

1915(c) Medicaid Waivers: Personal Care Assistance (PCA) Waiver



PCA Waiver Quick Facts

Number of Participants
1,067

Target Population
People with physical disabilities,
ages 18 to 64

Waitlist
Over 1,500 people or 3.5 years,
but people on the waitlist can
access PCA services through the
Community First Choice option

Individual Cost Cap
125% (Cost caps are expressed as
a percentage of the cost of
institutionalized care)

Annual Cost per Participant
\$44,233

Relevant Statutes
[CGS § 17b-605a](#)

Source: DSS, August 2019

What are 1915(c) Medicaid waivers?

1915(c) waivers allow states to establish Medicaid-funded programs to provide home- and community-based services to eligible individuals who would, without the benefit of such services, otherwise be institutionalized (e.g., placed in a nursing home or other facility). A waiver allows the state to waive certain federal Medicaid requirements in order to (1) provide services not typically provided under Medicaid and (2) limit waiver enrollment. Separate waivers are generally required for each eligible population and states typically operate multiple waivers. Connecticut has ten 1915(c) waivers.

What fiscal controls apply to waiver spending?

Federal law requires states to provide assurances that their waivers are “cost neutral,” meaning the average per capita expenditures for covered services will not exceed those for institutionalized care ([42 U.S.C. 1396n\(c\)\(2\)\(D\)](#)). Waivers also have individual cost caps established by the state and approved by the federal Centers for Medicare and Medicaid Services (CMS) that limit the total cost of a person’s care plan to some percentage of what it would cost to care for that person in an institution.

What are care plans?

Federal law requires that 1915(c) waiver programs ensure that participants receive services in accordance with an individualized and person-centered plan of care ([42 C.F.R. § 441.301](#)). Those served by the waiver may receive different services depending on needs and preferences described in their plans.

What is the PCA waiver?

The PCA waiver is a 1915(c) Medicaid waiver administered by the Department of Social Services (DSS) that provides certain services to adults with permanent, severe, and chronic physical disabilities.

PCA Waiver Services

Waiver participants receive services based on needs and preferences described in their individualized care plans. Services provided under the PCA waiver include the following:

- **Adult day health** — health and social services provided in a non-institutional, community-based setting, including transportation to and from service centers. Centers must have the capacity to provide individual therapeutic and rehabilitation services on site and have a program nurse available.
- **Adult family living** — personal care and supportive services (homemaker, chore, attendant services, meal preparation) furnished to waiver participants who reside in a private home by a principal caregiver who lives in the home.
- **Agency-based personal care assistant** — services to assist with tasks the participants would typically do themselves were it not for their disabilities. Examples include activities of daily living (e.g., bathing, dressing, toileting, transferring, and feeding) and instrumental activities of daily living (e.g., meal preparation, shopping, housekeeping, laundry, and reminders for medication administration).
- **Care management** — services that help waiver participants access waiver and other Medicaid services, as well as medical, social, educational, and other services regardless of funding source. Care managers monitor participants' health and safety needs and ongoing provision of services in their care plans.
- **Mental health counseling** — professional counseling services provided to help resolve or enable the participant to cope with individual, family, or environmentally related problems and conditions, including substance abuse, family relationships, and dealing with long-term disability.

Why does the PCA waiver provide personal care assistance services when such services are available under the Community First Choice Option?

The Community First Choice (CFC) option refers to a program authorized under the federal Affordable Care Act that allows states to provide PCA services through their Medicaid state plans. Thus, CFC PCA services are available to all eligible Medicaid enrollees and are not subject to caps or waitlists. However, CFC services are self-directed, meaning that the recipient hires the PCA provider and manages his or her services, whereas PCA services under the waiver are provided by agencies that hire and supervise the PCA providers.

Some waiver participants use CFC PCAs and use other services under the waiver as “wrap-around” supports. Others may be unable to self-direct and rely on agency-based PCAs provided under the waiver.

**Learn
More**

“State Assistance for People with Physical Disabilities,” OLR Report [2018-R-0318](#)

CMS, [Connecticut Waiver Factsheet](#)

CMS, [State Waivers List for Connecticut](#)

Kaiser Family Foundation, [1915\(c\) Waiver Participants by Type of Waiver \(2017\)](#)

