



# **Connecticut's Home & Community Based Programs: Overview of Medicaid Waiver Programs and Home Health Services**

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# Connecticut's Home & Community Based Services

- Home and community-based services (HCBS) is an umbrella term for long-term health care, services, and supports provided to an individual in their own home and in more integrated community-based settings, as opposed to institutional settings such as nursing homes and psychiatric hospitals. HCBS enable many people with disabilities of all ages to live independently and fully participate in their communities as they choose. HCBS include both health and human services to address an individual's medical needs, daily living activities, and community integration.
- State Medicaid programs are the primary funding source for home and community-based services.
- The Department of Social Services operates a variety of state Medicaid programs to meet the daily self-care and independent living needs of seniors and people with disabilities.
- The Department of Social Services (DSS) is the single state Medicaid agency and therefore maintains administrative authority over all waivers and programs, though several waivers are operated by DDS and DMHAS. With broad Federal guidelines, Connecticut's waivers are developed to meet the needs of our members who prefer to receive their long-term care services and supports in their home or community rather than in an institution. All State Medicaid programs have functional and financial eligibility requirements.
- Currently, approximately 30,000 members are served by waiver and state programs. These individuals might otherwise receive their care in institutional settings.

# Homecare vs. Home Health Care

## Homecare

- Non-medical services by professional caregivers.
- Does not require physician's order
- Provides services to assist older adults, individuals with disabilities or those recovering from surgery to remain safe in home. Often these individuals might otherwise be in an institution.
- Services may also be called personal care, companion care, custodial care or homemaker services.
- Private pay, Medicaid waiver or long term care insurance.

## Home Health Care

- Medical and must be ordered by a physician.
- Includes clinical and skilled services including nursing, physical therapy, occupational therapy and speech therapy.
- Works towards specific goals such as regaining independence, healing a wound, slowing decline.
- Time limited based upon the orders of your physician.
- Covered by Medicare, Medicaid and most private insurance.

## Connecticut Home Care Program for Elders (CHCPE)

Serves elders (65 years of age and older) who are at risk of institutionalization or meet nursing home level of care who meet functional and financial eligibility criteria. Nursing home level of care means the individual requires assistance with critical needs such as bathing, dressing, eating, toileting or taking medications.

### Eligibility

CHCPE has 4 categories of service which are based upon functional and financial need.

Category 1 is currently closed to new participants.

Category 2 is for individuals with intermediate home care needs who have some assets. There is no income limit. Assets for an individual are \$41,220 and for a couple \$54,960 with or both receiving services. State funded.

Category 3 is for individuals with extensive home care needs who would otherwise be in a nursing home and who qualify for Medicaid. Income limit is \$2,250 and asset limit for an individual is \$1,600 and \$3,200 for a couple.

Category 5 is for individuals with limited home care needs who are active on categorically needy Medicaid. Income limit is 150% of FPL, \$1611/month. Asset limit for individual is \$1600.

**Services include:** adult day health, homemaker, companion, emergency response system, home delivered meals, chore, mental health counseling, assisted living, personal care attendant, assistive technology, adult family living, care management, environmental accessibility adaptations, transportation, chronic disease self-management, respite.

## Connecticut Home Care Program for Disabled

Serves individuals who are 18-64 whose primary diagnosis is a degenerative neurological condition, including but not limited to Multiple Sclerosis, Alzheimer's Disease, Parkinson's, Huntington's.

### Financial Eligibility:

- Individuals who are not recipients of Medicaid or applicants who would not qualify for Medicaid
- Any person participating in the pilot program whose income exceeds 200% of the Federal Poverty Level (FPL), which changes each year, shall contribute to the cost of care.
- Assets for an individual are \$41,220 and for a couple \$54,960 with or both receiving services.

### Functional Eligibility:

Individuals must meet nursing facility level of care which is defined as:

1. Supervision or cueing  $\geq$  3 ADLs + need factor
2. Hands-on  $\geq$  3 ADLs
3. Hands-on  $\geq$  2 ADLs + need factor

\*Need factors are:

1. Behavioral Need: Requires daily supervision to prevent harm
2. A cognitive impairment which requires daily supervision to prevent harm
3. Medication supports: Requires assistance for administration of physician ordered daily medications. Includes supports beyond set up

**Services include:** Homemaker, visiting nurse, home health, occupational and physical therapy, chore, meals on wheels, care management, companion, adult day care, emergency response system, mental health counseling, adult family living, minor home modifications, assisted living services in approved managed residential communities (MRC), Personal Care Assistance (PCA) services, highly skilled chore, transportation.

Limited to 100 slots.

## Katie Beckett Waiver

Serves children and young adults 21 years of age or young with physical disabilities, with or without co-occurring developmental disabilities.

