



*CPARC is a private, non-profit organization dedicated to  
Improving the lives of people with special needs.*

*In addition to our Advocacy & Family Education  
services, we also provide a multitude of other services such as:*

- Residential Services
- Vocational Training
  - Early Education
  - Adult Day Care

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**Empowering, Inspiring & Educating**

**www.cparc.org**



*Program Partner*

*CPARC is proudly affiliated with The Arc of The United States, The Arc of  
PA and other local chapters throughout the Commonwealth.*

*Admission, the provision of services and referrals of clients shall be made without regard to race, color,  
religious creed, disability, ancestry, national origin (including limited English proficiency), age or sex.*



The Arc of Cumberland  
& Perry Counties

**Advocacy & Family  
Education Services**

**A Guide To...**

**MEDICAID**  
**WAIVER AND**  
**WHAT IT**  
**MEANS TO**  
**YOU**



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**Should you have additional questions  
concerning the Waiver Program,  
please contact:**

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members of your team (yourself, family, friends, Supports Coordinator, and professionals who are working with you) and by ODP professionals. ODP is the PA state Office for Disability Programs, and their inspectors determine if your provider is qualified to continue to provide services, or if they need to make changes to remain licensed.

### **CAN I USE WAIVER FUNDING TO PAY FAMILY MEMBERS OR FRIENDS TO ASSIST ME?**

Relatives who do not live with you, such as a brother or sister, can be paid by Waiver to provide you with services that are part of your plan, and that they are qualified to provide.

Waiver funds cannot be used to pay a family member who lives with you and is providing care that would normally be expected of a family member. For example: a parent cannot be paid for bathing, dressing and feeding his or her own child.

***If you think you can benefit from Waiver Funding, contact your Supports Coordinator.***

***If you do not know who your Supports Coordinator is, or you don't think you have one, we can help. Give us a call, and we will assist you in finding the information you need!***

### **WHAT IS A WAIVER?**

The term Waiver is used to refer to The Medicaid Home and Community Based Waiver Program, which provides funding for supports and services for individuals with developmental disabilities. The Waiver funds assist someone with mental retardation to live in their home and community rather than in an institutional setting.

### **WHY CALL IT A WAIVER?**

This type of funding waives the Medicaid rules for institutional care. In other words, it takes the money that would have been spent on the cost of someone living in an institution, and instead pays for the services and supports that same person needs to live in the community.

Federal and state funds are combined in Medicaid Waivers. The state and federal shares are not the same in each state, nor are they the same every budget year.

### **WHY IS A WAIVER NEEDED?**

Prior to Waiver funding existing, someone would need to remain in a hospital setting or specialized medical facility for years, even when the family wanted to bring the individual home. Medicaid would only pay for the specialized care if it were provided in a medical setting. Parents fought to have the rules changed. In 1981, Congress heard the parent pleas and created the Home and Community Based Waiver Program. Now, medically based services could be provided by professionals in the person's home or community and be paid for with Medicaid funds. The rules also changed in that parent's income no longer influences the child's eligibility for Medicaid funds; only the child's income is considered.

## **WHY DO I NEED A WAIVER?**

Waivers are the main funding source for mental retardation supports and services in the state of Pennsylvania. The Waiver funds can be used for an array of services offered by a number of qualified providers. Under the Waiver you have the right to choose the provider you want to give you the needed services.

## **IS THERE ONLY ONE WAIVER FUNDING?**

No, there are different types of Waiver funding.

### **P/FDS WAIVER:**

P/FDS stands for person/family directed services. These funds are provided to anyone age three and older with a diagnosis of mental retardation, so that they may continue to live in their own home and remain in their community. These funds are not for someone who is in need of community residential services. A referral is needed from your family physician to qualify for the P/FDS. There is a cap of \$26,000 to be spent annually per person for supports. An individual budget will be set up for you, prioritizing which services are most important to you. Supports include such things as: physical therapy, speech therapy, behavior support therapy, assistive technology, nursing services, respite, home accessibility adaptations, vehicle adaptations, specialized medical supplies, day habilitation, pre-vocational services, vocational training services, supported work services and others. If you have a P/FDS Waiver and your needs increase beyond the available \$26,000 limit, you may need to talk with your Supports Coordinator at the MH/MR office to determine if you are in need of a Consolidated Waiver.

## **HOW DO I FIND OUT IF I AM ELIGIBLE FOR A WAIVER?**

The need for a Waiver is determined by assessments called PUNS (Prioritization of Urgency of Need for Services) and SIS (Supports Intensity Scale). Both assessments include numerous questions about you and your family to be answered by you and/or the people who know you best. The SIS assessment determines what supports you will need to remain in the community and maintain your lifestyle. The PUNS assessment determines how urgently you need these services and where you should be in line for a Waiver slot. Even if you are determined to be eligible for a Waiver, this does not mean you will receive Waiver funding. As mentioned before, these slots are limited and you may be placed on a waiting list.

## **I HAVE A WAIVER SLOT, WHAT IS NEXT?**

Once funding is in place, you will have an annual Individual Services Plan (ISP) developed by yourself and members of your team to determine what services you will need over the next year.

