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Overview of Texas Medicaid Waivers and State Plan Services

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Objectives

- Provide information about the program authority and administration
- Provide an overview of Texas waivers to include
 - Interest List
 - Eligibility
 - Service array
 - Services available through the consumer directed services (CDS) option
 - Overview of some of the state plan services



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What is Medicaid?

Medicaid is a jointly funded state-federal program that provides medical coverage to eligible needy persons.

- **Federal laws and regulations:**
 - Require coverage of certain populations and services
 - Provide flexibility for states to cover additional populations and services
- **Medicaid is an entitlement program, meaning:**
 - Guaranteed coverage for eligible services to eligible persons
 - Open-ended funding based on the actual costs to provide eligible services to eligible persons



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Joint State & Federal Program

- Both federal and state governments have a role in overseeing and funding the Medicaid program.
- At the federal level, Medicaid is administered by the Centers for Medicare and Medicaid Services (CMS) within the U.S. Department of Health and Human Services.



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Joint State & Federal Program (cont.)

Authority for the Medicaid program comes from:

- **Social Security Act (SSA)**
 - Provides general welfare benefits for certain populations.
- **State Plan**
 - Contract between CMS and the State of Texas.
- **Waivers**
 - “Waives off” State Plan requirements or SSA requirements.



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What is a Waiver?

A **waiver** enables states to receive federal Medicaid matching funds without complying with certain requirements set forth in §1902 of the Social Security Act (SSA).

- Limiting a waiver service to specific geographic areas §1902(a)(1) (State-wideness)
- Comparability of services, such as offering an array of community-based services to those who would otherwise require institutionalization
- Income and resources -- States can apply institutional income and resource (eligibility) rules for medically needy who would otherwise qualify for waiver services at 300% federal poverty level (FPL)



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What is a Waiver? (cont.)

- Waivers provide states with options to operate their Medicaid programs
- Federal law allows states to apply to CMS for permission to deviate from certain Medicaid program requirements through waiver applications
- States typically seek waivers to:
 - Provide different kinds of services
 - Provide Medicaid to new groups
 - Target certain services to certain groups
 - Test new service delivery and management models



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What is a Waiver? (cont.)

- A waiver enables states to receive federal Medicaid matching funds without complying with certain requirements set forth in §1902 of the Social Security Act (SSA).
- Freedom of choice



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Service Delivery Options

- Individuals may select how they would like some services delivered in some of the waiver programs -
 - **Agency Option** - Standard service delivery through an agency
 - **Service Responsibility Option** - Individual manages day-to-day activities and the provider agency manages business activities
 - **Consumer Directed Services (CDS)** - Individual manages both day-to-day and business activities
- Individuals choosing the CDS Option receive financial management services and may receive support consultation.



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Texas Medicaid Waivers

(State Slide)

Texas Medicaid Waivers

1915(c) waiver

- Community Living Assistance and Support Services (CLASS)
- Deaf Blind with Multiple Disabilities (DBMD)
- Home and Community-based Services (HCS)
- Medically Dependent Children Program (MDCP)
- Texas Home Living (TxHmL)



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CLASS

Community Living Assistance and Support Services (CLASS) 1915(c) waiver

- Provides home and community-based services to individuals who have a diagnosis of a related condition qualifying them for placement in an Intermediate Care Facility for Persons with an Intellectual Disability or Related Condition (ICF/IID)
- Provides case management and direct services through two separate agencies



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CLASS (cont.)

Community Living Assistance and Support Services (CLASS) 1915(c) waiver

- Services are available statewide and must be within the program annual cost limit
- Individuals must live in their own home or their family home



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CLASS Interest List

- HHSC maintains a statewide interest list of applicants who have registered as interested in seeking waiver services.
- Applicants are placed on this list on a first-come, first-served basis.
- Registering on the interest list does not ensure an individual's eligibility.
- Individuals can have their name on more than one interest list.



