

Department of Developmental Services

Commonwealth of Massachusetts

Executive Office of Health & Human Services



Home and Community-Based Waivers: Handbook for Individuals and Families

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Introduction

The Department of Developmental Services (DDS) created this handbook to introduce you to the Home and Community-Based Services (HCBS) waivers. The waivers are programs of community-based services. They are a federal and state partnership and are run by the Commonwealth of Massachusetts through MassHealth (Medicaid). In the pages that follow, you will find information pertaining to the different types of waivers offered to adults with intellectual disability, as well as information pertaining to waiver services and the choices and flexibilities you have in how they are provided to you.

What are HCBS Waivers?

In Massachusetts, the Home and Community Based Services (HCBS) waivers are programs of community-based supports funded through a combination of state and federal funds. It is called a “waiver” because it is an arrangement that the state has with the federal Medicaid program to put aside or “waive” some Medicaid rules so that you can have more choices about the services you receive and how they are provided to you.

In the past, Medicaid funds were only available for services provided in institutions. As community service systems grew, Congress recognized that people could benefit from home and community-based services as an alternative to institutional care and created the HCBS waivers so that people have a choice of where their services are provided, either in the community or in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID). By being a part of this program, Massachusetts receives funding from the federal Medicaid program for approximately one half of the cost of your services.

Every state that operates a waiver must meet certain federal rules and regulations that govern the program in order to receive federal funding. These rules explain how Massachusetts will:

- ✓ Assure the health and well-being of individuals enrolled in the waiver;
- ✓ Assure that all the service providers are qualified;
- ✓ Assure that individuals have a choice of who will provide their services.

Your waiver services are funded through a variety of different ways. These include rate agreements with providers who do business with DDS (qualified providers), and contracts between DDS and the qualified provider. DDS also has a contract with a different kind of agency that will help you manage your money and your budget and pay the people you want to hire (fiscal intermediary). Each year DDS receives an appropriation of funds from the state legislature to fund services. DDS pays for the services through the financial mechanism that you have chosen. DDS then sends a bill to the federal Medicaid agency requesting reimbursement

for approximately half of the cost of your services. The federal Medicaid agency sends that money back to the state's treasury.

DDS Waivers for Adults with Intellectual Disability:

DDS offers three main HCBS waivers for adults with Intellectual Disability, including the Adult Supports Waiver, Community Living Waiver, and Intensive Supports Waiver.

The **Adult Supports Waiver** provides services to individuals who meet the eligibility criteria and require at least one home and community-based waiver service per month. These individuals do not require the services provided under either the Community Living Waiver or the Intensive Supports Waiver. These individuals live in their family home, adult foster care, or independently and do not require 24-hour care. Their health and welfare needs can be met either in the family home or in the community. Waiver services may differ depending on the living arrangement of the individual. An individual will only receive services that are needed in order to remain safely in the community. The Adult Supports Waiver can support participant direction offering both budget and employer authority for specific services if the individual is interested.

Services offered under the Adult Supports Waiver are:

- Adult Companion
- Assistive Technology
- Behavioral Supports and Consultation
- Chore
- Community Based Day Supports
- Family Training
- Group Supported Employment
- Home Modification and Adaptations
- Individual Goods and Services
- Individualized Day Supports
- Individualized Home Supports
- Individual Supported Employment
- Peer Supports

- Remote Supports and Monitoring
- Respite
- Specialized Medical Equipment and Supplies
- Stabilization
- Transportation
- Vehicle Modification

The **Community Living Waiver** provides services to individuals who meet the eligibility criteria and require at least one home and community-based waiver service per month. These individuals require more support than those in the Adult Support Waiver, but less than those in the Intensive Support Waiver. These individuals either live in their family home, adult foster care, with a live-in caregiver, or independently and do not require 24-hour care. Their health and welfare needs can be met either in the family home or in the community. Waiver services may differ depending on the living arrangement of the individual. An individual will only receive services that are needed to remain safely in the community. The Community Living Waiver can support participant direction offering both budget and employer authority for specific services if the individual is interested.

