

# Medicaid Waiver Home and Community-Based Services

**Susan Tess**, Advocacy Specialist  
**Michael Bachhuber**, Attorney  
 Wisconsin Coalition for Advocacy

## Introduction

42 CFR § 441 Subpart G

Medicaid (**Medical Assistance, MA**) Waiver programs provide funding through county Departments of Human Services (also called Departments of Community Programs or Unified Services Boards) for community services to qualified persons with developmental disabilities, traumatic brain injuries, physical disabilities, or persons age 65 or over who meet the eligibility requirements for institutional care. The MA waivers are composed of an actual application to waive federal rules, and require approval from the Federal Health Care Financing Administration (**HCFA**). The funding is allocated for each eligible individual through the county agency.

## Waivers for People who have Developmental Disabilities or Traumatic Brain Injuries

### Waivers for People with Developmental Disabilities

#### Types of home and community-based waivers

Community Integration Programs 1A and 1B (**CIP 1A and CIP1B**) and Community Supported Living Arrangements (**CSLA**) are Medicaid home and community-based waivers that provide funding for community-based supports and services for children and adults who have developmental disabilities. CIP 1 and CSLA are administered by the Bureau of Developmental Disabilities in the Department of Health and Family Services.

Sec. 46.275, Wis. Stats.

**CIP 1A** funds community services for children and adults who relocate directly from a state Center for the Developmentally Disabled (**DD Center**) or who replace a person who moved but terminated involvement with the program.

Sec. 46.278, Wis. Stats.

**CIP 1B** provides funding for children and adults who relocate from, or are at risk of and qualify for entering an Intermediate Care Facility for persons with Mental Retardation (**ICF/MR**). Many people receiving services under CIP 1B have never resided in any institution. Eligible individuals may also receive funding by replacing someone who has terminated involvement in CIP 1B.

**CSLA** is also a Medicaid Waiver. It provides funding for children and adults who live in their own homes or their family's home and are at risk of, or are eligible for institutional placement. CSLA serves individuals who want to be supported in their own homes. People

served in CSLA must live in settings in which no more than three unrelated people reside.

### **Waiver for People with Traumatic Brain Injuries**

The Medicaid Waiver for people with traumatic brain injuries provides funding for long term community-based support for children and adults who have a brain injury according to the official Wisconsin definition. The Brain Injury Waiver (**BIW**) is administered by the Bureau of Developmental Disabilities Services in the Department of Health and Family Services.

**Definition** BIW funds community services for children and adults who have suffered a mechanical or infectious injury to the brain at any age, with significant physical, cognitive, emotional or behavioral impairments as a result of the injury. It also funds services for people whose injury is vascular in origin if received by a person prior to the age of 22, but it does not fund services for people with alcoholism, Alzheimer’s disease or the infirmities of aging.

### **Eligibility**

**CIP 1A/B, CSLA Waivers** To qualify for the Waiver programs for persons with developmental disabilities, you must be eligible for Medicaid (*see Medicaid and BadgerCare chapter, pg. 38*) and have care needs similar to people living at a DD Center or an ICF/MR. There are also income limits for eligibility, and, for some individuals, cost-sharing may apply. Medicaid Waiver funding can be used for needed supports in your own home (“natural residential settings”). CIP 1A and 1B can also pay for supports in small (up to four people) residential living arrangements (“substitute care”). Larger settings with up to eight residents are permitted only if the state grants a variance.

**Brain Injury Waiver** To qualify for the Brain Injury Waiver, you must be eligible for Medicaid (*see Medicaid and BadgerCare chapter, pg. 38*), meet the brain injury definition described above and have care needs similar to people receiving rehabilitation services at a brain injury rehabilitation unit. There are income limits for eligibility, and for some individuals, cost-sharing may apply. Medicaid Waiver funding can be used for needed supports in your own home or small residential living arrangements.

