The HCBS Waivers, MnCHOICES, and Housing

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Session Objectives

• Summarize the basic history and development of the HCBS Waivers.

• Define the term “waiver” as it relates to the people we serve.

• Identify eligibility criteria needed to access a waiver program.

• Describe what a MnCHOICES Assessment is and how it can be requested.

• Describe what happens after a MnCHOICES Assessment is complete.

• Summarize service and support options available through the waiver programs, especially those to support people experiencing homelessness.
What is a Home and Community-Based Services (HCBS) Waiver?
Creation of the HCBS Waivers

Why were Home and Community-Based Service (HCBS) waivers created?

• Federal legislation allowing Medicaid funds to be used for services outside an institution

• Encourage states to develop supports that will help people participate in their community.
Common Aims

• Live in the community
• Support the person to have independence
• Focus on the person’s strengths and abilities
• Have knowledge and experiences to make informed decisions
• Joint Federal and State Funding 50/50

• Waiver Plans and CMS Approval
1984: Developmental Disabilities Waiver (DD)

1985: Community Alternative Care Waiver (CAC)

1987: Community Access for Disability Inclusion Waiver (CADI)

1992: Brain Injury Waivers (BI-NF and BI-NB)
How Do Waivers Support People?
Common Goals for all HCBS Waivers

• Maintain community living
• Help a person maintain independence in the community
• Have a Support Plan that reasonably assures the person’s health and safety
• Ensure informed choice
Qualities of Community Living

- Access to the greater community
- Opportunities to seek employment
- Work in competitive integrated settings
- Engage in community life
- Control personal resources
- Privacy, dignity, respect and freedom from coercion and restraint
- Encourage independence and making choices
- All of this should be chosen by the person
To guarantee Informed Choice:

• The person voices their preferences

• The person knows what is possible, and has been provided with options or alternatives

• The person knows and understands the balance between risks and trade-offs

• The person has made a voluntary decision
Common Goals for all HCBS Waivers, continued

• Authorization of services is based on individual need and addressed in the community support plan

• Cost effective way to meet the need

• Waiver is payer of last resort
How? Supported Decision-Making
Five Outcomes of Person-Centered Practice

- Expanding personal relationships
- Contributing to the community
- Making choices
- Feeling respected and that they have a valued social role
- Sharing ordinary places and activities
Waivers and Housing

- Waiver programs never pay for room and board – housing costs are always separate.
Waiver Service Limitations

• Services under all waiver/AC programs are not covered/paid for if they:
  • Are for recreational purposes- they have to meet an assessed NEED
  • Duplicate other services available
  • Are available through another funding source (private insurance, Medical Assistance state plan services, long-term care insurance)
  • Substitute for parental responsibility
  • Substitute for informal supports that appropriately meet the person's needs
Waiver Eligibility
Common Elements of Eligibility:
1. Need to Qualify for MA
2. Level of Care
3. Requires services above and beyond MA/State Plan Services
4. Informed Choice
Qualifications for Medical Assistance (MA)

To Qualify for MA, a person must:

• Be a Minnesota resident
• Be a U.S. citizen or a qualifying noncitizen
• Provide a Social Security number for each person requesting MA, unless an exception is met
• Meet the income limit and asset limit, if any
• Meet any other program rules.
<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Waiver</th>
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<tbody>
<tr>
<td>Nursing Facility Level of Care - Social Security Act section 1919(a)</td>
<td>CADI and BI-NF Waivers</td>
</tr>
<tr>
<td>Hospital Level of Care - CFR §440.10</td>
<td>CAC Waiver</td>
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<tr>
<td>Neurobehavioral Hospital Level of Care</td>
<td>BI-NB Waiver</td>
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<tr>
<td>ICF/DD Level of Care - CFR §440.150</td>
<td>DD Waiver</td>
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• Intermediate Care Facility for Persons with Developmental Disabilities (ICF/DD)
• Hospital
• Neurobehavioral hospital
• Nursing facility (NF)
People must have a need for waiver services above and beyond the use of state plan services through Medical Assistance and other funding resources, including natural supports.
What are State Plan Services?

State Plan services include:

• Personal Care Assistance
• Home Health Aide
• Skilled Nursing Services
• Home Health Medical Supplies and Equipment
• Housing Stabilization Services
An informed choice is one an individual is able to make based on information, their preferences and experiences, unrestricted by current resources or services.

People must have the opportunity to be supported in making informed choices about:

- Waiver programs
- Living arrangements
- Supports and services
- Service providers
• For more information on each of the HCBS waivers offered in Minnesota, training is available on TrainLink.
  • HOME AND COMMUNITY-BASED SERVICES (HCBS) DISABILITY WAIVER FOUNDATIONS, Course Code: HCBSWAIVER

• This training will go into detail on further eligibility requirements for each specific waiver, as well as services available under each specific waiver.
Intake and Assessment
• A person of any age with a disability or in need of long-term services and supports can ask for a MnCHOICES assessment by contacting:
  • The county or tribal nation where they live
  • The Senior LinkAge Line at 1-800-333-2433
  • The Disability Hub MN at 1-866-333-2466
• The person will be contacted by the county or tribal nation to confirm that they are interested in an assessment.

• You will want to advise the person on the phone that you are looking to help a person obtain a MnCHOICES Assessment.
Intake Process

• Information will be gathered from the person over the phone
  • Demographic information (e.g., name, address, phone number, etc.)
  • Background information about what is prompting the assessment

• An in-person* assessment interview will be scheduled over the phone

• From there, a MnCHOICES assessor will get assigned, based on their county or tribal nation’s process.