Services offered under the Community Living Waiver are:

- Adult Companion
- Assistive Technology
- Behavioral Supports and Consultation
- Chore
- Community Based Day Supports
- Family Training
- Group Supported Employment
- Home Modification and Adaptations
- Individual Goods and Services
- Individualized Day Supports
- Individualized Home Supports
- Individual Supported Employment

- Live-In Caregiver
- Peer Supports
- Remote Supports and Monitoring
- Respite
- Specialized Medical Equipment and Supplies
- Stabilization
- Transportation
- Vehicle Modification

The **Intensive Supports Waiver** provides services to individuals who meet the eligibility criteria and require supervision and support 24 hours a day, seven days a week due to significant behavioral, medical and/or physical support needs. Waiver services may differ depending on the living arrangement of the individual. An individual will only receive services that are needed in order to remain safely in the community. The Intensive Supports Waiver can support participant direction, offering both budget and employer authority for specific services if the individual is interested.

Services offered under the Intensive Supports Waiver are:

- Adult Companion
- Assistive Technology
- Behavioral Supports and Consultation
- Chore
- Community Based Day Supports
- Family Training
- Group Supported Employment
- Home Modification and Adaptations
- Individual Goods and Services
- Individualized Day Supports
- Individualized Home Supports
- Individual Supported Employment

- Live-In Caregiver
- Peer Supports
- Placement Services (Shared Living) - 24 Hour Supports
- Remote Supports and Monitoring
- Residential Habilitation
- Respite
- Specialized Medical Equipment and Supplies
- Stabilization
- Transitional Assistance Services
- Transportation
- Vehicle Modification
- 24 Hour Self-Directed Home Sharing

Waiver Eligibility Criteria:

For individuals to be eligible for the DDS Waivers, they must meet the following federal waiver requirements:

- ✓ Be a person with an intellectual disability as determined by DDS;
- ✓ Be eligible for and enrolled in MassHealth Standard;
- ✓ Be at least 22 years of age or older;
- ✓ Meet the “level of care” established for the waiver; this means that your assessed needs are significant enough that you require a Nursing Facility (NF), Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), or hospital level of care;
- ✓ Agree to receive services in the community rather than an institution; and
- ✓ Be assessed by DDS to need one or more waiver services.

Access to Waivers:

If you are interested in applying to one of the waivers, you will need to fill out a waiver application. Your Service Coordinator can provide you with an application, and they also can be found on the DDS website ([DDS Waiver Applications](#)).

Upon receipt of the application, DDS will assess your needs and determine if you meet the eligibility requirements. Meeting the eligibility requirements does not guarantee access to the waiver. Each waiver has a limit on the number of people who can be served each waiver year.

If you are enrolled in a waiver and you feel your needs have changed requiring a different waiver, you may request to be enrolled in a different waiver by filling out a new application or speaking with your Service Coordinator. You can only ever be enrolled in one waiver at a time.

Other MassHealth Services:

An individual enrolled in one of the DDS waivers can still receive all other MassHealth services that have been determined medically necessary. They could include medical care, nursing care, home health aides, personal care attendant services and any other services that are available through the MassHealth State Plan.

Waiver Services: Choice, Portability, Provider Selection

Requesting Services:

Once you have been found eligible for DDS services, you will be referred to your local Area Office, regional DDS offices across the state. The Area Office will talk with you about the types of services offered, and you can let them know which service(s) you are requesting. After you've told DDS what service(s) you are asking for, they will administer an assessment called the MASSCAP, or Massachusetts Comprehensive Assessment Process:

