



General Overview of Medicaid and Home and Community Based Services Waivers

What is Medicaid

- n What is Medicaid? Established in 1965, Medicaid is the nation's publicly financed health coverage program for low-income individuals.
- n It is operated as more than 50 separate programs – in each state, DC and U.S. territories. Each with its own policies and procedures. No two states have exactly the same way of doing business. They decide who they will cover, what services are offered, how individuals enroll in the program and other day to day operations. This is called the “State Plan.” The State Plan must be approved by the federal government.
- n Medicaid is the single largest source of long-term care coverage in the U.S.

What is Medicaid

n **State Plan Services**

- n State Medicaid programs must cover certain “mandatory services” as required by federal law.
 - n Some Mandatory services include: EPSDT services, pregnancy related services and laboratory and x-ray services.
- n States can choose to cover “optional services.”
 - n Indiana has chosen to cover Hospice care, Home Health Care, Dental and many other optional services.

n **State plan services of special interest to HCBS waiver enrollees**

- n Nursing facility services
- n Home health care
- n Personal care
- n Hospice

What is Medicaid

- n All states have a “state plan” that is approved by the federal government. The state plan lists what services are available and specific financial and medical eligibility requirements.
- n Services on the state plan are available to all people who qualify to take part in the state Medicaid program. Some of these services are federally mandated. We’ve listed just a few of the services that are mandatory. Other services are optional and the state has chosen to cover them. We’ve listed just a few of the optional services Indiana covers.

What is Medicaid

- n Medicaid Provides Health Coverage for individuals in the following Aide Categories:
 - n families,
 - n children,
 - n pregnant women,
 - n aged, blind, and disabled

What is Medicaid

- n Individuals that are eligible for Medicaid services are assigned to a specific program based on their age, income, family situation, diagnosis and medical needs.
 - n **Hoosier Healthwise** – Serves Children, low-income families, and pregnant women. Includes CHIP.
 - n **Care Select** – Serves Aged, Blind, Disabled, including Waiver participants. Replacing Medicaid Select.
 - n **Traditional Medicaid** – serves the Medicaid population that is excluded from or waiting to be assigned to one of the other health programs, includes dual eligibles, spend-down recipients, and Breast and Cervical Cancer Treatment recipients.
 - n **HIP** – New program that serves adults 19-64 who have no other source of insurance. Waiver participants are not eligible for the HIP plan.

What Are Waivers

- n HCBS waivers are the Medicaid alternative to providing comprehensive long-term services in institutional settings.
- n Medicaid Waivers are designed to provide services to people who would have traditionally been served in an institution – such as a nursing facility or a State DD hospital. The “waiver” services are designed to allow an individual to live in a community setting. This could be their own home or apartment, an assisted living facility or Adult Foster Care.
- n A Medicaid waiver is a set of services that Medicaid can deliver to a set population of people. The states have flexibility in what services they offer and to what population.

What are Waivers

- n States can design waiver programs to meet the needs of specific populations (like the Aging population). But they must meet several federal requirements – some of the general requirements that they must meet include:
 - n Demonstrating that providing waiver services to a target population is no more costly than the cost of services these individuals would receive in an institution. This cost effectiveness is on the aggregate level. It may cost more for a particular individual to be served in the community as long as the average for all served in the community is less than the institutional cost would be.
 - n Ensuring that measures will be taken to protect the health and welfare of consumers
 - n Providing adequate and reasonable provider standards to meet the needs of the target population.
 - n Ensuring that services are provided in accordance with the plan of care.

Slide 8

JF2

slide seems to be duplicate of previous slide- Is this intentional?
Feagansja, 5/4/2009

What are Waivers

- n What is being waived? Certain Federal Guidelines that the State Medicaid Program would otherwise be required to follow:
 - n Comparability – allowing states to make waiver services available to certain populations
 - n Statewideness – allowing states to target certain areas
 - n Income Rules – allowing states to provide services to persons who would otherwise only be eligible for nursing facility care.

- n What is not waived?
 - n Freedom of choice of provider
 - n Choice between institutional care and HCBS waiver

What are Waivers

- n What are the goals of HCBS Waivers?
 - n Provide an alternative to nursing facility admission for adults and individuals of all ages with a disability.
 - n Provide services to supplement informal supports for people who would require care in a nursing facility if the waiver were not available.
 - n Help people stay in their own homes or to live in an apartment, an assisted living facility, or adult foster care.
 - n Help an individual move out of a nursing facility and back into a community setting.

How to Apply for a Waiver:

Call your local Area Agency on Aging:

Aging & In-Home Services of Northeast IN, Inc.
260-745-1200 or 1-800-552-3662

Serving: Adams, Allen, Dekalb, Huntington, LaGrange, Noble,
Steuben, Wells, and Whitley Counties.