



# OLR RESEARCH REPORT

May 27, 2005

2005-R-0517

## CONNECTICUT'S MEDICAID WAIVERS

By: Helga Niesz, Principal Analyst

You asked for a list of all Connecticut's Medicaid waivers, a brief description of them, and the dates the federal government first approved each one.

### SUMMARY

The federal-state Medicaid program generally provides medical services to families with children who are on welfare or have very low incomes; low-income aged, blind, and disabled people; and people in nursing homes. Medicaid beneficiaries living in nursing homes and other institutions can have higher incomes than those in the community.

Medicaid waivers are a way for states to serve additional medically needy people living in the community who otherwise would not qualify for the regular Medicaid program because of income or other factors. When the federal Centers for Medicare and Medicaid Services approves a waiver, states can (1) set somewhat higher income limits for these groups, (2) limit the number of people who can qualify ("waiver slots"), and (3) make other adjustments to regular Medicaid rules. Waivers receive initial approval for three years and then the Department of Social Services (DSS), which administers the state's Medicaid program, must apply to CMS for renewal every five years. States can also ask for amendments to their waivers at any time, which Connecticut has done.

Connecticut has seven Medicaid waivers in effect. The first six are home and community-based services (HCBS) 1915 (c) waivers and the HUSKY A waiver is a 1915(b) general managed care and selective contracting waiver.

## **CONNECTICUT'S MEDICAID WAIVERS**

### ***Connecticut Home Care Program for Elders Waiver***

This waiver provides home health care and related community-based services to people aged 65 and older who are not eligible for regular Medicaid and would otherwise be in nursing homes.

(First received CMS approval in 1987 and DSS is about to submit a renewal request to CMS for 2005)

### ***Personal Care Assistance (PCA) Waiver***

The PCA waiver provides consumer-directed personal care assistance services to people with physical disabilities who are between age 18 and 64 and who would otherwise require institutionalization. Participants must need help with activities of daily living and must be able to hire and direct their own personal care assistant (PCA).

The waiver was most recently renewed in 2004 and amended to (1) cover a personal emergency response system; (2) allow 16-year-olds to be PCAs; (3) allow PCAs to work more hours, provided the employer (client) pays worker's compensation; and (4) allow additional hours to account for trips to the emergency room.

(First received CMS approval in 1996)

### ***Acquired Brain Injury (ABI) Waiver***

The ABI Waiver provides a number of support services, including personal care assistance, to people between age 18 and 64 with ABI to help them remain in the community. (ABI is any combination of acquired focal and diffuse central nervous system dysfunctions, both immediate and delayed, at the brain stem level and above.)

(First received CMS approval in 1997)

### ***Katie Beckett Waiver***

This waiver, also known as a model waiver, provides full Medicaid eligibility, case management, and home health care to people (primarily children) with severe physical disabilities. They are eligible if they would otherwise require institutionalization and would not qualify for Medicaid based on their parents' or spouse's incomes.

(First received CMS approval in 1983)

### ***Department of Mental Retardation (DMR) Waivers***

Currently, DMR has two Medicaid waivers that provide a variety of home and community services to people with mental retardation who would otherwise be institutionalized. These are jointly administered by DSS and DMR.

- ***DMR Comprehensive Waiver*** provides services to people with mental retardation mainly in group homes and organized day programs, as well as some services to people living in their own homes. A renewal proposal would add more services for people who need extensive care in their own homes and do not qualify for the new IFS waiver (see below). (First received CMS approval in 1987. The current waiver expires and is up for renewal September 30, 2005.)
- ***DMR Individual and Family Support Waiver (IFS)***, also known as an Independence Plus Waiver, provides a variety of home and community services to people with mental retardation. It targets people living in their own or their family's home who do not need 24-hour services and provides them or their families opportunities to self-direct some of the services they need. (First received CMS approval February 1, 2005 for three years.)

### ***HUSKY A Managed Care Waiver***

This waiver allows DSS to provide Medicaid services through a capitated managed care HMO-type system to families with children who are on welfare or otherwise eligible because of low income. (The elderly, blind, and disabled receive their services through the regular Medicaid fee-for-service system). With a "capitated" system, the managed care organization receives a set amount per person monthly regardless of how much service it provides. Currently, DSS is in the process of submitting an amendment to this waiver to CMS. The amendment would carve out

behavioral health services from the capitated portion of the HUSKY program and return these services to a fee-for-service model where providers receive payment for the services they provide. The legislature's Appropriations and Human Services committees recently approved the waiver amendment on May 24, 2005 in preparation for its submission to CMS.

(First received CMS approval in 1995)

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