Report on States' 1915(c) Waiver Programs for Medically Fragile Populations

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Waivers for the Medically Fragile Population

This report provides information about 1915(c) Home and Community-Based Services (HCBS) waiver programs for medically fragile populations. It offers a definition of medically fragile, a count of state programs, a breakdown of levels of care provided, classification by target populations, identification of age and cost limits, and categorization by number of clients served. It concludes with a discussion of waivers that might possibly target subacute care.

While there seems to be no consensus on how states define medically fragile in their programs, medically fragile in general refers to a chronic condition that is complex and unstable, which requires frequent or sustained intense medical interventions through medication and/or needs assistance from medical device or technology. Appendix A provides definitions used in selected states and one from the KY standard of practice online manual.

As of March 2016, nineteen states out of fifty states operate 1915(c) Home and Community-Based Services (HCBS) waiver programs for medically fragile individuals. They are Arkansas, California, Colorado, Florida, Georgia, Illinois, Kansas, Maryland, Missouri, Montana, New Mexico, New York, North Carolina, North Dakota, Oklahoma, South Carolina, Texas, and Utah. Among these, California, Colorado, Florida, and North Dakota have more than one waiver program, which makes a total of twenty-five waiver programs targeting medically fragile individuals. In this report, we compare the design of these waiver plans focusing on (1) levels of care, (2) target groups, (3) individual cost limit, (4) the number of individuals served, (5) eligible groups served in a waiver, and (6) whether nursing services are available. A table in Appendix B presents this information for each program.

Before getting into details, we briefly explain how we identify the waiver programs. The waivers are searched through the Center for Medicaid and CHIP Services (CMCS) web site. For all fifty states, the term 'medically fragile' is searched within the 1915 (c) waivers that are approved, pending, or terminated.[1] All the twenty-five entries we identify were indicated as approved in the CMCS system.

First, states' waiver programs differ in that programs provide services to individuals in need of different levels of care. The waivers provide home and community-based services to individuals who, but for the provision of such services, would require care in a hospital, nursing facility, or

[1] Through the 1915 (c) waivers, state can provide long-term care services in home and community setting under the Medicaid Program for those who prefer to get services in their home or community rather than in an institutional setting.

intermediate care facility for individuals with intellectual or developmental disabilities, or multiple of these three levels of care, the costs of which would be reimbursed under the approved Medicaid State plan. Fifteen waiver plans serve individuals who need hospital level of care, seventeen waivers are applicable to those who need nursing facility level of care, and four waiver programs target those who require a level of care provided by an intermediate care facility for individuals with intellectual or developmental disabilities.

Table 1. Number of Waivers Providing Each Level of Care

Level of care	Number of Waivers
Hospital	15
Nursing facility	17
Intermediate care facility	4

Second, each waiver program provides services to a different target group[2]. Also, programs differ in terms of whether they set age limits. Fifteen waiver programs limit services to a single target group: Fourteen of them limit services to medically fragile individuals, and one program is limited to individuals with developmental disabilities. Nine waiver plans serve both the medically fragile population and technology dependent individuals. One waiver in Montana targets three groups of individuals, which include aged, disabled (physical), disabled (other) group. All but Montana's waiver program have the same age limits for different target groups served under each program.[3] Nineteen waiver programs set no minimum age limit. Among them, four waiver programs (two in California, one in Maryland, and one in New Mexico) do not have maximum age limit, whereas fourteen waiver services target individuals from birth up to 17 to 21-years-old. One waiver plan in Georgia serves individuals from zero to five years of age. Two waiver services (each in Oklahoma and Florida) are designed to be applicable up to 18 to 19-years-old with no maximum age limit.

Table 2. Number of Waivers Serving Each Target Group

Target group	Number of Waivers
Medically fragile	14
Developmentally disabled	1
Medically fragile and technology dependent	9
Aged and with a disability	1

[2] To be more exact, a target group is a target subgroup shown in a waiver plan.
[3] The Montana Big Sky waiver program serves individuals from 65 in an aged target group and those from 0 to 64 in disability groups.