- ✓ The MASSCAP is how DDS determines if you qualify for services and what type of services you need. Occasionally, the services you want may differ from what DDS determines is needed through your assessment. For example, you may want to live independently, but you could be assessed to need to first continue developing some of the necessary skills to enable you to live without staff support, such as cooking, budgeting, and housekeeping. The Department can only provide services that you have been assessed to need, consistent with DDS policies. The people who complete the MASSCAP are from the DDS intake and eligibility team and / or are from the Area Office MASSCAP team. More information about the MASSCAP process can be on the DDS website (www.mass.gov/dds) or at the following link: [MASSCAP Frequently Asked Questions \(https://www.mass.gov/doc/masscap-faqs-0/download\)](https://www.mass.gov/doc/masscap-faqs-0/download)

Your Priority for Services:

Through the MASSCAP assessment, the DDS collects information needed to make a decision about the services you need and when you can expect to receive them.

Once the *MASSCAP* is complete, you will get a Priority Letter which will tell you about the services you are qualified to receive and give you an idea of when you can expect to begin receiving services.

Choosing a Service Provider:

Participants in a waiver have the right to choose a service provider from any willing and qualified provider in the state. A directory of DDS services providers and their programs can be found online (www.massreallives.org). When choosing a provider, it is important that you think carefully about what is important to you, gather as much information as possible so you can make an informed choice, and seek the support of people you trust in making this decision.

People who can help you think things through and provide information include your family and friends, staff who work with you now, your DDS Service Coordinator, and self-advocates who have already gone through this process. When choosing the service provider that will provide your services, it is important to gather information in as many ways as you can.

Some ways that you can learn more about your options include:

- ✓ Reading about service providers;
- ✓ Visiting the service provider's office;
- ✓ Interviewing staff;
- ✓ Visiting and observing some of the services offered by the service provider;
- ✓ Talking with other people who receive services from the service provider.

Here are a few important things to remember:

- ✓ A directory of DDS services providers and their programs can be found online (www.massreallives.org). You can also ask your Service Coordinator for a printed list of all qualified providers. Service providers do not provide services in every city/town, so it is important to decide where you want to receive your service and then choose a service provider that works in that town.
- ✓ Not every service provider will have available openings to support you.
- ✓ Transportation to your services may also affect where you may receive services.
- ✓ While most providers are operated by private organizations, some providers are operated by the state. In situations where the only appropriate and available service

provider for you is operated by the state, you will receive a written notice which lets you know that:

1. Your provider is operated by the state of Massachusetts.
 2. You have the right, through a dispute resolution process, to have an independent review completed by the DDS Dispute Resolution Team of the available providers and to make sure your services are delivered without any conflict of interests.
- ✓ You can interview service provider staff about the things that are important to you.
 - ✓ You can visit program sites to see what they're like and what people are doing.
 - ✓ Refer to the attached material titled *"Choosing a Service Provider: Guide for Waiver Participants"* that contains detailed ideas for questions you can ask service providers to find the one that works best for you.

Your Service Coordinator can also help you gather this information, navigate through the various web sites, answer any questions you may have on written materials, set up visits to the service provider, and help you think about what kind of questions to ask based on what is important to you.

Your Services Are "Portable"

Portability means that you have control over your services and that you can choose to have your services moved to another service provider under most circumstances. This is an important aspect of the waiver. DDS is committed to creating opportunities for individuals to make choices in pursuit of a personal future. If you receive waiver services, your services are portable; however, you may only receive a service that you have been assessed to need through the MASSCAP.

Asking for a Change in Your Service Provider

For someone who already has services and is looking for a change in service provider, the process for choosing a new service provider is different than finding a provider for the first time. You may request to change service providers at any time. The first thing to do is to tell DDS that you want to change your service provider. You can contact your Service Coordinator, or you can call the Area Office and ask to speak to the Area Director.

Once DDS knows you want to change service providers, you will be asked why you want a change. If you have an issue with the service provider and this is the reason for the move, every effort will be made to address and resolve the issue. DDS believes it is better for everyone to get good services wherever they are. People shouldn't have to move or change service providers to get good services. Moving causes a lot of disruption in people's lives and every effort will be taken to avoid this.