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CLASS Interest List (cont.)

- To register on the CLASS interest list, call:
877-438-5658
- Individual's need to make sure the interest list continuously has most current personal information:
 - Name
 - Home or Mailing address
 - Phone number



CLASS Population

- Must meet financial eligibility for Medicaid
- Must have a related condition as the primary diagnosis
- Must have substantial functional limitations in at least three of the following areas:
 - Self care
 - Language
 - Learning
 - Mobility
 - Self direction
 - Capacity for independent living
- Must not be enrolled in another waiver



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Financial Eligibility-CLASS

Medicaid

- An applicant must be eligible for a Medicaid program that is accepted in CLASS on or before the enrollment date
- Medicaid eligibility must be maintained for continued CLASS enrollment
- CLASS eligibility rules are located in:
[40 Texas Administrative Code \(TAC\) §45.201](#)



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CLASS Service Array

- Adaptive aids
- Auditory Integration Training/Auditory Enhancement Training
- Behavioral support services
- Case management
- Cognitive rehabilitation therapy
- Continued family services
- Dental
- Dietary
- Employment assistance
- Financial Management Services
- Minor home modifications



CLASS Service Array (cont.)

- Nursing services
- Occupational therapy
- Physical therapies
- Prescribed Drugs
- Prevocational services
- Respite services
- Specialized therapies
- Speech and Language Pathology
- Support Consultation
- Support family services
- Supported employment
- Transition assistance services (TAS)
- Transportation (Habilitation)
- Community First Choice** (CFC) personal assistance services/habilitation (PAS/HAB)



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CLASS Service Array (cont.)

CDS services available in CLASS

- Cognitive rehabilitation therapy
- Employment assistance
- Financial Management Services
- Nursing services
- Occupational, speech, and physical therapies
- Respite services
- Support Consultation
- Supported employment
- Transportation (Habilitation)



DBMD

Deaf Blind with Multiple Disabilities 1915(c) waiver

- Provides home and community-based services as an alternative to residing in a ICF/IID to individuals of all ages who are deafblind, or have a condition that will result in deafblindness, and who have an additional disability.
- Provides case management and direct services through a single agency.
- Services are available statewide and must be within the program annual cost limit.
- Individuals may live in their own home, their family home, or in a residence with 1 to 5 others with similar needs.



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DBMD Interest List

- HHSC maintains a statewide interest list of applicants who have registered as interested in seeking waiver services.
- Applicants are placed on this list on a first-come, first-served basis.
- Registering on the interest list does not ensure an individual's eligibility.
- Individuals can have their name on more than one interest list.



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DMD Interest List (cont.)

- To register on the DBMD interest list, call:
877-438-5658
- Ensure the interest list continuously has most current personal information:
 - Name
 - Home or Mailing address
 - Phone number



DBMD Population

- Must meet financial eligibility for Medicaid
- Must be deafblind or function as deafblind
- Must have one other disability that results in impairment to independent functioning
- Must not be enrolled in another waiver



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Financial Eligibility-DBMD

- **Medicaid**
- An applicant must be eligible for a Medicaid program that is accepted in DBMD on or before the enrollment date.
- Medicaid eligibility must be maintained for continued DBMD enrollment.
- DBMD eligibility rules are located in:
[40 Texas Administrative Code \(TAC\) §42.201](#)



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DBMD Service Array

- Adaptive aids
- Assisted Living
- Auditory Enhancement/Auditory Integration Training
- Behavioral support services
- Case management
- Cognitive Rehabilitation Therapy
- Day habilitation
- Dental
- Dietary services
- Employment assistance
- Financial Management Services
- Intervener
- Minor home modifications
- Nursing



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DBMD Service Array (cont.)

- Occupational therapy
- Orientation and mobility
- Physical therapy
- Prescribed Drugs
- Respite
- Speech, language, and hearing therapy
- Support Consultation
- Supported employment
- Transition assistance services
- Transportation (Residential Habilitation)
- CFC PAS/HAB **



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DBMD Service Array (cont.)

