1915(i) State Plan
Home and Community-Based Services (HCBS)

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1915(i) State Plan HCBS — Key Features

• Section 1915(i) established by DRA of 2005. Effective January 1, 2007
• State option to amend the state plan to offer HCBS as a state plan benefit
• Unique type of State plan benefit with similarities to HCBS waivers
• Breaks the “eligibility link” between HCBS and institutional care now required under 1915(c) HCBS waivers
• 1915(i) was modified through the Affordable Care Act with changes that became effective October 1, 2010
1915(i) Services

Any of the statutory 1915(c) services:

- Case management
- Homemaker
- Home Health Aide
- Personal Care
- Adult Day Health
- Habilitation

- Respite Care
- For Chronic Mental Illness:
  - Day treatment or Partial Hospitalization
  - Psychosocial Rehab
  - Clinic Services

*Through changes under the Affordable Care Act, States can also offer “Other” services*
Who May Receive State plan HCBS?

- Must be eligible for medical assistance under the State plan
- States must provide needs-based criteria to establish who can receive the benefit
- Must reside in the community
- Must have income that does not exceed 150% of FPL
- Through changes included under the Affordable Care Act, states also have the option to include individuals with incomes up to 300% of SSI FBR and who are eligible for a waiver
1915(i) Needs-Based Criteria

- Determined by an individualized evaluation of need (e.g., individuals with the same condition may differ in ADLs)
- May be functional criteria such as ADLs
- May include State-defined risk factors
- Needs-based criteria are **not**:
  - descriptive characteristics of the person, or diagnosis
  - population characteristics
  - institutional levels of care
Needs-Based Criteria — Who the benefit may cover

• The lower threshold of needs-based eligibility criteria must be “less stringent” than institutional and HCBS waiver LOC.

• But there is no implied upper threshold of need. Therefore the universe of individuals served:
  – Must include some individuals with less need than institutional LOC
  – and May include individuals at institutional LOC, (but not in an institution)
Needs-Based Criteria — Universe

- Eligibility criteria for HCBS benefit may be narrow or broad
- HCBS eligibility criteria may overlap all, part, or none, of the institutional LOC:

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<table>
<thead>
<tr>
<th>Institutional LOC</th>
<th>Optional Coverage</th>
<th>Required Coverage</th>
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<tbody>
<tr>
<td>HCBS Criteria</td>
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Example
1915(i) State Options

Under the ACA changes to 1915(i):

- States may offer HCBS to specific, targeted populations for a 5-year period with option to renew with CMS approval

- States can have more than one 1915(i) benefit in their State Plan

* Note: States may no longer limit the number of participants who may receive the benefit and the benefit must be offered state-wide

Other Options:

- Option to not apply income and resource rules for the medically needy

- Self-Direction of HCBS: budget and/or employer authority
Self-Direction in 1915(i)

- State Option
- Modeled on 1915(c) application
- May apply to some or all 1915(i) services
- May offer budget and/or employer authority
- Specific requirements for the service plan
Under 1915(i) States are to provide:

- Independent Evaluation to determine program eligibility
- Individual Assessment of need for services
- Individualized Plan of Care
- Projection of number of individuals who will receive State plan HCBS
- Payment methodology for each service
- Quality Improvement Strategy: States must ensure that HCBS meets Federal and State guidelines
Similarities: HCBS Under 1915(i) State plan & 1915(c) Waivers

- Evaluation to determine program eligibility
- Assessment of need for services
- Plan of care
- Quality Assurance requirements
- Service Options
- Self-Direction Option
- Option to not apply income and resource rules for the medically needy
Differences: HCBS Under 1915(i) State plan & 1915(c) Waivers

- Institutional care requirements
- Length of time for operation (without targeting)
- Option to Limit Number of Participants
- Option to Limit Statewideness
- Financial estimates
Mental Health

• Opportunity: 1915(i) does not include an institutional level of care nor cost neutrality requirement

• Specific services for persons with chronic mental illness (but not limited to):
  – Day Treatment or Partial Hospitalization
  – Psychosocial Rehabilitation
  – Clinic Services
States with 1915(i) State plan HCBS*

- Iowa
- Nevada
- Colorado
- Washington
- Wisconsin
- Idaho

*as of July 2011
State plan HCBS: Resources

• Regulation published as NPRM April 4, 2008 (comment period ended June 3, 2008). Complete proposed rule (CMS2249P) at [http://www.cms.hhs.gov/MedicaidGenInfo/08_Medicaidregulations.asp](http://www.cms.hhs.gov/MedicaidGenInfo/08_Medicaidregulations.asp)

• State Medicaid Directors Letter released April 4, 2008

• State Medicaid Directors Letter released August 6, 2010 (regarding changes to 1915(i) under the Affordable Care Act)

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