You will have a choice of qualified people or agencies to provide the supports you need. It is advisable to talk with these people and visit their facilities. Choose carefully. You may change providers later if you are not satisfied with your services. However, if you are careful when choosing providers up front, you should not have to undergo changes in your routine later. Once you have started receiving services, your program will be monitored for quality by the

with a diagnosis of ASD. Services provided include: assistive technology, behavioral specialist, community inclusion, community transition, counseling, day habilitation, environmental modification, family counseling, family training, job assessment, nutritional consultation, occupational therapy, residential habilitation, respite, speech/language therapy, supported employment, temporary crisis services and transitional work services. The Waiver does not allow for transportation costs. The Bureau of Autism Services administers this waiver directly.

### **IS THERE COST SHARING FOR WAIVER SERVICES?**

There is no cost to the consumer for waiver services.

### **WHY SHOULD I APPLY FOR A WAIVER?**

Waiver funding is limited to a particular number of new “slots” per fiscal year. The number of slots available each year varies by which county within PA that you live. If slots are left unused during a fiscal year, they must be returned to the state. Returning unused slots will most likely reduce the number of slots allotted to that county for the next fiscal year. Waiver slots are very limited in number. If a family turns down an offered Waiver slot, it may be years until another slot becomes available.

The Waiver funds are monitored by the Federal Medicaid Agency.

### **CONSOLIDATED WAIVER:**

To qualify for a Consolidated Waiver slot, the person must be age three and older with a diagnosis of mental retardation, and be recommended for an ICF/MR level of care by a medical professional. An ICF/MR level of care means that the person needs to be cared for in an Intensive Care Facility for persons with mental retardation. This would include living in a group home, apartment program, family living home, etc. The person must not have assets exceeding \$2,000.00. *(If someone is receiving SSDA and they do not receive SSI benefits, they may be eligible to have a higher level of assets.)* Services under the Consolidated Waiver include: assistive technology, behavior support services, companion services, educational support services, home accessibility adaptations, home and community habilitation, homemaker/chore, licensed day habilitation, nursing services, prevocational services, residential habilitation, respite, specialized supplies, supported employment services, supports broker services, supports coordination, therapy services, transitional work services, transportation, and vehicle accessibility adaptations. Under the Consolidated Waiver, each individual has his/her own annual budget to provide the services needed. While there is no cap on these budgets, if a need is identified in the middle of the fiscal year, the person may need to wait until the following July 1<sup>st</sup> when the new fiscal year begins to have the new service added to the funding.

Consolidated Waiver is the only Waiver funding that provides residential services.

### **OBRA WAIVER:**

The OBRA Waiver is a home and community based waiver program that provides services to people with developmental and/or physical disabilities to allow them to live in the community and remain as independent as possible.

The OBRA Waiver is available to residents who are 18 years or older. The person must have a severe developmental/physical disability requiring an Intermediate Care Facility. The disability must result in substantial functional limitations in three or more of the following major life activities: mobility, communication, self-care, self-direction, capacity for independent living and learning. If the person became disabled in their physical, sensory, or neurological disabilities before they were age 22, and the disability is most likely going to continue resulting in functional limitations in three or more of the following areas of major life activity: capacity for independent living, mobility, self-direction, learning, understanding and use of language, or self-care, than the person is eligible for the OBRA waiver.

An example of an Intermediate Care Facility is a specialized medical facility or nursing home. An example of possible services could be someone who lives in a more restrictive environment, such as a nursing home, who is provided with a companion who visits and takes the person into the community for activities in which they want to participate. Examples of community activities include: going to a favorite restaurant, attending the church they had attended previously, going to an annual art show, etc.

Other services that could be provided include: adult day services, assistive technology/specialized medical equipment and supplies, education services, environmental adaptations, therapies (behavior, occupational, physical, speech) and transportation services.

## **STUDENT WAIVERS:**

Student Waivers are made available to students with developmental disabilities graduating from special education classes. This Waiver provides vocational or pre-vocational training. If there are not enough Student Waivers available, the young person could sit at home waiting for his or her name to move up the waiting list. These young people can lose skills they learned in school, because they are not practicing the learned skills. The counties apply for enough Student Waiver slots to cover all the graduates; however, that number is not always granted by the state.

## **INFANTS, TODDLERS AND FAMILIES WAVIER:**

The Infants, Toddlers, and Families Waiver provides services to children from birth to age three who are experiencing developmental delays, need Early Intervention services and would otherwise require the level of care provided in an Intermediate Care Facility. These children need special support services to remain at home with their family and to give them a “head start” in preparing for life with a disability. This Waiver provides funding for habilitation services by qualified professionals with family participation.

## **ADULT AUTISM WAIVER**

The Adult Autism Waiver serves 200 individuals across the state of PA. *(There is a move to increase the slots to 300, but as of this writing there are 200 slots.)* The Adult Autism Waiver is designed to specifically serve the needs of people with Autism Spectrum Disorder (ASD) and does not use IQ as an eligibility factor. Priority is given to individuals who are not currently receiving ongoing state/federally funded services. The individual must be at least 21 years of age