Your current service provider may propose a plan to address your concerns by providing your supports differently. You will have a chance to discuss the proposed plan and think about whether you are satisfied with it. If you agree with the new plan, the service provider and the Area Office will work together to finalize it. Once agreement is reached, your Service Coordinator will make sure the changes you have requested happen.

If you still want to change your service provider, even after considering other options with your current service provider:

- ✓ DDS will help you gather the information you need to make a decision on your choice of service provider.
- ✓ It is important to think very carefully about changing service providers because such a change has a big impact on your life.
- ✓ Your family and friends can help you decide what service provider you want. The decision is yours to make.
- ✓ Your Service Coordinator will provide information to you on all qualified service providers, what services they provide, provider web site addresses, written material about DDS services and standards. You may also search for service providers online (www.massreallives.org).

Once you choose a particular service provider, you will be offered an appropriate opening when it occurs. DDS may decline your request to change to a specific service provider if DDS believes that your or others' health or safety will be at risk with the move. For example, if you have a medical condition requiring nursing, you will need a home that has nursing availability. It would not be safe for you to live in a home where nursing is not available. It is important to remember that DDS will consider the needs of all those served and therefore changing your service provider may take time.

After you change service providers, it will probably feel different for a while. Your staff will be new and the people you live or work with could be different as well. It's a big change, so it is important to keep in touch with people you trust while you get used to the new people in your life. During the year, your ISP will be used as a satisfaction check-in. Your Service Coordinator will talk with you about how the new arrangements are working for you and will also speak with your providers about your progress.

Choosing Which Service Delivery Method is Best for You

As a participant of the waiver, you have the choice of how your services are delivered. DDS has developed service delivery options that offer people more decision making and control regarding what services they need (and don't need) and how the services can be provided to best help them.

You can learn more about your service delivery options online (www.mass.gov/doc/choosing-your-dds-adult-services/).

There are three types of service delivery models:

- Traditional
- Agency with Choice
- Participant Directed Program

What is the Traditional Model?

The Traditional Model is the most common service model in Massachusetts.

In this model the provider agency (qualified and licensed) contracts directly with DDS to deliver a specific range of supports (e.g. shared-living, community residences, independent supports, employment and day programs, family support) to the individual.

The agency has full authority and responsibility for hiring, training, supervising, and paying employees.

The individuals, their families and service teams develop Individual Service Plans (ISP) and provide input on other day-to-day decisions.

The provider agency has the responsibility for managing all aspects of the budget so that the services and ISP are provided according to applicable federal and state laws, DDS and other state regulations, as well as other DDS requirements.

What is the Agency with Choice Model?

The Agency with Choice model allows individuals and families to choose and supervise their staff and to purchase goods and services, without having to be responsible for regulatory, accounting, legal and technical duties associated with being an employer and purchaser.

In this model the individual/family AND the provider agency are responsible for hiring the staff, for all duties of an employer, and for appropriate purchasing of all other goods and services. The provider manages certain aspects of the budget to ensure compliance with applicable federal and state laws, DDS and other state agency regulations, and other DDS requirements.

The individual/family selects the employees (who may be made available through the agency), sets work hours and tasks to be performed, provides daily supervision and management of employees, and determines when that staff person is no longer needed.

The agency and individual/family share in training and evaluating employees.

What is the Participant-Directed Program Model?

The Participant Directed Program (PDP) offers the most flexibility to arrange and customize supports based on the individual's needs and preferences. The individual can hire their own support staff and make other decisions about how to use their DDS funded allocation.

In the Participant Directed model the person self-directing makes their own decisions, determines how their DDS funding is spent for services, supports and goods (within DDS guidelines), and takes responsibility for the decisions they make.

A fiscal intermediary (FI) serves as the agent for individuals and families and is responsible for all payments. The FI pays for support staff, and other goods and services in accordance with the participants' budget. The FI provides financial monitoring and reporting and ensures compliance with all applicable federal and state laws, DDS and other state agency regulations, and with other DDS requirements.

