

DDDS Lifespan Waiver

Approved July 2017

Formerly known as the DDDS Home and Community Based
Waiver (HCBS waiver)



What is a HCBS Medicaid Waiver?

History

A waiver means that the regular rules of Medicaid are “waived” or not applied. The HCBS waiver began to correct “institutional bias”. Historically individuals could only receive support services in an institutional setting.

In 1981 the HCBS Waiver began to correct Institutional Bias and allow individuals to access support services while living in the community.

Section 1915 (c) of the Social Security Act was changed to allow individual states to ask for waivers of existing Medicaid regulation. This means that states can use money for services in community settings that would have been used if the person was living in an institutional setting.

Why Have a Medicaid Waiver?

Medicaid is a matching program. This means that a state pays part of the cost and the Federal Government “matches” what the state pays, essentially doubling the amount of money available to pay for the cost of services. This is important because the availability of state money drives how many people a waiver can serve.



Utilizing the federal matching available for HCBS Waivered services helps to insure that services in Delaware are sustainable over time.

Lifespan Waiver Eligibility

The Individual must:

- ✔ Qualify for the Division of Developmental Disabilities Services
- ✔ Meet the Level of Care (Need some varying level of support in two of these categories: Activities of Daily Living, Safety, Household Activities, Community Access, Maintain Relationships, Health Maintenance, Communication, Psychological)
- ✔ Meet the Financial Criteria – The Division of Medicaid and Medical Assistance (DMMA) determines whether financial criteria is met)

Lifespan Waiver - Financial Eligibility

- Monthly Income-In most cases, an individual can make no more than **250%** of the SSI standard. Approximately \$1,858.00 a month. (Examples of income include: Social Security Benefits, Veteran's benefits, alimony, employment wages, pension payments, dividends from bonds or stocks, interest payments, IRA distributions, and estate income.)
- Resources-In most cases, an individual can not have more than \$2000 in resources. (Examples of resources include: bank accounts, CDs, owning property (other than residence), whole life insurance, 401K, i.e.)

Lifespan Waiver Supports & Services

The amended Lifespan Waiver provides an array of services to help support individuals and their families at home and in the community. Historically many services were not offered to families of children with a disability unless they were in 'crisis' and receiving residential services.

The Lifespan Waiver expands services to include Waiver recipients who are living at home with their families

The Lifespan Waiver services are available to all waiver recipients as they need them and are designed to support individuals with a disability across their entire lifespan.

What services are available through the Lifespan Waiver?

Day Habilitation

- Day Habilitation – Community Participation

Prevocational Services

Supported Employment - Individual

Supported Employment - Group

Personal Care

Respite

Assistive Technology (not otherwise covered by Medicaid)



There's more...

Services continued:



Behavioral Consultation

Nursing Consultation

Community Transition

Home or Vehicle Adaptations

Specialized Medical Equipment and Supplies (not otherwise covered by Medicaid)

Residential Services

Supported Living

And don't forget about

Person-Centered Planning & Case Management

All Waiver Recipients receive regardless of setting:

Person-Centered Planning - a plan developed with the waiver participant and their team members with purpose of outlining the person's preferences, identifying support needs, lifestyle choices, goals, plans for the future, to support their vision of how they wish to live

Targeted Case Management

- Waiver Recipients who live at home have a Community Navigator (new title for Case Managers)
- Waiver Recipients living in a provider managed setting (group home) have a Support Coordinator (different title for Case Manager)



What if a person is over the allowable income



A person that has an income greater than what Medicaid allows but that does not have the income to pay for the cost of services may benefit from a Qualified Income Trust, also known as a Miller Trust.

What is that?

A Qualified Income Trust, or Miller Trust, is an irrevocable trust (cannot be changed or altered) that makes it possible for someone to become income eligible for Medicaid. Miller Trusts can only be used for income received by the individual.

What if a person is over resource?

The resource limit for many of Delaware's Medicaid programs is \$2,000. If an individual has more than \$2,000 in resources, the individual may be asked to establish an irrevocable trust in order to be eligible for the Lifespan Waiver.

Irrevocable trusts are complicated legal arrangements that may not be suitable for every financial situation. Specific steps to creating irrevocable trusts can vary depending on state law. Because of the legal nature of this arrangement, an attorney, such as an Elder Law Attorney, should be consulted before establishing a Trust.

Types Irrevocable Trusts

Examples of Irrevocable Trusts for Delaware include:

- Special Needs Trust
- Pooled Trust (Delaware Care Plan)
- Burial Trust
- ABLE Accounts (You do not need an Attorney to establish an ABLE Account however you should be aware of the rules and restrictions to insure it is the best option for you)

I am enrolled in the DSHP(LTSS) Program, can I enroll in the Lifespan Waiver?

No. Individuals cannot be enrolled in both the Plus program and the Lifespan Waiver. Some services are available under both options, but not all.

Your MCO Case Manager is the primary contact for needed services and supports.

HOWEVER

DDDS has a Family Resource Coordinator for individuals receiving LTSS to assist families with DDDS specific support needs.

Becoming Eligible

Every person's financial situation and needs are different. Consulting with an Elder Lawyer or Financial Planner with specialty in trusts and Medicaid/estate planning is the best way to insure that you are planning appropriately and in the best interest of your loved one.

There are mechanisms to help individuals become financially eligible for Medicaid. You must be eligible for Medicaid in order to be eligible to receive the supports and services that it pays for.

The **Delaware Aging and Disability Resource Center (ADRC)** has a resource guide to assist you in identifying qualified Elder Lawyers and Medicaid Planners.

www.dhss.Delaware.gov/dhss/dsaapd/adrc.html