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 based on needs and preferences described in their plans.
What waivers serve people with developmental or intellectual disabilities?

Developmental disabilities generally include physical or mental impairments appearing during childhood. An intellectual disability is a type of developmental disability characterized by a significant limitation in intellectual functioning (i.e., IQ under 70) and deficits in adaptive behavior originating during the developmental period before 18 years of age (CGS § 1-1g). Three waivers serve these populations: the Employment and Day Supports Waiver, the Individual and Family Supports Waiver, and the Comprehensive Supports Waiver. As the state’s Medicaid agency, the Department of Social Services (DSS) oversees the waivers, while DDS operates them under a memo of understanding with DSS.

Why are there three waivers serving these populations?

DDS operates the waivers in tandem to serve people who have a range of needs. The Employment and Day Supports waiver has the lowest cost cap and is designed to support those who live with family or in their own home and have a strong natural support system. The Individual and Family Supports waiver has a higher cost cap and provides additional services, while the Comprehensive Supports waiver generally has the highest cost cap and provides the broadest array of services, including to people in community living arrangements and assisted living facilities. Services available under each waiver are shown at right.

Learn More

CMS, [Connecticut Waiver Factsheet](https://www.cms.gov/mac/topic/ppo/)


CMS, [State Waivers List for Connecticut](https://www.cms.gov/mac/statewaiverlist/)

Kaiser Family Foundation [1915(c) Waiver Participants by Type of Waiver](https://www.kff.org/medicaid/1562-03.cfm?_tf_1562-03-4250=1915cWaiverType) (2017)