

# COMMUNITY CHOICES WAIVER

## ► What is the Community Choices Waiver program?

The Community Choices Waiver program provides services in the home and in the community to elders or adults with disabilities who qualify.

This program does not, by itself or in combination with other Office of Aging and Adult Services programs, provide supports 24 hours a day.

## ► If I qualify, what services may I receive from this program?

- Support Coordination: also known as case management
- Transition Intensive Support Coordination: provided to people moving out of nursing homes
- Transition Services: provided to people moving out of nursing homes)
- Personal Assistance Services: supervision or assistance with basic self-care activities or tasks such as dressing, bathing, preparing meals and so forth. Though usually provided one on one, personal assistance may be provided by one worker for up to three waiver participants who live together and who use the same direct service provider.
- Adult Day Health Care Service: health/medical and social services provided in a community-based center
- Environmental Accessibility Adaptations: home modifications to aid in self-care)
- Assistive Devices and Medical Supplies
- Skilled Maintenance Therapy Services: physical, occupational and speech therapies
- Nursing Services
- Home Delivered Meal Services
- Caregiver Temporary Support Services: respite care for family caregivers
- Housing Stabilization Services
- Housing Transition/Crisis Intervention Services
- Monitored In-Home Caregiving

## ► Who can qualify for services?

People who:

- Meet Medicaid eligibility AND
- Are 21 years old or older AND
- Meet Nursing Facility Level of Care

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## ► What are the 2015 monthly income limits?

The income limits are \$2,199 for an individual and \$4,398 for a couple (when both spouses need long-term care). However, there is a “Waiver Spend-down” option which allows your eligibility to be considered even if your income is over the limit.

Waiver Spend-down has a standard \$20 income deduction. \$65 and one-half of the remainder is also deducted from all earned income. After the income deductions are applied, the average monthly waiver rate (currently \$4,000 for the Community Choices Waiver) and other allowable incurred medical expenses are used to “spend-down” an individual’s excess income, qualifying the individual for Waiver Spend-down.

Allowable incurred medical expenses include Medicare and private health insurance premiums, deductibles, coinsurance, or copayment charges, and medical/remedial care expenses incurred by an individual that are not subject to payment by a third party.

An individual qualifying under Waiver Spend-down may have to pay toward the cost of his/her care. The individual’s liability is based on their income after the income deductions are applied. All individuals are allowed to retain a basic needs allowance from his/her income which is equal to \$2,199 for 2015 and the amount of incurred medical expenses not paid by a third party. Any remainder will be the individual’s liability for the cost of care in Wavier Spend-down.

## ► What are the 2015 resource limits?

Resources are the things people own. When we count the resources for this program, we do not count the person’s home, the care they drive to medical appointments or other basic resources.

- Single people can have no more than \$2,000 in resources. Couples can have no more than \$3,000 in resources (when both spouses receive long-term care).
- Married couples can have up to \$119,220 in resources, as long as one spouse at home **does not receive** long-term care services.

## ► How can people request Community Choices Waiver services?

The Department keeps a Community Choices Waiver Request for Services Registry (RFSR) or waiting list of people who have asked for these services, along with the date of the request. Persons are offered the Community Choices Waiver according to the following priority groups:

- 1) People with abuse or neglect referred by Adult Protective Services (APS) or Elderly Protective Services (EPS) who, without Community Choices Waiver services, would need institutional placement to prevent further abuse and neglect.
- 2) People diagnosed with Amyotrophic Lateral Sclerosis (ALS), also known as Lou Gehrig’s disease.
- 3) People who are residing in a State of Louisiana Permanent Supportive Housing unit or who are linked for the State of Louisiana Permanent Supportive Housing selection process.
- 4) People residing in a Louisiana nursing facility if they have been approved for a stay of more than 90 days.
- 5) People who are not presently receiving home and community-based services under another approved Medicaid Waiver program, including but not limited to the Adult Day Health Care (ADHC) Waiver, New Opportunities Waiver (NOW), Supports Waiver or Residential Options Waiver.

Everyone else will get an offer for services on a first-come-first-served basis by date of request.

Community Choices Waiver expedited opportunities may also be given to qualified Long Term-Personal Care Services (LT-PCS) participants.

To add your name to the Community Choices Waiver Request for Services Registry or if you have questions, call **Louisiana Options in Long Term Care at 1-877-456-1146** (TTY: 1-855-296-0226).

You can call Monday through Friday between the hours of 8 a.m. and 5 p.m. The call is free.