Table 3. Number of Waivers with Age Limits

Age limits (min-max)	Number of Waivers
0-5	1
0-17~21	14
18/19-No max limit	2
No min & max age limits	4

Third, waiver programs apply different individual cost limits when a state determines entrance of otherwise eligible individuals to a waiver. Sixteen out of twenty-five waiver programs have no individual cost limit, while nine programs have a cost limit. Among those with a cost limit, four waiver plans set a cost limit lower than institutional costs—California, Florida, North Dakota, and Texas, and three waivers have a cost limit in excess of institutional costs—California, Illinois, and North Dakota. Two waiver programs —one each in Maryland and Colorado—have an institutional cost limit. The cost varies by state.

Table 4. Number of Waivers with Different Individual Cost Limits

Cost limit	Number of Waivers
No limit	16
Institutional costs	2
Lower than institutional costs	4
Excess of institutional costs	3

Forth, the unduplicated number of individuals served each year under a waiver varies across waiver programs. The average number of waiver participants served during a five-year period under a single waiver program ranges from 15 (under Florida Familial Dysautonomia Waiver) to 6,490 (served under the Texas Medically Dependent Children Program). To be more specific, four waivers (two from Florida and two from North Dakota) serve less than 100 individuals, twelve programs (one each from Arkansas, California, Colorado, Florida, Georgia, Maryland, Missouri, New Mexico, New York, Oklahoma, Oregon, and Utah) serve between 101 and 500 individuals, three waiver programs (one each from Illinois, Kansas, and South Carolina) serve 501 to 1,000 individuals, and five programs (two from California, one from Colorado, Montana, and North Carolina respectively) serve more than 3,000 individuals on average over a five year period.

Table 5. Number of Waivers by Number of Individuals Served (Average of 5 years)

Number of individuals served (Average)	Number of Waivers
Under 100	4
101-500	12
501-1,000	3
Over 3,000	5

Next, states' 1915 (c) waivers serve different eligibility groups. A Social Security Income recipients group is the most frequently contained in states' waiver plan. It is included in eighteen programs out of twenty-five. Other than this eligibility group, 915 (c) waiver programs include such eligibility groups as low income families with children, optional state supplement recipients, and working individuals with disabilities who buy into Medicaid.

Lastly, seventeen waiver plans provide one or more nursing care and other services. Providing states are Arkansas, California, Colorado, Florida, Georgia, Illinois, Kansas, Maryland, Missouri, Montana, New Mexico, North Carolina, North Dakota, Oklahoma, South Carolina, and Utah. Most frequently shown in states' plans is a service called private duty nursing, and six waiver programs provide it. Other than this service, skilled nursing service, medical care, day care, and skilled respite care are available in at least one of the seventeen waiver programs.

Waivers for Subacute Care

Subacute care is defined as "comprehensive inpatient level of care designed for someone who has had an acute illness, injury, or exacerbation of a disease process. It is goal-oriented treatment rendered immediately after or instead of acute hospitalization to treat one or more specific, active, complex medical conditions or to administer one or more technically complex treatments, in the context of a person's underlying long-term conditions and overall situation" (Joint Commission on Accreditation of Healthcare Organizations).

To collect information on waivers that provide subacute level of care, we again utilize the Center for Medicaid and CHIP Services (CMCS) web site. We identified no waivers by entering the term "sub-acute care/subacute care". Therefore, we use alternative words that might be used to indicate sub-acute care to search for relevant waivers. There are restorative care, skilled care, intensive therapeutic care, complex care, post-acute care, and extended care (Messick, 1999)[4]. This process yields eighty-nine 1915 (c) waiver programs across states. Waivers already terminated are not included in these waiver programs, and all of them have a status of approved. Some of the waivers overlap with each other or with the waivers for medically fragile population. Five are identified using the term "restorative care/service", forty-

[4] Alternatively, we replace care with service and repeat this process to identify relevant waiver programs.

nine waivers using the term “skilled care/service”, four under “Intensive therapeutic care/service”, seven under “complex care/service”, twenty-three programs under “transitional cares/service”, and twenty programs under “extended care/service”. The eighty-nine waivers have one or more of these key words such as “skilled”, “therapeutic”, or “complex” either in their waiver descriptions or waiver program names. In these wavier programs, we look at a service definition of each service that includes these key words to see whether subacute care is provided through each of the waiver plans identified. We also refer to the HCBS taxonomy when the service definition does not clearly inform us whether a service meets the definition of subacute care. For example, if the service is categorized as home-based services, it cannot be subacute care because subacute care is a type of in-patient care.