CDS Services in DBMD

- Employment assistance
- Financial Management Services
- Intervener
- Respite
- Support Consultation
- Supported employment
- Transportation (Residential Habilitation)



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HCS

Home and Community-based Services 1915(c) waiver

- Provides individualized services to people of all ages who meet financial and functional eligibility requirements
- Services are provided by a comprehensive program provider, and service coordination is provided by the local intellectual and developmental disability authority (LIDDA)
- Services are available statewide and must be within the program annual cost limit
- Individuals may live in their own home, their family home, or a small residential setting in the community²⁹



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HCS Interest List

- HHSC maintains a statewide interest list of applicants who have registered as interested in seeking waiver services.
- Applicants are placed on this list on a first-come, first-served basis.
- Registering on the interest list does not ensure an individual's eligibility.
- Individuals can have their name on more than one interest list.



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HCS Interest List (cont.)

- To register on the HCS interest list, contact the local intellectual disability authority (LIDDA) in the county in which they live.

<https://apps.hhs.texas.gov/contact/la.cfm>

- Individual's need to make sure the interest list continuously has most current personal information:
 - Name
 - Home or Mailing address
 - Phone number



HCS Population

- Must meet financial eligibility requirements
- Must be eligible for Level of Care I or
- LOC VIII
 - If diverting or transitioning from a nursing facility
- Must not be enrolled in another waiver



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Financial Eligibility-HCS

Medicaid

- An applicant must be eligible for a Medicaid program that is accepted in HCS **on or before** the enrollment date.
- Medicaid eligibility must be maintained for continued HCS enrollment.
- HCS eligibility rules are located in:
[40 Texas Administrative Code \(TAC\) §9.155](#)



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HCS Service Array

- Adaptive aids
- Audiology services
- Behavioral support services
- Cognitive rehabilitation therapy
- Day habilitation
- Dental
- Dietary services
- Employment assistance
- Financial Management Services
- Minor home modifications
- Nursing services
- Occupational therapy



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HCS Service Array (cont.)

- Physical therapy
- Pre-enrollment minor home modifications
- Residential assistance
- Respite
- Social work services
- Speech/language pathology
- Support Consultation
- Supported employment
- Transition Assistance Services
- Transportation (Supported Home Living)
- CFC-PAS/Habilitation **



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HCS Service Array (cont.)

HCS services available in CDS

- Cognitive rehabilitation therapy
- Employment assistance
- Financial Management Services
- Nursing services
- Respite
- Support Consultation
- Supported employment
- Transportation (Supported Home Living)



TxHmL

Texas Home Living 1915(c) waiver

- TxHmL provides select services and supports for individuals who meet financial and functional eligibility requirements
- Services are provided by a TxHmL program provider, and service coordination is provided by the LIDDA
- Services are available statewide and must be within the program annual cost limit of \$17,000 per IPC year



TxHmL Interest List

- HHSC maintains a statewide interest list of applicants who have registered as interested in seeking waiver services.
- Applicants are placed on this list on a first-come, first-served basis.
- Registering on the interest list does not ensure an individual's eligibility.
- Individuals can have their name on more than one interest list.



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TxHmL Interest List (cont.)