### Functional Eligibility

Serious, chronic, disabling conditions or complex medical needs that would otherwise quality to live in an institution. Based upon type of care needed and functional level of child.

### Financial Eligibility

Medicaid income limit = 300% of SSI

Medicaid asset limit = \$1,600? Income of parent or spouse not counted.

**Services include:** case management and Medicaid coverage aimed at keeping the child or young adult in the community instead of an institutionalized setting.

#### **Services:**

- Are provided under the Medicaid State Plan.
- Parents' income and assets are not factored into the initial eligibility.
- Offers families of all income levels the opportunity to access services they otherwise may not be able to afford.

A waiting list applies.

## Personal Care Attendant (PCA) Waiver

Serves individuals 18-64 who have a significant need for hands on assistance. with at least two activities of daily living (eating, bathing, dressing, transferring, toileting).

### Functional eligibility

Must require assistance with at least two activities of daily living (eating, bathing, dressing, transferring, toileting).

### Financial eligibility

- Income must be at or below 300% of the maximum SSI benefit
- Asset limit of \$1600

**Services include:** agency-based personal care attendant, adult day health, home delivered meals, adult family living, mental health counseling.

Requires transition to CHCPE at 65.

A waiting list applies.

## Acquired Brain Injury (ABI) Waivers (ABI Waiver I/ABI Waiver II)

Serves individuals 18–64 year-olds with an acquired brain injury.

### Functional Eligibility

- Brain injury that is not a result of a developmental disability or degenerative condition.
- Dysfunction is not primarily the result of a mental illness.
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### Financial Eligibility

- Medicaid income limit = Less than 200% FPL.
- Medicaid asset limit = Individual \$1,600

**Services include:** Adult Day Health, homemaker, pre-vocational services, respite, supported employment, ABI group day, cognitive behavioral programs, community living support services, companion, environmental accessibility adaptations, home delivered meals, independently living skills training, emergency system, assistive technology, substance abuse programs, transitional living programs, vehicle modification services, agency-based personal care attendant

Intake for ABI I waiver is currently closed.

A waiting list applies.



## Autism Waiver

Serves persons with Autism who do not have an intellectual disability (a full IQ score of 70 or higher).

### Functional Eligibility

- Substantial limitations in at least two of the following: self-care, understanding and use of language, learning, mobility, self-direction, or capacity for independent living.
- The functional impairments must have been diagnosed before age 22 and be expected to continue indefinitely.

### Financial Eligibility

- Medicaid eligibility (HUSKY A, C, or D)

Services include: live-in companion, respite, assistive technology, clinical behavioral support services, interpreter, job coaching, life skills coach, transportation, emergency response system, social skills group, specialized driving assessment.

A waiting list applies.

## Department of Developmental Disabilities (DDS) Waivers (Operated by DDS/Administrative oversight by DSS)

### Comprehensive, Individual and Family Supports (IFS) and Employment and Day Supports (EDS)

#### Comprehensive Waiver

Serves participants with intellectual and/or developmental disabilities that have significant physical, behavioral or medical support needs. Services delivered in licensed settings, and provides for the vocation and in-home services needed for people who need a more intensive level of support to remain in their own or family home.

#### Functional Eligibility

- Individuals over the age of three.
- Person with intellectual disability needing ICF/ID level of care.

#### Financial Eligibility

- Income less than 300% of SSI
- Assets less than \$1600

**Services include:** adult day health, community companion homes/community living arrangements, group day supports, live-in caregiver, respite, supported employment, independent support broker, adult companion, assisted living, behavioral support, continuous residential supports, environmental modifications, health care coordination, individual goods and services, individualized day supports, individualized home supports, interpreter, nutrition, parenting support, personal emergency response systems, personal support, senior supports, specialized medical equipment and supplies, transportation and vehicle modifications.

## Individual and Family Supports Waiver

Serves individuals who live in their own home or family home who need less extensive supports than individuals on the Comprehensive Waiver.

### Functional Eligibility

- Individuals over the age of three.
- Person with intellectual disability needing ICF/ID level of care.

### Financial Eligibility

- Income less than 300% of SSI
- Assets less than \$1600

**Services include:** adult day health, community companion homes, group day supports, individual supported employment, live-in companion, prevocational services, respite, independent support broker, behavioral support, companion supports, continuous residential supports, environmental mods, group supported employment health care coordination, individualized day supports, individualized home supports, individually directed goods and services, interpreter, nutrition, parenting support, personal emergency response systems, personal support, senior supports, specialized medical equipment and supplies, transportation and vehicle modifications.