First, among the five waiver plans identified using the term “restorative care/service”, four of them are home-based services which do not meet the definition of subacute care. One service, restorative massage, provided under FL waiver program is hard to classify as subacute care by the service definition. Second, the term “skilled care/service” identifies forty-nine waiver programs, but thirty-nine of them are identified because they include the term “skilled nursing” in their program descriptions. Six waiver programs all in Iowa are identified as the programs that provide consumer-directed attendant care (skilled), which is temporary service and may be provided in the private residence or assisted living by its service definition. Therefore, they are excluded from subacute care. Two other waivers provide respite care which cannot be considered subacute care. The remaining two wavier provide skilled therapy. Third, the term “intensive therapeutic care/service” yields four waiver plans. Two of them, one each from Washington and Wisconsin, are related to providing therapeutic supplies. The remaining two waiver programs provide therapeutic services that are not subacute care by their service definitions.

The term “complex care/service” results in seven entries from the CMCS web site. Two of them are identified because the waiver title includes the term “complex”, and they are waivers specifically for medically complex children. The term “residential care apartment complex” is shown in the other five waiver programs’ descriptions, and this title clearly shows that the service does not involve subacute care. Next, among twenty-three plans identified with the term “transitional care/service”, two programs possibly provide subacute level of care to some extent. One waiver plan in Colorado provides a service called “transitional living program”. Although the service definition does not clarify whether this services is for inpatients, it is described to provide therapies and services that are “intended to serve individuals in the post-acute state of recovery”. This might be considered subacute care. Also, Connecticut has a waiver program that provides transitional living services. The definition of the service is that services are limited to consumers “who are unable to be supported in a permanent residence, and who is in need of intensive clinical interventions provided by this service”, which is closer to subacute care. Services provided through the other twenty waiver plans are for helping individuals transitioning from a facility to the community, covering expenses for transition or home modifications. The information on one program in Massachusetts is not available. Lastly, searching for the term “extended care/service” identifies twenty programs. They include

services such as extended home care nursing, extended duty nursing, and extended living supports to name a few. Most of the time, the word "extended" is used to denote extended state plan services, and does not indicate subacute care. Also, many of them specify that the service is provided in home or community settings.

Overall, our method of identifying subacute level of care fails to identify waivers that provide subacute care. In addition, while two waiver plans each in Colorado and Connecticut seem to provide a subacute level of care, the plans do not clearly state whether the service is for inpatients.

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Appendix A- Definitions of Medically Fragile/Medically Fragile Children

Definitions from Selective States (Müller, 2005)

Arkansas: "A condition in which the absence of immediate, health-related special-skilled care threatens the life or health of the student. A medical protocol is required to ensure a person's safety. There is no foreseeable end to this condition."

California: "Pupil who has an unstable life threatening physical health disability that requires monitoring and interpretation of signs and symptoms and interventions."
Hawaii – "A student receiving special education services and requiring specialized healthcare procedures during the school day in order to receive a free appropriate public education (FAPE)."

New Mexico: "Those students whose health impairment is severe enough to require prolonged dependency on medical care or technology and require intense nursing services at school in order to maintain health and well-being. The health impairment will be characterized by periods of acute exacerbation or potentially life-threatening episodes and may require frequent hospitalizations or prolonged recuperation periods in home."

Ohio: "A child to whom all the following apply: (1) requires the services of a doctor of medicine or osteopathic medicine at least once a week due to the instability of the child's medical condition; (2) requires the services of a registered nurse on a daily basis; and (3) is at risk of institutionalization in a hospital, skilled nursing facility, or intermediate care facility for the mentally retarded (language in original)."