• The county or tribal nation will conduct the assessment within 20 days of the person’s confirmation.
What is MnCHOICES?

• Combines three legacy assessments:
  1. Developmental Disability Screening (DD)
  2. Long Term Care Consultation (LTCC)
  3. Personal Care Assistance (PCA) Assessment

• Determines eligibility for programs and services

• Used for all ages and disability types
What is a MnCHOICES Assessment?

• MnCHOICES Assessments are:
  • In-person*
  • Occurs where you are living (in most cases)
  • Person-centered (goals, needs, preferences)
  • No cost to you
  • Available to anyone regardless of income or disability
After Requesting an Assessment

• The assessor will prepare for the interview, reviewing any supporting documents that have been shared.

• The assessor will meet with the person and any friends, family, or others that the person wants to attend the meeting.
During an Assessment

- Person information (demographics)
- Quality of life
- Activities of daily living
- Instrumental activities of daily living
- Health
- Psychosocial
- Memory & Cognition
- Safety/self-preservation
- Sensory & communication
- Employment, volunteering, training
- Housing & environment
- Self-direction
- Caregiver
- Assessor conclusions
After an Assessment

• After an assessment, the certified assessor:
  • Summarizes what they learned about the person
  • Gives the person a copy of a planning worksheet with next steps
  • Provides appeal rights to the person

• The person will also receive a written plan outlining their options for services and supports, called the Community Support Plan (CSP)
Assignment to a Case Manager

• If the person qualifies for an HCBS Waiver, a case manager will be assigned to the person, based on their county or tribal nation’s process.

• Once assigned, the case manager will reach out by phone to the person to begin Support Planning. They will look to schedule an in person* meeting as soon as possible.
Understanding the Big Picture

- Assessment
- Community Support Plan (CSP)
- Support Planning
- Coordinated Services and Support Plan (CSSP)
Working with a Case Manager
Benefits to Working with a Case Manager

• Case managers are familiar with local services and supports.
• They work with the person to develop a plan that meets all of their needs.
• Case managers develop a relationship and support the person on an ongoing basis.
Case Management Services

1. Plan
2. Refer and link
3. Coordinate
4. Monitor
5. Advocate
Support Planning Process

• At their first meeting, the case manager will have a conversation with the person (and any people they want to attend), about what was discovered through the assessment process.

• The case manager will develop a Coordinated Service and Support Plan (CSSP) with the person.

• How do services begin?
  • The case manager helps the person determine which services will best support them.
  • The case manager helps to find providers.
  • The case manager creates the service plan and establishes funding for services.
Monitoring Services

• One of the case manager’s responsibilities is to monitor the services a person receives.

• The frequency of visits between the person and their case manager varies based on the person’s needs. At minimum, they must meet twice per year.
Services and Supports

• Services to assist a person in staying in their own home
• Employment Services
• Adaptive technology and Home Modifications
• Day Support Services
• Support for daily personal care
• Training and teaching services
• Residential Services
How can an HCBS Waiver help a person experiencing homelessness?
Obtaining a waiver provides:

- Access to a Case Manager and their help in obtaining the right services for that person, including housing services
  - For more information on the Case Manager’s role in housing, training is available on TrainLink.
    - SUPPORTING MY MOVE: A CASE MANAGER’S ROLE, Course Code HOUSING_CM.
- Access to services to support people staying in their home
Helpful Questions

• Does the person need assistance to maintain housing?

• Does the person need assistance to be safe in their home?

• Does the person have a disability?
Understanding the Big Picture, Revisited

- Assessment (Assessor)
- Community Support Plan (CSP) (Assessor)
- Support Planning (Case Manager)
- Coordinated Services and Support Plan (CSSP) (Case Manager)
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<th>Resource</th>
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<tr>
<td><strong>Ombudsman</strong></td>
<td>Regional ombudsmen work to enhance the quality of life and services for people receiving services and supports by providing advocacy and other assistance.</td>
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<tr>
<td><strong>Disability Hub MN</strong></td>
<td>Disability Hub MN is a free statewide resource network that helps you solve problems, navigate the system and plan for your future.</td>
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<tr>
<td><strong>Senior Linkage Line</strong></td>
<td>Statewide information, referral and assistance service for seniors, caregivers, and Medicare beneficiaries.</td>
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<td><strong>DB101.org</strong></td>
<td>Provides tools and information on employment, health coverage, and benefits to learn how work and benefits go together.</td>
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<td><strong>MnCHOICES Assessment Brochure</strong></td>
<td>DHS-7283-ENG “MnCHOICES Assessment: Steps to get help” Brochure, provides information on obtaining a MnCHOICES Assessment.</td>
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<td><strong>HB101.org</strong></td>
<td>Explore housing options. Discover what works and make a plan to achieve housing goals.</td>
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• BI-NF: Brain Injury, Nursing Facility Level of Care
• BI-NB: Neuro-Behavioral Hospital Level of Care
• CADI: Community Access for Disability Inclusion Waiver
• CAC: Community Alternative Care Waiver
• CDCS: Consumer Directed Community Supports
• CMS: Centers for Medicare and Medicaid Services
• DD: Developmental Disabilities Waiver
• DD/RC: Developmental Disability or Related Condition
• NF: Nursing Facility
• HCBS: Home and Community Based Services
• ICF/DD: Intermediate Care Facility for Persons with Developmental Disabilities
• LOC: Level of Care
• MA: Medical Assistance
• QDDP: Qualified Developmental Disability Professional
• RC: Related Condition