### **Services Covered by CIP 1A/B, CSLA, BIW Waivers**

Some of the services and supports that can be funded by these Waivers include:

Case Management	Consumer Directed Services
Respite Care	Adaptive Aids
Supportive Home Care	Daily Living Skills Training
Transportation	Home Modifications
Adult Day Care	Counseling and Therapeutic Resources
Supported Employment	Substitute Care (not with CSLA)

Except for case management (which must be funded by CIP 1, CSLA or BIW), your Medicaid card must be used for services whenever possible. Waiver funds are used to pay for services above and beyond the services that can be obtained with your Medicaid card.

### **Getting Services Through CIP 1A/B, CSLA, BIW**

#### **Request an assessment**

You or your guardian can contact your county directly to request an assessment to determine if you are eligible for a waiver and the services you need. Institution staff may also initiate the request for the county to begin the assessment process if you reside in an institution. The service planning process begins with an assessment. A county case manager will gather information by talking with you, your family members and anyone else you want involved. The assessment should identify your interests, preferences, abilities and support needs. If services are to be provided, your needs and preferences should be respected. The assessment should be the basis for developing the individualized services plan.

#### **Individualized Service Plan**

The Individualized Services Plan (**ISP**) must include all the services and supports you will need in all aspects of community living, including educational/vocational services, health or medical care, and recreational or social activities. The plan should be more than a list. It should contain a description of you and your services and what your life will be like after services begin. You and your guardian (if you have one) must be involved in developing your service plan and must give your consent to all services. The county case manager is responsible for writing the service plan and you and/or your guardian must sign the service plan when completed. The county submits service plans to the Bureau of Developmental Disabilities Services in DHFS for final approval. If you will be leaving a DD Center, staff there must also approve the service plan. One key criterion for plan approval is that your health, safety and services can be assured.



*Community Integration Specialists (CIS), who work for BDDS, are assigned to all the counties in Wisconsin and are responsible for approving ISPs. If you have concerns about the services you are receiving or about the planning process, the CIS assigned to your county can help you and the county resolve problems. (See page 200.)*

### **Important Things to Know About CIP 1A/B, CSLA, BIW**

- Many counties have waiting lists primarily because they usually have to use county money to supplement CIP 1B or CSLA funding.
- During much of the time that the Brain Injury Waiver Program has been operational in Wisconsin, DHFS has limited the number of available Brain Injury Waiver “slots.” This is especially a problem for people who are not patients at a Brain Injury Rehabilitation unit at the time of their application. You can increase your chances of

receiving services under the Brain Injury Waiver by receiving rehabilitation services at one of the designated units.

- You have the right to know the county's waiting list procedures and your status and place on the list.
- Sometimes a court can order the county to provide community services through a protective placement order. (*See Chapter 55: Protective Services and Placement chapter, pg. 346.*)
- When you apply for Medicaid Waiver programs and you begin receiving services you must be fully informed of your rights and told how to file a complaint or a state appeal if one ever proves necessary.
- You have a right to choice of providers when developing your service plan.
- If you are receiving CIP 1 or BIW funding and you want to move to a different county in Wisconsin, your funding must be able to "follow you" to the new county.
- You have a right to be notified in writing, at least 10 days in advance, if your services are to be reduced or terminated. You have the right to file a grievance or a state appeal if you disagree.
- If you appeal a decision before the county reduces or terminates your services, your services must continue until there is a decision about your appeal.

HFS 94 Wis. Admin. Code,  
Sec. 51.61 Wis. Stats.;  
Sec. 227 Wis. Stats.

For more information about the Medicaid Waivers for people with developmental disabilities or traumatic brain injury, contact your county Department of Human Services (also called Department of Community Programs or Unified Services Board). At the state level, you can contact BDDS and ask them to have the Community Integration Specialist assigned to your county call you.

