

Waiver Programs

Definition (Medi-Cal Regulations – Cal. Code Regs., tit. 22, § 51176)

Home and Community-Based Waiver Services (HCBS), which are permitted and defined under appropriate federal waiver, are those services available to individuals in order to avoid institutionalization. These individuals are generally chronically ill, with debilitating, long-term or terminal diseases.

Benefit Coverage

Patients identified as needing HCBS will be referred to the waiver program appropriate to their condition. If the agency administering the waiver program agrees with the assessment, and there is available placement in the waiver program, the patient may¹ be disenrolled from the Medi-Cal Managed Care Program and enrolled in the Medi-Cal Fee-For-Service program. If the patient does not meet the criteria for the waiver program or if placement is not available at that time, the Managed Care Program will continue to case manage and provide all medically necessary services to the patient.

The goals of these programs are to ensure that the patient's medical needs are met appropriately and safely in a home environment and to promote an enhanced quality of life by allowing the patient to receive services in the home rather than in an institution. Each waiver program is approved to serve a limited number of Medi-Cal beneficiaries.

The DHCS administers the following Home and Community-Based Waiver Programs:

1. In-Home Medical Care (HMC) Waiver, Skilled Nursing Facility (SNF) Waiver and Model Waiver.
2. Acquired Immune Deficiency Syndrome (AIDS) and AIDS Related Conditions (ARC) Waiver.
3. Multipurpose Senior Services Program (MSSP) Waiver.

¹ Medi-Cal beneficiaries enrolled in Two-Plan Model Medi-Cal managed care plans, who are subsequently diagnosed with HIV/AIDS, may enroll in the HIV/AIDS Waiver Program without having to disenroll from their Medi-Cal managed care plan. (DHCS, MMCD All Plan Letter 02-001, Medi-Cal HIV/AIDS Home and Community Based Services Waiver Program, July 19, 2002)