## Employment and Day Supports Waiver

Serves young adults transitioning from school to work who had intellectual disabilities age three and older and persons with developmental disabilities age eighteen and older. Services provided to individuals living in their own home or their family home.

### Functional Eligibility

- Person with intellectual disability needing ICF/ID level of care.

### Financial Eligibility

- Income less than 300% of SSI
- Assets less than \$1600

**Services include:** adult day health, community-based day support options, respite, supported employment, independent support broker, behavioral support, individual goods and services, individualized day support, interpreter, specialized medical equipment and supplies and transportation.

## Mental Health Waiver (Operated by Department of Mental Health and Addiction Services)

Serves persons 22 years and older who have serious mental illness.

### Functional Eligibility

- 22 years or older
- Serious mental illness
- Live in an institutional setting or meeting the level of care requirement for nursing home care and express an interest in transitioning into the community.

### Financial Eligibility

- Eligible for Medicaid

**Services include:** adult day health, community support, supported employment, assisted living, assistive technology, brief episode stabilization, chore, home delivered meals, transportation, recovery assistant, peer supports, emergency response systems, specialized medical equipment, transitional case management

# State Plan Service

**Community First Choice (CFC):** is a new program in Connecticut offered to active Medicaid members as part of the Affordable Care Act. This program allows eligible individuals to receive supports and services in their home by accessing Personal Care Attendants and other supports through self-direction.

## Eligibility

Open to any Medicaid member that can self-direct services and meets Institutional Level of Care. Institutional Level of Care means you would likely need to be in an institution, such as a nursing home, if you did not have home and community-based services. This program allows an eligible person to have care and support in their home.

## Self-direction

Self-direction is when you, or someone you appoint, makes the decisions regarding your care and services. You have control over what services you want in the home, and you have the responsibility of managing those services. Self-direction promotes personal choice and control during a person-centered planning process. If you have a Conservator or someone acting with Power of Attorney (POA), they can help you self-direct.

If you enroll in CFC, you will be able to hire from a pool of qualified staff. You can hire certain family members and friends. You will set the hiring requirements for each of your staff.

**Services include:** help preparing meals and doing household chores, and assistance with activities of daily living (bathing, dressing, transferring, etc.). Educational services will be available to help you increase your independence and learn how to manage your in-home staff.

# Husky Health

HUSKY Health provides a comprehensive health care benefit package. Basic benefits for all HUSKY Health members include:

Preventive care

Family Planning Services

Hospital Stays

Speech Therapy

Physical Rehabilitation

Orthotic & Prosthetics

Ambulatory Surgery

X-rays/Radiology Tests

Pharmacy

Doctor visits

Maternity Care

Physical Therapy

Audiology Services

Hearing Aids

Home Healthcare

Outpatient Care

Vision Care

Women's Healthcare

Dialysis

Occupational Therapy

Durable Medical Equipment

Long-term Services & Supports

Hospice

Laboratory Tests

Emergency Care

Dental Services through CT Dental Health Partnership

Behavioral Health Services through CT Behavioral Health Partnership

# Common Barriers

Difficulty navigating application process which can be lengthy and time consuming.

Inability to follow through with requests for documentation.

May feel uncomfortable sharing personal health information and participating in assessment process.

Maintaining eligibility for services requires completion of redeterminations, requests for additional information, etc.

Lack of support.

Distrust in public service programs.

Transportation challenges.



# Evaluations for Eligibility

A few notes on eligibility....

- Medicaid waivers are not entitlement programs.
- Some of the programs have limited enrollment, so even if someone meets eligibility requirements, they are not guaranteed assistance and they may be put on a wait list.
- Each waiver has its own referral and screening process.
- Once a referral and screening is completed, depending on the program an assessment will be completed including a determination of financial eligibility.

# Referrals or Questions related to the Waivers

- To make a referral or ask questions related to the waivers operated by the Department of Social Services, please call 1-800-445-5394. Select option 8 for general information.

More information:

<https://portal.ct.gov/DSS/Health-And-Home-Care/Long-Term-Care/Community-Options/Contact>

- To make a referral or ask questions related to the Mental Health waiver, please call 1-866-548-0265.

More information:

<https://portal.ct.gov/DMHAS/Programs-and-Services/Mental-Health-Waiver/Mental-Health-Waiver>

- To make a referral or ask questions related to the waivers operated by the Department of Developmental Services, please call 1-860-418-6066.

More information:

<https://portal.ct.gov/DDS/Family/Waiver/DDS-Home-and-Community-Based-Waivers>

- To make a referral or ask questions related to Community First Choice, call 2-1-1 between 8:30 AM and 5:00 PM Monday through Friday – Choose Option 3.

