals
- Specialized Medical Equipment
- Transportation

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**Learn More**

MACPAC “Behavioral Health Services Covered under HCBS Waivers and 1915(i) SPAs”

CMS, Connecticut Waiver Factsheet

Kaiser Family Foundation 1915(c) Waiver Participants by Type of Waiver (2017)

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**Other States (2015)**

According to the Medicaid and CHIP Payment and Access Commission (MACPAC), 14 states administer 1915(c) waivers for people with mental illnesses.

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