A Support Broker, typically a DDS Service Coordinator, helps the person define their needs and dreams through a person-centered planning process that leads to an Individual Service Plan (ISP). The Support Broker helps the individual create and manage a budget within the allocated resources and develop a network of services/supports.

The Support Broker also acts on behalf of the individual to arrange for needed services, provides information on resources supports the individual in evaluating the effectiveness of supports.

The Individual Budget is a mechanism that enables a participant to direct and manage the delivery of services they use. By utilizing the budget, an individual has control of a specific amount of funds and the responsibility and freedom to purchase supports, goods and services from a variety of sources.

DDS completes the process to qualify staff hired by the individual. All staff employed in this model must:

- ✓ Be at least 18 years old;
- ✓ Have a CORI (Criminal Offender Record Information);
- ✓ Have a high school diploma or GED Certificate.

ATTACHMENT 1

Choosing a Service Provider: Guide for Waiver Participants

The following material contains ideas for questions and observations you and your family can ask service providers to help you decide which provider will work best for you.

Service Provider History and Mission

- ✓ How long have you been providing services? What kinds of services do you provide?
- ✓ Where do you provide services - what cities and towns?
- ✓ How do you make sure individuals are happy with their services? When there is a conflict, how do you respond?
- ✓ How do you support Self-Advocacy (people speaking out for themselves) and Self-Determination (managing your own services)?
- ✓ Do individuals with disabilities serve on your Board of Directors, Human Rights Committee, or other service provider groups?
- ✓ Do families of individuals with disabilities serve on your Board of Directors, Human Rights Committee, or other service provider groups?

Staff

- ✓ How is staff found? How do you check their backgrounds? How will I be included in selecting and evaluating the staff that work with me?
- ✓ How is staff trained to work with me? How will I be sure that they know how to support me to achieve my goals? Will I have an opportunity to help train the staff that works with me on what works best for me?
- ✓ How long does staff tend to stay with you? Is there a lot of turnover or do staff stay for a long time? Can I meet some of your staff?
- ✓ How do you respond to complaints about how staff work with me or other people?

Social and Community Activities

- ✓ How do you support people to maintain their relationships with family and friends? How will you help me to meet new people?
- ✓ How do you manage transportation to help people get where they need to go?
- ✓ How do you help people get and stay connected to their communities?

- ✓ How will you support me to make contributions to my community?
- ✓ Will I be able to go out on my own to do things I like, or will I have to go with my housemates?

Health and Well-Being

- ✓ How will you support me to have the best health possible?
- ✓ How do you help people learn about nutrition and exercise?
- ✓ How do you handle health emergencies?
- ✓ How do you handle other kinds of emergencies?
- ✓ How do you make sure that people are safe and that they are protected from harm while still giving them opportunities to take chances?

Site Visit – Things to Consider

- ✓ Is the house or worksite clean inside and out? Does it present a positive image to the neighborhood and community? Can you imagine living or working here?
- ✓ When visiting a home, who answered the door to the house, the people who live there or the staff? Was the staff you met respectful?
- ✓ Does the house look and feel like a home? Do people have an opportunity to decorate the house as they choose? Do people have personal possessions?
- ✓ When visiting a worksite, did people have things to do during your visit? Was the staff you met respectful?
- ✓ Would this physical site meet your needs?

Questions to Ask Employment Service Providers

- ✓ How will you determine what kind of job would be good for me?
- ✓ How will you help me find a job?
- ✓ How will you prepare me for job interviews?
- ✓ How will you help me learn to fit into the social network at my job?

- ✓ How much money do the people you support make on average?
- ✓ How many hours a week do people work on average?
- ✓ How long does it take people to find a job?
- ✓ How long do people keep their jobs on average?
- ✓ What kind of support do you provide to people that are unemployed (support groups, training programs, etc.)?
- ✓ What kind of support will you provide to help me get transportation to and from work?