Texas: "A student receiving special education and related services who is: (1) in the age range of birth to 22 years; (2) has a serious ongoing illness or a chronic condition that has lasted or is anticipated to last at least 12 or more months or has required at least one month of hospitalization, and that requires daily, ongoing medical treatments and monitoring by appropriately trained personnel which may include parents or other family members; (3) requires the routine use of a medical device or of assistive technology to compensate for the loss of usefulness of a body function needed to participate in activities of daily living; and (4) lives with ongoing threat to his or her continued well-being."

Virginia: "Children with a chronic condition and/or who require technology or ongoing support to prevent adverse physical consequences."

***Definition from the Standard of Practice Online Manual, Department for Community Base Services, KY* (Kentucky: Cabinet for Health and Family Services, 2016a)[5]**

A child who has a medical condition that is:

- Documented by a physician that may become unstable and change abruptly resulting in a life-threatening situation;
- Chronic and progressive illness or medical condition;
- A need for special service or ongoing medical support; or
- A health condition stable enough to be in a home setting only with monitoring by an attending:
    - Health Professional;
    - Registered nurse as defined by KRS 314.011(5); or
    - Licensed practical nurse as defined by KRS 314.011(9).
      (May only be determined by the Medical Support Section.)

[5] This manual provides field staff with guidelines for carrying out child welfare activities such as investigations, case planning, and placement of children in foster care (Kentucky: Cabinet for Health and Family Services, 2016b).

Appendix. B. Table of States' 1915 (c) Waiver Programs for Medically Fragile Population

State	Program Name	Waiver Description	Levels of Care	Target Group		Individual Cost Limit	Number of Individuals Served (unduplicated)						Eligibility Groups Served in The Waiver[6]
				Target group	Age (min-max)		Y1[7]	Y2	Y3	Y4	Y5	Ave. of 5 yrs	
AK	AK Children w/Complex Medical Conditions	Provides care coordination, day hab, residential hab, respite, supported employment, chore, environmental mods, intensive active treatment, meals, nursing oversight and care management, specialized medical equipment, transportation for medically fragile individuals ages 0-21	Nursing facility	Medically fragile	0-21	No limit	275	283	302	308	315	297	SSI recipients, optional state supplement recipients, working individuals with disabilities who buy into Medicaid (BBA working disabled group as provided in §1902(a)(10)(A)(ii)(XIII)) of the Act), other specified groups[8]
CA	CA Nursing Facility/Acute Hospital Waiver	Provides case management/coordination, habilitation, home respite, waiver personal care services, community transition, continuous nursing and supportive services, environmental accessibility adaptations, facility respite, family/caregiver training, medical equipment operating expense, PERS[9]-installation and testing, PERS, private duty nursing including home health and shared services, transitional case management for medically fragile and technology dependent individuals age 0 - no max age	Hospital, Nursing facility, Intermediate care facility for the mentally retarded (language taken directly from the state waiver)	Medically fragile, technology dependent	0-, 0-	Cost limit lower than institutional costs	3,276	3,448	3,620	3,792	3,964	3,620	Low income families with children as provided in §1931 of the Act, SSI recipients, optional state supplement recipients, optional categorically needy aged and/or disabled individuals who have income at 100% of FPL, medically needy in 1634 states[10] and SSI criteria states (42 CFR §435.320, §435.322 and §435.324), other specified groups

[6] The Act shown in this column refers to the Social Security Act.
[7] Y1 refers to the first year that the waiver is in effect, Y2 represents the second year that the waiver is in effect, and so on.
[8] Under "other specified groups", each waiver plan specifies additional groups in the State plan that may receive services under the waiver.
[9] PERS is an abbreviation for personal emergency response systems.
[10] 1634 States refer to section 1634 states that provide automatic eligibility for Medicaid for individuals receiving an SSI payment from SSA.

