Introduction to Waiver Services
A quick guide to important information

So, I was just informed I got waiver! What now?

What is waiver? The Center for Medicaid and Medicare Services (Federal) have a program that "waives" certain rules and/ or criteria to use CMS funds for community- based services instead of the institutions, hospital, or nursing home. The Waiver year runs from July 1 to June 30 each year and the funds that were unused do not roll over. Every July 1, the participants budget refreshes to the maximum budget for the new year, regardless of what was used. Waiver is not taken away if you do not use the full amount each year, they want you to use the services that help with your needs. The waiver recipient can choose to end waiver if they want. Waiver recipients are asked to bill services at least monthly or the need for the service may be discussed.

What waivers are available?

Person/Family Directed Supports (P/FDS) This waiver is typically the first waiver offered as it is the lowest budget. If you have a P/FDS budget, you cannot receive services that cost over $33,000 a year. If you receive certain employment services, you may be able to get an extra $15,000 to use towards those services.

Community Living Waiver- **(CLW)** This waiver is the newest waiver. This waiver will pay for services that cost up to $70,000. Many CLW recipients go to a Community Participation Supports program and receive In-Home and Community Habilitation or Companion services as well.

Consolidated Waiver- This is known as the "unlimited" waiver. Consolidated waiver is there to cover costs of more expensive services. Most of the Consolidated waiver recipients have Residential Services or Behavior Supports. Some participants have Community Participation Supports, In-Home and Community Service and Behavior Supports or even Nursing Services. It all depends on need, but to get to this waiver, you need to show why the lower-level waivers can't support your needs.

Base Funds- Are controlled by the county office instead of the CMS waiver. This money can be used in different ways to assist those without waiver.

Most Used Services- All of these are MUCH more involved, but below are very brief, general explanations.

Residential Services- Housing falls in 3 different categories:

Living with a couple of other participants where there is staff- Residential

Live at your own apartment or home with support at the level you need- Supportive Living

Option to live with another family in their home- Life Sharing

Behavioral Services-Includes Functional Behavioral Assessment, Treatment plan including interventions and Training for the participant's full team of supports including families.

Respite Services- Housing that is used on a short-term basis. Respite is available to participants when their caregivers need a break from provided care or are not able to provide care, example they are in the hospital or on vacation.

Nursing Services- Helping with health teaching, health counseling, provision of care supportive to or restorative of well-being, and executing medical regimens as prescribed by a licensed physician or dentist. Participants will be 21 or over and is provided by an RN or LPN.

Community Participation Supports- Gives opportunities to participants in a variety of employment settings with support. This helps the participant search types of jobs, try out types of jobs, discover the skills that they have and skills to improve. This is all done while being in the community and improving community skills.

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Supported Employment- Services that support the participant in gaining and keeping a job in the community with competitive wages. This includes services to work on assessing career abilities, resume building, interview training, on job training and support, and help with navigating the dynamics of a job.

Home and Community Habilitation ("Hab") – This service can be provided in the home or in the community. The focus of this service is for the participant to learn or maintain a skill. Data is collected on progress or lack of progress to help show the need for the service.

Companion- Service that provides a staff with the participant to help them do the activities they need or want to do. For example: recreational, educational, social, health, hygiene tasks, household tasks, cooking, and budgeting to name a few. This is very similar to In-Home and Community Habilitation but with more flexibility. Companion allows staff to approach multiple areas of need, where Home and Community Habilitation allows flexibility but must focus on the skills being addressed.

PUNS- The Prioritization of Urgency of Need for Services- This is a tool used by your Supports Coordinator (SC) to discuss needs of the participant and it plays a vital role in how ODP (Office of Developmental Programs) manages the waiting list for waivers. There are different levels to discuss if the participants need is met, if more services are needed or, there is an emergent need.

HCQU- Health Care Quality Unit- This unit serves as a support for health information and training for the Intellectual disability population and their supports. HCQUs offer online courses that are easily accessible to everyone across the state. Information about the HCQU can be found on the ODP website (MyODP.org) or by clicking here to view the courses offered online by all the HCQUs. They also will train participants and teams face to face when needed.

IP Meetings- (Participant Plan)- Formally referred to as **ISP** (Participant Support Plan) is the document that puts the participant's current situations/history in the areas of physical health, mental health, developmental health, sensory needs, etc. and the goals for each service authorized for your plan.

Outcomes- Outcomes are the goals agreed upon by the team for the service providers to work on with the participant.

Service Utilization-This is how much you are authorized to use the service. For example, 3 times a week for 10 weeks. Or 30 hours per month for 12 months. This should be followed as closely as possible. Hours cannot be used more frequently and cannot be carried over the timeframe discussed.

Policy around services provided by family- Please be aware that if you are hired by a company to provide services to your relative, you much follow the "Family Rule." This rule notes that 1 family member cannot provide more than 40 hours in a week. If there are 2 or more family members providing services for the participant then one family member cannot go over 40 hours and the other family member can work the rest of the hours, if the combined hours in a week do not go over 60 hours total. Example 1: Mother works providing services for her son 40 hours a week. No other family works with the participant. Example 2: Mother works providing services for her son 40 hours a week and brother works providing services for his brother 20 hours a week. These would be the maximum number of hours a family could work for a participant that is related to them. If there are 3 family members, they still need to follow the rules that one of them cannot exceed 40 hours and together they cannot exceed 60 hours. Having the participants family provide services does not mean that you will automatically receive the max number of hours. Hours are allotted based on need. A participant may only get 20 hours and 2 family members may split that each week if they choose.

Finding a provider- Finding the provider that is right for your situation can be difficult. A provider that fits now, may not fit in 3 years or 10. Evaluate the staff and company each year at your ISP to see if there are any issues or if they are still able to cover all needs.

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What to ask a provider. When looking for providers, ask the same questions. Things like, how do you ensure staff are on time? What is your policy for staff call off? What trainings do your staff receive? How do you evaluate your staff? How much experience must someone have to apply? What is your staff retention rate? Where is your main office? Who would I contact with issues and who is there back up? There are obviously more questions, but just to give you an idea.

Changing or Adding Providers- Please know, 1st off, that for many of the waiver services, you can have more than one provider. Providers sometimes have a difficult time finding or keeping staff. This is a great option to add another agency so you can benefit from both resources. If you are unhappy with something going on with services, please try to address it with the management of the company. If you are still unsatisfied, then ask you Supports Coordinator (SC).