- To register on the TxHmL interest list, contact the local intellectual disability authority (LIDDA) in the county you live:
<https://apps.hhs.texas.gov/contact/la.cfm>
- Individual's need to make sure the interest list continuously has most current personal information:
 - Name
 - Home or Mailing address
 - Phone number



TxHmL Population

- Must meet financial eligibility requirements
- Must be eligible for Level of Care I or
- LOC VIII (if diverting or transitioning from a nursing facility)
- Must not be enrolled in another waiver
- Live in their own home or their family homes



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Financial Eligibility-TxHmL

Medicaid

- An applicant must be eligible for a Medicaid program that is accepted in TxHmL on or before the enrollment date.
- Medicaid eligibility must be maintained for continued TxHmL enrollment.
- TxHmL eligibility rules are located in:
[40 Texas Administrative Code \(TAC\) §9.556](#)



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TxHmL Service Array

- Adaptive aids
- Audiology
- Behavioral support
- Day habilitation
- Dental
- Dietary services
- Employment assistance
- Financial Management Services
- Minor home modifications
- Nursing services
- Occupational therapy

***All services in TxHmL can be provided in the CDS option.**



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TxHmL Service Array (cont.)

- Occupational therapy
- Physical therapy
- Respite
- Speech/language pathology
- Support Consultation
- Supported employment
- Transportation (Community Supports)
- CFC-PAS/Habilitation **

***All services in TxHmL can be provided in the CDS option.**



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Medically Dependent Children Program (MDCP)

The MDCP 1915(c) waiver:

- Provides a variety of services and supports for families caring for children and young adults who are medically dependent as an alternative to residing in a nursing facility
- Available statewide
- Services are provided by managed care organizations (MCO) through the STAR Kids and STAR Health programs
- Service Coordination is provided by the MCO.



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MDCP Interest List

- To register on the MDCP interest list, contact:
877-438-5658
- Individual's need to make sure the interest list continuously has most current personal information:
 - Name
 - Home or Mailing address
 - Phone number



MDCP Population

- Must be under 21 years of age
- Financial eligibility
- Must meet the medical necessity requirements for nursing facility admission
- Live in an appropriate living situation
- Have an individual service plan (ISP) that does not exceed 50 percent of the reimbursement rate that would have been paid for that same person to receive services in a nursing facility, as of Aug. 31, 2010
- Must have a need for at least one MDCP waiver service per ISP year



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Financial Eligibility-MDCP

Medicaid

- An applicant must be eligible for a Medicaid program that is accepted in MDCP on or before the enrollment date.
- Medicaid eligibility must be maintained for continued MDCP enrollment.
- MDCP eligibility rules are located in:
[1 Texas Administrative Code \(TAC\) Chapter 358](#)



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MDCP Service Array

- Adaptive aids
- Flexible family support services
- Minor home modifications
- Respite
- Transition assistance services
- Supported employment
- Employment assistance



MDCP Service Array (cont.)

CDS services in MDCP

- Adaptive Aids
- Employment assistance
- Financial management services
- Flexible family support services
- Minor Home Modifications
- Respite
- Supported employment



Resources

- **Waiver comparison chart**

<https://hhs.texas.gov/sites/default/files//documents/doing-business-with-hhs/providers/resources/ltss-waivers.pdf>

- **Texas Medicaid State Plan Services & Support comparison chart**

<https://hhs.texas.gov/sites/default/files//documents/doing-business-with-hhs/providers/resources/texas-medicaid-state-plan-services-and-supports.pdf>



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Resources

Policy Webpages

- **HCS** - <https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/home-community-based-services-hcs>
- **TxHmL** - <https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/texas-home-living-txhtml>
- **CLASS** - <https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/community-living-assistance-support-services-class>



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Policy Webpages

- **DBMD** - <https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/deaf-blind-multiple-disabilities-dbmd>
- **MDCP** - <https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/medically-dependent-children-program-mdcp>



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Policy Mailboxes

- **HCS** hcspolicy@hhsc.state.tx.us
- **TxHmL** txhmlpolicy@hhsc.state.tx.us
- **CLASS** classpolicy@hhsc.state.tx.us
- **DBMD** dbmdpolicy@hhsc.state.tx.us
- **MDCP** mdcppolicy@hhsc.state.tx.us
- **CDS** CDS@hhsc.state.tx.us





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Questions?



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Thank you

LTSS_Policy@hhsc.state.tx.us