State	Program Name	Waiver Description	Levels of Care	Target Group		Individual Cost Limit	Number of Individuals Served (unduplicated)						Eligibility Groups Served in The Waiver[6]
				Target group	Age (min-max)		Y1[7]	Y2	Y3	Y4	Y5	Ave. of 5 yrs	
CA	CA Pediatric Palliative Care	Provides care coordination, home respite care, personal care, expressive therapies, family counseling, family training, out of home respite care, pain and symptom management for medically fragile and technology dependent individuals ages 0-20	Hospital	Medically fragile, technology dependent	0-20, 0-20	No limit	1,800	1,800	1,800	1,800	1,800	1,800	Low income families with children as provided in §1931 of the Act, SSI recipients, Optional State supplement recipients, optional categorically needy aged and/or disabled individuals who have income at 100% of FPL, medically needy in 1634 states and SSI criteria states (42 CFR §435.320, §435.322 and §435.324), other specified groups
CA	CA In Home Operations	Provides case management/coordination, habilitation services, home respite, waiver personal care, community transition, environmental accessibility adaptations, family/caregiver training, medical equipment operating expense, PERS-installation and testing, PERS, private duty nursing-including shared services, transitional case management for medically fragile and technology dependent individuals ages 0 - no max age	Nursing facility	Medically fragile, technology dependent	0-, 0-	Cost limit in excess of institutiona l costs	125	120	115	110	106	115	SSI recipients, optional state supplement recipietns, optional categorically needy aged and/or disabled individuals who have income at 100% of FPL, medically needy in 1634 states and SSI criteria states (42 CFR §435.320, §435.322 and §435.324), other specified groups
CO	CO Children's HCBS	Provides case management, in home support for medically fragile individuals ages 0-17	Hospital, Nursing facility,	Medically fragile	0-17	Institutiona l cost limit	1,522	1,522	1,522	1,522	1,522	1,522	Working individuals with disabilities who buy into Medicaid (TWWIIA Basic Coverage Group as provided in §1902(a)(10)(A)(ii)(XV) of the Act), Other specified groups
CO	CO Children w/Life Limiting Illness	Provides respite care, bereavement counseling, expressive therapy, massage therapy, palliative/supportive care services provided concurrently w/curative care services for medically fragile individuals ages 0-18	Hospital	Medically Fragile	0-18	No limit	235	235	235	235	235	235	Low income families with children as provided in §1931 of the Act, SSI recipients

State	Program Name	Waiver Description	Levels of Care	Target Group		Individual Cost Limit	Number of Individuals Served (unduplicated)						Eligibility Groups Served in The Waiver[6]
				Target group	Age (min-max)		Y1[7]	Y2	Y3	Y4	Y5	Ave. of 5 yrs	
FL	FL Familial Dysautonomia Waiver	Provides respite, support coordination, adult dental, durable medical equipment, behavioral services, consumable medical supplies, non-residential support services for medically fragile individuals ages 3 - 64 years	Hospital	Medically fragile	three to sixty-four	Cost limit lower than institutional costs	15	15	15	15	15	15	SSI recipients
FL	FL Model Waiver	Provides respite, assistive technology and service evaluation, environmental accessibility adaptations, transition case management, for medically fragile individuals ages 0 – 20	Hospital, Nursing facility	Medically fragile	0-20	No limit	20	20	20	20	20	20	SSI recipients
FL	FL Nursing Home Diversion	Provides community support coordination, homemaker, personal care, respite, adult dental, PT evaluation, PT, prescribed drugs, respiratory therapy evaluation, respiratory therapy, skilled nursing, specialized medical equipment and supplies, chore, counseling, home delivered meals, massage therapy, nutritional supplements, PERS maintenance/monitoring, personal emergency response unit for medically fragile individuals ages 18 no max age	Hospital	Medically fragile	18-	No limit	150	150	150	150	150	150	SSI recipients

