OASIS · AT A GLANCE

Medicaid Waivers and HCBS Basics

What a waiver actually is, what "level of care" really means, why waiting lists exist, and the questions every caregiver should walk into the first case-manager meeting holding. A navigation primer for the program that funds most of the adult autism services worth funding.

BY JIM PALASTY · OASIS FOR AUTISM · 10 MIN READ

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PILLARS TO LEARN

What a waiver is. What level of care means. What to ask the case manager. Three concepts. The rest of the system reads them.

How it works

THREE STEPS

Define the waiver

A waiver is a federal-state agreement that pays for community supports instead of institutional care. Section 1915(c) of the Social Security Act.

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Pass the level-of-care test

Each waiver targets a specific population at a specific level of need. The level-of-care assessment is the door. Pass it and the slot is yours; fail it and you wait.

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Work with the case manager

The case manager (or "supports coordinator") writes the person-centered plan and authorizes services. The plan is yours to shape.

Plain-language glossary

HCBS	Home and Community-Based Services, the federal category that includes waivers
1915(c) waiver	The most common waiver authority for IDD services
Level of care	Clinical eligibility threshold; "ICF/IID" is one common standard
Case manager	Supports coordinator, service coordinator, plan facilitator, depending on state
Person-centered plan	Written annual service plan reflecting the adult's goals and supports
Self-direction	Option to hire and direct your own staff, paid through the waiver
Slot	A funded waiver seat; states have a limited number authorized by CMS

WHAT IT LOOKS LIKE

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I called the regional office on a Tuesday in February. I had no idea what to ask. The receptionist gave me the application number for the wrong waiver. I sat with it for a month. Then I called the state Arc, who connected me with a parent navigator. She named the right waiver in thirty seconds, walked me through the application that afternoon, and told me to put my son on the waiting list that week even though we did not need services yet. He has been on the list for four years. Last spring his name came up. The services started in August. The four-year wait is the only reason the August call came at all.

DONNA, LANSING

What matters, at a glance

The waiting list reality

Roughly forty states maintain HCBS waiver waiting lists, with hundreds of thousands of people on them nationally, per KFF research. Apply on day one regardless of current need. Time on the list is the only seniority you accumulate.

The 1915(c) framework

Section 1915(c) of the Social Security Act lets states waive specific Medicaid rules to fund services for people who would otherwise need institutional care. The community is cheaper. The community is better. The waiver is the mechanism.

Level of care explained

Each waiver targets people at a specific level of clinical need. The level-of-care assessment is an interview plus a functional test. It determines waiver eligibility, not services received.

Waiver waitlists

Some state waiver waitlists move in months. Most move in years. A few exceed a decade. Apply early. Document any increase in need annually so the list can re-prioritize.

Person-centered planning

The case manager (or supports coordinator) writes a person-centered service plan with the adult and family. The plan lists goals, services, and providers. The plan is reviewed at least annually.

Services that waivers fund

Community living supports, day program, supported employment, respite, behavioral supports, residential, transportation, environmental modifications, and (in many states) self-directed services.

BRING THESE · CHECK AS YOU GO

- [ ] State waiver identified
- [ ] Waitlist position confirmed in writing
- [ ] Annual functional documentation logged
- [ ] Service start dates confirmed
- [ ] Application submitted
- [ ] Level-of-care assessment scheduled
- [ ] Person-centered plan drafted
- [ ] Annual plan review on calendar

YOUR MOVE

From phone call to person-centered plan

1. Call the state Medicaid agency or regional DD service office. Ask which HCBS waiver fits an adult with autism.
2. Request the application. Ask for the waitlist application even if a slot is not currently open.
3. Schedule the level-of-care assessment. Prepare evidence: clinical records, functional history, supports currently used.
4. Once a slot is offered, schedule the person-centered planning meeting with the case manager.
5. Review the written service plan. Push back where it does not match the adult's actual needs.

The waiver is not a benefit. The waiver is a door. The plan you walk through it with is everything.

RESOURCES NAMED IN THIS POST

oasisforautism.com · https://oasisforautism.com

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ABOUT THE AUTHOR

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