### **Finding your Community Integration Specialist**

Bureau of Developmental Disabilities Services  
Division of Supportive Living  
Department of Health and Family Services  
1 W. Wilson  
P.O. Box 7851  
Madison, WI 53707-7851  
608-266-0805  
608-266-8081 (TTY)



*If you live in a DD Center or ICF/MR and want to live in the community instead, make sure you know when your annual review is scheduled so that you can talk with the attorney appointed as your guardian ad litem to inform the court that you object to staying in the institution.*



If you want more specific information about the Waiver programs, tell your county case manager you would like to see the MA or Medicaid Community Waivers Manual.

## Waivers for People who are Elderly or have Physical Disabilities

Secs. 46.277 and 46.27(11) Wis. Stats.

Community Integration Program II (**CIP II**) and Community Options Program-Waiver (**COP-W**) are Medicaid Waiver programs that provide funding for community services as an alternative to institutional placement for people who are elderly (age 65 and older) and for adults who have physical disabilities. Persons eligible for these funding sources must meet the levels of care (**LOC**) set in skilled or intermediate care facilities. CIP II and COP-W are administered by the Bureau of Aging and Long Term Care Resources (**BALTCR**) in the Department of Health and Family Services.

### Eligibility

To qualify for CIP II or COP-W you must be 65 years of age or older or have a physical disability and be eligible for Medicaid (**MA**). (*See Medicaid and BadgerCare chapter, pg. 38.*) You must also meet a level of care set in nursing homes. A “Functional Screen” is used to determine level of care. There are also income and asset limits for eligibility, and, for some individuals, cost-sharing may apply. People receiving waiver funding must be living in their own homes (“natural residential settings”) or small (up to eight people) residential living arrangements (“substitute care”). CIP II and COP-W can also be used if you live in an Independent Apartment Community Based Residential Facility or a Residential Care Apartment Complex of any size.

### Services Covered by CIP II and COP-W

Some of the services and supports that can be funded by CIP II and COP-W include:

Adaptive Aids	Home Modifications
Adult Day Care	Supportive Home Care
Adult Family Home	Respite Care
Counseling and Therapeutic Resources	Medical Supplies
Residential Care Apartment Complex	Home Delivered Meals
Community Based Residential Facility	Nursing Services
Personal Emergency Response System	Daily Living Skills Training

CIP II and COP-W cannot be used for room and board expenses.

### Getting Services Through CIP II and COP-W

To apply for services funded by CIP II or COP-W, contact your county Department of Human Services (also called Department of Community Programs or Unified Services Board). If you are in a nursing home, staff there could also contact the county on your behalf. A social worker,

case manager or nurse completes the Functional Screen. A physician or registered nurse completes a Health Status form. The county agency will also determine Medicaid eligibility. If these assessments determine that you are eligible for the program, a case manager would work with you and others who know you well to develop a description of your abilities, interests and support needs. The case manager would then complete an Individualized Services Plan (**ISP**) which must be signed by you and/or your guardian. The ISP must be approved by The Management Group, an agency designated by the Bureau of Aging and Long Term Care Resource to perform this function.

### **Important Things To Know About CIP II and COP-W**

- For applicants who are under 65 years old, a disability determination from the Social Security Administration is required.
- CIP II funds are allocated based on actual or projected reduction in nursing home beds or closing of nursing homes.
- The statewide average daily rate for CIP II, and COP-W are the lowest of the Medicaid Waivers.
- Estate recovery provisions apply.
- Most counties have waiting lists for CIP II and COP-W, and for other community services.
- You have the same appeal rights as with the other Medicaid Waivers (see above).

For more information about CIP II or COP-W contact your county Department of Human Services, Department of Social Services, or Department on Aging. At the state level contact:

Bureau of Aging and Long Term Care Resources  
Division of Supportive Living  
Department of Health and Family Services  
1 W. Wilson  
P.O. Box 7851  
Madison, WI 53707-7851  
608-266-2536  
608-267-9880 (TTY)