State	Program Name	Waiver Description	Levels of Care	Target Group		Individual Cost Limit	Number of Individuals Served (unduplicated)						Eligibility Groups Served in The Waiver[6]
				Target group	Age (min-max)		Y1[7]	Y2	Y3	Y4	Y5	Ave. of 5 yrs	
GA	GA Pediatric Program	Provides medically fragile daycare service (full day more than 5 hrs), medically fragile daycare service (less or equal to 5 hrs) for medically fragile and technology dependent individuals ages 0-5	Hospital, Nursing facility	Medically fragile, technology dependent	0-5, 0-5	No limit	500	500	500	500	500	500	Low income families with children as provided in §1931 of the Act, SSI recipients, Disabled individuals age 18 or younger who would require an institutional level of care (TEFRA 134 eligibility group as provided in §1902(e)(3) of the Act)
IL	IL HCBS Waiver for Children that are Medically Fragile, Technology Dependent	Provides respite, environmental accessibility adaptations, family training, medically supervised day care, nurse training, placement maintenance counseling, specialized medical equipment and supplies for individuals who are medically fragile and technology dependent ages 0 – 20	Hospital, Nursing facility	Medically fragile, technology dependent	0-20, 0-20	Cost limit in excess of institutional costs. The limit specified by the state is 125% of the institutional average	700	700	825	825	925	795	Aged, blind or disabled in 209(b) states who are eligible under 42 CFR §435.121, Optional State supplement recipients, Optional categorically needy aged and/or disabled individuals who have income at 100% of the Federal poverty level (FPL), Medically needy in 209(b) States (42 CFR §435.330), Other specified groups
KS	KS Technology Assisted	Provides long-term community care attendant service, medical respite care, FMS[11], health maintenance monitoring, home mods, intermittent intensive medical care, specialized medical care for medically fragile and technology dependent individuals ages 0 – 21	Hospital	Medically fragile, technology dependent	0-21, 0-21	No limit	610	636	666	698	726	667	Low income families with children as provided in §1931 of the Act, SSI recipients, Medically needy in 1634 States and SSI Criteria States (42 CFR §435.320, §435.322 and §435.324)

[11] FMS is an abbreviation for financial management services.

State	Program Name	Waiver Description	Levels of Care	Target Group		Individual Cost Limit	Number of Individuals Served (unduplicated)						Eligibility Groups Served in The Waiver[6]
				Target group	Age (min-max)		Y1[7]	Y2	Y3	Y4	Y5	Ave. of 5 yrs	
MD	MD Model Waiver for Fragile Children	Provides case management, certified nursing assistant, medical day care, principal physician's participation in the plan of care meeting, private duty nursing for medically fragile individuals ages 0 - no max age	Hospital, Nursing facility	Medically Fragile.	0-	Institutional cost limit	216	216	216	216	216	216	Low income families with children as provided in §1931 of the Act, SSI recipients, Optional State supplement recipients, Medically needy in 1634 States and SSI Criteria States (42 CFR §435.320, §435.322 and §435.324), Other specified groups
MO	MO Medically Fragile Adult	Provides waiver attendant care, private duty nursing, specialized medical equipment and supplies for individuals w/DD ages 21 - no max age	Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)	Developmental Disability	21-	No limit	155	185	215	245	275	215	Low income families with children as provided in §1931 of the Act, Sged, blind or disabled in 209(b) states who are eligible under 42 CFR §435.121, Optional State supplement recipients, Other specified groups
MT	MT Big Sky	To provide adult day health, case management, day hab, homemaker, personal assistance, prevocational, residential hab, respite, supported employment, OT, PT, respiratory therapy, speech therapy and audiology, FMS, independence advisor, community supports, community transition, consultative clinical and therapeutic services, consumer goods and services, dietetic services, environmental accessibility adaptations, family training and support, health and wellness, homemaker chore, non-medical transportation, nutrition, pain and symptom management, PERS, post-acute rehab services, private duty nursing, senior companion, specialized	Nursing Facility	Aged, Disabled (Physical), Disabled (Other)	65-, 0-64, 0-64	No limit	2,700	2,800	3,000	3,100	3,200	2,960	SSI recipients, Optional State supplement recipients, Working individuals with disabilities who buy into Medicaid (BBA working disabled group as provided in §1902(a)(10)(A)(ii)(XIII)) of the Act), Medically needy in 1634 States and SSI Criteria States (42 CFR §435.320, §435.322 and §435.324), Other specified groups