More information:

<https://portal.ct.gov/DSS/Community-First-Choice>



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# Home and Community Based Programs CT BOS

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# Agenda

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- Check in on first part of the session: any remaining questions or comments
- Case Studies
  - Elderly person who needs more help in the home
  - Someone with medical needs: fall risk, needs help bathing
  - Family with disabled child
  - Person with /mental illness who can not manage daily tasks



# Guide to Case Review

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Please review the cases and choose the one that applies best to the group

Review the different homecare and home health options and decide which one the person may be eligible for and best meets their needs

What else do you need to know?

How will you talk to your client about their options and what the needs are?

Make a plan to establish eligibility and apply for the service

# Mary

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Mary has been living in your housing for 5 years. She always needed a great deal of help. She often asks for you to arrange transportation and you got her meals on wheels. Her apartment has never been perfect but now it is dirty. She has a hard time with cleaning tasks. She is also increasingly forgetful. She forgets her medication, forgets to eat and has been missing appointments. You talked to her medical provider about your concerns and if she might benefit from an OT, she said this is age. Though this is not a crisis you are worried how much the case managers can pick up the slack here. You fear she may need something else. This is causing her some distress. She is particularly worried about them taking her whole SS check.



# John

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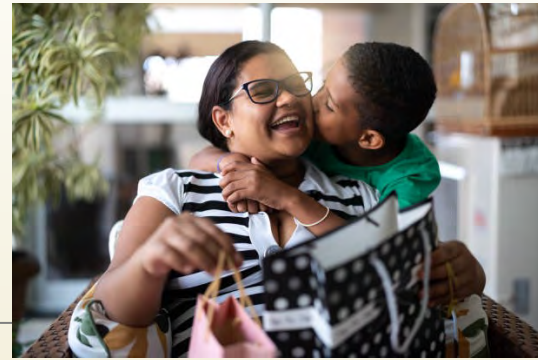
John was hit by a car and his leg was broken. He has been in the hospital and was doing pretty well in physical therapy. He returned to the housing and stopped going to PT. He refuses to use his crutches and scoots around the site in a desk chair. He hasn't bathed in some time and refuses to talk about it. You have not seen him on two feet in weeks. He is also asking the case managers constantly for food, usually for part of your lunch or asking you to order him a pizza. He is furious you are not helping him more. The suggestion of meals on wheels he found disgusting.

The other tenants are now beginning to feed him, and they are asking you why don't you help him. His attitude is not pleasant, but he clearly needs help. He also does not see things getting any better.



# Rosa and Gabe

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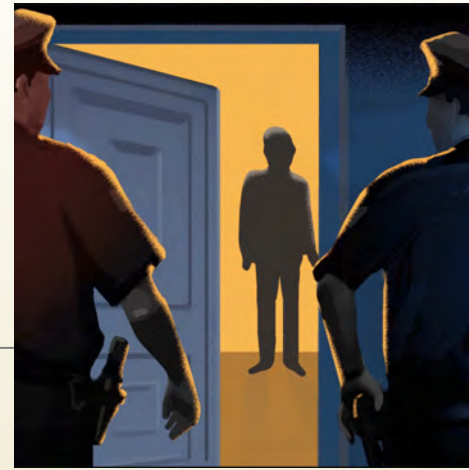


Rosa is in RRH, she has a young son. Gabe has some intellectual disabilities and some mobility issues. He is being seen by several medical providers, but Rosa is really his caretaker. Rosa is clear she needs a break. She loves him and wants him to have a good life but wonders how long she can do this.

She is often called to the school because of behavior problems. She works closely with the school in establishing behavioral plans but is still called constantly. She needs to do everything for him, bathing, feeding and transporting. She know this is progressive and will get worse, he will also get bigger making care more difficult. She also knows the income from his SSI will not support them in housing. She can't hold a job with all the call outs. She asks for your help in getting him into a “home” She doesn't want to do it but now it feels like her only choice.

# Manuel

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Manuel came into housing from an encampment. He lived in the woods by himself. Even then there were several complaints about screaming and weird gestures. He was able to connect with the outreach team, but it was clear he felt under attack most times. The team liked him, he was funny and interested in seeing them, just not all the time. He was eventually hospitalized for throwing rocks at some hikers. He did well with the structure in the hospital, but the medications had little effect on the delusions, though he was less agitated. He came into supportive housing and did well for a while. The staff checked in with him a couple of times daily and that helped. Eventually he stopped taking the meds and got agitated with some of the other tenants. Though he could usually be redirected it was becoming a full-time job for his case manager. He was hospitalized. The case manager told the hospital he really needed more support. The hospital is thinking of longer term or a group home. He is very upset and says he just wants to go home. He will do whatever they say.

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# Wrap up and Questions

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