

## Statewide and Arlington Waiver Renewal Letters

Effective March 27, 2015, the Centers for Medicare and Medicaid Services (CMS) approved the renewal of two of the State's Home and Community Based Services (HCBS) waivers for individuals with intellectual disabilities: the Statewide Waiver and the Arlington Waiver, which is now called the Comprehensive Aggregate Cap or CAC Waiver. The new waivers include certain changes.

**Three letters are being mailed to individuals enrolled in these waivers to inform them of changes in these waivers.** Each person will receive *only* 1 letter. These letters will be mailed on April 21, 2015.

1. The **first letter** will be sent to people currently enrolled in the CAC Waiver (formerly called the Arlington Waiver). It will tell them about two changes:
  - **This waiver has a new name: the Comprehensive Aggregate Cap (or CAC) Waiver.** This name reflects how the State shows the federal government that the cost of providing services in the waiver is no more than it would cost to provide services in an institution. The total cost of services provided to *all* of the people in the CAC waiver can't be more than it would cost to provide services to *everyone* enrolled in the waiver in an institution, such as Clover Bottom and Greene Valley Developmental Centers. So, the total cost of all of the services provided to *everyone* in the CAC waiver are "capped" (or limited) based on the cost of providing services to *everyone* in a Developmental Center. This is how the Arlington Waiver worked before.
  - **Vision services will not be covered for people in the CAC (formerly Arlington) Waiver.** Very few people had been using vision services.
2. The **second letter** will be sent to people enrolled in the Statewide Waiver whose home and community based waiver services have been determined to cost **no more** than \$153,400 per year. The letter will tell them that going forward, people enrolled in the Statewide Waiver will have an individual cost cap. This means that for *each person*, the total cost of HCBS a person is approved to receive cannot exceed the average cost of services in a private Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID). That amount is currently \$153,400. *Each person's* services in the Statewide Waiver will be "capped" (or limited) to that amount. The amount will change as the cost of providing private ICF/IID services changes.

For people already enrolled in the Statewide Waiver who remain enrolled in the Statewide Waiver, the individual cost cap will go into effect on May 21, 2015—30 days after the State mails the letter. For new people enrolling in the Statewide Waiver, the cap is effective immediately.

3. The **third letter** will be sent to people enrolled in the Statewide Waiver whose home and community based waiver services have been determined to cost **more** than \$153,400 per year. The letter will tell these individuals that, in order to continue receiving the same services they have been getting in the Statewide Waiver, they are moving to the new CAC Waiver. Because the CAC waiver has an aggregate cap, their services will not be reduced.

Their transition to the CAC Waiver will be effective May 21, 2015—30 days after the State mails the letter.