State	Program Name	Waiver Description	Levels of Care	Target Group		Individual Cost Limit	Number of Individuals Served (unduplicated)						Eligibility Groups Served in The Waiver[6]
				Target group	Age (min-max)		Y1[7]	Y2	Y3	Y4	Y5	Ave. of 5 yrs	
		child care for medically fragile children, specialized medical equipment and supplies, supported living, vehicle mods for aged individuals 65 - no max age and physical and other disabilities ages 0-64											
NM	NM Medically Fragile	Provides case management, home health aide, respite, nutritional counseling, skilled therapy for adults, behavior support consultation, private duty nursing, specialized medical equipment and supplies for medically fragile individuals ages 0 - no max age	Intermediate Care Facility for the Mentally Retarded (ICF/MR) (language taken directly from the state waiver)	Medically Fragile.	0-	No limit	225	250	275	300	325	275	SSI recipients
NY	NY Bridges to Health for Children who are Medically Fragile	Provides day hab, health care integration, skill building, special needs community advocacy and support, accessibility mods, adaptive and assistive equipment, crisis avoidance and management and training, crisis respite, family/caregiver supports and services, immediate crisis response services, intensive in-home supports and services, planned respite, vocational services for medically fragile individuals ages 0-20	Nursing Facility	Medically Fragile	0-20	No limit	181	181	181	181	181	181	Low income families with children as provided in §1931 of the Act, SSI recipients, Optional State supplement recipients, Working individuals with disabilities who buy into Medicaid (TWWIIA Basic Coverage Group as provided in §1902(a)(10)(A)(ii)(XV) of the Act), Working individuals with disabilities who buy into Medicaid (TWWIIA Medical Improvement Coverage Group as provided in §1902(a)(10)(A)(ii)(XVI) of the Act), Medically needy in 1634 States and SSI Criteria States (42 CFR §435.320, §435.322 and §435.324), Other specified groups

State	Program Name	Waiver Description	Levels of Care	Target Group		Individual Cost Limit	Number of Individuals Served (unduplicated)						Eligibility Groups Served in The Waiver[6]
				Target group	Age (min-max)		Y1[7]	Y2	Y3	Y4	Y5	Ave. of 5 yrs	
NC	NC Community Alternatives Program for Children	Provides CAP/C personal care services in-home respite care, CAP/C personal care, case management, care advisor, financial management, CAP/C nursing services, CAP/C pediatric nurse aide in-home respite care, CAP/C pediatric nurse aide services, caregiver training and education, community transition funding, home mods, in-home nurse respite, institutional respite, motor vehicle mods, palliative care-counseling and bereavement counseling, palliative care-expressive therapies, personal assistant, waiver supplies-adaptive tricycle, waiver supplies-re-usable incontinence undergarments, waiver supply-disposable liners for reusable incontinence undergarments for medically fragile individuals ages 0 – 20	Hospital, Nursing Facility	Medically Fragile.	0-20	No limit	1,057	1,167	1,348	1,483	1,631	1,337	SSI recipients, Optional categorically needy aged and/or disabled individuals who have income at 100% of the FPL, Medically needy in 1634 States and SSI Criteria States (42 CFR §435.320, §435.322 and §435.324), Other specified groups
ND	ND Children's Hospice	Provides case management, respite, hospice, skilled nursing, bereavement counseling, equipment and supplies, expressive therapy, palliative for medically fragile individuals ages 0 – 21 individuals ages 65 - no max age and physically disabled and other disabilities ages 18-64	Nursing facility	Medically Fragile	0-21	Cost limit in excess of institutional costs	30	30	30	30	30	30	Low income families with children as provided in §1931 of the Act, Aged, blind or disabled in 209(b) states who are eligible under 42 CFR §435.121, Medically needy in 209(b) States (42 CFR §435.330), Other specified groups

State	Program Name	Waiver Description	Levels of Care	Target Group		Individual Cost Limit	Number of Individuals Served (unduplicated)						Eligibility Groups Served in The Waiver[6]
				Target group	Age (min-max)		Y1[7]	Y2	Y3	Y4	Y5	Ave. of 5 yrs	
ND	ND Medicaid Waiver for Medically Fragile Children	Provides institutional respite, program management or case management, dietary supplements, environmental mods, equipment and supplies, in-home supports, individual and family counseling, transportation for medically fragile individuals ages 3-17	Nursing Facility	Medically Fragile	three to seventeen	Cost limit lower than institutional costs. The cost limit specified by the state is $18,996	25	25	25	25	25	25	Low income families with children as provided in §1931 of the Act, Aged, blind or disabled in 209(b) states who are eligible under 42 CFR §435.121, Working individuals with disabilities who buy into Medicaid (TWWIIA Basic Coverage Group as provided in §1902(a)(10)(A)(ii)(XV) of the Act), Medically needy in 209(b) States (42 CFR §435.330), Other specified groups
OK	OK Medically Fragile	Provides case management, personal care, respite, prescribed drugs, advanced supportive/restorative assistance, environmental mods, home delivered meals, hospice care, institutional transition services, PERS, private duty nursing, self-directed goods and services, skilled nursing, specialized medical equipment and supplies, respiratory therapy, OT, PT, speech therapy for medically fragile and technology dependent individuals ages 19 - no max age	Hospital, Nursing facility	Medically fragile, technology dependent	19-, 19-	No limit	90	90	110	130	155	115	SSI recipients, Optional State supplement recipients
OR	OR Medically Fragile (Hospital) Model	Provides waiver case management, environmental safety modifications, family training, individual goods and services, special diets, specialized medical supplies, for medically fragile individuals ages 0-17	Hospital	Medically fragile	0-17	No limit	105	105	105	105	105	105	SSI recipients, Optional State supplement recipients, Other specified groups

State	Program Name	Waiver Description	Levels of Care	Target Group		Individual Cost Limit	Number of Individuals Served (unduplicated)						Eligibility Groups Served in The Waiver[6]
				Target group	Age (min-max)		Y1[7]	Y2	Y3	Y4	Y5	Ave. of 5 yrs	
SC	SC Medically Complex Children	Provides care coordination, respite (skilled and unskilled), pediatric medical day care, for medically fragile and technology dependent individuals ages 0-18	Nursing facility, Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)	Medically fragile, technology dependent	0-18, 0-18	No limit	600	750	900	1050	1200	900	Low income families with children as provided in §1931 of the Act, SSI recipients, ptional State supplement recipients, Optional categorically needy aged and/or disabled individuals who have income at 100% of the FPL, Disabled individuals age 18 or younger who would require an institutional level of care (TEFRA 134 eligibility group as provided in §1902(e)(3) of the Act), Other specified groups
TX	TX Medically Dependent Children Program	Provides respite, supported employment, adaptive aids, FMS, employment assistance, flexible family support, minor home mods, transition assistance for medically fragile individuals ages 0 – 20	Hospital, Nursing facility	Medically fragile	0-20	Cost limit lower than institutional costs. The limit is 50% of the institutional average as of 8/31/2010.	6,901	6,336	6,368	6,422	6,422	6,490	SSI recipients, Working individuals with disabilities who buy into Medicaid (BBA working disabled group as provided in §1902(a)(10)(A)(ii)(XIII)) of the Act), Medically needy in 1634 States and SSI Criteria States (42 CFR §435.320, §435.322 and §435.324), other specified groups
UT	UT Waiver for Technology Dependent, Medically Fragile Individuals	Provides skilled nursing respite care, extended home health aide, extended private duty nursing, family directed support, FMS, family support services, in-home feeding therapy for medically fragile and technology dependent individuals ages 0 – 20	Nursing facility	Medically fragile, technology dependent	0-20, 0-20	No limit	140	140	140	149	149	144	SSI recipients, Optional categorically needy aged and/or disabled individuals who have income at 100% of the FPL, Working individuals with disabilities who buy into Medicaid (BBA working disabled group as provided in §1902(a)(10)(A)(ii)(XIII)) of the Act), Medically needy in 1634 States and SSI Criteria States (42 CFR §435.320, §435.322 and §435.324), Other specified groups

Note: The information included in this table is from the latest approved waiver plan of each state, which is available in the CMCS web site.
Source: Center for Medicaid and CHIP Services. (2016). Demonstrations & Waivers. Retrieved April 26, 2016, from https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/waivers_faceted.html.